'Finding a space for my face'

Exploring the experiences of racialised Clinical Psychologists working in the United Kingdom

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ABSTRACT

The aim of this study was to explore the experiences of racialised qualified clinical psychologists working in the United Kingdom through an in-depth qualitative study. The researcher identified as a racialised psychologist and an exploration of her positionality was used within the study.

The British Psychological Society openly shed light on the institutional racism within the profession. The spotlight on decolonising and diversifying psychology has grown over the years in relation to the statistics on lack of diversity within the profession both in culturally appropriate teaching and representation of racialised professionals. Research exploring the lived experiences for racialised qualified clinical psychologist is limited, particularly spanning the trajectory of their path into clinical psychology in the UK.

Interpretive Phenomenological Analysis (IPA) was used to explore the trajectory of seven racialised clinical psychologist's experiences of studying and working in the UK. The research has taken a relativist and social constructivism approach which allowed for the study to showcase the participants lived experiences. This approach aimed to provide a platform for previously marginalised voices and researcher self-reflection and disclosure was used throughout the study. Semi- structured interviews using purposive and snowball sampling techniques were used to obtain in-depth accounts of their experiences.

The analysis identified five master themes; Navigating the Unknown Path; Discovering the Different Facets; Living through Racial Injustices; Being the 'Other' and Looking Forward. The findings have highlighted the different obstacles and challenges that racialised clinical psychologists have endured during the trajectory of their career. The participants reflected on systematic barriers and discrimination they faced in pursuing a career in clinical psychology. They shared the positives such as empowered sense of identity and hope for the future of the

profession. Further research is required around the different nuances of racialised experiences to enrich our knowledge and understanding to ensure that we are able to provide appropriate support to racialised clinical psychologists and inform practice in the future.

CHAPTER ONE: INTRODUCTION

Chapter Overview

This research aims to explore the experiences of racialised qualified clinical psychologists working in the United Kingdom (UK). This chapter provides an overview of the terms that will be used throughout this thesis and offers a historical context of the clinical psychology profession and current picture of the profession including the representation of racialised individuals within clinical psychology. To orient the reader to the key concepts in this research, this chapter has included an exploration of race, ethnicity, culture and racism including whiteness and white privilege, the impact of racism and institutional racism within health and educations systems and the role of identity in racialised clinical psychologists.

Throughout this chapter, a number of different topics will be mentioned, yet due to the scope of this research I have only be able to provide an introduction to the concepts presented and have not been able to provide an in-depth exploration to each topic as deserved. A narrative literature review has followed, focusing on the experiences of racialised individuals within the clinical psychology profession. This chapter has concluded with the rationale for the current research, the research aims and questions.

1.1.My Positionality and Motivation for this Research

Being a British born Indian female and a trainee clinical psychologist, I was mindful that I was bringing my own experiences, values and assumptions into this study. Drawing upon my lived experiences, but also that of bearing witness to peers and colleagues' experiences I felt a strong desire and motivation to pursue this research.

Growing up within a working class minority ethnic family and being a young carer, I was exposed to feeling and watching family members being 'othered[1]' from a young age. At that point in time, I did not have the language for my experiences and was often left with feelings and emotions which I was not able to discuss in wider society. I recall how these conversations would be with family or friends, nearly always of colour, and that there was an air of resignation and reluctant acceptance that I struggled to adhere too and meant sometimes I chose to be 'oblivious' to it.

Stepping into the psychology profession I believed that this would be the space to explore and examine these hushed conversations. It did, to a degree but alas only within the westernised 'moulds' that had been deemed appropriate for them. The lack of cultural relevance or curiosity within our systems for the clients and communities we serve saddened me and made me look at my chosen profession. Where was the representation for the communities we served? Where were the diverse ideologies and models? My experience of working in the National Health System (NHS) with colleagues from all different racialised backgrounds brought back the same message, if our stories are not wanted, if our histories are not heard, if our experiences are not validated, then who and why would our racialised clients or communities be believed or supported?

I found myself drawn to highlighting these stories, not only to shed a spotlight on the discrimination and racism at play but of the strength, sense of community and resilience of racialised clinical psychologists. But most importantly the story of hope, hope for future change within the clinical psychology profession.

[1] The term "othered" is often used in the context to describe the process of treating someone or a group of people as fundamentally different or "other" from oneself or the dominant group in society. This can involve marginalization, exclusion, or discrimination based on characteristics such as race, ethnicity, gender, religion, or other defining factors (Borrero et al., 2012; Martin & Pirbhai-Illich, 2011).

1.2. **Terminology**

Several key terms will be considered within this research including 'race'[2], 'ethnicity', 'culture', 'racism' and 'whiteness'. Therefore it was important to clarify the choice of words and phrases used within this research rather than simply presenting these dominant terminologies that are socially and culturally constructed (Smedley et al., 2005). As a reflexive researcher, my position is to continually reflect on the process of how knowledge is constructed and to be critically reflective of how these labels hold similar and different meanings (Larkin et al., 2006).

1.2.1 Black, Asian and Minority Ethnic (BAME) / Black and Minority Ethnic (BME)

Within the UK government an ethnic minority is outlined as all ethnic groups excluding the White British group. The 2011 census showed that 'White' group made up 86% of the population, which has decreased to 82% population in 2021, with 18% of the population identifying as from other ethnic groups (Race Disparity Unit, 2021; Office of National Statistics (ONS), 2021). Yet, it is important to note that although non-White communities make up the minority in the western world, they make up 85% of the world's population globally and the term 'ethnic minority' could be deemed invalid outside of the western world (Campbell-Stephens, 2020; Johnson & Campbell-Stephens, 2013).

The language used to describe Black, Asian and Minority ethnic groups has been limited into categories such as BAME or BME which might hide significant group heterogeneity (Bhopal, 2004). These acronyms have been criticised as they merge the important differences between ethnicities (Gill et al., 2007). Interestingly, these terms are generally not associated with all

[2] These terms have quotes around them to highlight them as social constructs for the reader, but moving forward in this thesis and for the ease of reading I have omitted the quote marks.

marginalised communities including White ethnic minorities such as Gypsy, Roma and Traveller of Irish Heritage groups. The amalgamation of these ethnicities contradicts the diverse experiences of minority groups and erases the uniqueness of the different ethnic groups, leading to potential harm (Platt & Nandi, 2020; Scheuer et al., 2021).

BME or BAME is the leading terminology used within research, however holding in mind my position as reflexive researcher, and not wanting to perpetuate these harmful terms in the narratives, I have not used these acronyms. Throughout this study, my preferred use of language has been the term 'racialised'. This is a sociological term that was initially developed within the context of racial formation theory (Omi & Winant, 1994) which emerged in late 20th century as a response to the limitations of traditional approaches to race and ethnicity. Racialisation refers to the process by which social groups are classified and defined as races by the majority group without consent and vary across time and place. The theory seeks to understand how race is not just a reflection of individual attitudes or behaviours but is socially constructed and shaped by historical, political and economic forces and thus pivotal in the role it plays in the development and reproduction of racial attitudes and racist remarks towards people in the marginalised groups (Gonzalez-Sobrino & Goss, 2019; Omi & Winant, 2014).

1.2.2 Race, Ethnicity and Culture

When exploring the lived experiences of racialised people, it was essential to think about the terms race, ethnicity and culture and how these terms have been used interchangeably and the differences that they hold. Race has been assumed to be of genetic descent and was seen to be of fixed and inherent differences between groups (d'Ardenne & Mahatani, 1999; Fernando & Keating, 2008). Yet, over the years this idea had been discredited (Phinney, 1996) and there has been a movement away from these essentialist views of race towards the concept of a

social construct that upholds social and historical hierarchies to oppress different groups through power, domination and subjugation (Fanon, 1967; Helms, 1995; Patel et al., 2000).

Whereas ethnicity is associated more to a group identity and a shared sense of belonging, often a common historical experience, language, beliefs, traditions or ancestry among an ethnic group and is more closely tied to social and cultural factors (Fernando, 2004; Smedley et al., 2005). It has been argued that ethnicity is dynamic and not seen as static, like race and can be self-identified and fluid and can be influenced by factors such as migration, intercultural interactions and historical events (Nagel, 1994). However, although we can all possess ethnicity it is primarily used in connection with racialised groups where it is perceived as troublesome or as possible precursor to attributing to mental health issues in racialised individuals (Fernando, 1988; 2005; Shah et al., 2012).

Culture is a concept difficult to define due to its dynamic and changing nature, yet over the years many researchers have referenced towards shared beliefs, values and behaviours, or customs of a particular community or upbringing (Fernando, 2010; Sue & Sue, 1990). In the same way as ethnicity, it is viewed that culture is only present in relation to racialised groups, not taking into account the complex and multifaceted concept that culture is created by and creates individuals (Patel et al., 2000). In spite of the clear differences between them, race, ethnicity and culture have a tendency to be used interchangeably within literature, which increases the possibility of minority bias and being stereotyped (Fernando, 2017; Hartlep et al., 2013).

1.2.3 Racism

Racism is a system of discrimination or prejudice based on a belief that certain racialised groups are inherently superior or inferior to others and can be experienced at an individual, community, institutional, systematic and structural level. It can take on many forms, such as

overt discrimination, either direct or explicit such as public displays of aggression or hatred or covert discrimination which tend to take on a more subtle nature either indirect or implicit such as micro-aggressions (Pedersen & Walker 1997). Racial micro-aggressions refers to subtle, often unintentional, verbal or non-verbal behaviours, or environmental degradations that convey discriminatory attitudes or assumptions towards racialised individuals which occur in common places such as work environments or schools (Sue et al., 2007). Research has suggested that they have the ability to cause psychological distress to individuals who experience this and that this may impede racialised individuals ability to interpret these incidents, depending on previous experiences and their racial sensitivity and consciousness (Constantine & Sue, 2007; Ragavan, 2018).

1.2.4 Whiteness & White Privilege

Whiteness refers to the social and cultural construction of what it means to be White within society, encompassing the privileges, norms and expectations associated with being perceived as part of the White racial category. It does not focus solely on skin colour, but on the social advantages and power dynamics that are afforded with being identified as White or White passing (DiAngelo, 2018) It can often go unnoticed by those who benefit from it as it defines 'norms' and is maintained by individuals, collectives and systems which can make it difficult to challenge and change due to its invisibility (Patel et al., 2000; 2021).

White privilege is a concept that acknowledges these advantages and benefits associated with being from a White background and how this privilege can manifest in rewards in different aspects of an individual's life, including within education, employment, healthcare, criminal justice system, and within everyday interactions (McIntosh, 1992). This is not to disregard challenges or hardships that White individuals may face, but rather highlights the systemic advantages that can be subtle or overt. White fragility is another term that was coined by

DiAngelo (2019), refers to the defensive responses and reactions that could occur in some White communities and individuals when confronted with discussions or situations that challenge their beliefs or actions related to racism.

These concepts can evoke defensiveness, discomfort, anger and withdrawal from conversations; or even criticism of disregarding White individuals' experiences of challenges and hardships. Rather, than highlighting the importance of recognising this fragility and understanding it as part of a broader conversation about the systemic advantages that have been rewarded based on skin colour (DiAngelo, 2019; Nolte, 2007). For this study, it was important to note the relevance of Whiteness, both the privilege and fragility in understanding the influence that it has had within the clinical psychology profession (Odusanya et al., 2017).

1.2.5 Institutional Racism

Institutional racism, an aforementioned term, takes form as a covert type of racism that is entrenched within institutions and professions. Following the racist murder of Stephen Lawrence, a young Black man in South-East London in 1993, an inquiry was launched and the MacPherson report (1999) was pivotal in identifying institutional racism within the Metropolitan Police Service (MET). The report emphasised the collective failure of organisations to provide appropriate services to people because of their race, culture or origin of ethnicity (Macpherson, 1999). The report is considered a landmark document in addressing issues of racism and discrimination in institutions and recommended that institutions should examine policies and practices aimed at promoting equality and combating racial injustice (Odusanya et al., 2017).

However, in the following years, there have been reports that institutional racism is still rife within these systems, for example the Laming report (2003) which investigated the death of

Victoria Climbié, a 10 year-old West African girl, highlighted the widespread structural and organisational failures (Davids, 2006). More recent investigations uncovered the MET police's treatment towards Black children, an enquiry was held following protests in March 2022 following an incident in 2020. A Black female child who was menstruating at the time was strip searched at school by female officers, without an appropriate adult being present (Brooks-Ucheaga, 2023) as a consequence of this a safeguarding investigation was commenced. The findings shown in the Casey Report (2023) found that Black children were 6.4 times more likely to be strip-searched, Asian children, 1.1 times more likely, whereas White children were 44% less likely to be strip-searched and described the MET to be institutional racist (Guardian, 2023*).*

Institutional racism could also be applicable to the NHS, with research exploring the disproportionate recruitment and lack of career progression of racialised staff (Kline, 2014; Pendleton, 2017). Following the global COVID-19 pandemic, further evidence unearthed the discrepancies of support provided to racialised NHS staff (Jesuthasan et al., 2021) This was also highlighted in glaring and persistent disparities within maternity care for racialised women, with Black women being four times more likely to die in pregnancy and childbirth than White women, while Asian and Mixed heritage women are twice as likely (MacLellan et al., 2022).

Within academia and the clinical psychology profession, it can be argued that institutional racism can not only affect our patients and communities we serve but also professionals. The historical roots of colonialism in the profession will be discussed later in this chapter, yet it could be argued that institutional racism is still entrenched within the models and teachings of psychology in the UK (Fernando, 2017). Teaching primarily focuses on the western view of mental health and healing and the assumption that values and practices are the norm amongst the communities accessing our services (Ragavan, 2018). This inadvertently could alienate

or silence the voices of racialised professionals who may not adhere to these ‘norms’ owing to their own cultural values or beliefs.

1.2.6 Intersectionality

Intersectionality is a concept that was coined by Kimberlé Crenshaw, a legal scholar and civil rights advocate, in the late 1980’s. It refers to the interconnected nature of social categorisations such as race, class, gender, and other forms of identity, as they apply to an individual or a group, creating overlapping and interdependent systems of discrimination or disadvantage (Carastathis, 2010; Van Herk et al., 2011). The term emerged as a way to address the limitations of understanding social issues solely through the lens of single-axis frameworks. In other words, rather than examining gender discrimination and racial discrimination separately, intersectionality encourages the consideration of how these factors intersect and interact shaping the individuals’ experiences in unique ways (Cole, 2009). Therefore, the role of intersectionality is crucial within research as disregarding this could reduce one’s research as bias or incomplete and can obscure its origin in Black feminist thought (Carastathis, 2010). Consequently, the current study took this into consideration within the research.

1.3 **Societal Issues and Wider Context**

Below is a brief summary of the historical and current context of societal issues in the UK related to this study, as it is important to recognise the historical context in the development of an individual’s identity in relation to the impact that colonialism, imperialism and slavery had on socio-political contexts. I have specifically focused on the cultural diversity within the clinical psychology profession, exploring the historical and recent perspectives before examining the current initiatives and on-going challenges.

1.3.1 Historical perspective

The historical perspectives on societal issues and the wider context of the UK are complex to describe given the rich and multifaceted history of this country. Therefore, I have provided a brief overview of some key historical developments that have shaped societal issues in the UK.

Colonialism, defined and understood as the conscious and deliberate systematic destruction of a group's cultural values by another (Adebisi, 2016), has an enduring and multifaceted impact influencing the social, economic, and political structures of both the colonized and colonizing societies. From the 17th century, the slave trade began to grow within the UK and it's complicity in this practice is frequently not acknowledged within mainstream education (Akala, 2019) .When it is, it is often minimised or under the guise of other historical events that are compared to the role other countries took, such as United States of America (USA; Akala, 2019). The legacy of slavery and supposed inferiority of racialised individuals is influential in the way that racialised communities and individuals are seen and continue to shape and perpetuate harmful narratives within society, e.g. the aggressive and dangerous Black man (Francis, 2002).

Following the industrial revolution in the 18th and 19th century, this led to significant social and economic changes which brought forward social inequalities (Kiefer, 2020; Mokyr & Nye, 2007). During this period the UK had become a major colonial power across the world including countries such as Australia, Canada, India, West Indies, as well as a number of countries occupied in Africa. The economic benefits derived from the colonies contributed to UK's wealth but also led to exploitation and oppression of racialised individuals (Kiefer, 2020).

Within the mid to late 20th century and following the aftermath of World War II, the UK saw the rise of the welfare state, with the establishment of the NHS and social reforms aimed at addressing the inequalities. Within this period there was the rise in anti-colonial movements including the civil rights movement and the introduction of the United Nation (UN) and human rights legislation. These were fundamental in becoming part of the socio-political agendas of most countries and this was an integral time where racial and cultural integration was wanted (Omi & Winant, 1994). During the mid-20th century the UK saw significant immigration from former colonies, particularly from the Caribbean, South Asia, and previously UK occupied countries in Africa. This demographic shift contributed to a more diverse society but also raised issues related to racism and integration and the views of immigration within the UK on preserving British society (Carter et al., 1999).

1.3.2 The here and now

In the modern era, there has been growing recognition of the negative consequences of colonialism and efforts have been made to address historical injustices and promote post-colonial recovery and development (Akala, 2019). However, present day societal issues have demonstrated how Whiteness continues to be dominant and evident in the UK, with on-going debates and harmful narratives on immigration, multiculturalism, social justice, climate change and responses to global events such as the COVID-19 pandemic, wars and genocide (Al Jazeera, 2024; Jesuthasan et al., 2021; Patel, 2021).

The political climate in the UK has significantly influenced the narratives around racial dynamics, which was presented during the Brexit campaign on the stance on anti-immigration and anti-refugees to ‘take back control’ of the country. This created false scapegoating and evoked an increase in reports of overt racist behaviours and racial hate crimes following the referendum vote (Wood & Patel, 2017; Virdee & McGeever, 2017).

These harmful narratives have created a hostile environment for racialised individuals of *'them and us',* as demonstrated with the Wind-rush generation and the cancellation of their right to remain in the UK (Freedom from Torture, 2010; Global Justice Now, 2018). Racialised asylum seekers and refugees have encountered the Nationality and Borders Bill (2021) and the current Rwanda Scheme (Human Rights (Joint Committee, 2022)) put in place by the conservative government to attempt to legalise the inhumane treatment of refugees and further increase social and racial injustices and inequalities. Yet, as seen in both government and across mainstream media there has been a noticeable difference in responses and actions for Ukrainian asylum seekers and refugees following the launch of 'Homes for Ukraine' and clear condemnation on the war in Ukraine (DLUHC, 2022). More recently, this has been evident in the UK's response to the on-going genocide in Palestine and reporting and censorship across mainstream media coverage (Al Jazeera, 2023; Human Rights Watch, 2023) and how refugees of colour are perceived as opposed to Ukrainian refugees who could be seen to be more 'like' the British population (i.e. White).

Following the traumatic events of 2020, including the murder of George Floyd, a Black man by the hands of the police in the USA, sparked worldwide protests and a resurgence of the Black Lives Matter (BLM) movement, which highlighted how racism remains prevalent within society across institutional and structural levels. This was further reinforced with the start of the COVID-19 pandemic where the disproportionate death rates for racialised populations in the UK exemplified the social and health inequalities for these communities (Jesuthasan et al., 2021; Public Health England, 2020). The COVID-19 pandemic led to harmful narratives in blaming China for the pandemic which led to an increase in anti-Asian hate crimes (Khan, 2021). These events required individuals and various institutions, including Universities, NHS and police forces to reflect on the harm caused by these

narratives and the on-going institutional racism which operates within their organisations (Kline, 2014).

1.4 **Cultural diversity within Clinical Psychology**

The following section gives an overview of the historical and current picture of the cultural diversity within clinical psychology as a profession. It will highlight the work that has been done to address these issues and the on-going challenges.

1.4.1 Historical picture of the profession

Psychology has historically been developed within the western context and it could be argued that this has contributed to earlier racist ideologies and constructs around difference (Fernando, 2017). It is well documented that the profession had predominantly been made up of White males with research focusing on the westernised standpoint and lacking cultural competencies to support mental health difficulties in non-western societies or communities (Desai, 2014).

Clinical psychology was used as a significant tool in intelligence testing until the 1990s to evidence the 'inferiority' of racialised individuals to their White peers to support the prominent narrative that existed within western society, that White was superior (Fernando & Keating, 2008). These discourses and practices went unchallenged and further examples demonstrate how these racist ideologies were present in the development of modern psychology. The discipline preserved the medicalisation of distress and marginalised and oppressed those who are racialised, for example, by creating diagnoses such 'drapetomania'[3] (Fernando, 2017). Pioneers in psychology, Carl Jung and Sigmund Freud also both

[3] American physician Samuel A.Cartwright hypothesised in 1851 that 'drapetomania' was a psychological disorder that affected and caused slaves an uncontrollable impulse to 'run away/abscond' from their masters and flee captivity.

contributed to racist ideologies, with Jung's theories of mind being founded in his view of Black people as primitive and Freud's belief in the similarities between the minds of 'savages' and neurotics (Fernando & Keating, 2008).

The racial biases towards Black individuals and the use of medicalisation, such as the term 'excited delirium' coined by Dr Charles Wetli, an American forensic pathologist in the 1980's following the deaths of 32 Black sex workers in Miami, demonstrate how systems have disproportionately been racist towards racialised communities (BBC4 Sounds, 2024; The Lancet, 2022). This term, though not recognised within the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) has continued to be used widely within the police, legal and healthcare systems to pathologize the treatment of Black individuals and was even used by the defence in the murder trial of George Floyd (BBC4 Sounds, 2024; Stat News; 2021; The Lancet, 2022).

There are a number of examples that could demonstrate the role that clinical psychology has played in the history of race by producing racist ideologies and practice and reproducing racism (Attenborough et al., 2000), yet this is beyond the scope of this current study. Nevertheless, it is critical to acknowledge and recognise how these factors have influenced how services are commissioned, designed and developed and how they are positioned within the systems that racialised clinical psychologists are working within.

1.4.2 The current picture

The profession of clinical psychology in the UK is considered to be one of high status, this is in relation to the necessary requirements of having a doctorate to practice and the subsequent earning potential of entering the NHS at an advanced salary banding. Clinical psychologists in the UK are regulated by the Health and Care Professions Council (HCPC) and are required to meet a range of competencies set by the British Psychological Society (BPS). The ethos of

the profession aims to alleviate distress whilst promoting psychological wellbeing and contribute to psychological knowledge through research (Goodbody & Burns, 2011).

As aforementioned, the profession historically has been dominated by White males, and the lack of diversity within the profession continues to a topic for debate and critical exploration. Research by the Health and Social Care Information Centre (2013) indicated that racialised individuals only make up 9.6% of qualified clinical psychologists in England and Wales, in contrast to 18% of the population (ONS, 2021). The latest statistics from the Clearing House for Postgraduate Courses in Clinical Psychology (CHPCC) (Leeds Clearing House, 2022) highlight the disproportionate lack of diversity in terms of intersectionality. Across the profession 83% of applicants identify as female, 74% White, 78% heterosexual, 63% non-religious and 82% not identifying as having a disability, and 88% not having any dependents.

The difficulty for recruiting and retaining racialised psychologists in the profession begins with the selection process, as research and statistics have shown that racialised individuals are less likely than their White counterparts to be successfully recruited on to the clinical doctoral training (Murphy, 2019). Statistics have shown a consistent trend over the years of acceptance rates being consistently lower than the application rates for individuals from racialised backgrounds than that of their White counterparts (Kinouani et al., 2016; Turpin & Coleman, 2010). This trend presents a worrying picture for racialised aspiring psychologists especially as psychology appears to remain a popular choice at undergraduate level for racialised students (Turpin & Fensom, 2004; Odusanya, 2017). Figure 1 provides an overview of the trend of acceptance rates for the different ethnic groups as classified by the CHPCC application form.

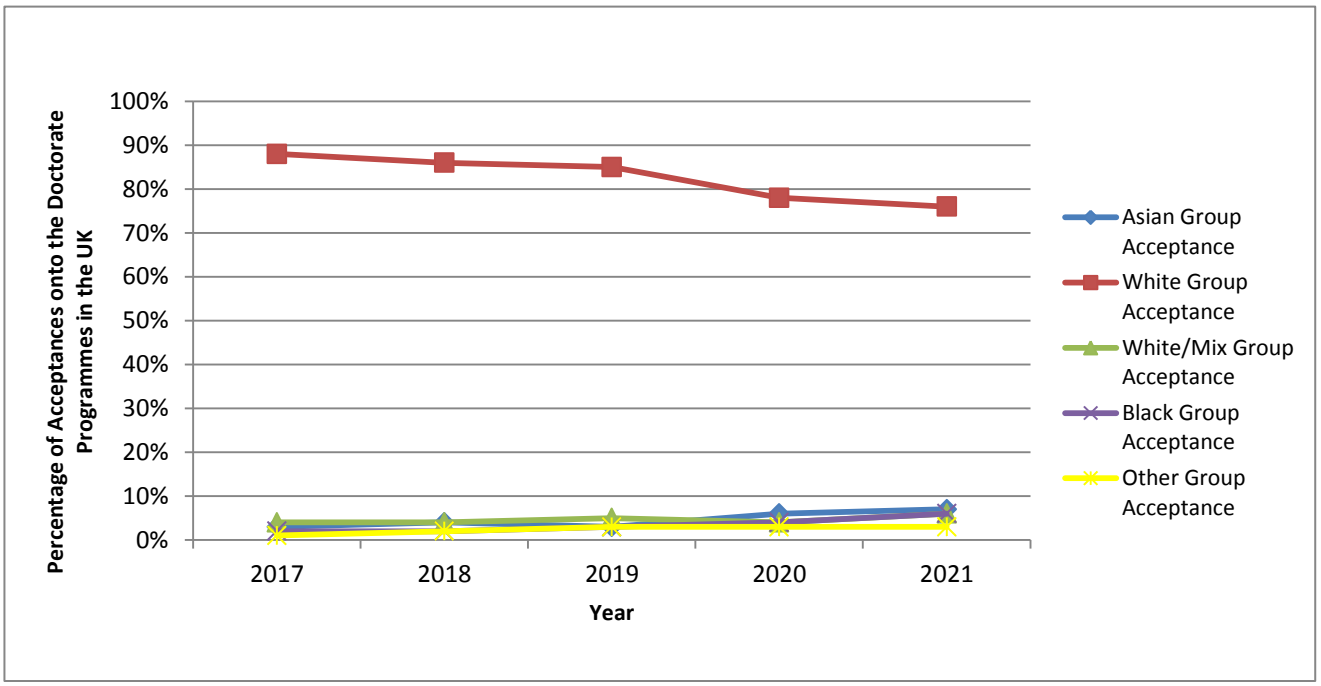

Figure 1: *Graph created by researcher from data from 2017 to 2021 from Leeds Clearing House on the yearly rates of acceptances onto Clinical Training Programmes by Ethnicity classified by CHPCC.*

This trend highlights the continued inequality within the profession and reinforces critiques of the clinical psychology profession on the workforce, models, practices and services being Eurocentric (Fernando, 2017). The lack of diversity within professional contexts is crucial to recognise in relation to the power disparities for racialised psychologists and the impact it has on services not reflecting and representing the communities that we serve.

There has been a movement within clinical psychology doctorate programs to 'address' the issue of race and racism within institutions, yet some of these actions have caused more harm. As witnessed in the annual BPS Group of Trainers in Clinical Psychology (GTiCP) conference in Liverpool (2019), where organisers failed to recognise how their interpretation to educate came at the hands of evoking racial distress within their racialised attendees.

During the dinner entertainment, a re-enactment of a slave auction was performed without any prior warning and the audience was invited to participate and bid on the 'slave' who was

ordered to run around and ‘show the strengths of his legs’ and show his teeth and shout out to demonstrate his ‘good lungs’. Following this performance, the evening continued with drinks and dancing completely unaware of the harm that this had caused amongst some of their attendees (Patel et al., 2020).

Following an outcry from attendees in response to the re-enactment, the organisers issued a statement and the BPS commissioned a special issue within the Clinical Psychology forum exploring the racism experienced during clinical psychology training (2019). The consequent unravelling of the wider socio-political landscape in 2020 after the murder of George Floyd and impact of COVID-19 pandemic saw an uprising and protests on the experiences of racialised communities. Consequently, a number of organisations and institutions produced statements around racism and anti-racism practices, including the clinical psychology doctoral programmes.

1.4.3 The initiatives and work that has been done

In the Race Relations Act (1965, 1976) legislation was developed to protect people from discrimination on the grounds of race, yet despite this there are many examples of discrimination that exist in relation to education, employment, housing and other services including healthcare (Anwar, 1991).

Within the last six years there has been a push within Clinical psychology to address the on-going racism and discrimination within the profession and in society. The BPS and the regulator of healthcare professions, including clinical psychology, the HCPC require that all accredited training courses are able to evidence addressing issues of race and culture within their training programmes (BPS, 2015; HCPC, 2015). Following the development of training manual from clinicians at University of East London (Patel et al., 2000), recommendations

were made for trainers and courses for how they could integrate and embed issues of race and culture into all aspects of training.

In 2004 the BPS/DCP widening access project was commenced (Turpin & Fensom, 2004) following criticism regarding the lack of reliable data in relation to ethnic make-up of the professions. This led to the pan-London widening access initiative scheme, which aims to provide racialised aspiring psychologists with career advice and mentoring scheme, which has been rolled out across training courses in the UK (Smith, 2016).

More recently, in line with the NHS long-term plan[4] and the five year forward view for mental health's commitment to improving racialised individuals experience of mental health care[5], Higher Education England (HEE) announced its Equity and Inclusion plan[6] (2020). They had planned to increase nationally the funding by 25% to increase number of clinical psychology training spaces for doctoral training to target action on diversifying new entrants to reflect the communities we serve and this came into action in 2020. In addition to this, they have provided funding to each doctorate training provider who would determine a set of locally defined targets to HEE commissioners consistent with the Equality Act (2010) protected characteristics.

The GTiCP made an initial statement of intent on anti-racism and following this the anti-racism working group reviewed the current practices in training towards diversity and anti-racism. The main areas of focus are on the curriculum and teaching practices including evidence production which includes research, the selection process for staff and trainees, the placements and assessment practices including supervision, and lastly focusing on

[4] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf 3
[5] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[6] https://www.hee.nhs.uk/our-work/mental-health/psychological-professions/improving-equity-inclusion-people-access-psychological-professions-training

experiences of relationships amongst the training community (HEE, 2019; Jameel et al., 2022)

Following the wider societal and cultural events and the spotlight on institutional racism there has been a continued emphasis on EDI within the clinical psychology profession. Organisations, journals, and conferences have dedicated efforts to highlight and address issues related to diversity and race, in conjunction with the professional guidelines increasingly stressing the importance of cultural competence and diversity training for clinical psychologists.

1.4.4 On-going Challenges

Despite efforts to increase diversity, the field of clinical psychology has faced challenges in recruiting and retaining individuals from diverse backgrounds. Barriers included systemic biases, stereotypes, and lack of access to educational and training opportunities for underrepresented groups (Murphy, 2019). While progress has been made, research and literature indicate that there is on-going work to be done to ensure that the clinical psychology profession is truly reflective of the diverse communities it serves (Bawa et al., 2021; Farooq et al., 2022; Jameel, 2022; Patel et al., 2020; Scior et al., 2016; Tong et al., 2019). Continued advocacy, education, and systemic changes are crucial for fostering a more inclusive and representative field.

1.4.5 Psychological impact of racism

Previous research has highlighted the impact of race and culture in the therapy arena, including within supervisory relationships where topics such as race, racism and ethnicity are seen to be avoided or evaded by White supervisors (Smith, 2016). Concurring with this, research found that Black therapists interactions with White clients resulted in micro-

aggressions, where clients would end sessions early or avoid topics of race or ethnicity (Watson, 2006) or that they may feel as if they their position as a White patient was helping and benefiting the racialised therapist in succeeding in their job (Davids, 2006). This was echoed in Patel (1998) exploration of power between Black therapists' and White clients, where the role of power within the 'norm' was compromised by the high status position the Black therapist held in the room.

There has been research exploring the relationship between racism and the impact on poor physical and mental health and how social and health inequalities are linked to higher levels of psychological distress (Carter, 2007; Carter et al., 2017; Gorski, 2019; Wilkinson & Picket, 2011). It has also been evidenced within the Race Disparity Audit (2021) which emphasised the inequalities in criminal justice, housing, education and physical and mental health for racialised individuals, particularly Black people. Racism, in its many forms can induce similar physical and psychological reactions to a trauma response, such as heightened anxiety and hyper-vigilance (Carter & Forsyth, 2010) and the accumulative stress from experiencing racial micro-aggressions could produce symptoms of racial battle fatigue (Smith et al., 2011; Smith, 2004).

Racial battle fatigue and racism- based distress are an individual and collective trauma which has long-term impact on the psychophysiological symptoms as well as on an individuals' self-esteem and sense of worth in their capabilities (Carter, 2007; Smith et al., 2011). These frameworks provide a structure in understanding individuals' race-based experiences and consider how racism can be understood through intergenerational trauma and internalised racism where the values and beliefs of the normative group have been internalised and passed through generations (Davids, 2006; McKenzie-Mavinga, 2016).

Holding these constructs in mind and the likely influence that they could play on individual identity development, it has been important within this study to consider the development and integration of the multiple identities that racialised clinical psychologists embrace.

1.5 **Identity**

In society, an individuals' identity and group membership plays a key feature into how individuals make sense of who they are and their responses and interactions to their environment (Howarth, 2002; Pratt, Rockmann & Kaufmann, 2006). In line with this study, it is vital to consider the development of racialised clinical psychologists' identity and how their race, ethnicity and culture have influenced and shaped their identities.

Critical Race Theory (CRT) provides a useful framework to identify and examine the role that race and racism play within the lives of racialised individuals (Crenshaw et al., 2010), and how it is a common and permanent occurrence that is woven through the roots of society (Ladson-Billings, 2009). Therefore this study has been informed by CRT as it has been adapted throughout the years and researchers have argued the need for CRT to address the inequalities within education. Solorzano (1998) developed five tenets to describe CRT in education research including how racism is endemic and the need to challenge dominant ideologies, the value of experiential knowledge and a trans-disciplinary approach and the commitment to social justice.

1.5.1 Racial and Cultural Identities

There have been a number of 'racial' identity models that have been proposed and developed over the years (Helms, 1993; Omi &Winant, 1994) exploring how identity development is shaped and constructed by historical, politicised and economic forces and the how the racial

perception of others interact with that racial perception of oneself (Chavez & Guido-DiBrito, 1999).

The Cultural Contracts (CC) theory examines how all individuals have a cultural worldview and explores how they negotiate their cultural identities and relationships in diverse social contexts and environments (Jackson, 2002; Jackson & Crawley, 2003). The theory proposes four 'contracts', *contract of silence* is where individuals silence or minimise their cultural identity as they do not feel it is valued or respected in the dominant culture, so therefore choose to silence it to avoid judgement or discrimination. Whereas the *contract of invisibility* includes individuals suppressing and blending into the dominant culture and find that they conform to the norms and expectations of it, at the expense of their own culture. The *contract of survival* reflects a pragmatic approach, where individuals are selective on what they choose to disclose and emphasise of their cultural identity dependent on the social context allowing them to navigate different contexts more effectively. Lastly, the *contract of choice* involves individuals making conscious and intentional effort to assert their cultural identity within the dominant culture to express and celebrate their identity within the broader context. Each contract represents different ways of facilitating and relating to one's own cultural identity and how they navigate this within the broader context.

Similarly, Sue and Sue (2012) looked at the fluid movement of cultural identity in their Racial/Cultural Identity development model and described how racialised people make sense of their cultural identity within context of the dominant culture and their own. They attempted to explore intersectionality, such as gender and class within their four proposed stages. *Conformity*, echoes actions as described in CC theory where an individual conforms to the dominant culture at the expense of their own culture. *Dissonance*, on the other hand looked at their acknowledging and recognising strengths of their cultural identity and connecting with both their own culture and that of the dominant culture. *Resistance* is where

the individual completely embraces their own cultural identity and rejects the dominant culture, whereas *Awareness* refers to the critical appreciation of all the cultural groups. Both models have similarities and highlight the difficulties of navigating between multiple identities and contexts and emphasised how these stages/contracts are not fixed and how individuals may move between them dependent on the context, development and their own growth and experiences.

Holding in mind these models and the significance and impact of the environment and social contexts, the term “Model Minority” stereotype originated in the USA and was most commonly associated with Asian Americans, particularly those of East Asian descent and their apparent academic and economic success in contrast with the struggles of other minority groups (Museus & Kiang, 2009; Suzuki, 2002; Walton & Truong, 2023). The model refers to the perception or portrayal of a particular racialised group as exceptionally successful, high-achieving, and well-adjusted in various aspects of life, such as education, career, and family.

The stereotype suggested that if one racialised group can succeed, then other groups should be able to do so and that any failure to achieve similar success is attributed to individual or cultural deficiencies rather than systemic discrimination. Though the stereotype may hold some positives, it is important to note how this model could evoke negative consequences such as overgeneralisation and oversimplifying diverse racialised experiences, perpetuating harmful stereotypes leading to racialised individuals, groups and communities to feel pressured to conform to stereotype which could lead to stress, anxiety and mental health issues (Ford & Lee, 1996; Hartlep et al., 2013). It is essential to acknowledge the diversity of experiences within any community to foster a nuanced understanding of the challenges and successes faced by different groups, particularly when thinking in this study about the different experiences for racialised groups.

1.6 **Narrative Overview of Existing Literature**

In this final section I have provided a narrative review of existing literature exploring the experiences of racialised qualified clinical psychologists working within the UK. A narrative review (Green et al., 2001) was chosen due to the paucity of existing literature on the full trajectory of qualified racialised clinical psychologists' careers and it was deemed the most appropriate in presenting a broad perspective of the development and history of this issue (Ferrari, 2015; Green et al., 2001). The section will conclude with the rationale for this research including positionality, the aims of the research and the research question.

1.6.1 Literature search strategy

During the development of the current research, a systematic literature review was completed in January 2021. The literature review aimed to conduct a qualitative meta-synthesis exploring the experiences of Black, Asian and Minority ethnic (BAME) staff working within the NHS and identify whether their experiences provided barriers to their career progression. A copy of this literature review can be seen in Appendix A. Prior research is a crucial step for all developing research projects (Snyder, 2019) and although this literature review primarily resulted in considering BAME nurses experiences, it provided an underpinning into the experiences of racialised staff.

A narrative review was undertaken between June 2022 and December 2022 to map out existing research and determine any gaps within the literature. A narrative review was believed appropriate to gather this information due to the broad nature of the topic and as I was not seeking to assess the quality of included studies (Arksey & O'Malley, 2005). Narrative literature reviews aim to provide a broad comprehensive overview and interpretive summary of literature highlighting key themes, trends, and gaps using a flexible approach

where literature is determined by most relevant or significant involving a selective and non-exhaustive search of the literature. Therefore the synthesis is often qualitative and descriptive, providing an overview and discussion of the findings from selected papers and interpretations may be influenced by the researcher's positionality (Ferrari, 2015; Green et al., 2001).

A narrative review of the literature was completed to further examine the experiences of racialised qualified clinical psychologists' in the UK (Ferrari, 2015; Green et al., 2001). Electronic literature search was employed through databases CINAHLComplete, Medline, PsycINFO and PsychARTICLES and on Google Scholar using variations of 'clinical psychology', 'clinical psychologist', 'race', 'Black', 'ethnic minority', 'BAME', 'BME', 'Asian', 'UK', 'NHS', 'national health service', 'lived experience'. Additionally search strategies included searching reference lists of relevant articles/books and consulting authors of relevant research in the field to identify further and on-going studies (Ferrari, 2015).

The inclusion and exclusion criteria consisted of the following:

Inclusion criteria was as followed: (a) literature exploring the experiences of racialised qualified clinical psychologists working within the UK; (b) literature published in English; (c) studies that were based in the UK only; (d) qualitative studies or mixed-method studies where qualitative data could be extracted; (e) peer reviewed empirical studies, theoretical, review, reflection and discussion papers and; (f) focus on personal and professional experiences. Exclusion criteria was as followed: (a) literature that does not document experiences of racialised clinical psychologists e.g. counselling psychologists/psychotherapists; (b) literature not based in the UK; (c) literature published in any other languages than English; (d) quantitative studies where no qualitative data could be extracted.

1.6.2 Review of Literature

Given the shortage of literature available on the experiences of qualified racialised clinical psychologists in the UK, research on the experiences of racialised clinical trainee psychologists and aspiring psychologists were included. Empirical studies including theses and conceptual literature were reviewed and evaluated for significance to the experience of qualified racialised clinical psychologists.

After reading titles and abstracts, papers included were determined by the inclusion and exclusion criteria and these uncovered twelve papers in total (see Appendix B). However only two explored qualified clinical psychologists' journey through clinical psychology, with one paper focusing on the experiences of female racialised clinical psychologists' (Odusanya et al., 2017) using a mixed methodology of qualitative analysis (Interpretative Phenomenological Analysis) and repertory grid technique. The other study was a unpublished thesis that explored the South Asian experience of becoming a clinical psychologist (Thakker, 2009) using qualitative methodology and analysis (Interpretative Phenomenological Analysis). A further study aimed to explore the different experiences of qualified, trainee and aspiring clinical psychologists' using a focus group context and used framework analysis approach (Jameel et al., 2022).

The remaining papers were a combination of unpublished theses and reflective pieces that focused solely on racialised aspiring and trainee clinical psychologists experiences (Adetimole et al., 2005; Bawa et al., 2021; Farooq et al., 2022; Paulraj, 2016; Prajapati et al., 2019; Ragaven, 2018; Shah et al., 2012; Tong et al., 2019). All of the papers were published in the UK and focused on the personal and professional reflections of their journey within the clinical psychology profession. Throughout the literature there were a number of key themes

(see Appendix B) that arose and were prevalent across the racialised experiences spanning the different career points. The themes from one paper were compared to themes in the next, the synthesis of the two papers were compared to the next so forth for all twelve papers included in the research. An example of how one of the papers was used to establish the key concepts is shown in the appendices (see Appendix C), this method was used for all of the papers in this research, yet not all are presented (Ferrari, 2015; Green et al., 2001). Four overarching themes were identified as these were across all of the literature illustrating the racialised clinical psychologist experience.

It is important to note the majority of researchers across the twelve papers appeared to be from racialised heritages, and taking into account my own position as racialised researcher it highlighted the significance of researcher positionality particularly within cross-cultural and sensitive topic research (Liamputtong, 2017). Positionality, whether as an insider or outsider researcher, refers to an individual's view, influenced by a number of factors including race, gender, sexuality, social class and culture, as well as the position they adopt in relation to the research.

It has been argued that within cross-cultural research, insider researchers have a commonality with research participants which may place them in a more enhanced position to explore ideas and reflections (Banks, 1998). Insider researchers may be better placed to have insight into social and cultural characteristics of racialised participants, which could influence their approach to conducting research in a more conscious and sensitive manner, which could position them with an advantage in building rapport and trust with racialised participants (Liamputtong, 2010).

Yet, it has been speculated that being an outsider researcher has its advantages as they may know limited or no information about the participants racialised heritages and therefore may be enthused to get a deeper understanding and exploration of the different nuances of their experiences (Al-Makhamreh & Lewando-Hundt, 2008; Suwankhong & Liamputtong, 2015). Literature has suggested that insider researchers may be more biased and too close to the culture, thus restricting their curiosity and possibly limiting their questions (Merriam et al., 2001). Whilst other literature (Ganga & Scott, 2006) has explored the insider position and referenced term "diversity in proximity" which demonstrates positive attributes of being an insider in being enable to recognise the similarities between themselves and participants but also identify the social differences between them.

The Professional and Personal Identity

The most prevalent theme across the literature was the challenge that racialised psychologists faced in balancing and integrating the development of both their professional and personal identities. This was evident across ten of the twelve papers (Adetimole et al., 2005; Farooq et al., 2022; Jameel et al., 2022; Odusanya et al., 2017; Paulraj, 2016; Ragaven, 2018; Shah et al., 2012; Thakker, 2009; Zhou, 2021) where individuals highlighted the internal conflict and struggles they faced externally in trying to integrate their own cultural and personal values and beliefs in line with their professional identity. This was noted to be evident in the early stages of choosing the psychology profession, with some discussing how it was apparent from the onset of their aspirations of seeking this career choice (Farooq et al., 2022; Jameel et al., 2022).

Within the literature (Paulraj, 2016; Shah et al., 2012; Thakker, 2009; Zhou, 2021), it was highlighted how participants struggled to bring their multiple identities together and the

different challenges this presented including feelings of isolation. For some, they brought attention to the diverse narratives of mental health within their communities and how to manage these diverse discourses in line with the narratives within the profession and the role that they held in these systems (Ragaven, 2018). These experiences also created tension within their family and social systems for some, in trying to navigate the gendered pressures they felt, as recognized in South Asian female psychologists' account of experiencing pressure between the cultural responsibilities they held alongside the professional expectations and how these were not acknowledged by either system (Thakker, 2009).

The literature documented how for some that they attempted to manage this struggle between the personal and professional identities by assimilating to the White normative position within psychology and left them feeling as if they had to change or dilute their cultural identities (Farooq et al., 2022; Jameel et al., 2022; Zhou, 2021). However, as they progressed throughout the profession some studies documented how racialised psychologists were able to step away from this conformative position and take a position where they were able to align their cultural identities with their professional identities (Jameel et al., 2022; Odusanya et al., 2017; Prajapati et al., 2019).

Hyper-visibility vs. Invisibility

Issues around how racialised psychologists' were perceived were discussed in seven papers (Adetimole et al., 2005; Odusanya et al., 2017; Paulraj, 2016; Prajapati et al., 2019; Shah et al., 2012; Thakker, 2009; Zhou, 2021). They described that when racialised individuals were visible within the profession, they would often be positioned in and perceived as an cultural expert on issues of race or cultural differences (Adetimole et al., 2005; Odusanya et al., 2017; Shah et al., 2012; Thakker, 2009). The papers identified how being positioned in this role

evoked discomfort and difficult situations for individuals, and two of the papers (Odusanya et al., 2017; Thakker, 2009) explored the trajectory of psychologists' careers suggesting that these experiences appear to continue on throughout their work life.

For Black psychologists, when they were concurrently made hyper-visible and invisible and not acknowledged within the profession, it led to some experiencing intense emotional distress (Paulraj, 2016). For some, they felt that the positive aspects of difference were often ignored within the profession and they found that they were positioned as inferior or lacking and pathologized (Adetimole et al., 2005). Interestingly, both of these papers were primarily about female participants and the role of gender was highlighted around invisibility and how gender within the psychology profession becomes synonymous with White and female, leaving the Black female experience unseen (Adetimole et al., 2005).

The lack of acknowledgement of race and cultural difference was discussed and how taking on a colour-blind approach can perpetuate avoidance within the profession in naming and engaging with intercultural perspectives (Prajapati et al., 2019). The absence of engagement or curiosity was documented in Chinese trainee psychologists' experience of blindness towards their culture and how this lack of response aroused feelings of invalidation to their way of life thus making them ponder their cultural perspectives as foreign and incompatible with Western ideals (Zhou, 2021).

Experiences of Racism and Discrimination

Within seven of the paper, issues around racism and discrimination were discussed (Adetimole et al., 2005; Bawa et al., 2021; Farooq et al., 2022; Paulraj, 2016; Prajapati et al., 2019; Ragaven, 2018; Shah et al., 2012). These experiences appeared to be apparent

throughout the different career points, from aspiring and pursuing a career in psychology amidst the systemic barriers (Bawa et al., 2021) and feelings of marginalisation (Bawa et al., 2021; Ragaven, 2018) as well as witnessing how racialised colleagues were undermined and treated in the systems (Farooq et al., 2022). These encounters appeared to continue for many individuals into their clinical training experience where they were subjected to racism and tokenism in both their clinical and academic environments (Adetimole et al., 2005; Paulraj, 2016; Prajapati et al., 2019; Shah et al., 2012).

Some of the papers discussed how historical and cultural context could play a role into the experiences of racialised psychologists and how the identity of the psychology profession has been shaped and prioritises Whiteness and White privilege (Farooq et al., 2022). In some of the papers, they spoke to this notion of being outside the normative position of White (Prajapati et al., 2019; Shah et al., 2012) and the impact that this had on their clinical training including adversities they faced in being underrepresented (Tong et al., 2019). The position of being othered or clustered into BAME categories aroused feelings of disregard for their experiences and a sense of generalisation and potential simplification of the nuanced challenges or difficulties each racialised community may face (Jameel et al., 2022; Zhou, 2021).

The role of holding a title of being a racialised psychologist, for some individuals, felt like a privilege and they expressed finding value in their position and the versatility it afforded them to work with their clients and communities (Odusanya et al., 2017; Ragaven, 2018; Shah et al., 2012). Yet, for others although they were able to acknowledge the positives, it did not come without consequences and they discussed issues of limited support, loneliness (Thakker, 2009) and difficulties in expressing themselves and finding connections (Zhou,

2021). For some, they felt the request or wish for peer support continued a negative assumption and narrative around the inferiority of Black psychologists and how they may require more additional help than their White peers (Adetimole et al., 2005). This was consistent with how some Black psychologists made sense of their psychology journey and discussed how it was a lonely and repeated journey of social inequalities, overt and covert racism and subjugation (Paulraj, 2016).

Hope and Safety

Another notion in the literature was of hope and safety in relation to what it meant to be a racialised individual in the profession. For some aspiring psychologists the importance of holding hope for changes within the profession was centred around reframing narratives and holding a intersectional lens (Tong et al., 2019). Interestingly, for some the hope for change appeared to change and shift as discussed in Jameel et al (2022) where they found that that there was a tension between hope and cynicism for individuals as they progressed through the different stages of training, to where they had perhaps experienced a sense of frustration at the lack of change regardless of their own personal efforts.

The importance of creating safe spaces and connections was fundamental for some in being able to find a sense of belonging and community (Ragaven, 2018). Yet, for others, although they found these spaces beneficial they found limitations in sharing all aspects of themselves and some desired spaces which were open to all, including White peers where reflections on diversity issues could be raised safely (Shah et al., 2012). This was different to the reflections from some Black aspiring psychologists who spoke to the fundamental need in seeking spaces solely for Black individuals where they were freely able to embrace their cultural identities without being othered or misinterpreted (Tong et al., 2019). The significance of

developing safe and supportive spaces early on in the professional journey was emphasised by Farooq et al (2022), with aspiring psychologists highlighting the need for connection, validation and solidarity in navigating the professional path alongside their own identities.

The papers within this narrative review showcase the diverse experiences of racialised psychologists within the profession and offer an insight into the varied experiences at different points within the journey. Though there is limited research into qualified clinical psychologists' experiences it provides a window into these accounts and emphasises the need for further research to be done within the profession to understand and address the nuanced inequalities that racialised psychologists encounter.

1.6.3 Conclusion and Rationale

The existing literature reinforces the narrative discussed earlier in this chapter around the discrepancy in representation from racialised communities within the profession and reiterates the disproportionate statistics of racialised individuals accepted onto clinical training (Leeds Clearing House, 2022). Although the current literature does provide an insight into the experiences for racialised individuals, most of the literature primarily focuses on one aspect of their journey, whether it be as an aspiring or trainee clinical psychologist. There appears to be limited exploration into the full trajectory of their career from aspiring to qualification and how imperative it is for a more in-depth understanding and exploration of the different experiences and barriers that they may have encountered throughout each of these different stages. By increasing further research into these experiences it will provide the profession with an understanding and recognition of the racialised experience and in doing so may encourage action to be taken to address these issues to create more critical awareness and an authentic embracing of diversity within the clinical psychology profession.

1.6.4 Research question

This study aims to gain further knowledge and understanding of the experiences of racialised qualified clinical psychologists working in the UK. The study aimed to get a more in-depth insight into their experiences from pre- training, during and post qualification. The specific research question was informed by own reflections of entering the profession and reading through published literature and acknowledging the gaps in the literature.

What are the lived experiences of racialised qualified Clinical Psychologists working in the United Kingdom?

CHAPTER TWO: METHODOLOGY

Chapter Overview

The following chapter outlines the methods embarked on in this research study. This has included the rationale for the choice of Interpretative Phenomenological Analysis (IPA) as an appropriate methodology. The chapter begins with an outline of my philosophical positioning in terms of the epistemology and ontology stance. The following part details the research methods, i.e. the design, data collection and analysis. The concluding part of this chapter details the ethical considerations and quality assurances that were taken into account for both the participants and researcher.

Research Question

This research was motivated by a desire to explore the lived experiences of racialised qualified Clinical Psychologists working in the United Kingdom. The aim was to explore their lived experiences throughout the trajectory of their career, including pre, during and post training roles using Interpretive Phenomenological Approach (IPA; Smith et al., 2009). Following the data collection (see later findings chapter) the research title evolved and a new heading was added to capture the voices of the participants, 'Finding a space for my face'. It became;

"Finding a space for my face"; exploring the lived experiences of racialised qualified Clinical Psychologists working in the United Kingdom.

IPA was chosen as it provides a platform and gives voice to marginalised narratives through exploring the thoughts, feelings and perceptions of participants and how they made sense of their lived experiences by highlighting experiences through interpreting participants interpretations.

2.1 **Epistemology & Ontology**

Guidelines for qualitative research indicate that the researcher should orient the reader to their own philosophical stance and how they have come to understand and interpret the world around them. It is important to recognise my own ontological and epistemological stance to provide transparency to the reader the positioning of this research.

Ontological positioning refers to the basic assumptions individuals make about the nature of reality and 'being' (Al-Saadi, 2014). Individuals who may believe that one reality exists, objective and independent of one's experience may be categorised as realist. Whereas individuals who believe there may be multiple-constructed realities dependent on one's experience and perception may be categorised as relativist (Ormston et al., 2014, Willig, 2008|). This research aimed to explore the lived experiences of racialised qualified clinical psychologists working in the UK; therefore a realist stance which hypothesises that reality exists independent of beliefs or thoughts was not fitting for this study. This research has aligned with a relativist stance as it believes that individuals each construct their own reality, as in this research the qualified clinical psychologists individual interpretation of their experiences as racialised individuals on training and working in the UK.

Epistemology refers to the philosophy of knowledge and how we 'know' what we know and our relationship between knowledge and reality, how we have come to look at the world and make sense of it (Crotty, 1998). Within research, epistemology positions are influenced by one's ontological position, where epistemology and ontology positions exist within a spectrum, where realism and positivism are placed on one side and relativism and constructivism on the other (Robson, 2011). Researchers who may align with realism may be more likely to adopt a positivism epistemological stance, which places an emphasis on objectivism and knowledge being scientifically measured and placing researcher and

participant independent of one another. This epistemological position may be taken more within quantitative research as it aims to acquire evidence and facts (Ponterotto, 2005).

However, qualitative researchers may align with relativist ontological position and constructivism stance as they observe knowledge and reality to be co-constructed through the lens of the individual's experience between people, language and social, historical and cultural contexts (Burr, 2015; Cupchik, 2001; Robson, 2011).This epistemological position of social constructivism (SC) lends itself to exploring the individual's experience, socio-political environment and the interactional space between people and how reality is constructed through this (Gergen, 1985; Scotland, 2012) and this then becomes the focus of the research.

The roles of the researchers are regarded as interactively connected to participants and are there to help participants construct their version of reality, whilst remaining conscious of the influence of their position and past experiences on the research (Robson, 2011). The focus of this research was to explore the thoughts, feelings and interpretations of racialised qualified clinical psychologists. It does not intend to produce "truths" about their experience of training and working in the UK. By adopting a SC epistemology, it aimed to understand how the participants make meaning of their experience from their own perspective (Wilig, 2008). As such it offers the reader an insight into the participants story and how they came to process, manage and understand their experiences.

I did not believe that all qualified racialised clinical psychologists would experience or hold one perspective about their experiences of working in the UK. Therefore, I embraced a relativist ontological position, as I believed there are multiple realities and this position lends itself to an epistemological stance of social constructivism (SC). SC holds a position that knowledge is socially, historically and culturally situated and takes on a hermeneutic

approach that focuses on how the world is constructed by the individual (Burr, 2003, 2015). SC attempts to do justice to the social complexity through attention to language and how knowledge is constructed through dialogue, this position resonates with a relativism position and therefore is consistent with an emic position about cross-cultural research.

Positioning and identity could play a role in the experiences of racialised clinical psychologists. Moghaddam & Harré (2009) stated that positioning theory is how individuals use language to position themselves and others. Therefore it could be proposed that racialised clinical psychologists may preposition themselves within institutional structures due to lack of support and opportunities and be led to believe they are less qualified than their white peers for roles. This could in turn affect their ability to fulfil tasks related to career progression such as interviews and applications as a result of repositioning oneself to placate the structures they are within (Sabat et al., 2009).

2.2 **Methodology**

As identified above, methodology is focused on the general research approach taken by the researchers to determine what may establish reality, also referred to as ontology and how that information about that reality may be interpreted and learnt, also known as epistemology.

2.2.1 Consideration of other methodologies

There were alternative methodologies and analysis that could have been used for this research and below is an outline of each of these approaches and the rationale for the choice of Interpretative Phenomenological Analysis (IPA).

2.2.2 Quantitative Design

Quantitative methodologies could have been used as a systematic way of collecting information that could have identified defining characteristics from a group of individuals through survey designs. These characteristics attempt to describe the basic experiences of populations (Roever, 2015) and this methodology is generally grounded in positivist epistemology and realist ontology. A survey design would have been useful in accessing larger populations which could have provided more generalised results, aligning more with the idea of an objective reality. Yet, as this research study was focused on the in-depth and individual richness of participants experiences it did not feel that this was an appropriate methodology to use to create an environment which fostered safety and trust for participants to share their unique experiences.

2.2.3 Biographic-Narrative Interview Method (BNIM)

BNIM works alongside the assumption that narrative expression is both of conscious concerns and also of unconscious cultural, societal and individual presuppositions and processes and supports research into the lived experiences of individuals and collectives (Wengraf, 2008; 2011). BNIM is predominantly congruent with clinical and professional practice in that it can explore the details of 'practice' as experienced by front-line workers, their clients, and managers at various levels. Wengraf (2008; 2011) emphasised the advantages of biography-based research, as it not only lays a foundation for systematic comparison of individuals but also of situated practices and processes, such as institutional regimes and practice dilemmas. Although the BNIM may be useful in exploring participant's experience of practice, I felt that IPA would be able to offer a more in-depth exploration around the felt lived experiences and focus on personal meaning and sense making in relation to this (Smith et al., 2022).

2.2.4 Foucadion Discourse Analysis (FDA)

FDA originates within poststructuralist theory and focuses on power relationships in society as expressed through language and practices. Within FDA, language is deemed constitutive of social life, making available certain subject positions, which influence and regulate subjectivity and experience. The way we think or feel, our sense of self, and the practices in which we engage. FDA is this concerned with identifying discourses, the subject positions they open up (or disallow), and the implications of such positioning for subjectivity and social practice, rather than the form or structure of interaction within talk or text (Arribas-Ayllon & Walkerdine, 2017; Paltridge, 2014). However, this research study was exploring the experiences of individuals and their meaning making of being as racialised clinical psychologist as opposed to the discursive context.

2.2.5 Theoretical Orientation to Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) is a qualitative approach that was introduced in the United Kingdom in the 1990s which predominantly focuses on how individuals create meaning from their life experiences and how this experience is made sense of and interpreted (Smith & Osborn, 2003). The methodology utilised in IPA follows the philosophical principles of phenomenology, hermeneutics and idiography and this approach has been used extensively within health, counselling and clinical psychology research (Smith, 2004; Pietkiewics & Smith, 2014). As this research has focused on an in-depth exploration of racialised clinical psychologists experience and understanding of training and working in the UK, IPA was chosen as the most appropriate methodology. Further accounts of the theoretical underpinnings of IPA are outlined below to familiarise the reader to the rationale for the choice of IPA.

Edmund Husserl (08/04/1859-27/04/1938) first introduced phenomenology as a study of experience in the early 20th century (Smith et al., 2009). IPA researchers are focused on how

individuals make sense of their lived experiences through their interpretations and attempt to seek an in-depth exploration of how meaning and interpretation is made through their personal and social worlds (Finlay, 2011; Smith & Osborn, 2003). IPA is grounded in this phenomenological approach and hypothesises that access to participants experience is through their "experientially informed lens" (Smith et al., 2009). This paves the way to gain an "insider perspective" of an individual's experience (Smith & Osborn, 2003), whilst acknowledging that it is impossible to gain full access to the inner worlds of participants. Martin Heidegger (1962) postulated that we are all a "person in context", thus; our experiences are connected in relation to others and are to be interpreted by others. This underpins the relation between phenomenology and hermeneutics.

The contributions of Heidegger, Merleau-Ponty and Sartre further developed Husserl's ideas and moved towards more interpretative and worldly position (Smith et al., 2009). Hermeneutics considers the theory of interpretation and the need to understand and relate to the meaning making process an individual takes related to their experience (Griffin & May, 2012). Furthermore, hermeneutics considers the interaction between the researcher's biases and experiences, in addition to the new information that is presented to them. Therefore, in this research, it was important to state that the primary researcher identified as an 'insider researcher' who will be making sense of participants experiences, who are making sense of their own experiences of being a racialised clinical psychologist working in the UK. This process of the double role taken on by the researcher is referred to as "double hermeneutics" in IPA (Smith, 2008), the first- order-meaning making is from the participant, whilst researcher-meaning making is considered a second-order process (Smith et al., 2009).

Idiography refers to the attention IPA places on the individuals as opposed to pursuing generalisability. Yet, this does not suggest that IPA abstains from generalising, but these are conducted in a more careful manner (Smith et al., 2009). The idiographic approach is focused

on the detailed and in-depth analysis of the individual's experience and understanding of a particular phenomenon context (Pietkiewicz & Smith, 2014).

2.3 **Reflexivity and Positionality**

Guidelines for qualitative research indicate that researchers should identify their values, beliefs and assumptions that may enable the reader to orient them to alternative perspectives and possible biases and influences being presented in the research (Elliott et al., 1999). Reflexivity is a crucial aspect of completing research adhering with IPA principles (Smith et al, 2009). It refers to the awareness of the researcher's influence on the research design not only through their epistemological position but also through their own personal critical reflections on their reactions and responses to the research topic and participants (Wilig & Rogers, 2017).

Self-Reflexive Statement

I am a mid-30's woman of Asian British background currently in my last year of clinical psychology training. I identify from being from a working-class background, able-bodied and heterosexual. I was born in the United Kingdom and am of Sikh heritage. My culture plays an integral role in how I connect with the world, particularly identifying from a collectivist culture within a westernised society and how this has influenced my interactions and perspectives whilst navigating between multiple identities.

My background played a key role in my passion for pursuing psychology, particularly working with communities and individuals from racialised backgrounds. My role and lived experience of being a young carer for a sibling with intellectual disabilities and sight impairment has been fundamental in shaping my voice and passion for advocacy and social injustice.

Throughout my professional journey, it has been evident to me that there is a lack of diversity within the psychology profession, both in academia and leadership contexts. Within the clinical psychology profession, I have always been in the minority, and this has led to feelings of frustration, confusion and a sense of inferiority in pursuing a career in clinical psychology. Throughout the ten years studying and working in psychology profession, I have only met and worked with two racialised clinical psychologists as supervisors or tutors. I have worked with many clients from racialised backgrounds, yet this has predominantly been in inpatient services where research has indicated that racialised populations are over-represented (Fernando, 2017). I have always felt concerned around this clear disparity of diversity within the psychology field and this only grew once I had begun my doctoral training where this disparity continued to be evident.

Therefore, when it came to choosing a research area it felt important and crucial that I explore these concerns further. I contemplated whether this research would be deemed necessary or significant to explore by the institution or whether I should focus more on research directly related to racialised service users. However, my motivation and desire to pursue this area of research was ignited not only by the lack of research about the experiences of racialised clinical psychologists' but also my own, and that of my peers and colleagues' experiences of the doctorate application process.

I had been naïve at the beginning of my journey into the psychology profession to consider that my race could or would play a factor in my career choice. That was not something I had even contemplated, it was not until off-hand comments or quips were made around the psychology profession being for 'white middle class women,' and quickly realising that I did not fit this criteria. It was said in jest, of course, however this was not the first time I was told or heard a senior psychologists comment that our faces 'may not fit' and that nursing career

may be better suited path for women of colour. This comment was taken on by many of my peers, who understandably got the message and chose to divert career paths.

These experiences drove me to think about the experiences of racialised individuals pursuing a career in psychology, and the experience for those that chose not to believe 'the message' and continued to strive towards the elusive career in clinical psychology. Consequently, my combined interest and experiences have influenced my research questions in exploring the experiences of qualified racialised clinical psychologists to find out more about their journey and trajectory of accessing and undertaking training at a post graduate level and working as a qualified clinician in the UK. This research endeavoured to provide new knowledge and insight into the experiences of qualified racialised clinical psychologists' that may lead to changes within organisational structures and curriculum content.

I was conscious that my own feelings, thoughts, anxieties and defences could and would be evoked during this research, particularly as I am still in process of navigating my own training. Throughout this journey, I have been intensely mindful of the different positions I have taken on including being a researcher, trainee, participant, carer, advocate and racialised woman. Alongside these multiple hats I had taken on, there was a constant sense of pressure and anxiety to ensure that I did this research right and give justice, not only for my participants, but also for marginalised communities and those voices who were given opportunities or a platform to share their experiences.

Throughout this research I have endeavoured to take a reflexive position on how my experiences and interpretations have influenced the research process. I have used a reflective log to explore and note down my reflections during the research process (see Appendix D for extract). I completed reflective notes throughout different stages of the research process and clinical training including after each interview, this has enabled me to reflect on my

assumptions and possible biases during the interview process, as well as recognising the embodied experience of listening to participants lived experiences (see Appendix D).

I felt an overwhelming sense of duty and responsibility and was mindful to ensure that I was reflecting and holding these in mind throughout the interviews. There was also a constant underlying tension that seemed to evolve and grow during the research process in relation to wider societal events that were present around marginalised communities including the impact of Covid-19 and the alarming research and statistics around the discrimination and racism marginalised communities are facing within society, including in the workplace (Jesuthasan et al., 2021; Kline, 2014; Nimisha Patel, 2021).

I was acutely aware of my positioning as a Trainee Clinical Psychologist, particularly as a trainee who began her training during the pandemic and some of the luxuries that this afforded me. The dynamics and structures of healthcare and services had changed and adapted to fit community needs, yet my title of a trainee allowed some sense of containment and protection of what I was *allowed* to do in during this tumultuous period. I had the opportunities to step back and reflect on these wider issues and impact it had on myself, my peers and the communities.

This inevitably highlighted the ways that I had been operating in survival mode prior to training and the new methods I had to develop and take on during my training as a racialised individual. The exhaustion and weariness of witnessing and listening to stories of endurance and perseverance from peers, colleagues and ultimately participants brought up many feelings of internal conflict. What can I do, we do, to make changes? How can this be different? It brought forward many feelings of anger of wanting to step away from this responsibility and platform to protect myself and then of guilt and shame, of experiencing these thoughts and feelings whilst hearing and listening to my participants recount their lived experiences. This

constant tension of conflicting emotions was comparable to the stories shared by my participants and that sense of wanting to do something, be part of that change but acknowledging that it also came at a cost to them in some form.

2.4 **Design**

IPA was a suitable method to investigate the research aims as it provided rich, in-depth accounts of the personal lived experiences of the participant and attempted to understand how they make sense of their personal and social world (Barker & Pistrang, 2015; Smith, 2003). This was appropriate given that there was limited research exploring the experiences of qualified clinical psychologists from racialised backgrounds working in the UK.

2.4.1 Consultation

An initial interview schedule (see Appendix E) was developed following discussions in supervisory meetings with my supervisors, one who identifies as a racialised clinical psychologist and based on previous research explored in the introduction chapter. To ensure that the interview schedule felt appropriate I met with a racialised clinical psychologist working in the NHS who agreed to undertake a pilot interview to ensure that the questions held resonance in correlation to the purpose of the study. This process provided valuable information and enabled me to reflect with the consultant around their experience of the interview and the questions. It provided meaningful development to the interview schedule in reflecting on how the questions were received and any other possible questions or prompts that felt beneficial to include. The data from this pilot interview was included in part of my final analysis and the consultant agreed to be a participant in the study.

2.4.2 Participants and Recruitment

A purposive and snowball sampling method were utilised to recruit participants as recommended by Smith (2009) and the recruitment was primarily sought from social media and group platforms following the impact of Covid-19 restrictions which enabled information to be shared across various platforms. It also provided an opportunity to explore the range of experiences across the UK due to possible geographical and cultural differences and possible influence it may have had on participants experiences and methods of working with clients and colleagues.

I created a research recruitment poster (see appendix F) that was shared on LinkedIn, Twitter, British Psychology Society (BPS), Association of Clinical Psychologists (ACP), Facebook Clinical Psychology and Instagram groups. Other recruitment strategies included snowball methodology in which clinical psychologists known to myself were invited to contact racialised clinical psychologists through email invitation (Noy, 2008). I also was provided with contact details with some Universities trainees and qualified groups who shared the recruitment poster to current and graduated colleagues. In addition, some participants felt comfortable to share the recruitment invite through their own social networks to refer additional participants that matched the inclusion criteria.

During the recruitment strategy, it felt crucial to provide further information regarding the aims and hopes of this research study. Therefore, I posted a personal reflective statement alongside the recruitment invite detailing my own position and aims for this research (see appendix G), with an invitation for individuals to reach out if they were interested for further information or conversation. The purpose of sharing my personal position was to alleviate possible fear or concerns individuals may have to participate and provide further engagement or engage their curiosity. Whilst advertisement was used across multiple platforms, the seven participants recruited were primarily through Twitter and a Facebook clinical psychology

group. This included participants approaching me through previous participants or via direct messages on social media platforms.

Bearing in mind IPA's idiographic approach and the importance of homogeneity in sampling, the following inclusion and exclusion criteria was used to guide recruitment.

2.4.3 Inclusion Criteria

To be eligible to take part, participants were required to identify themselves as coming under a Black, Asian and Minority Ethnic group as defined by the Office of National Statistics. This included participants who associate with all marginalised communities including White ethnic minorities such as Gypsy, Roma and Traveller of Irish Heritage groups.

Participants needed to have received their doctoral qualification in clinical psychology within UK and in the last five years. This was to take into consideration the difference in curriculum to doctoral courses and the implementation of the HEE improving equity and inclusion schemes for increasing clinical training spaces. This was also to take into account the changing social and political changes within the UK around race and disparities to access and education for individuals from racialised communities (Division of Clinical Psychology, 2020; HEE, 2019; Turpin & Coleman, 2010).

Another purpose to focus on recent graduates was that they are still quite new to the profession and may not have developed a fixed practice or ideas of their work. Participants also would need to be working within the United Kingdom but were not limited to working only within the NHS, this was to take into account the different methods and opportunities that racialised psychologist's experience when finding and selecting employment.

2.4.4 Exclusion Criteria

Participants who graduated and qualified more than five years ago were not able to take part in this research. Participants working outside of the UK were also not included. In addition, participants who do not identify as Black, Asian and Minority Ethnic group as defined by the Office of National Statistics were not included in this research.

2.4.5 The Sample

IPA methodology does not encourage large sample sizes to achieve validity due to its idiographic and phenomenological nature (Smith et al., 2022) and in depth case-by-case analysis that enables the researcher to analyse similarities and differences between individuals. Thus, following Turpin et al (1997, 2017) recommendations of six to eight participants as the appropriate number for doctoral level research, I aimed to recruit eight participants.

Initially there appeared to be wide interest in the study, however a number of participants did not meet the inclusion criteria, as they were qualified counselling psychologists or had been qualified over five years. Eight participants met criteria and provided consent and interviews were scheduled, but one participant was unable to attend the interview and I was unsuccessful in contacting them to reschedule. The final sample was seven participants, two male and five females between the ages of 28 and 39 all of whom who had trained and were working across the UK within the NHS.

Recruitment for participants was challenging and this highlighted the difficulty in finding representation and the potential barriers in participating in this research. By taking into account possible anxieties and fears around this area of research, it was important to begin building a rapport with possible participants from the recruitment process. Elmir et al (2011) highlighted how key it was to build rapport between researcher and participant in gaining access to their lived experiences and providing a sense of safety and trust. This was

imperative throughout the research, where this topic could be seen as having potential to cause distress to participants, eliciting possible emotional or psychological distress to participants or myself as the researcher.

The process of rapport began at the recruitment stage, when participants contacted me who was interested in finding out more about the research were provided with a participant information sheet (see appendix H) via email. Participants were then given the opportunity to discuss via emails or telephone calls, any queries or concerns they had at this stage around the study. This included what would be required of participants, how their information would be stored, and their right to withdraw from the study as well as how information around confidentiality and anonymity would be stored. Once the participants felt satisfied, those questions were answered satisfactorily, if they expressed interest in taking part of the research a consent form (see appendix I) and demographic form (see appendix J) was emailed to them to complete. Once these were returned, a time and date were arranged with the participants for the interviews to take place.

2.4.6 The Interview Schedule

An interview schedule (see appendix E) was drafted in collaboration with my supervisors based on the relevant IPA literature guided by Smith et al., (2009) which emphasises the significance of allowing the space to be open for participants to share what is meaningful to them.

I participated in informal discussions on an IPA research group and attended a three-day IPA research-training workshop to help with the development of the interview guide. The final interview schedule and prompts provided a framework during the interviews but was not used rigidly, this was to ensure that the interviews remained semi-structured and open to facilitate understanding and allowing for in-depth exploration around their experiences of identifying

as racialised clinical psychologist (Smith et al., 2009). The schedule included questions around their experiences pre, during and post training, including their experiences of identifying from a racialised background and the support strategies available to them.

2.5 **Interviews**

The data in this research includes seven semi-structured interviews with seven participants. All of the participants had completed consent and demographics form prior to the interviews. All of the interviews were conducted by myself and arranged via email or telephone. Due to COVID-19 restrictions, the interviews were all conducted virtually using secure online video conferencing (Zoom/MS Teams).

During the proposal stage of this research, I had intended to complete the interviews in person, in line with the guidelines for qualitative research, which recommended allowing participants to choose location, time and date (Alase, 2017). Even though participants were given opportunity to choose time and date, they were not able to choose location due to the restrictions in place, so I wanted to ensure they had a choice and autonomy to choose between the online conferencing options. Although restrictions did change during these stages, research suggested that remote interviews were found to have benefits in accessing participants who may not have been able to participate due to geographical distance (Sturges and Hanrahan., 2004; Opdenakker., 2006) and participants feeling more comfortable (Dodds & Hess, 2020).

Whilst there are positives attributes identified in using technology, research has found limitations including privacy concerns, access issues as well as technology limitations in relation to equipment or software (Archibald et al., 2019). In addition, the potential implications it could have on the researcher's ability to monitor bodily and facial expressions of participants that are not in view of the camera range (Dodds & Hess., 2020).

In this research, participants reported finding it more convenient and practical to conduct the interviews via video conferencing software; many of the participants were proficient in using these platforms within their own clinical practice. For two participants it meant that they were able to participate due to the flexibility and fitting this around childcare and geographical distance.

All the interviews began with introductions, reminder of what was included in the participant information, and consent forms. The participants were then orientated to the research question and aims including the different areas that may be covered in the interview and given an opportunity to ask any questions prior to commencing. The participants were informed that I might make small notes at different points during interview using a pen and paper that was out of visual of camera. Each interview concluded with a debrief where participants were given support and the opportunity to make any comments. Recordings were completed using the Zoom/MS Teams record function as well as a dictaphone, the interviews lasted in the range of 60 minutes to 1 hour and 45 minutes.

Interview audio recordings were transferred to a password protected storage system; once all the transcripts were finalised and checked for accuracy, the Zoom/MS Teams recordings were deleted. Three of the interviews were transcribed by myself, and four of the interviews were transcribed via a professional transcription service. The transcripts were transcribed verbatim as advised by IPA guidelines including all pauses, laughter and other expressions to ensure that the entirety of the interview was caught (Biggerstaff & Thompson, 2008). All of the transcripts were re-read whilst listening to the audio recording of interview to ensure accuracy. All participants were provided with pseudonyms to protect their anonymity.

2.5 **Data Analysis**

The data analysis of the transcripts followed the guidelines recommended by Smith et al as outlined below (2009, 2022).

Step 1: Reading and re-reading
Step 2: Initial noting
Step 3: Developing emergent themes
Step 4: Searching for connections across emergent themes
Step 5: Searching for connections across subordinate themes
Step 6: Moving to the next case (completing steps 1 to 5)
Step 7: Looking for patterns across cases

Figure 1: Stages of IPA from Smith et al. (2009, pg. 82-103)

Step 1: Reading and re-reading

Within these seven phases, IPA analysis begins with researcher re-listening, reading and re-reading the transcripts to immerse themselves in the data. IPA emphasises the importance of holding the participant as the central focus in the data to ensure that the researcher actively engages in the participants world and remains open to the new.

Step 2: Initial noting

The next stage included making initial notes or observations also known as ‘bracketing’ (see Appendix K for extract from transcript) that felt significant or interesting from the data and recognising your own emotional responses to the data. This reflection and process of documenting my own experiences associated with the data was fundamental within this research exploring the experiences of racialised clinical psychologists of being conscious of my own experience of being a racialised trainee clinical psychologist through using supervision and reflexivity.

During this stage, I looked out for three main components within each transcript including descriptive comments which focused on events and memories that appeared to be important to participants; linguistic comments which focused on the use of language and choice of words and expressions used by participants (see appendix L for extract from transcript). The conceptual level of analysis is seen to be key component within IPA as this takes the data beyond the descriptive and linguistic level to a more interpretive level and invites the researcher to take on an analytic position to the participants account. At this stage, it was vital that I considered the participants personality, similarities and differences, amplifications and contradictions in their accounts and these were all noted (Smith et al., 2009). Throughout this stage, all of the interpretations noted were kept close to the original data.

Step 3: Developing emergent themes

Next, I looked at developing initial themes that concentrate on phrases that attempt to catch the spirit of what was discussed in the interviews. This process included looking at aspects of the transcript, including holding in mind the whole transcript with comments and interpretations. From this, I then developed initial themes, using the annotations that were summarised from key features in the left hand column of the transcript table (see appendix K and L for extract from transcript).

Step 4: Searching for connections across emergent themes

Once these initial themes were identified, the next phase was to explore connections between them and to make sense of the connections. The themes were cut out on paper which allowed freedom of moving themes to explore any connections between them and identifying ways in which themes were related to one another to form ‘clusters’ (see Appendix N). As clusters were formed, the original transcript was fact checked to confirm they still echoed the words

and intentions of the participants and that my interpretations had not diluted the crux of the interview.

Step 5: Searching for connections across subordinate themes

These clusters then formed a table of themes with the emerging themes that produced the cluster of themes. The clusters were provided with a name that became the main themes with extracts from the transcript that supported and highlighted these themes (see Appendix N).

Step 6: Moving to the next case (completing steps 1 to 5)

This process once completed for the first transcript was then repeated individually for the remaining six interviews.

Step 7: Looking for patterns across cases

The last phase involved cross-case analysis where I searched for connections across the emerging themes and clustering of all seven transcripts. As in the earlier phase, all themes were printed out for all transcripts for the researcher to hold a 'birds-eye' view (see Appendix M) for seeking connections and patterns of similarity and relatedness between them. Following this using a whiteboard to explore and develop the clusters (see Appendix M and N), a final table of main sub-ordinate and super-ordinate themes was produced with extracts from the dataset to show examples for each theme. A written account with the verbatim extracts was then developed with attention to ensure that there was a clear differentiation between the participants account and my interpretation as a researcher (Smith et al., 2009).

2.6 **Ethical Considerations**

Full ethical approval was sought and obtained from the University of Essex Health and Social Care Ethics Sub Committee (see appendix O). This was granted on 7th December 2021. The

following section outlines the ethical considerations that were taken into account for this project.

2.7 **Informed Consent**

The participants were all informed of their right to withdraw from the research study prior to analysis without providing a reason and the right to decline answering specific questions. This was completed through informal conversations prior to the interviews where I discussed my motivation for this research and discussed data security and topic areas. This was vital in building a relationship and trust with participants so they felt safe and comfortable in sharing their stories. This was documented on the consent and participant information sheet and participants were verbally reminded of this prior to the interview commencing. Participants were informed that they could withdraw consent at any point prior to analysis of the interview, and at that point any data collected would be discarded and not included in the study. This was to assure participants that they were not obligated by their initial consent. Participants were informed that once data analysis began their data could not be withdrawn from the research as the processes of integration would make it impossible to separate individual contributions from the wider dataset.

2.8 **Confidentiality**

The participants were informed that they would be required to sign a consent form (see appendix I) prior to commencing the interviews. This included providing consent for the interview to be audio recorded and transcribed by either myself, or a professional transcription service. They were informed verbally prior to the interview and through the participant information sheet (see appendix H) and consent form (see appendix I) that their data will be fully anonymised and confidential. This was a central part of the research process

as indicated in the challenge to recruit for this study; previous research has identified these issues being a key obstacle to racialised individuals participating in research.

Data, including audio recordings and transcriptions were collected on an encrypted device and safely secured on password-protected files in the sole possession of myself. All transcripts were anonymised and all audio files and video recordings were deleted once the transcripts were checked for accuracy. Participants were all assigned pseudonyms and identifying information was all stored separately to the data and securely. Data was kept in secure electronic files in accordance with the University of Essex data protection guidelines.

2.9 **Potential Distress**

Due to the sensitive area of research being explored, there was a potential for participants to become emotional or the topic may have evoked distress during reflection on possible upsetting or challenging experiences. Participants were reminded verbally that they were able to have a break or terminate the interview and that they were not obliged to answer a question if they did not want to. At the end of the interviews, all participants were provided time to debrief about their experience of the interview and given opportunity to ask any further questions.

I was conscious that this would be an emotive subject that could inevitably evoke emotions and potential distress within me as an inside researcher and that was something I was mindful of. I ensured that I used reflective spaces available to me, such as supervision and my own personal therapy to explore and reflect on the different responses and emotions conducting the interviews and the impact that exploring the literature had on my own wellbeing. I also used the reflexive journal (see appendix D) to process and explore my own interpretations that were brought forward for me during throughout the research.

2.10 **Quality Assurances**

The frameworks and criteria used to assess and evaluate the quality and validity of research is an important aspect in both quantitative and qualitative research but differs between the methods. Over the years diverse approaches to exploring validity for qualitative research has been explored, Finlay (2009) suggested that some of these criteria were not appropriate for qualitative research that holds an interpretative basis.

At first, Smith et al (2009) held Yardley's (2000) framework of assessing validity in qualitative approaches as appropriate for IPA research. Yardley's criteria included 'sensitivity to context', 'commitment and rigour', 'transparency and coherence' and 'impact and importance'. Yet, over the years, further guidelines have been developed in specific relation to IPA research (Larkin & Thomspon, 2011; Nizza et al., 2021) and Smith (2011) defined seven principles of good IPA research. I will briefly outline each principle and how I adhered to them throughout this research.

Smith advised that the research provide a clear focus to the phenomenon being studied from the beginning or from the emerging analysis. The aims of this research were clearly evidenced in the introduction and the research question was purposely exploratory in relation to the lived experience and meaning-making racialised clinical psychologist made about their experiences, as opposed to my own preconceived assumptions or generalisations. He also refers to the principle of strong data that is a reference to conducting 'good' interviews. I used my skills, further developed from the clinical psychology doctorate training, to ensure that I was able to build a good rapport and engagement with participants. I also took careful consideration into developing the interview schedule and reflecting on my own interview style and emotions brought forward during the interviews.

Rigour has been debated within IPA research, Smith (2011) initially emphasised the importance of rigour and proposed that specific number of quotations for each theme presented could evidence this. Yet, Chamberlain (2011) commented on this proposal due to its potential risk of dismissing significant themes as valid that did not meet the expected criteria across the data set. Smith (2011) responded to this commentary that although there may not be a specific number of quotes to evidence a theme, not all quotations would carry the same gravity. Holding that in mind, I attempted to ensure that I held a balance in the number of quotations presented for each theme to ensure that they were not overly saturated or lacking.

Furthermore, Smith suggested that sufficient space be provided for elaboration of themes by ensuring that each theme is explored in depth including evidencing of verbatim quotations. I ensured throughout the research in discussion with my supervisors that enough space and exploration of each theme was provided and specifying the convergence and divergence within each theme. He also highlighted the importance not simply providing descriptive commentary on the themes but that interpretive analysis is conducted on the themes presented. To ensure that this was achieved, I took time to understand the hermeneutic processes of IPA to immerse myself in the double hermeneutic process during the analysis stage.

As I identified as a 'researcher as insider' I was continuously reflecting on my position and possible biases that I may have held throughout the research process. I was conscious that being a racialised trainee clinical psychologist in the midst of my clinical training that I held assumptions around possible experiences participants may have had and how this could have influenced my interpretations of the data set. Yet, as aware of this as I was, it was difficult at times to separate myself from the process and to truly 'bracket' myself and my own

experiences from that of participants, particularly during periods where it felt that my present experiences were mirroring that of what my participants were sharing with me.

Therefore, it was pertinent throughout the research process that I was reflecting upon this and possible influences it may have on my interpretations through different channels including my reflexive log, supervision, both clinical and peer and mentoring. It was particularly vital within supervision to reflect on the possible power differences within the interviews for both the participants, and myself in relation to my role as a trainee and researcher. I was conscious of trying to suspend those experiences to obtain richer descriptions and remain curious within the interviews by enabling participants the freedom to explore their experiences through semi-structured interviews to reduce any possible biases or restrictions (Suwankhong & Liamputtong, 2015).

Lastly, Smith (2011) emphasises the importance of carefully well-written qualitative work that enables the reader to remain engaged with the narrative accounts of the participants. This was ensured throughout the research study to fulfil this principle and to respect the participants narratives who took part in this research, as well as to meet the standards required for the doctoral qualification.

Conclusion

This chapter has provided an outline of my philosophical, professional and personal views which influenced the methods selected for this explorative research. Rationale has been provided for the use of IPA followed by detailed explanation regarding the research design, data collection and analysis. Ethical considerations and dissemination plans were also detailed. To summarise, this research has used IPA methodology and has been shaped by philosophical stances towards relativist and constructionist views.

CHAPTER THREE: FINDINGS

Chapter Overview

This chapter presents the findings from the interpretive phenomenological analysis (Smith et al., 2009) of seven participant's experiences of being a qualified racialised clinical psychologist working in the UK. Participant's demographic characteristics are presented in a table followed by the main themes and sub-themes identified. Finally, I have presented the themes in narrative form with verbatim extracts from the interviews.

3.1 Study Sample

In total I received interest from 10 individuals for this research, unfortunately two were excluded as they did not meet inclusion criteria as they had a qualification in counselling psychology. The 8th participant agreed to take part in the research but cancelled her interview on the day of the interview and did not respond to any further contact in relation to rescheduling the interview. This mirrored the difficulty in recruitment and an underlying anxiety that racialised psychologists experienced in sharing their stories (Ahsan, 2020; Prajapati et al., 2019; White, 2002), further exploration of this dynamic is in the discussion chapter of this study.

In line with the inclusion criteria and aim of this study, all seven participants who participated in the research were racialised qualified clinical psychologists who met the aforementioned inclusion criteria. There were five female and two male participants that took part in this research and their demographic details are outlined below in the table. All participants lived in England with an age range of 28-39 and had been qualified for less than five years. Five of the participants were married, two were unmarried and two participants had children. Four of

the participants identified from being from an Asian background, one from a Black Caribbean background, two from mixed backgrounds, White and Caribbean and White and Asian.

Participant Pseudonym	Ethnicity	Gender	Place of work
Sonia	Indian	Female	NHS
Marina	Black Caribbean	Female	NHS
Nisha	Indian	Female	NHS
Tariq	Bangladeshi	Male	NHS
Leah	White and Black Caribbean	Female	NHS
Danny	White and Asian	Male	NHS
Preet	Indian	Female	NHS

Table 1: Participant demographic characteristics

⁎*To preserve the anonymity of participants, no further information is given.*

The duration of interviews ranged from sixty minutes to one hour and forty-five minutes. Five of the participants chose to complete their interviews outside of work hours and these were completed within one session. Two participants completed their interviews during work hours and this meant that the interviews were across two sessions to accommodate their work schedules. The interviews brought forward a sense of anticipation tinged with caution of what would be uncovered. The themes discussed below include many of my own embodied reactions and reflections from the interviews and are detailed within the participants themes and experiences.

3.2 **Analysis**

The interviews produced rich data with many themes being formed and using the process outlined in chapter two: methodology, I identified the most prevalent and overarching themes within the individual accounts and across all the interviews. Throughout the interviews a conscious decision was made not have to have specific questions relating to each stage of their career, this was intentionally done not to mirror possible fragmentations of their racial experiences. The themes identified correspond to participants experiences across the trajectory of their career, from aspiring to during and post training. There were certain themes that spoke to specific stages of their trajectory, yet interestingly most of the themes were evident across the three stages, albeit taking form and shape in different ways.

From the seven interviews, five super-ordinate themes and nineteen subordinate themes were identified from the data. All super-ordinate and subordinate themes are presented in the table below. These will be expanded into a written account in this chapter. Within the verbatim quotes, repeated words or utterances have been removed for clarity of reading unless they were relevant to the interpretation. Any identifiable information has also been removed as well as identifiable locations or names of institutions or workplaces.

Super-ordinate Themes	**Sub-ordinate Themes**
1. Navigating the unknown path	*Trying to get in: the secret society* *Learning is our weapon* *Believing in the power of Faith* *Finding your spaces*
2. Discovering the different facets	*Balancing different roles and expectations* *Challenging the status quo* *Connecting back*
3. Living through racial injustices	*Looking right through me: we don't see or hear you* *Witnessing wider experiences of threat* *Surviving and Assimilating*
4. Being the 'other'	*Having to prove your worth* *Boxing us in* *The minority within the minority*
5. Looking forward	*Needing to be acknowledged* *The collective labour*

Table 2: Master themes and sub-themes from IPA

3.3 **Super-ordinate Theme 1: Navigating the unknown path**

This super-ordinate theme reflected the 'unknown journey' that all participants described in relation to the lack of information or awareness of the path in clinical psychology, including their initial introduction into this field and their subsequent path onwards. All participants reflected on the strategies they employed in navigating this path and four subordinate themes were derived from their experiences pre, during and post qualification.

3.3.1: Trying to get in: the secret society

Participants spoke about their general initial interest in psychology at school and how this was the start of pursing this further at University. Preet reflected on her introduction to psychology through a family member who had begun studying psychology when she was completing her GCSE's and how influential this was for her in choosing this as a possible career. She commented on the surprise and amazement she felt at that earlier stage in seeing a psychologist of Indian ethnicity, for some of the other participants their introduction to psychology came later at Undergraduate level. Daniel reflected on his naivety around clinical psychology and the different routes of psychology:

"I remember, I didn't really know… like I didn't know there was so many different options or routes you could take in psychology, you know. I suppose I was just going off what you kind of see in films or shows about therapists and that typical idea of sitting on couch talking to someone, because I didn't know anyone who was a psychologist. I had nothing to compare it with." (Daniel, Interview 1, Line 140)

Daniel's comments of *'not knowing'* what the role entailed were also echoed by Marina and Tariq and all of them commented on a sense of going into the degree quite open minded. Daniel's reference to the media portrayals and stereotypes of what are 'seen' to be the role of

therapists was the only source he had access to compare or inform him, which did not provide him with a realistic example.

Yet, Tariq and Marina both observed how the courses highlighted the challenges and competitive nature of pursuing this as a vocation. Both of them referred to comments from their lecturers about *'the difficulty'* of succeeding in this career. Marina reflected on her sense of going into the unknown and *'what was to come in terms of how competitive it is'* and this seemed to carry a sense of foreboding for the possible journey ahead.

Competition was echoed in some of the participants experiences around trying to gather information. Sonia expressed how difficult it was to seek advice and not having access to people within the psychology field or even the NHS and this was compounded in Preet's comments about trying to source support:

"I feel like it was a secret society… no one wants to let you know how you become a clinical psychologist. You bang on doors like 'hi I'm wondering if I could talk to someone about the application process' etc. and no one helps- no one helps. I approached psychologists, none of these psychologists were from minoritized backgrounds. They were all white and it was kind of like it was a secret society and like they didn't want to share you know the clue the key." (Preet, Interview 1, Line 602)

Even though all of their narratives are unique to their own experiences, for Daniel, Preet and Sonia they all commented on the lack of representation and information they could access or advice they needed to pursue clinical psychology. Sonia reflected on her desire for guidance or clarity on how to navigate and make sense of the process:

"I wish I had like a mentor something that would have, just anybody that would have told me that you don't want this job, apply here and then these are the kind of things you need to even get AP (assistant psychologist) posts." (Sonia, Interview 1, Line 425)

Leah and Sonia both reflected on the number of applications prior to being successful to getting a place on the doctorate. Both Sonia and Leah had gotten a place on their fourth attempt but they both differed in their recounting of this. Where Sonia's tone had been one of acknowledgement of the support she had received from counselling psychologist and probable influence this may have had on her success. Leah's tone was of tentativeness and her interpretation of applying numerous times appears to highlight the impact of doctorate process and how it can still be held by some participants:

"I think it took me about four attempts. I think it was- no, not even about, I don't know why I said that. It was definitely, I know (laughs) four attempts to get on the doctorate…" (Leah, Interview 1, Line 177)

At this point in interview, I wondered if Leah's laughter and initial sense of not remembering the number of applications was a cover for her experiencing a sense of embarrassment and shame at the number of attempts. It made me wonder if I was sensing her embarrassment or that of my own experience of applying numerous times and different emotions it evoked within me around failure or rejection, she continued:

"Once I'd started on that path, I guess it does for loads of people, the doctorate doesn't it- you get obsessed over it… it becomes the golden star doesn't it?" (Leah, Interview 1, Line 723)

She commented on the influence of the application process and the internalised pressure and the doctorate becoming this *'golden star',* I wondered if her applications may have added to this sense of elusiveness for Leah of the *'star'* being out of reach.

The challenging experience of stepping into the psychology world, in seeking advice or information and competing with competition and rejection was something that many of the participants reflected upon. Many of them observed how this initial introduction into the career set an anticipation of potential obstacles that could present.

3.3.2: Learning is our weapon

Participants spoke about the role of education within their families and communities and the significance and influence this played in relation to their own values and choices. Marina and Tariq both reflected on the importance in their family of having a career with an esteemed title. Although they both reflect on *'status'* Marina comments on the importance it held not only for her family but also for herself and what that *'title'* represents and pride that comes along with it. Whereas Tariq reflects on expectations placed upon on him from his parents and their ideas of what would be classified as prestigious careers and he goes on to comment on pushing against those expectations:

"*I wanted to go for psychology, which my parents didn't really understand. They were like oh what's psychology – what can you do with it? What is it? But I'm glad I sort of held my ground and I said, rather than – 'cause I think they would have wanted me to do IT or something"* (Tariq, Interview 1, Line 29)

He then goes further to express societal and cultural stereotypes around suitable careers and how this has been integrated early into schooling and the lack of education around different opportunities and options available:

"And I think, again, because back in school you don't really know what's – what options are available. And it might be those traditional like doctor, lawyer, IT that maybe, yeah, maybe come from the people around us" (Tariq, Interview 1, Line 196)

This was echoed in Preet's reflections on the narratives from her mother around role of education and how it was viewed as being instrumental in providing her opportunities for the future. Preet spoke about how her mother told her it was *'ticket'* in opening doors for her and providing her with a *'seat at the table'* in the future and how this would only be possible if she succeeded and got the best grades. She reflected on the intergenerational experiences of her mother coming to the UK and how this had influenced her mother's motivation and determination that she prospers. I recall during the interview I felt a sense of sadness to her tone and facial expressions when sharing her mother's experiences:

"It wasn't enough. She (her mother) *came with a masters. They just laughed in her face- that masters is not worth the papers it's written on. So she had to start from the very bottom and start her way back up again. And she was like I just don't want that for you. I just want… I know that will be a reality and so many doors will be shut in your face so you have to work doubley, tripley hard to get through those doors"* (Preet, Interview 1, Line 103)

She reflected on her mother's struggles to *'start from bottom'* and how her hard work was disregarded and not wanting that for her daughter. I wondered about the sense of responsibility and pressure this may have added to Preet's need to make it. She went on to share how this felt tiresome at times and feeling resentful:

"I think at the time I resented her for it. I was like, Mum, I just want to breathe. I just wanna do my own thing for a little bit and travel maybe. I can see in hindsight that it was coming from this intergenerational, trauma wound or something. You know what the next generation

will help heal our wounds that we experience. But, that's a heavy burden to carry" (Preet, Interview 1, Line 119)

I was struck by my own sense of heaviness in my body during Preet's reflections and what this had evoked in me around familial expectations. I was conscious of how these feelings of resentment or turmoil may have been reignited for Preet during the interview and how it may sit with her.

For all of them, they reflected on importance held by their families of choosing a career with status and what this would represent in relation to security and stability:

"It's interesting because I didn't really have anyone in my family like oh yeah, become a psychologist, but as soon as they heard that it would make me a doctor, it was like – yeah, do that- when they actually understood, like, oh ok, this – you are a doctor as a psychologist, you can work in all these areas like, you are a senior clinician" (Marina, Interview 1, Line 167)

Marina comments on her family's encouragement after hearing it would provide her with a title of doctor, a classification of being a *'senior clinician'* and the weight that holds in opening up opportunities and providing security. Yet, for Tariq he spoke about the power that title can hold and a sense of sadness attached to the power that those *'two letters of Dr'* hold and I interpreted it as if he was questioning whether this power was being used beneficially and how could it be done so.

All of the participants reflected on the weight and power of education in having access to different opportunities and to be seen as a credible candidate. Not surprisingly, all of them commented on the stability and security the profession offers them and how pivotal this was not only for themselves but also for their families in knowing that they would be established.

3.3.3: Believing in power of faith

For some participants they expressed the power of faith in supporting them throughout the journey and providing them hope. For Marina and Nisha, they both described how their faiths made it easier for them to begin the process and give that encouragement:

"Thinking about things that made it easier, so I definitely think my religion. So, I'm of Christian faith and I think that even the decision to apply in the first place, it was just like I'm just gonna give it to God. Like nobody can argue with that" (Marina, Interview 1, Line 555)

Nisha echoed Marina's belief in trusting in God and how her faith of Hinduism trusted in '*God's plan'* and displays the significance that they place on their faith in trusting in a higher power. Interestingly, Marina's comments on *'nobody can argue with that'* made me wonder whether her faith provided a sense of security in relation external opinions to the application process. She goes on to reflect how it provided a sense of freedom from anxiety and fear about what the journey may be like:

"And I I truly believe that that allowed me to almost release some of that anxiety about whether I was gonna get on or not. And also, how I was gonna manage the course. So, you know like, what's the area gonna be like? What's any of this stuff gonna be like? I was just like; I'm just giving it to God" (Marina, Interview 1, Line 561)

Both Sonia and Preet reflected how their faith of Sikhism was pivotal in getting them through difficult periods. Preet reflected on difficult period during her Masters when she experiencing racism and discrimination and how aligning back to her community and faith provided her with nourishment and love:

"Every Sunday I would alternate and go to different Gurdwara's, I would just like to go and would need to see the brown faces there. I needed that nourishment from my community. I

need to feel like I'm loved, and I'm not just like a piece of shit on someone's shoe" (Preet, Interview 1, Line 303)

During this point in the interview, I was very conscious of my position as a researcher but also that as a Sikh woman who is part of that community and how viscerally I felt her sadness and anger in not only the experiences she was sharing but what it brought forward of my own.

Whereas for Sonia, it was a very private and different relationship she described with God compared to her parents and how she found her own space to connect with her faith and how powerful this was in supporting her through the application process:

"I used to ask God for help a lot. I remember like when I was struggling and applying- I started to listen to Japji Sahib (morning prayers) *on my drive and that used to really help me to just feel good- that drive was really powerful. Even now when like I'm driving, I really enjoy that time and that faith in turning to something higher, really kind of helped me. It was very private experience, I never shared that with anybody. I think, my parents got it in the sense of like, remember God- but our relationship with God was very different"* (Sonia, Interview 1, Line 1075)

This experience of listening to her prayers whilst driving still appears to be something that Sonia finds solace in and allowed her opportunity to explore her own relationship with her faith. All of the participants described their own relationships with God and how powerful that has been throughout the different parts of their journey in providing them a source of solace and comfort during difficult periods.

3.3.4: Finding your spaces

All of the participants expressed the importance of making safe spaces to connect and seek support and how fundamental this was to their experiences. Leah, Sonia and Marina expressed the importance of having group spaces and the benefits of finding people who look like them and share similar experiences to their own. Marina expressed how she found that racialised psychologists would tend to *'flock together'* and how important this was for her in providing a sense of safety and security in being able to speak with others who had same lived experiences. This was mirrored by Sonia's experiences of being part of a group where it was explicitly named who it was for and how this enabled a freeing and refreshing experience:

"So we (trainees) *got together and that space was just- it felt like a dream. Like there was no white fragility in the room because we were all, we made it quite clear that those who were visibly white you know by heritage was… shouldn't be there. That group was so refreshing and supportive*" (Sonia, Interview 1, Line 2003)

Leah also reflected on the benefits of being able to express herself honestly and the use of humour to manage difficulties and challenges without the fear of consequences:

"Luckily somebody set up a group for erm… BAME psychologist. Erm, which was really lovely to have that base but I think also they, we didn't go into depths we could have gone to. The lovely thing by the end was that we were just laughing and being like this is really shit. Cause I think if we didn't were tryna just, I don't know be like professional reflection and by then we we're like fuck this! Having a group of erm other people who are going through the same experiences was really beneficial. I suppose where the difficult part was, was the change. We really wante-we needed things to change" (Leah, Interview 1, Line 3219)

She acknowledges the difficulty in being to go '*into depths we could have'* and I wondered at this part during interview if she felt conflicted or guilty about the group's function. As, she

goes on to describe how the change was *'wante-'* but corrected herself to '*needed'* and whether this was an aspect that she felt was lacking from this space. Sonia spoke about continuing to source these *'pockets of spaces'* post training and the importance of being able to connect with people with similar mind-set and journey to her own.

Many of the participants commented on importance of having a space whether with supervisors or mentors where they could speak freely and felt understood. For Sonia, it was really helpful to have a mentor outside of the workplace or University where there was a separation from the systems she was operating within. Whereas, for Nisha and Preet they found the support they received from their personal tutors and supervisors crucial in creating and fostering contained environments for them to be themselves during placement.

Preet spoke about the reciprocal relationship she shared with her supervisor where they both were able to learn and grow from one another. Preet's description of how they would share food and stories from their own culture and how '*nourishing'* this was for her evoked a sense of warmth. I recall during the interview how this acknowledgement and appreciation of Preet's identity by her supervisor conjured ideas of 'feeding her soul' and how poignant this experience was for her. Similarly, Nisha shared a key interaction with a University tutor during training where she felt seen:

"He seemed to really get where I was kind of coming from and how important my mum and dad were to me and my religion. And that I held a different view on mental health and how we conceptualise things. And it was just like small things, Like he always asked how... how's your mum and dad? It's not even like a big thing, but – like that meant the world. Like when I think back and talk about it now or- which again, I haven't thought about, but those are like the small gestures where you think you, you know, you've noticed" (Nisha, Interview 1, Line 1051)

These *'small gestures'* of acknowledgement of Nisha's identity by her tutor, the important roles her parents and faith played in who she is, like that of Preet's experience of her culture, stayed with Nisha. It made her feel noticed and seen for who she was, all of the different aspects of her identity.

Participants reflected on the significance of having that family and friend's network and support and how important it was to have that space outside of training or workplace. Tariq and Daniel both reflected on making spaces away from it and connecting to other parts of their identity outside of psychology that are equally as important:

"Having friends I could speak to away from this field, like they work in completely different areas is really important. Sometimes it can get too heavy, you know. So like having mates or family who work in completely different areas helps me to compartmentalise and step back and remind myself who I am outside of the profession as well, like other areas that are important to me as well" (Daniel, Interview 1, Line 1011)

Preet and Marina reflected on the role that family have played in supporting them during difficult periods or reminding them of their abilities. For, Marina she expressed her gratitude for her family and friends' constant encouragement and how they were her *'hype people.'* She expressed how crucial that was during periods when she struggled to connect with it, that she knew she had her family and friends *'rooting'* and keeping faith for her. Preet reflected on the role her mother and community have played throughout her journey and the stability it gave her:

"She (her mum) *showed up for me when I needed her. Again and again, again, and to show me that that is the one thing you can rely on. That's your family and your faith, they're not gonna let me down, they'll always be my constants. It's my community that provided me with*

the support, it's my community that provides me with nourishment. It's my community that eased away that loneliness I felt" (Preet, Interview 1, Line 667)

The role of safe welcoming spaces, whether it be in established racialised groups where safety was paramount or in an individual who made an effort and took time to understand was fundamental for participants in supporting them. Friendships and family relationships were described as being significant in providing stability and a reprieve for participants during *'heavy'* and *'lonely'* times in reminding them of their identity.

3.4 **Super-ordinate Theme 2: Discovering the different facets**

Within this super-ordinate theme, some participants shared the different facets of their training journey and what this brought forward in both their professional and personal lives.

3.4.1: Balancing different roles and expectations

Participants reflected on the balancing act that they participated in throughout training in relation to the different expectations and roles placed upon them, not only by the demands of training but also within their own personal lives around cultural expectations. For Leah, she reflected on her role as a racialised mother and how this was perceived by the course:

"I just felt like the naughty pregnant mixed-race girl that's breaking all of the rules on the doctorate that yeah shouldn't really be there. That was, yeah just not (pause) *not doing as expected"* (Leah, Interview 1, Line 2275)

During this point in interview, I noticed that Leah appeared to be dejected when describing herself as *'naughty pregnant mixed-race girl'* and I wondered what this was bringing up for her regarding possible feelings of anger or shame in being made to feel that way. I noticed that she appeared to be mindful of her language like she was trying to adhere to the *'rules'*. She went on to share how this influenced the way she and other parents were treated whilst

on the course. Leah spoke about how this *'troublesome'* period led to a difficult and *'most depressing'* part of her training. She expressed how crucial it was for her to find peers who she could relate and share her experiences without judgement. During this part of interview, I felt sense of sadness and I wondered how this experience may have affected such an eventful period in Leah's life.

Whilst for Nisha she reflected on how significant it was for her when her personal tutor on the course acknowledged her role as a daughter and what this meant to her and how she classified that as her most important role. She went on to reflect on how her role as daughter shaped her responsibilities and duties and how this was at times not *'noticed'* or misunderstood by the course:

"I was also off sick- or my mum was ill and I'm an only child, so I had to look after, in my family, in my culture it's not- you know, I wouldn't give that task to anyone else. Like, it's my duty to look after her" (Nisha, Interview 1, Line 979)

Nisha's hesitancy and use of '*you know'* could possibly reflect the difficulty she faced in trying to discuss her carer role and duty she holds for her parents and how this was interpreted and received by the course. At this point, I was very aware of how Nisha's experience of being a carer held parallels to my own experience and how I felt her desire and need to justify her position.

The idea of bringing in your cultural identity to the course was shared by Sonia and Preet, who both reflected on trying to balance the personal and professional identity within the constraints of training and cultural expectations. Sonia reflected on some of the cultural expectations placed upon her being a woman from an Asian family where there was expectations in reaching milestones such as *'getting your education, get your job, get a good salary and then marriage and kids'.* Unsurprisingly, this was echoed by Preet and Tariq who

shared how these expectations around meeting personal vs. professional milestones was met by their respective families. Preet reflected on challenges of trying to balance her passion for pursuing psychology profession alongside cultural pressures of getting married and the pressure she felt in having to fulfil the different cultural and societal requirements:

"I'm like getting cultural pressures like I should start getting married. You're 27 years old now, come on Preet you can't let psychology just dictate your life- you have to live your life. What am I meant to be doing, am I choosing a course to do or am I choosing a husband? It's a lot of pressure. I've got this one part of me that needs to be completely whitewashed in order to get into psychology field. And then in the evening take that white wash off, put your traditional outfits on and go to Gurdwara and be the perfect Asian housewife material. So like, which hat do I put on? Can I not put a traditional outfit on and be a psychologist- no it's one or the other" (Preet, Interview 1, Line 697)

Preet's questioning on having to choose one way or another, echoes Sonia's sentiments about not being able to bring your whole self into either the workplace or your personal life. At this point in the interview, I was struck by the vivid image that was conjured through Preet's description of having to *'take off white wash'* in the evenings and wondered how she balanced these conflicting roles. Sonia also shared how the conflicting roles could influence one another and how this was evident when she was unsuccessful during application the process and the worry this evoked in her mother:

"I think I got to like late 20's and like eventually didn't get on... My mum, her face gave it away, like she's just bit worried that like what happens if it doesn't happen again this year, like another year unmarried, I think-I could hear it" (Sonia, Interview 1, Line 719)

Whereas for Tariq, he reflected on how the course provided him with more time to focus on his professional milestones and how this provided him with a justified reason when his

parents began asking him about marriage. Interestingly, the milestone of gaining doctorate place was different for Preet and Sonia and it made me think about the different gender expectations placed within racialised communities and how responses may differ. Such as, when Sonia informed her mother that she had gotten on to the doctorate she recalled feeling an added sense of pressure of fulfilling her family expectations now that she had reached her professional goal. She spoke about not sitting in a *'silo'* and having to sit with the *'wider view'* of the kind of life her parents want for her. Whereas, Preet had met the personal and professional milestones expected of her and spoke about trying to juggle the expectations of being a new bride alongside succeeding this achievement:

"How do I juggle cultural expectations? I think it's important to make the distinction not religious expectations; they were very much culturally what a new bride should be doing- like you are meant to be our new bride and you are never here. And eventually over time that bred resentment and therefore the doctorate became this dirty thing for them and something that they were quite ashamed of- so there was quite a lot of pressure from them- I didn't know that doctorate will take over our life" (Preet, Interview 1, Line 915)

Her desire to make a clear distinction between religious and cultural expectations was evident in the interview, and it made me wonder whether she has had to make this distinction before, and how many times. As Preet reflected on the *'resentment'* and pressure she felt during this period, there was sense of disappointment and sadness in how her goal had become this *'dirty thing'* that led to sense of shame. This mirrored the earlier sentiments shared by Nisha and Sonia about bringing their whole identity to not only the workplace, but also within their personal lives.

The concept of trying to balance and juggle their own needs, alongside that of the courses and family expectations was evident in the experiences shared by the participants. Interestingly,

the societal and cultural narratives within different cultures and across gender showcase the disparity of expectations.

3.4.2: Challenging the status quo

Participants shared their experiences of recognising difficult and outdated narratives within their psychology journey profession and what this brought forward for them. Tariq spoke about his sense of frustration during training in having to challenge ideas and teaching around diversity and culture and the subsequent responsibility he felt in having to address this within lectures:

"All the lectures, or more or less the majority of lectures, it was that typical, um, a- tick box of token slide at the end about diversity and culture, and I think I found it very frustrating where I felt a lot of responsibility for me to bring up these issues. And why isn't it coming from the lecturer or coming from anyone else. I feel like higher up – it's the structures higher up and it's the systemic like a lo- like a lot of people may be used to doing their own way of doing things or have been on the course for so long that they're quite fixed to a certain way of teaching or the curriculum looking a certain way or the faculty looking a certain way because people have been working in those roles for so long" (Tariq, Interview 1, Line 499)

His questioning tone of *'why isn't it coming from lecturer'* or *'anyone else'* exemplified his feelings of frustration and concern in regards to the hierarchy and structures and what is prioritised in training and the impact this had on his experience of being a trainee. Both Tariq and Marina reflected on the selection process and courses desire to diversify cohorts. Marina reflected on how the reality of actually experiencing the course as a racialised trainee felt lost during her training:

"There is something about courses and the way that they select, courses have kind of tried to put in their oh, but like, this is what we're gonna do to diversify our cohorts- it's not just about getting people in the door. It's how those people then experience the course. And that was what I felt was not considered or nurtured or just really paid attention to, trying to speak back, challenge – all of these things that were ironically meaning that I was labelled that angry Black woman even more" (Marina, Interview 1, Line 1053)

There was a sense of defeat and dejection in this part of interview at her experience of not being *'considered or nurtured'* and how speaking up meant she was labelled an *'angry Black woman'*. There was a weight of resignation and anger at being labelled and what this construct did to Marina's voice and how *'getting people in the door'* was the priority, rather than the experience they have once they are *'in'.*

Tariq equally shared his concerns around the experiences of racialised trainees, particularly in relation to the increase in training spaces across courses and what this meant in regards to their experience and safety. He spoke about feeling like it had been a *'bit rushed'* to set up new provisions and questioning the possible consequences this could have on trainees, which was confirmed by Marina's experience of being tarnished with the stereotype of being an *'angry Black woman.'* Both reflected on the responsibility the course have to ensure that *'safe spaces'* were made and for racialised trainees' experiences to be heard.

The notion of challenging the system and holding it accountable was something that Sonia experience during and post training. She reflected on the make-up of psychology profession and the discomfort the lack of diversity brings up within the profession in *'looking in the mirror'* and being held accountable. She questioned the role of psychologists' and how they position themselves in relation to power, not only with our clients but with other modalities such as psychiatry and how polarising these positions can become within the systems:

"I feel like we kind of pretend like we haven't got the power and it's psychiatry who are the bad, the bad guys. But actually I think psychologists have great power to, kind of warp people's realities or their experiences when obviously our intention is to kind of bring understanding, but ultimately the understanding coming from our perspective" (Sonia, Interview 2, Line 2377)

Sonia's language and use of *'pretend'*, *'warp'* and *'bad, bad guys'* generated a sense of play and characters and possibly reflects how she may feel a sense of responsibility in being part of the system that perpetuates these narratives and the need to name these power plays at hand. Similarly, Marina reflected on importance of owning and recognising her own anger post training towards the system she operates within:

"I think that allowing myself to be angry at the system, to criticize the system, I just allow myself that space. I can criticize the system and still work within it. I'm managing, I'm still juggling that dynamic, but I know that I can somewhere" (Marina, Interview 1, Line 1470)

Marina comments on trying to *'juggle'* the dynamics of being within a system and the drive she has found *'somewhere'* to continue to *'manage'* the emotions it evokes in her. This made me wonder if she still felt she was labelled when speaking up and the significance and importance for her to now *'allow that space'* for herself.

The participants expressed their different experiences of challenging the systems and how this was received and the consequential impact that this has had on them. Many expressed their desire in trying to inform and support the systems in change but instead where met with labels and resistance, which for some they carried into their workplace post training.

3.4.3: Connecting back

Participants reflected on what helped and supported them to connect to their passion and drive for psychology profession. For many of the participants this appeared to stem from their own personal experiences and upbringing, as Daniel reflects back on witnessing his grandparents support others in their community and how this instilled a sense of *'giving back'*. This was a value that Tariq also drew upon in connecting to his own passion for pursuing psychology in wanting to support and help people from racialised communities:

"Raising some of these issues and sort of supporting people from racial minoritized backgrounds, whether it's service users, people wanting to get into the profession, it's something that's always been like like – something that's – the reasons why I wanted to become a psychologist. And I feel like I'm doing work in line with those values right now. And I think that's what's helping me" (Tariq, Interview 1, Line 1084)

Tariq reflects on how his work post training aligns with *'those values'* and identity and provides him with a feeling of satisfaction and reinforces the aspiration for choosing this profession. This drive was echoed in Marina's comments on how her family and community have shaped her practice:

"My family and my friendship groups, et cetera, that has really influenced how I approach my own practice how I experience the world, how my brothers experienced the world as young black men, that's been really important to me thinking about that. How any of my – anyone from my community might experience the world you know.- all of that has been really important in shaping how I practice, what is in my mind when I'm sat in a room with somebody" (Marina, Interview 1, Line 1355)

The experiences of her community and brothers' have played an integral role in shaping and influencing her practice and thinking of how they are treated and perceived by society as *'young black men'* and the stereotypes that goes alongside this. She goes on to reflect on how

connecting to these values enabled her to take a stance and make conscious decision on how she positions herself as a *'psychologist activist.'* Her reflections of having to *'walk the walk'* and *'asserting'* herself as *'activist'* made me curious of how this may feel differently for Marina now that she has the doctor title in providing her with possible exhilarating and freeing opportunity for her to use her voice and platform.

For Marina, it appears as post-training she was able to fully assert her position and interestingly Sonia and Preet also reflected on their experiences in the final year of training where these connections to their own identities and ideas were influential in how they went on to practice post-training. Preet reflected on significance of her supervisor seeing her for who she was and helping her to connect with that part of her identity:

"She helped me connect with my identity as a psychologist. She helped me connect with my quietness, my introvertedness. She made me realise it's not an issue to be quiet in this loud society, like what you bring to this profession is something so unique, and we need more of that" (Preet, Interview 1, Line 1106)

The positive recognition of Preet's *'quietness/introvertedness'* and framing it as a valuable attribute by her supervisor helped Preet to connect to this part of her identity. Likewise, Sonia reflected on a powerful lecture during training where the lecturer changed the narrative around race and diversity:

"I remember that space because for first time we looked at ourselves and weren't talking about race and diversity from idea of looking at the minority experience and how hard it was for minorities, it was like you have privilege and you are white and we are living in white world so what are we going to do about it? That was a game changer for me, after that my vocabulary increased and started reading more from that perspective" (Sonia, Interview 1, Line 1642)

She expresses how this was a *'game changer'* for her and the profound influence this had on her own perspective and practice. For, Sonia and Preet the external positive recognition and awareness appear to have played an integral role in enabling them to connect and express different parts of their identity and have autonomy over their choices.

All of the participants reflected on a period of growth, both professionally and personally which enabled them to connect with their own identities and make mindful choices in integrating their identities. Marina spoke about finding space to allow her *'personal and professional identities to complement each other'* and this appears to echo other participants experiences in finding ways to bring themselves in whilst protecting themselves.

3.5 **Super-ordinate Theme 3: Living through racial injustices**

This super-ordinate theme explored participant's lived experiences and bearing witness to wider societal and cultural incidents of racial discrimination and injustices. Many of the participants reflected on their experiences pre, during and post training and the impact that this had on their journey and how they adapted and continued.

3.5.1: Looking right through me; we don't see or hear you

Participants shared their experiences of not being heard and dismissed when raising concerns and experiences of discrimination. Leah expressed her discomfort of finding out information on how the course viewed pregnancy within cohorts and how she expressed this to her personal tutor and was met with doubt:

"They've said they wanna find out how they can stop people getting pregnant. I did raise this with my personal tutor and she's like 'I can't imagine Peter said that- And he's like 'no these things are going on that you're concerned about'. And knowing this, it's just so

uncomfortable. And just being really uncomfortable, constantly like knowing, the truth and if it's true for parenting it probably is true for race as well" (Leah, Interview 1, Line 2529)

I was taken aback by the comment of how they could *'stop people'* from starting families and how Leah had to sit with this *'truth'* and discomfort especially as a parent herself and not being believed by her tutor. She commented on how it made her think about the narratives and *'truths'* that the course may then hold around race and intersectionality and which narratives were allowed and those that were denied.

This dynamic appeared to be common amongst the participants, Preet shared how her concerns and experiences were ignored early in her career and recounted racist attacks she witnessed on campus towards her father during her Master's program:

"Every time my dad would come to visit me he would get egged or floured, and one time someone chucked a hockey ball at his turban and his turban fell off, and that was around campus. So it was a big, it was a big part of my life and I was always told…no no no no we don't see it. We don't hear it. We don't talk about it. Definitely don't do your research into it" (Preet, Interview 1, Line 179)

As she described this incident, I was conscious of Preet's body language and how her speech became impassioned as she came to the end of the quote and being told *'no no no no'*. Preet had shared prior to this interview that she had wanted to conduct research into marginalised communities and I wondered how much these racial discriminations towards her father was a catalyst for this and being told *'definitely don't research'* motivated her to pursue this further. She went onto to share how she tried to seek support and how her fears were minimised and suggested that it was her own inability to handle the stress of a Master's program:

"Honestly sometimes it felt like if they could get a white rubber and just rub me out, they would. I knocked on so many doors- Like I'm really struggling here. There's hate crime on the campus, I'm, feeling lonely, I feel I'm being discriminated on the course. Nothing. Each door was shut in my face. It was like… Yeah, but are you sure, though, maybe just imagining you, the masters can be very stressful, it's a very stressful program, and just grin and bear it. You know you you'll be okay soon" (Preet, Interview 1, Line 268)

I was struck by her description of feeling like they wanted to *'rub her out'* and how it evoked sense of being disposable and insignificant. The image of *'knocking on doors'* echoed sentiments of participant's earlier accounts of not being able to access psychology, which appeared to continue into the doctorate training. Such as, for Marina when she shared her experience on training where she sought support from course team following problematic narratives within the cohort and placement and how her needs were denied and disregarded:

"I would keep kind of – almost like I was knocking on this door. I felt like I was knocking on this door like, hear me like – please hear me. And nobody was listening. It was just being – it's the denial, it's the defensiveness. That's what really got to me the most" (Marina, Interview 1, Line 822)

Both Marina and Preet described *'knocking on doors'* and how they were not heard or listened too and this conjured my own feelings of resignation and disappointment hearing how their pleas for help was met with resistance. Preet states how she was questioned whether she was *'imagining'* it, where Marina comments on the denial and how these responses felt for them. Yet, when they did speak up they were met with *'defensiveness'* and in Preet's account of raising issues with the course team following racism from her placement supervisor, she was reminded of the opportunities provided to them, in other words to be grateful and not complain:

[the tutor said] "No, they didn't mean like that- it was very defensive. No, you've got the wrong, you've got the wrong end of the stick, and that they couldn't possibly mean it like that. Like do you know how many years' experience that supervisors got? She's not gonna be like that. You're calling her a racist (indignant tone) *like how dare you do that? How dare you call her a racist! No, no, no! You will go back to that placement and you will complete that piece of work, and you'll be guided by the Supervisor. Do you know how lucky you are to have this supervisor?* (pause) *I was like oh oh, okay did I just imagine that? Like okay"* (Preet, Interview 1, Line 1079)

The *'defensive'* response that Preet received reinforced her own doubts on her lived experience and how *'lucky'* she should feel. I was also mindful how she was told *'no no no'* again, but this time by another academic institution and during her doctorate training. Preet had openly shared her experience of being discriminated against but had been informed that she had *'got wrong end of stick'* and how she had misunderstood and told *'to go back'* and stay in that environment.

Marina recounted following the murder of George Floyd on the 25th May 2020 whilst in the midst of being on training that this was not addressed or acknowledged by her course and when she sought support the response she was met with left her feeling disheartened and lost:

"The response I got was oh, I didn't even realise that had happened. Um. Thanks for letting me know. I felt so uncontained. I felt – I felt like I was – I was asking for support, and I didn't, I felt like I was clutching at something, like – I'm struggling, and I don't know what to do here" (Marina, Interview 1, Line 929)

The lack of awareness of this event happening and the impact it had on racialised trainees' left Marina feeling *'uncontained'.* I wondered whether her difficulty in finding words for her emotions was a repeat of how she felt during that period, *'clutching'* for words to convey her

emotion at the time, as she had been '*clutching'* for support from the system around her then. Marina was actively seeking support from her system and expressed *'struggling'* for a space of safety to deal with the overwhelming sense of powerlessness she felt.

This feeling of being uncontained, denied and ignored was paramount for Leah, Marina and Preet. They all expressed their desire and need for support and safe spaces from their systems and were either met with denial or defence and for some with disbelief that they were ungrateful for the opportunities they were given.

3.5.2: Witnessing wider experiences of threat

Participants reflected on how they had not only endured these experiences personally but also had to bear witness to discrimination and racism in the workplace. Marina had commented on the impact of the murder of George Floyd and struggling to find support, but also highlighted how the lack of communication about this event was a significant turn in her training. She spoke on having to educate the course on what this meant to not only herself, but to all the racialised communities:

"I remember having to draft an e-mail to the uni to ask for them to consider this. Because this huge event had happened and it hadn't been communicated, it hadn't been kind of spoken on at all- I had kind of reached out and said to the course team, I really think that you should hold this in mind because a lot of people are feeling very heavy right now. All of our communities felt that. And I just wonder, sometimes how difficult it might have felt to show up, to work even. To show up to spaces they, kind of the system that's supposed to kind of protect me, isn't doing anything there" (Marina, Interview 1, Line 919)

I was surprised as Marina shared how she had asked the course to *'consider'* this event and wondered whether her earlier responses for help had influenced her approach and hope that

she would be heard this time. Marina reflected on how 'heavy' this felt for all the communities and how *'difficult'* was it to be present and I wondered how she was able to push through that emotion and *'show up'* on behalf of her community.

Leah, she spoke about the anger and disgust she felt in the responses she saw to not only George Floyd's murder but the Clinical Psychology conference in Liverpool[7] where a slave auction re-enactment was performed:

"For me seeing George Floyd's murder being newly qualified at home, seeing all that kick off and then that Liverpool [conference] course. Seeing the comments on that clinical psychology Facebook group, it fucking disgusts me. I can take myself out of it, but it fills me with disgust. I honestly would not go and see a psychologist based on the comments I see there. That really took like, (long pause) *I'm like I've really got to equip myself to be able to understand my own biases, you know, to be able to work and help people that are like me"* (Leah, Interview 1, Line 2846)

The anger she felt was evident during the interview and I remember how her tone and body seemed to fill up as she recounted it, as if that sensation of being filled *'with disgust'* was present again. Leah reflected on being able to take herself out of it and away from the comments but I thought as she paused, what it *'took'* and that there was sense that it was too late, the damage had been done. As she went on to state how she must *'really equip'* herself to help people that are *'like'* her and it made me think about how both Marina and Leah felt a sense of commitment to helping their communities, irrespective of the toll it had taken on them.

[7]BPS held annual GTCiP conference on 5th November 2019 in Liverpool. During the conference dinner, a re-enactment of a slave auction was performed. The re-enactment had no prior warning, and included the audience being invited to bid for a slave and the "slave" being ordered to run around to "show the strength of his legs".

Preet shared how the toll of being not being seen in teaching ignited feelings of anger and sadness and how these actions can compound a sense of not being wanted. She spoke about lecturers avoiding eye contact with racialised students and feeling *'silly saying it'* and how *'minor'* it was, but I saw her dismissal of this as her trying to show me, or herself that she does not require that recognition anymore possibly. Yet, there was a sense of childlike reaction of wanting to be seen by the teacher and her *'right to be'* there and learn alongside her peers. The sensation of not being seen and knowing when someone is directly *'avoiding her gaze'* appeared to be a familiar sensation for Preet which left her *'shaking'* and wanting to make her presence known. She went on to describe how these covert interactions shaped her experience of training:

"There is something about a room full of training psychologists, and their version of racism that just wounded very differently- it's not your average Joe walking down the street - egg and flouring you. That's a brutal overt attack but it's this subtle so death by a 1,000 cuts by these yeah my so called peers. There's these little micro-aggressions which just cut away and cut away at you and yeah it just kind of bleeds you dry over like 3 years" (Preet, Interview 1, Line 1050)

The pain she describes in *'death by a 1,000 cuts'* from her *'so called peers'* exemplify the wound that was created and toll it took on her over the three years. Preet reflects on the different *'version of racism'* and the many forms it can take and the slow feeling of it bleeding her dry from people that she knows. Whereas, Sonia's presence of being the only racialised person in her team played a role for them. Her position of being an Asian woman fed into the systems preconceived narratives and biases around world events. Being *'brown'*, as Sonia stated created this unspoken expectation from her colleagues around her knowledge or possible understanding of terrorism and how she could share this with them. Reflecting on Marina's request for the course to *'hold in mind'* and Leah's feelings of needing to *'equip'*

yourself, it highlights how the onus of holding these heavy experiences are placed back onto them. Nisha expressed how the complaints towards racialised staff by clients and families were treated and how the response from the team impacted her in the workplace and led to feeling anxious and fearful:

"There were lots of kind of complaints as well, from – towards kind of the staff that were from ethnic minorities the complaints, you know, would come from family members, from clients, (pause) *and it really did feel targeted. I remember, I I felt quite paranoid there was like a really low tolerance, I felt, um, to staff of Colour- it did feel like, actually, if she, if it – if it had been our, our White admin lady, I don't think they would have been complaint at all"* (Nisha, Interview 2, Line 1707)

She ponders on how it felt *'targeted'* and questioning whether it would have had the same response if the colleague had been White. Her questioning tone displays how *'paranoid'* she felt and the different expectation or *'tolerance'* afforded to White colleagues than those from racialised backgrounds. This was paralleled in Preet's conversations with her friend about the hierarchy and the make-up of race and ethnicity you would see in positions in power and the resigned acceptance of it:

"One of my best friends at work is a Black woman, and she said, we're the lowest of the low you'll never see Black women in positions of power that high up- there is an element of colourism, you know the further you are… you know the closest you are to White skin the easier it is. You know, she was like you are still close enough, being a Black woman I'm furthest you could possibly be in terms of intersectionality I've got no chance. It is so sad" (Preet, Interview 1, Line 1264)

Preet's account of her best friend describing her position as a Black woman as the *'lowest of the low'* evoked a visceral reaction at this point during the interview, in both Preet and

myself, which was echoed in the *'so sad'* feeling she described. I felt myself feeling guilt and shame at my privileges of being fairer in skin tone to that of my peers and colleagues and pondered if Preet may have also been experiencing these emotions. The notion of the how the higher up you go and *'closest'* to your skin tone being White that you are opens these opportunities brought forward the construct of the snowy white peaks within the NHS and the lack of *'chances'* for a Black woman to achieve this.

3.5.3: Surviving and assimilating

Living through these events and experiences and the emotional toll it took upon them meant that many of them developed different coping strategies to manage. Some of the participants expressed how they focused on surviving in the situation they were found in, Leah spoke about how this survival instinct kicked in within her first job post-training following the murder of George Floyd and the Liverpool conference re-enactment. She had asked for support from her team and suggested further training that may be beneficial in regards to diversity and racism and had been met in supervision with the responsibility of it being placed back at her feet:

"I think I got upset and said I 'I just don't want to talk about this anymore'. 'I'm not prepared to share anymore, I've given you enough' I'm not doing the training and I don't wanna talk about it anymore'. And then I looked for another job (laughs). *And fucked off"* (Leah, Interview 1, Line 3024)

Leah speaks of her upset at the response and feeling as if she had *'given enough'* and how this fuelled her survival response of shutting down the conversation and leaving. I interpreted Leah's laughter as a way of seeking kinship and understanding of how this was her only way of taking control and showing them in a way that may evoke a response. Leah's response to leave and shut down was echoed in strategies employed by Marina in her third year of

training. She went on to express how at this stage of training she focused on getting through which led to realisation of how much it had taken from her:

"I needed to do what I needed to do to actually make it through the end of the course. So, I did start to zone out. I did start to, you know, I didn't interact with as many people. I spoke to people on a need-to-know basis and really just tried to keep my head down, do my work and get through the course. I wasted so much time trying to change people's mind-set, to my own detriment. I wasted so much time trying to educate people" (Marina, Interview 1, Line 1031)

The shift in keeping her head down and limiting her interactions to *'get through'* are representative of many of the participants experiences in their third year. All of them reflected on how the final year enabled them to *'zone out'* and shed some of the responsibility they had held in trying to *'educate'* others and afforded them some freedom. Yet, the language used by all the participants of *'head down'* or not drawing attention to themselves I saw as her being cautious and wondered whether this was out of fear of the repercussions of naming it.

Preet also spoke to this curiosity and the reluctance of wanting to admit it and her disbelief that at this stage of psychology training that there could be racism and choosing to not *'admit it'* provided a function in being able to dismiss and complete the race. She also spoke of *'crawling'* and *'scraping'* through the course, reinforcing that idea of survival at any cost. For some of the participants, they embraced survival strategy of code-switching to blend in as they were aware of how they would be perceived within their environments. Like, Sonia who shared how comfortable and at ease she felt with patients on an inpatient unit:

"I didn't really care when I was with patients at that unit, like I was just myself. Because they were like me too, so I didn't have to. .. I can still sort of be a chameleon in different

spaces, cause I know that the room's gonna see me a certain way because of the way I look or the way I speak" (Sonia, Interview 1, Line 339)

She recognises that the diversity of patients allowed her to be herself and she trails off as she reflects on how she '*didn't have to…*' before admitting that she still has that ability to adapt and become *'chameleon'*. I saw her trailing off as a touch of sadness at the need to switch and be conscious of her appearance and speech in how she is received by the room. This sense of censoring was also shared by Nisha who learnt from a young age the art of assimilating to her environment for the ease of others:

"I've always westernised my name. I learned from a really young age because growing up at school, people would make a really big deal about not being able to pronounce it. But after George Floyd's murder- I was like, why am I changing my name? Like, my mum and dad gave me that name. I made conscious decision to use name my parents gave me, if people have a problem with pronouncing it, they will learn" (Nisha, Interview 2, Line 1914)

For Nisha, westernising her name was a necessity as it had been made a *'big deal'* for those at school and she *'learned'* quickly that it was her obligation to conform. That was until the murder of George Floyd where she began to question her decision and I wondered here whether the aftermath of this tragedy and significance of his name had awakened Nisha's own strength over the power of her given name. The choice she made to make a '*conscious decision'* to use her given name and put the responsibility back to others in learning to pronounce it.

The participants found different ways of surviving and managing whether this was by maintaining their own safety by removing themselves from situations or keeping their head down. It is evident that this assimilating has come at a cost and took a toll on their own wellbeing.

3.6 **Super-ordinate Theme 4: Being the 'other'**

Following on from participants stories of living through racial injustices, many reflected on their experiences of being categorised and seen as 'different'. They shared their experiences of being labelled and some shared a sense of having to over compensate for these biases.

3.6.1: Having to prove your worth

Within this subordinate theme, some participants discussed their sense of having to prove themselves worthy of being within the psychology profession. For Leah, this was echoed from her own internal conflict of being from a mixed heritage and how this shaped the pressures placed upon her. Reflecting on her own upbringing of being a mixed race child within a predominantly White family and she spoke about her own struggle with their expectations:

"I use things interchangeably that's probably because I think I probably struggle with that. I don't quite know where I fit –he (dad) *really worried and I think he put a lot of pressure on me to exceed and do well. Because of that- So he was very much like if I got an A, why didn't you get an A*?"* (Leah, Interview 1, Line 367)

Leah's use of the terms Black and mixed-race interchangeably mirrors her account of struggling to *'fit in'* and this appeared to be shared by her family members. She spoke about the anxieties her Black father experienced on how she may be perceived as a woman of colour and how this fed into the expectations he placed upon her to *'exceed and do well'* to counteract barriers presented to Black women and how they are positioned.

Sonia also commented on how she was positioned within the psychology profession early on in her career and how comments made to her by colleagues and other professionals impacted

her own confidence in regards to her abilities and skills. Following a job interview it was said to her:

"You're not quite ready and you're not quite cooked, I think you just need little bit more time in oven- what does that mean and making it personal in terms of positioning self. Clinical psychology's hard and it's made for the elite basically" (Sonia, Interview 1, Line 651)

The responses she received from prospective employers were of not being *'quite cooked',* Sonia expressed how this evoked feelings of lacking the skills required for this *'elite'* career and that she wouldn't be able to meet these requirements. Preet reiterated these sentiments and expressed her frustration on how these expectations appeared to differ for people of colour:

"*It's like this is invisible standard that you're always trying to strive towards, and just like when you feel like I'm here now, it's like no the bar has moved … - the bars up here now look. But the bar is down there for the other white people, and I passed that ages ago. No no, but for you the bars here. Come on now, jump higher...higher"* (Preet, Interview 1, Line 530)

I understood the repetition of *'the bar has moved…the bars up here… the bar is down there'* as feeling of on-going annoyance at the changing expectations that she was held to and how this continued with her exasperation of being told 'no*, no'* and to jump *'higher…higher.'* She expressed how this *'invisible standard'* was a reminder of how disappointing it felt to have surpassed these standards set for her White peers but for it still not to be enough for her.

Nisha supported these feelings and expressed how for her this feeling of having to prove herself created a sense of imposter syndrome which continued into her qualified role post-training and impacted her confidence in completing her duties:

"I noticed that I feel like I do much more than my White counterparts. It's on another level, and I think that stems from actual low self-confidence. The failing the assignments was something that I – I couldn't shake, and it really knocked me, and I think that just goes back to, like, this low self-confidence, this "I'm not worth it. Do I deserve to be here?" I did become quite paranoid- I, you know, my my notes became really lengthy, my letters to clients became really lengthy. Because I felt I had to rationalise and justify every single clinical decision- I felt like I was always in court presenting my evidence" (Nisha, Interview 1, Line 1117)

Nisha expressed how failing previous assignments during training had had a big impact on her confidence and the difficulty to '*shake'* it off had perpetuated this sense of imposter and questioning her worthiness of being there. When she questioned whether she *'deserved to be here'*, I could feel and see the emotional impact this had on Nisha during the interview. She went on to discuss her first qualified role and as she spoke there about having to *'justify'* her decisions and provide her *'evidence'*, I was conscious of her explaining to me, yet again, in why she had to make those choices and how it may have conjured mood of being in *'court'* again.

The sense of not being good enough or having to work harder was evident within participants accounts and the self-doubt that this evoked internally. Most of them reflected on their own self-worth and how it aroused feelings of being an imposter or that their work would not measure up to that of their White colleagues and the frustration of having to prove themselves worthy.

3.6.2: Boxing us in

This theme goes on to explore how many of the participants reflected on how society and the systems they were in would make sense of their presence and the biases that came with this.

For Leah and Daniel, they both recounted earlier childhood experiences where their 'differences' were noticed outside of family environment and the desire socially to categorise them:

"Growing up it [his race] was named but wasn't like a big discussion, it was just a fact, a known. But when I got older I noticed it was more other people that wanted.. no, they needed to sort you or wanting to know which you identified more with. I found it uncomfortable and just, I don't know…felt like I was being pigeon holed" (Daniel, Interview 1, Line 1069)

Daniel considered his own mixed heritage and how this was a source of debate for some people in their need to be able to *'sort'* his ethnicity. He reflected on how they sought to know which he *'identified more with,'* his White or Asian heritage and I wondered how each answer may have presented him with a varied response. Daniel felt he was being *'pigeon holed'* and I interpreted his discomfort with this around the different responses and interactions he may have got from people depending on his answer.

The notion of labels and stereotypes was demonstrated in Preet's account of completing her undergraduate degree and the explicit message she and her peers received from the course director in who would succeed in the profession:

"I remember something that really stuck with me was on the last day of the whole course, and the course director was like half of you in this room will be psychologists, and the other half of you will own corner shops. And he just looked at like the Indian group that was all sitting like grouped together. He was like the group that will be psychologists, I wish you the best of luck. The group that will have corner shops, you should have done business studies down the corridor… ha ha ha (mimicking his laughter)" (Preet, Interview 1, Line 42)

She expressed how this stereotype had stuck with her many years later and how the idea of Indian people wanting to step outside and achieve something different appeared to be a foreign concept for others to grasp. I was shocked that an academic in that position would make such explicit comments and his use of laughter. I noted in her Preet's account how she had described the *Indian group'* all *'grouped together'* and wondered if this was a source of safety and strength for them in getting to the point of completion of the course.

Nisha described how she interpreted an interaction with a client she had met for the first time and the client's obvious surprise at her ethnicity:

"She was like 'oh, my son's like- my daughter in law is kind of your shade' and I was like OK… like I am not a kind of colour scheme (laughs). *But I knew what she meant and I think you, you know, she probably just- like at least she named it"* (Nisha, Interview 1, Line 792)

Her reaction to use self-deprecating humour seemed to be a protective mechanism and a way in which she was able to control this dialogue. She goes on to tolerate or attempt to understand where this comment may have stemmed from, the client being from an older generation and the different attitudes and views they may hold and *'at least'* naming the differences. It made me wonder whether participants held different expectations for the clients they work with in comparison to the expectations they would imagine from their colleagues.

These experiences and desire to label and the way humour has been used highlights the implicit biases that participants have been subjected to during their career. For some participants, the use of self-deprecating humour may present as self-preservation, yet what has also been shown is how humour can be used in insidious targeted ways to make stereotypical remarks and how easily it can be dismissed but the lasting impact remains for those individuals.

3.6.3: The minority within the minority

This theme explored the challenges that some of the participants experienced in being represented and how they were perceived within the profession. It explored the complexities of intersectionality within the racialised communities, this was evidenced by Tariq and Daniels accounts of their experience of the lack of racialised males in the profession. Daniel comments on how he had little anticipation or hopes in seeing more men his training course and his *'surprise'* to see more in the profession post training. Tariq also gave his account of being one of the *'few Asian guys'* in the profession and the sadness this evoked:

"I've always been one of the few guys or one of the few Asian guys, um, in the profession. I just, I think by then I'd sort of took it as a given -the sad thing, I think, I just took it as a like, I accepted that oh, I'm always just gonna be one of the few. And that's the thing. Like I never really questioned it" (Tariq, Interview 1, Line 71)

Both, Tariq and Daniel described it as a *'expected'* or a *'given'* that this was the reality that they had accepted choosing this profession, as Tariq stated he had *'never really questioned'* this discrepancy. Even with this imbalance, he went on to share how this had not affected his prospects post-training and mused over what could have contributed to this:

"In terms of, um, progression and getting jobs like I think that I don't feel it's been a barrier for me. Maybe because I'm a man, I don't know- I've only been qualified a year – but just with getting a job and getting opportunities, um, I've not felt like there's been any difficulties or barriers in that sense based on my gender or my race" (Tariq, Interview 1, Line 1320)

Interestingly, I noticed that Tariq's response felt different to his earlier reflections, slower, and tentative as if he had stumbled whilst recognising his privilege as a man. It's not

something we continued to explore but I was left thinking about the role that race, class and gender play in the profession.

Leah shared her consciousness of how she was received in spaces such as training and placement and had to be mindful of her tone and how easily it could be misconstrued:

"Because I'm worried they're gonna think it's the mouthy Black girl, which is probably a bit of internalised racism. You know but when I checked I was like 'do you think before you say something? Do you think about it this many?' and they'd be like 'oh no' you know and I'd watch how confidently people just say things but as soon as I would give my impression of some- like if I wanted to offer an opinion on something I'd have to judge like make sure your tone's right so that it can be heard" (Leah, Interview 1, Line 2337)

She reflects on how her own internalised racism played a part in how a Black woman asserting her voice can be constructed as a *'mouthy Black girl'* and what was seen as socially tolerable. I wondered whether hearing her friends be able to speak their mind freely without any fear of rebuttal sparked feelings of anger or frustration in her in having to think about it *'many'* times and *'judge'* the temperature of her tone to be heard. Yet, for her White peers this was not a factor that they had to take into account to be heard. Having your voice heard was something that Marina reflected on and how she felt her identity and passions around challenging racial inequalities was appreciated and accepted prior to starting her training.

"I believed that I was kind of put in this profession to address and challenge racial inequalities. I've always been open about that, that that is my passion. That is the area that I would like to make significant change in to really drive change in a clinical research capacity, whatever way I can. And so that had been very clear at the point that I would have been accepted onto the course. And – at least I thought so. But I quite quickly realised that these conversations made people feel very, very uncomfortable. And that that discomfort

would soon result in (pause) *me being labelled as an Angry Black Woman…that was within my cohort that was within* (pause) *my* (pause) *relationships with staff. That was within my placement experiences as well"* (Marina, Interview 1, Line 773)

As Marina described being *'very clear'* of her goals and how she *'thought'* it had been embraced, to be met with this quick subsequent shift in response once conversations arose, I wondered if she felt disappointment or sadness at the false hope that had been created as I noted my own feelings of despondency. I noticed her speech became more impassioned and there were a number of pauses, as if she was collecting herself, and I wondered if she was worried of showing her anger to me and feeling as if she may feed into the label of the '*Angry Black Woman'* that she was branded.

However, she went on comment on how her position as a Black psychologist can hold power and significance and being able to connect in with what this means. The importance of being able to represent her place in this profession, a place for Black psychologists and the *'love'* she holds for this indicate the significance of what this means for her and her community. Marina reflects on the length of time it took for *'even'* her to see her own peers and the power that holds.

All of the participants expressed the emotional toll and *'discomfort'* they had endured in being labelled and positioned. Tariq and Daniel observed on the expected position of being *'one of the few'* as racialised men within the profession but acknowledged that this had not impacted their opportunities post qualification. However, Leah and Marina's experience of any expressed emotion being categorised and labelled as *'angry'* or *'mouthy'* silenced their experiences and voices. Yet, in spite of her experiences Marina was able to find a way post qualification to claim back her position as a Black female clinical psychologist and use that label to provide a positive representation and frame.

3.7 **Super-ordinate Theme 5: Looking forward**

Within the final theme, participants explored what they had needed throughout their professional journey and their desire for this to be changed moving forward for the next generation of racialised psychologists. Participants expressed the importance of recognition of difference and support for racialised clinical psychologists within the profession and systems they operate in and working collectively as a profession to meet these.

3.7.1: Needing to be acknowledged

All of the participants expressed seeking validation from the clinical psychology profession, within the clinical and academic settings and the importance of being heard (and/or believed) throughout their professional journey. For some the opportunity to be part of this research allowed them that chance to have their stories be heard and recognised. Marina expressed the significance of being able to share her story:

"I wanted to be a part of something that amplified these stories, this narrative. I think it's one that is often lost on numbers and on how many people have we got in this, like, what are the numbers of people from racialised communities that make it into training – that do this, do that? And actually, I think we're missing a real nuance of what – what is it actually like to live this life, and to have this as your role and also be navigating it as a racialised person, who like, who's been racialised by a system that (pause) *did so for purposes of power. You know. We we were all racialised because of power. It' a social construct. But how that then impacts on our world"* (Marina, Interview 1, Line 1573)

Marina reflects on power in sharing her story and the *'real nuance'* of what it felt like to be a racialised psychologist in the system whilst trying to navigate how these constructs placed upon her. Her use of *'amplified'* summoned an image of a speaker and reach and as she went

on to reflect on the use of *'power'* on racialised people, it seemed that the space to share her story had educed a sense of liberation. Tariq also commented on his desire and curiosity to highlight his experiences. His motivation to share his experiences and the acknowledgement of knowing that there was not *'many of us'* echoes Marina's comments on the lived experience rather the percentage. I interpreted Tariq's interest in *'how many'* Asian men may take part in this research as a sense of seeking community where these stories may be embraced. Preet reflected the lack of embrace from the profession and how it left her feeling invalidated:

"These environments are so cold, we are meant to be psychologists, isn't warmth and compassion meant to be our bread and butter? And yet it wasn't, it wasn't it wasn't for me. I wish someone just legitimated my experience, like it's not all in your head, you're not imagining it. No, there is racism in this workplace, you have been racially discriminated against. We hear you, we see you…just to be seen, to be heard from, to be able to talk that would be second one- these are pretty basic things I'm asking for. I'm not asking for some really major shifts in psychology I'm asking just basic- Allow me to still be me" (Preet, Interview 1, Line 581)

As she questioned the ethos and the *'bread and butter'* of psychology, I wondered how many times she had deliberated over these fundamentals and how it had shaped her perspective of the profession. Her repetition of requesting the *'basic things'* and not *'major shifts'* in the profession, I felt was a plea to the system to *'allow'* her to herself and seen.

Marina shared similar sentiments to Preet in not feeling safe within the profession and what she had wanted from the systems around her:

"There is this idea that we get people in the door, then that's fine, because there will be more diverse psychologist. But actually, are these people gonna stay as psychologists? Are these

people gonna want to do this as their career if they're facing all of these inequalities, all of these difficult experiences, and they're not feeling held, they're not feeling safe. Number one thing that I wanted was validation that actually this is happening- particularly with – when we think about micro-aggressive racism, and those kinds of things that really run along as undercurrents, there's so much paranoia that comes with that, just for somebody to say I see you. I see your experience. I believe you" (Marina, Interview 1, Line 1082)

Both Marina and Preet commented on '*not feeling safe, not feeling held'* and the need of wanting someone to validate or legitimise their experiences. Again, both examined the profession's values, with Marina wondering the number of racialised individuals that will continue in the face in the face in the constant face of adversity and the toll it takes. They were not the only participants that commented on the need to be seen and heard. Tariq reflected on his experience and the necessities he felt would have been beneficial, such as his personal tutor or supervisor bringing the conversation to the room. He spoke about how such a small shift in acknowledging his position as the *'only guy or Asian guy'* would have opened up the dialogue and made him feel *'heard and seen'*.

All three participants expressed how simple acknowledgement of their experience or position could have played a *'powerful'* role in feeling heard and seen. Tariq contemplates how conversations within training and placement of his position would have provided him with a choice. He expressed how this recognition would have contested his thoughts that it was *'not just me'* who saw this, similar to Preet's feelings of *'not all in your head'*. Sonia emphasised the importance for her in having these conversations around differences integrated and embedded into the teaching in its 'own module' and prioritised within clinical and academic supervision.

3.7.2: The collective labour

Participants reflected on the labour of holding responsibility and the lack of priorities placed within institutions or workplaces. Nisha observations post-training were that there was a limited expectation around the importance of further race and culture training from her employers:

"There isn't a requirement for any on-going real cultural training, considering how much focus there is on CPD, um, and kind of doing the supervisor training or doing all these additional like, you know EMDR or whatever is that people wanna be doing once they qualify. I think it should be embedded in the teaching that this is – that message, that this is not the only way of doing things. There are other cultures, there are other groups of people out there that do things differently. I think that would be helpful and absolutely representation, I think seeing other people that look like you, um, having that variety is probably one of the biggest things let's take that and completely (pause) westernise it and you know, um – there's very little of an acknowledgement, uh, that actually the influences is of some of these more, I guess, Eastern religions on things like yoga, mindfulness, um – uh. So that I find incredibly frustrating – like the Tree of life[8], I think – I didn't know that that was from members of staff who were from South Africa. I didn't know, like, until I was qualified, and a trainee told me" (Nisha, Interview 2, Line 1647)

She reflected on how different training courses were prioritised and the lack of respect or awareness given to different practices and how they had been *'westernised'*. I sensed her trepidation in naming this and wondered if she had been able to voice her *'frustrations'* within her teams and what response she received. I was also conscious of her surprise at finding out about the origins of different practices, such as Tree of Life and being *'told by*

[8] Tree of Life therapy was developed from narrative therapy and was developed by Ncazelo Ncube, a psychologist who worked with HIV/AIDS orphaned children in a life skills camp in Southern Africa. The Tree of Life uses a tree as a metaphor for someone's life; different parts of the tree represent different aspects of an individual's life and helps people tell a different story of their lives.

trainee'. I interpreted this holding in mind Nisha's previous account of not feeling worthy or adept at her job and how this interaction may have brought forward some of these emotions.

Likewise, Sonia stressed that the lack of action within her team in addressing the significance or priority of these issues and how it had pushed her to bring it to the systems attention with the hopes that they would *'step up'*:

"I think for me action has always been really important- the lack of action has always been the trauma for me in the sense of things happen and they're talked about then nothing happens or changes. I wanted to kind of have the freedom to start acting. But how much can you try to convince somebody that what you're saying is important and needs a space? Who's job is it? And I openly said that. I've said 'I'll leave it for you now' to see if it's a bit different when the same brown person keeps saying it so maybe my white colleagues will sort of step up" (Sonia, Interview 2, Line 2850)

She describes how this lack of action evoked a sense of *'trauma'* within her and the nature in which she enquires *'who's job is it'* I felt suggested her own sense of duty and exasperation for holding this labour for the system, which led her to push back and hope that her White colleagues will *'step up.'* The manner in which Sonia referenced herself as *'the same brown person'* bringing up these issues was similar to earlier participant narratives of trying to voice their experiences and not truly being prioritised or heard. Sonia reflected on how these issues were not deemed as important or requiring of space within the work place and this was echoed in Tariq's reflections on how he felt this not only impacted the workplace but also the motivation to research within these communities:

"At University when trainees are choosing thesis topics as well, that is often limited, because of mostly the researchers being White. So, then it's like, who's doing this research with

people from our communities? And if there aren't more psychologists that look like us, then who's gonna be doing that research as well?" (Tariq, Interview 1, Line 1130)

The undercurrent in his reflections was that research within minoritised communities was not seen as viable or vital unless advocated by a racialised psychologist. I was conscious of my own position in completing this research and again of Sonia's query of *'who's job is it'* and how this appeared to mirror Tariq's questioning of the lack of representation in the profession and consequent impact on *'who'* will do this research with *'our communities'* if left to our White colleagues. At this point during the interview, I interpreted his use of *'our'* as a feeling of being allied, not only as we both identified from being from an Asian heritage but in our goal of increasing the need for more research within minoritised communities.

Marina reflected on the importance of representation and using her position and identity in a manner that is embedded in her practice and provides back to the community. It felt important for Marina to emphasis the way she is *'seen'* and for it not to be *'tokenistic'* and how her identity enables her to *'improve her practice'* and use her curiosity not only for her clients but also for colleagues. I was mindful of her description of *'being in the door'* and how I read this as a full circle moment of trying to gain access to open the door to now having a *'foot in'* and to seize the opportunities this afforded her and relishing in the *'love'* it provided. Similarly, Preet reflected on her sense of community and giving back and shared how fundamental it was for her to go back to her secondary school to share her journey and the path to psychology to students:

"I made a point to really direct my gaze towards the racialised girls in the class and was like what you guys need to do is this and this and this, and this how you do the application and this how you get on. I'm like right I'm here now and I'm gonna put my hand out and I'm gonna make sure I grab as many of you back up with me" (Preet, Interview 1, Line 889)

I was conscious of the possible importance for Preet in directing *'her gaze'* towards the racialised girls and I understood this as her explicit display of showing them that they were seen. I recall as Preet described putting *'out her hand'* and grabbing *'as many of you back with me'* it evoked a powerful image at this point of a lifeboat and I felt a sense of her trying to *'grab'* as many as possible that could fit onto it. She went on to express how *'heavy'* this duty can feel to hold, not only for herself but for all the voices that *'haven't been allowed'* in. This reflects her earlier desire to *'grab'* as many as possible to take back with her and the sense of responsibility she holds in feeling she has to *'carry'* their voices in her journey and I wondered how much this shaped her desires and motivations to continue this labour.

For Leah and Marina, they both reflected on the toll of this labour and importance of finding ways to manage the burden and maintain their own sense of safety. Leah conveyed how she had come to a place where she was able to recognise a role she felt safe in. She expressed what she *'can do'* right now and I understood this as acceptance of her boundaries in maintaining her own safety and shifting the position of power she holds in *'naming stuff'*. Correspondingly to Sonia's earlier comments, Leah reflects on *'stepping back'* and not holding all the responsibility and how it does not sit in silo but within the wider system. For Marina, she reflected on the acceptance and pace of change in being able to recognise her role and influence and how this had gave her a sense of liberation:

"This work will never be done. This work will – not in my lifetime anyway. It won't be done, and I'll be able to influence some people, I hope, and I'll be able to make some change I hope, but this change is very slow change" (Marina, Interview 1, Line 1263).

All of the participants reflected on their passion and motivation to continue diversifying the psychology profession, but it was clear that they had all taken different approaches to this work post- training. This was not surprising reflecting on the experiences that had endured

during their careers, yet they all reiterated the importance of this work being collaborative and embedded early on in the psychology profession.

Conclusion

The interviews produced deeply moving and rich data and I found my initial trepidation and anxiety easing away at the openness and honesty of the participants, filling me with an immense sense of gratitude to them all. Yet, I was left with visceral sense of resignation and anger, at what they had endured and how difficult it was at times to truly hear their experiences and how I yearned for it to be a different story. The following chapter begins with a brief summary of the findings and then further explores the key issues that were aroused within participants narratives.

CHAPTER FOUR: DISCUSSION

Chapter Overview

This chapter begins by reviewing the research question and aims, before linking these to the main findings and existing literature.

Main Findings

The main aim of this research was to explore the experiences of racialised qualified clinical psychologists working in the UK across the trajectory of their career including pre, during and post training qualification. Participants were recruited from social media platforms to take part in an in-depth qualitative interview that invited an open discussion of their experiences. IPA methodology was used to analyse the data.

4.1 Summary of Findings

The interviews conducted with five females and two males revealed five super-ordinate themes and fifteen sub-ordinate themes, as described in detail in the previous chapter. The five super-ordinate themes are detailed below:

1. Navigating the unknown path
2. Discovering the different facets
3. Living through racial injustices
4. Being the ‘other’
5. Looking forward

The first theme touched upon participants experience of venturing into the psychology profession and making sense of the different career opportunities. There was a tacit acknowledgement regarding their motivation to pursue higher education and the power that

that education held within their family systems. Many of them reflected on the function of seeking reassurance and support during these different challenges and for some of the participants this occurred from their faith. All of the participants voiced the pivotal role and significance of cultivating supportive and safe networks to connect and manage the emotional impact of their experiences.

This brought forward ideas around the different facets of their identities and how they tried to integrate both their professional and personal selves into their new career. The second theme explored this further looking at some of the obstacles participants described that they faced in juggling the different societal, cultural and personal expectations placed upon them. Many shared how this appeared to be more evident when they came to challenging the systems and institutions of learning and work, and how they found they were being positioned externally by the systems they operated within. They stressed how important it was for them during those periods to connect back to their own personal values and motivations for pursuing clinical psychology and what this opportunity represented to them as racialised individuals.

Though the function of connecting to their personal and professional identities was beneficial, the third theme examined the anticipated on-going experiences of living and surviving racial injustices throughout the trajectory of their career. Participants shared the denial and dismissal of their past experiences which evoked a felt sense of invisibility and how they had to find ways to survive and assimilate into the systems they were within. Many recounted the impact of not only experiencing first-hand accounts of racism and injustices but also witnessing wider threats of racism, discrimination and injustice not only within their workplaces and academic institutions, but within the wider society.

Understandably, this led to participants exploring their identity as the ‘other’ and how this took form in the fourth theme where they stated how this had shaped how they had been

stereotyped and perceived by others. Many of them reflected on how this had impacted their own self-worth and belief in their skills in the profession which had evoked feelings of having to prove their worth. The nuances of being 'othered' were highlighted in participants accounts of their intersectional identities, particularly thinking about gender and socio-economic status and how this had influenced their interactions and experiences within the workplace.

Lastly, participants looked forward to a change and a hope they held for the future of the clinical psychology profession and they said what they believed was necessary to support racialised clinical psychologists. This included the need for their experiences to be acknowledged and respected, as well as recognising that change was a collective task that all individuals in the profession, regardless of racial or cultural identity should be committed to working towards. Participants expressed the necessity for the profession to take accountability and responsibility in recognising and supporting racialised colleagues and peers whether through appropriate supervision or mentorship programs, as well as in accessibility and equal access to senior roles and culturally appropriate models of working for clients and communities in both clinical practice and provisions such as access to alternative models, assessments and interpretation services.

The interviews produced rich data with many themes being formed and I deliberated on which issues to present from this research. The findings have reiterated that of previous literature and research around the challenges racialised individuals have faced within the clinical psychology profession. Throughout the research, I was mindful of my own sense of disillusionment with the system and the deep sense of concern and melancholia I experienced as a researcher in how this research may contribute to change within the profession.

Therefore, it felt imperative that this research highlighted the key issues which arose from participants narratives (Larkin et al., 2006). Taking the findings from this study in reference to the theory and existing evidence-base discussed in the first chapter and how they correspond to one another, the key issues have been encapsulated into two key areas. The first key issue focuses on the alienation and disconnect for racialised clinical psychologists within the profession around representation, theory models and clinical practice. Many felt a sense of self-doubt and isolation as well as demoralisation throughout their clinical psychology journey and expressed how this was reinforced by the different systems around them.

The second issue has explored the cost of discrimination and racism on racialised clinical psychologists' and the subsequent impact that this has had on their professional and personal choices. Many of the participants expressed how this research had been the first opportunity they had been given to process and embrace their experiences, not only with themselves but with others. To conclude this second theme, I have shared my own reflections of conducting this research and what this brought forward for me as a racialised researcher.

There has been a growing body of literature exploring the nuanced experiences of either aspiring or trainee racialised psychologists' experiences of pursuing a psychology profession in the UK (Bawa et al., 2021; Farooq et al., 2022; Jameel et al., 2022; Odusanya et al., 2017; Patel et al., 2020; Paulraj, 2016; Ragaven, 2018; Scior et al., 2016; Thakker, 2009; Wood, 2020). However, there still remains limited qualitative research exploring the full trajectory of qualified racialised clinical psychologists' working in the UK. Many of the findings within this research resonated and confirmed previous findings, and it is hoped there will be further studies to explore this area of professional practice. It is important to note that due to the complexity of the varied trajectories of participants experiences, I was not able to capture all nuances and considerations in this thesis. I hope that my interpretation of what I have

learnt from the participants offers some deeper insights into the diverse and multifaceted experiences for racialised clinical psychologists working in the UK.

The issues explored below were key areas that appeared to be consistent across the interviews, as well as from existing evidence base. Participants experiences of feeling alienated and disconnected were fundamental in their professional trajectories, particularly in the way that they found themselves being positioned within clinical psychology. These experiences left an impact on their identities, with many expressing how it continued to leave a lasting impression.

4.1.1 Alienation and Disconnection

The societal and cultural history of the clinical psychology profession and its roots in society's normative position of Whiteness has gone unchallenged until recent years (Awad, 2007; Fasching-Varner et al., 2014; Jesuthasan et al., 2021; Jones, 2023; MacLellan et al., 2022; Maseti, 2018; Nimisha Patel, 2021; Ross et al., 2020; White, 2002). For many of the participants in this study, they expressed how they would be referred to in relation this normative position (Adetimole et al., 2005) and the notion of being outside of it left them feeling on the periphery of the profession. This led to feelings of being alienated and disconnected to their chosen profession as they were unable to see themselves in it or seek the support they required.

This was highlighted where participants spoke about the lack of representation in the profession, across colleagues, curriculum, research and clinical practice, which has been echoed in previous studies (Ahsan, 2020; Bawa et al., 2021; Farooq et al., 2022; Jameel et al., 2022; Odusanya et al., 2017; Patel & Keval, 2018; Shah et al., 2012; Wood & Patel, 2017). All of the participants expressed the "tokenistic" manner in which diversity and culture were explored and the "frustrations" and challenges that this led to in being able to express their

experiences to their systems as racialised psychologists. All of the participants expressed a desire of wanting a "mentor or someone" that was able to support them early on in their journey, whether this was to help them in navigating the path or who understood the processes and experience. For some, they took ownership of this desire and created it within their own systems, including familial and friendships, as well as faith, in easing the loneliness and "heavy" experiences they endured within the profession.

Many shared a sense of trying to connect with colleagues, an example was Preet asking for guidance and information about proceeding within the clinical doctorate application and how she was made to feel as if she was not entitled, unlike her White counterparts, in being given *"*the key or clue". This created a sense of not belonging in the profession, resulting in feelings of loneliness and not being visible. As Preet went on to reflect on her experiences of racist and discriminatory incidents in different academic institutions and how it left her feeling as if the lecturer and cohort wanted to "rub her out."

In turn, this meant that some participants adopted strategies such as having to be a "chameleon" and knowing when to conform if they wanted to fit in within their systems otherwise they would bear the consequences. For example, those that did not adopt this position meant that they inadvertently perpetuated stereotypes, an example of this is when Marina shared how she tried to challenge her system but this resulted in her being stereotyped as being an "angry Black woman", dismissing her experiences, not only as a racialised psychologist, but as a Black woman (Adetimole et al., 2005). The intersectionality of her experience was not acknowledged and was used against her, similarly seen in Leah's account of how she felt perceived and excluded by the system as a "naughty mixed-race girl" when she fell pregnant. These stereotypes reflect on the historical narratives and representation of racialised groups portrayed by the media and society as explored in earlier chapters (Jones, 2023).

In line with this, some participants shared concerns around fulfilling model minority stereotypes (Ford & Lee, 1996; Museus & Kiang, 2009; Suzuki, 2002; Walton & Truong, 2023). An illustration of this is Tariq's reflections on how these stereotypes had shaped his parents understanding and expectations of "traditional" career routes to secure stability and success. He reflected on the lack of representation and education on the different career routes in secondary school and seeing clinical psychology as a viable option for himself.

These narratives could maintain stereotypes and stigma towards racialised groups, which could be shown in Preet's account of a University course director, under the guise of humour, directing comments towards the Indian members of the cohort that they would all own "corner shops" and not progress in the psychology profession,. Lockyer and Pickering (2005) showed how humour can be used to disempower and ridicule in different ways as evidenced in this example. The comments made by the course director illustrate how humour was used to silence and undermine the racialised experiences of the predominantly Indian cohort. His position of being a White middle class man of seniority on the course could reinforce this concept and the dominance of Whiteness in the profession maintaining the structural disparities within the profession as well as in the NHS as documented by Patel (2021) and Kline (2014).

These experiences of micro-aggressions exacerbate the isolation and loneliness that participants experienced and this seemed to have led to an internal conflict about silencing and minimising their racial and cultural identity (Helms, 1993; Jackson, 2002). This denial was to conform to the status quo for professional and personal safety, with similar themes observed in previous studies (Ragaven, 2018; Shah et al., 2012; Thakker, 2009). Participants offered accounts of trying to juggle their professional and personal identities to appease the requirements of the profession. Some expressed the difficulty in sitting within these systems

and feeling as if they had to “white wash” themselves to fit the expectations demanded of them, but only by compartmentalising their cultural and racial identity.

All of the participants shared how their experiences of racism and discrimination were denied and dismissed by the systems they were operating amidst them “knocking on doors” for help and in Preet’s and Nisha’s example, how this reversed back into pathologising them and their “inability” to cope . The rejection and defensiveness of acknowledging these experiences for participants left them feeling desolate and potentially may have led to experiencing symptoms of racial battle fatigue (Patel & Keval, 2018; Smith et al., 2011).

Racial battle fatigue, as aforementioned refers to the psychological, emotional and physiological impact experienced by racialised individuals who have experienced racism and discrimination, on an individual and systemic level (Smith, 2003). The impact of these experiences can affect individuals across all aspects of their lives, as evidenced by participant’s accounts. For racialised individuals they may incur chronic stress and sense of hopelessness in result of feeling constantly vigilant to any possible encounters which could in turn impact their daily lives and evoke feelings of self-doubt and worth and feelings of conflict with their racial identity (Carter et al., 2017; Gorski, 2019; Pieterse & Carter, 2010).

Holding in mind, these symptoms it is not surprising that experiencing chronic stress is linked to physical health issues, such as disrupted sleep patterns, higher blood pressure, increased risk of heart disease, cardiovascular issues and for some prolonged stress can lead to immune system suppression (Carter, 2007; Carter et al., 2017; Jesuthasan et al., 2021; Pendleton, 2017; Smith et al., 2011). The findings from this research could concur with the symptoms of racial battle fatigue and highlights how significant and pervasive this issue is and how it can affect various aspects of a racialised individuals life that has experienced racism.

As the findings have indicated for some participants it affected their professional and academic performance and productivity and confidence in their abilities, as well as their job satisfaction, as described by Nisha, Preet and Leah. All of the participants shared how they felt alienated by the different systems they are operating within due to their experiences and for many this evoked feelings of isolation and fatigue, not only within professional or educational settings but also within their interpersonal and social connections (Gorski, 2019; Gorski & Erakat, 2019; Smith et al., 2011). It could lead to strain across their interpersonal relationships, as documented from the findings around difficulties some participants experienced with their cohort and colleagues, as well as the toll it can take on their friends and family. This could lead to racialised individuals withdrawing from their social and community activities to avoid possible encounters and due to activism fatigue or burnout (Carter et al., 2017; Smith et al., 2011), which can lead to isolation and reduced social support which was visibly shown in these findings.

Participants shared how they counteracted these feelings and sourced connection and comfort in "flocking together" by finding their own communities of racialised individuals in the midst of not conforming to the norms (Jackson, 2002). Sonia described how this was a "dream" for her, not to having to hold in mind "white fragility" (DiAngelo, 2019), but the space still evoked tension from her system and White peers and colleagues who did not understand the requirement for these spaces. It appeared that the existence of these spaces threatened to disturb the normative position of Whiteness by merely existing (Ahsan, 2020; Patel, 2022; Wood & Patel, 2017).

The findings of participants experiences of being on a lonely journey where they have been subjected to repeated incidents of discrimination and racism, including stereotyping and isolation are consistent with previous literature (Adetimole et al., 2005; Odusanya et al., 2017; Paulraj, 2016; Ragaven, 2018; Shah et al., 2012; Thakker, 2009). The study

emphasised the power of being positioned apart and participants necessity to find ways to adapt and code switch for existence in the profession. The next section will highlight the burden of silence and resilience in the face of discrimination and the toll this had on participants throughout their career trajectories.

4.1.2 The Cost: Then, Now and On-Going?

Given participants experiences of feeling alienated and disconnected to the profession, it is not surprising that they reported an impact on their emotional and mental well-being. Research has shown that racism and racial micro-aggressions, overt or covert, can have a lasting impact on an individual's psychological wellbeing (Constantine & Sue, 2007; Jackson, 2002; Jameel et al., 2022; Odusanya et al., 2017; Patel & Keval, 2018; Patel et al., 2020; Ragavan, 2018; Thakker, 2009; Tong et al., 2019).

Keval & Patel's (2018) research highlighted how racialised academics and professionals are often treated with suspicion and caution around how they had achieved their position of power. This was echoed in participants accounts of feeling as if they had to work harder, than their White counterparts, to prove their position and worth in the profession (Suzuki, 2002). Particularly, the female participants expressed how they felt that they to "jump higher" or "exceed and do well" to counteract the obstacles that they faced as racialised women from societal and professional preconceptions. For some, this impacted on their ability to do their job and feeling as if they have to "justify" their decisions, as seen in Nisha's example where she disclosed how her experiences left her feeling "paranoid and targeted."

The lack of "warmth and compassion" they were shown and the realisation of how they were positioned within the profession inevitably led participants to find coping strategies to "get through" as expressed in all of their narratives. The participants described how developing

this critical consciousness[9] was a "heavy and exhausting" period but one of growth (Freire, 1970; Paulraj, 2016). As seen in Marina's reflections, even though it brought up "anger" at the systems she was operating within she spoke about finding ways to "juggle" this dynamic post qualification. All of the participants expressed the significance of their professional position within their racialised communities and how this evoked a sense of "responsibility" in having to push through and "step up" for their community despite the toll it takes on them (Gorski, 2019). The toll of being positioned, whether by their communities or by the profession as an 'expert' did not come without its consequences, as evidenced in Leah's account of how language and action can be easily misconstrued in avoiding being perceived as the "mouthy Black girl" and the fatigue of constant censorship in order to "land" her comments effectively and be heard within the systems (Jones, 2023; Maseti, 2018; Tong et al., 2019).

Many of them shared how the denial and defensiveness of their on-going experiences and the stance of apolitical racial reflection (Patel & Keval, 2018) adopted by the psychology profession including governing bodies, such as the BPS towards wider socio-political events left them feeling powerless and sense of not belonging (Brooks-Ucheaga, 2023; Patel & Keval, 2018). All of the participants shared reaching a point where they kept their "head down" to minimise any kind of visibility to "survive", which took shape, at times as silence and how that could have been misconstrued as conformity or alliance with the normative position (Adetimole et al., 2005; Jackson, 2005; Rajan & Shaw, ; Shah et al., 2012).

Within Leah's accounts, she spoke to having to "sit with truths" and how it left her feeling melancholic about her future in the psychology profession and needing to "step back" and re-evaluate what she was able to give. This echoes previous research and literature around

[9] Critical consciousness is a concept that originates from Critical Theory and looks to explore how individuals become aware of the societal influences on their thoughts, feelings and behaviours, and how this awareness can lead to social action and change.

fluctuating between hopefulness and exasperation and dejection for change in the profession (David & Han, 2010; Jameel et al., 2022). Whereas, for some participants like Marina, she acknowledged how post qualification she was able to make more "conscious decisions" in negotiating her professional and personal identities. For her, using her experience to "amplify" these narratives was significant in that she did not want to maintain the systemic racism of hiding the lived racialised experiences in percentages (Cross, 1995; Delgado et al., 2001; Helms, 1993; Phinney, 1989 ; Kumaran, 2023).

Similarly, with Tariq's reflections on "now being able to do the work" post qualification that aligned with the values he holds. It could be argued that participants, as in prior research, may want what they have endured to mean something and by sharing their stories it could support present and future racialised psychologists in getting the support they require in remaining and or pursuing psychology (Adetimole et al., 2005; Odusanya et al., 2017; Paulraj, 2016; Ragaven, 2018; Thakker, 2009; Tong et al., 2019)

Unsurprisingly, the participants recounted emotional memories of their experiences and although all of them were able to reflect on their growth and development of their own identities, the wounds were still evident (Paulraj, 2016; Phinney, 1989; Romero & Chin, 2017). An example was seen in Leah's use of self-depreciating humour around her application process and potential feelings of still not being good enough, or in Preet's visceral description of "1,000 cuts" experiencing racism during her training. The aftermath of being subjected to these experiences have continued into their post qualified roles, for some participants their narratives echoed findings in previous research where they had been placed in the 'expert roles' on race or facing discrimination within their teams (Division of Clinical Psychology, 2020; Kline, 2014; Odusanya et al., 2017; Nimisha Patel, 2022; Ross, 2019; Ross et al., 2020; Wood & Patel, 2017).

A finding that stood out from this research was the influence of on-going experiences of racism into their post-qualified roles and how participants found methods to manage and own these experiences. The literature had highlighted the impact of racism and discrimination on an individual's identity and how they embody it, yet the findings in this study showcased participants strength of character and purpose in the face of these adversities they encountered and how it felt when they took ownership of them.

4.1.3 Personal Reflection

Throughout the duration of this research, I have kept a reflexive diary in line with common practices in qualitative research to allow the researcher to be conscious of their biases and the candour and transparency indicates a higher quality of research methods. Yet, for me keeping a reflexive diary was critical, not only to ensure I did not influence the dataset, but for my own growth and development throughout this study.

I reflected on my own experiences of gaining a doctorate space and how I had just dismissed my challenges in being successful and 'believed' that it was the case for everyone, regardless of who you were. In spite of being privy to stories of friends, peers and colleagues who had *given up* on clinical psychology and followed different routes due to the barriers they were coming up against. Even though I was conscious of those experiences, there was a part of me that I believe did not want to name the commonality that I had shared with all of them and their struggles.

I had heard the rhetoric about the percentages of racialised applicants being low, but why were there no stories of the 'successful ones', why were those stories not being given a platform to generate hope or representation for aspiring psychologists that it could be achieved? How did they do it? This was part of my motivation and I began this research with a determined and steadfast sense of wanting to create space for racialised clinical

psychologists to have their stories told, their whole story from the inception of psychology in their life to reaching and succeeding in that goal, with all the potential bumps and rollercoaster ride that came along with it.

I had anticipated some nervousness around my topic choice; especially in light of the socio-political environment we were in. There were points were I questioned myself, why not choose a topic that is *'safer'*, did I really want to wade into the arena of institutional racism before I had even qualified? What impact could this have for my professional career, would I be labelled or tarnished with an eye roll as one of those *'woke psychologists'*?

Those that know me well will know that I am not someone who will shy away from advocating or speaking out, even if my voice shakes along the way. I couldn't help but feel the niggling stories of those who had *given up* on the elusive doctorate and how I knew that the profession had missed out on some incredible clinicians and this pushed me forward to use the platform I had to make it meaningful and bring some recognition to these untold stories.

During this research process, I have felt a sense of pressure and weight to do justice to my participants stories, not only for my racialised colleagues but for our racialised clients and communities. Conducting this research, in the midst of the wider societal events and at times seeing my own experiences mirror that of participants lived experiences added a sense of fatigue and made me wonder how I may be experiencing racial battle fatigue and how this presented for me. At times, this hindered my research process in my desire and need to **capture all** of their experiences. I strived to try and hold and honour all of their experiences and reflected upon my desire for this within supervision and how at times this became paralysing for me.

Listening to the stories from my participants has shaped my training experience and I am thankful for being able to have the space to reflect, grow and learn not only from my own, but from their experiences. Yet, I do have fears that this research and participants bravery to share their stories will be overlooked, or will be looked at fleetingly with a roll of eyes and exasperated sigh and a comment of *'yes, yes we know,'* but with no further inclination to truly listen and hear the voices of racialised clinical psychologists. Hence, I hold onto the hope my participants hold for change in the profession, and try to connect back to my initial determination and advocacy and count on the strength of our racialised community to take forward all I have learnt for my future colleagues and clients.

Conclusion

This chapter has presented a summary and the key issues from the findings of this research and how it supports existing literature into on the diverse and challenging experiences racialised clinical psychologist have undergone during their career (Jameel et al., 2022; Odusanya et al., 2017; Paulraj, 2016; Shah et al., 2012; Thakker, 2009). The key findings from this study suggest that the disproportionate number of racialised individuals within psychology made many participants feel excluded and disconnected to the profession. Many of them actively sought out their own strategies and skills to counter these experiences, yet the finding highlight the impact that this sense of un-belonging had on their identities and their on-going relationship with the profession.

CHAPTER FIVE: CONCLUSION

Chapter Overview

This chapter has focused on the strengths and limitations of the current research and the recommendations and implications of this research are discussed. The chapter will conclude with my reflections on completing this research.

5.1 **Strengths and Limitations**

5.1.1 Research Paradigm

One of the key strengths of this research was the IPA approach which gave the participants a platform to voice their lived experiences of being a racialised clinical psychologist. By shifting the focus from the well-established narrative around the small percentage of racialised individuals in the profession, I have provided the participants with opportunity to have their voices heard in a profession where they have often felt overlooked and silenced. By holding a relativist ontological and a constructivism epistemological stance within the IPA framework, allowed me to step back as a researcher and enable the participants to guide the findings of this study with their voices and experiences (Wilig, 2008).

The double hermeneutic processes of IPA (Eatough & Smith, 2017; Pietkiewicz et al., 2014) ensures that the findings presented are that of my own interpretations of participants interpretations of their individual experiences. My own position as a racialised female trainee clinical psychologist meant that my interpretations were informed by own lived experiences and I have attempted to 'bracket' my own values and assumptions as much as feasible, to ensure that I am representing that of participant experiences' (Elliot et al., 1999). Thus, it was crucial to make sure self-reflexivity (see Appendix D) was embedded into all aspects of this

study and that I maintained transparency throughout this study to take proprietorship of my interpretations and findings, rather than presenting them as universal ‘truths’.

Therefore, each interview was analysed individually following the IPA processes to ensure that findings were sincere and credible to the individual experience (Smith et al., 2009). This was reinforced by using direct quotes as well as evidencing the analyses (see Appendices K and L) to show the transparency of the research process. I provided detailed account of my decision-making and rational for IPA approach as well as evidencing my analysis process (see Chapter Two: Methods).

5.1.2 Study Sample

This study used purposive and snowballing sampling to recruit racialised qualified clinical psychologists’ experience of working in the UK. The sample size consisted of seven participants, five identifying as female and two identifying as male, which adhered to sample size recommendations for IPA (Flowers et al., 2009; Smith et al., 2022; Turpin et al., 2017). One limitation was around the recruitment strategy, participants were recruited through social medial and group platforms due to the Covid-19 guidelines at that time. Although this did allow for the research to be publicised across wider platforms and reach participants across the UK, it may have also excluded potential participants that were not on/ or had access to social media platforms. To mitigate this limitation as much as possible, I did include snowballing sampling to reach potential participants.

A potential limitation of this study was the balance of participants, particularly in relation to gender and racial identity. The study consisted of five female participants identifying from Asian or Mixed heritages and two male participants, identifying from Asian or Mixed heritage. The requirements of IPA research in having a homogenous sample as much as possible were followed (Alase, 2017), yet the make-up and variation of participants racialised

backgrounds may have had implications towards the transferability of findings. Nevertheless, convergences and divergences within the dataset were presented to display the nuances across participants (Smith et al., 2009).

The smaller sample of racialised males in this study mirrors previous research around the low percentage of males within the profession (Caswell & Baker, 2007), particularly the lack of representation of racialised males in psychology. Also, the lack of clinical psychologists' male and female identifying as Black within this study may also pose another limitation to the study around the lack of representation of lived experiences from other racialised groups. Research has suggested that this lack of uptake in participation could be an example of maintaining a professional identity away from their ethnicity or race, which could be used or perceived as tokenistic (Odusanya et al., 2017).

This perhaps echoes in the limitations and difficulties in recruiting for the study, which I had anticipated and reflected upon in supervision. Following the wider socio-political events and increase in dialogue around race and racism, I had apprehensions about the felt sense of authenticity of the study for participants and how it may be perceived as 'another tick-box' or 'sweeping statement'. It felt imperative to counter this potential racial fatigue and during self-reflection and supervision, it felt critical to add my own blurb about my positioning and motivation for this research with the recruitment poster (see Appendix F).

Interestingly, following my personal statement, it did garner more traction and was shared and reposted across various social media platforms. Though many individuals expressed their interest in participating, they voiced concerns and trepidation around the 'small world' of psychology and the potential 'backlash' that could derive from taking part, which has been echoed in previous research (Jameel et al., 2022; Odusanya et al., 2017). This was evidenced by a few potential participants who had anxieties around the anonymity and being 'outed',

one potential participant following informal discussions did consent to take part. Yet, on the day of the interview cancelled and did not respond to contact afterwards.

Taking these anxieties and concerns into mind, I feared that the collection and use of demographic data could potentially compromise confidentially. Therefore, in discussion with my supervisors it was agreed that limited demographic data would be presented in the research report to ensure that participant anonymity was upheld in accordance with ethical governance, University requirements and the BPS.

5.1.3 Interview Process

During the data collection of this study, face-to-face interviews were prohibited due to the Covid-19 restrictions and University guidelines. Therefore all interviews were conducted online via secure video conferencing via Zoom or MS Teams. The use of online interviews provided benefits in enabling participants across the UK to take part in the study, some of my participants expressed that due to geographical distance and caring responsibilities that they may not have been able to participate otherwise. Literature has also suggested that some of the benefits of remote interviews include participants feeling more comfortable (Dodds & Hess, 2020) and this resonated within the study from participants, who expressed ease and comfort of being able to 'fit in' interviews around their schedules.

Yet, it is important to note possible limitations including access and technology issues and privacy concerns (Archibald et al., 2019) which were experienced in this study around interruptions to interviews as well as technological issues. One potential barrier could also be on the researcher's ability to monitor bodily and facial expressions of participants (Dodds & Hess., 2020). During the interviews I attempted to lessen this possible implication in discussing the set-up of the camera with participants to try and capture them in the frame as

much as possible and recording all interviews to be able to watch again to observe any facial or bodily expressions that may have been missed.

There has also been research looking at both the benefits and disadvantages of conducting research as an 'insider researcher' including how it could enable a stronger rapport with participants around a shared experience or frame of reference and therefore access is granted more easily (Mercer, 2007). Throughout the interviews, some participants expressed that my own position as a racialised trainee helped to build trust and rapport and allowed them to feel safer in sharing difficult experiences. Some participants mentioned a sense of kinship and understanding of their lived experiences, in other words I, as a racialised trainee, will *'get it'*.

I was conscious that I was interviewing qualified clinical psychologists and the different emotions this could have aroused, in the sense of recalling being in the position I was currently in and the possible power dynamics or influences of that in the interviews. The sense of previously belonging to this trainee group, as well as the shared experience of being racialised may have led to a degree of assumed knowledge in the interviews (Platt, 1981). This was something I was reflected upon during the analysis and within supervision, I wondered whether if I had been an 'outsider researcher' whether I would have pursued different topics or asked certain questions and whether themes or areas of exploration such as discrimination, racism and being othered would have been generated as openly.

Throughout the interview process, I made a conscious decision to keep the interview schedule (see Appendix E) semi- structured and open to generate emergent and authentic reflections from participants as discussed previously (see Chapter Two: Methods). Yet, supervision was not an area that I explicitly explored, as I felt that this would be brought forward by the participants themselves in sharing their experiences across their career. I am mindful that this decision may have been influenced by my own positive experiences and views on supervision

and how this may have limited my curiosity in recognising participants relationship with supervision. This was a possible limitation as I feel that having explicit questions on supervision across the trajectory of their career may have provided further information of the supervisory relationship for racialised clinical psychologists. As the findings have shown, some participants did reflect on positive supervisory experiences and what they had found helpful, but by delving into this more overtly it may have brought forward different reflections on further action and improvement required within supervision from both supervisees and supervisors. This may have possibly echoed existing literature in relation to cultural responsivity within supervision (Brooks-Ucheaga, 2023; Pinder, 2010; Vekaria et al., 2023).

5.2 **Implications and Recommendations**

Prior research and literature (Adetimole et al., 2005; Ahsan, 2020; Bawa et al., 2021; Farooq et al., 2022; Jameel et al., 2022; Murphy, 2019; Odusanya et al., 2017; Patel & Keval, 2018; Paulraj, 2016; Prajapati et al., 2019; Ragaven, 2018; Shah et al., 2012; Thakker, 2009; Tong et al., 2019; Wood & Patel, 2017; Zhou, 2021) have proposed a number of implications and recommendations for racialised individuals in the clinical psychology profession. The findings from this study further support these and I will include the implications and recommendations from this study for the clinical psychology profession and academic and workplace institutions in the UK.

It is important to highlight that during and since completing this research that there have been more initiatives developed targeting some of the experiences and themes that arose from this research. One of these schemes was referred to earlier chapters, on the funding from HEE in 2020 to increase the number of clinical psychology training spaces for racialised aspiring psychologists. As well as increasing spaces for training the HEE clearly identified key targets

for each course provider to develop in line with this (HEE, 2019), for some course across the UK there was a focus on developing mentoring schemes, similar to the pan-London widening access initiative scheme (DCP, 2018; Smith, 2016), not only for aspiring but also for racialised trainees.

This speaks directly to the findings from this research around participants earlier experiences in their careers of trying to source information and resources to help them with their application, interviews or seeking further experiences. Participants expressed their desire of wanting a mentor or opportunities and how beneficial this could have been at the first stages of their career. The expansion of the mentoring scheme for racialised trainees is an important progress in how racialised psychologists are supported throughout their training. As evidenced by participants accounts in this research and existing literature (Adetimole et al., 2005; Bawa et al., 2021; Farooq et al., 2022; Jameel et al., 2022; Odusanya, 2016; Paulraj, 2016; Prajapati et al., 2019; Ragaven, 2018; Shah et al., 2012; Thakker, 2009; Tong et al., 2019; Zhou, 2021), having support from racialised professionals and safe spaces to express and share their experiences was an essential need for many of them in providing a sense of containment and validation.

A new initiative developed by the Psychological Professions Network (PPN) focused on promoting a more diverse workforce in the psychological profession (Ononaiye, 2024), in line with the NHS Equality Diversity and Inclusion (EDI) improvement plan (NHS England, 2023). The PPN South-East network commissioned a widening participant project between January 2021 to March 2023 which looked at five key objectives including developing a reference network to steer the work, review and map existing EDI within the profession, to create platforms to share learning, identify gaps in accessibility for marginalised groups across the profession and to make recommendations for both short-term and long-term future work in widening participation across the psychology profession (Ononaiye, 2024). One of

the significant developments from this work was the PPN-SE EDI Audit Tool, which provides guidance and framework for psychological training programmes, higher education institutions, professional bodies and NHS Trusts on some of the main actions that can be taken to increase and improve diversity within the profession. The framework necessitates the importance of it being used within a systematic approach in order to ensure inclusivity and enable continuous improvement (Ononaiye, 2024).

Participants in this study echoed the opinions from past research around the lack of knowledge about pursuing a career in psychology and the different routes and opportunities available, as opposed to other more 'traditional' career routes. This limited exposure to alternative career paths, meant that many participants were left seeking information and guidance, yet for many this tended to occur once they had reached undergraduate level of education. There have been initiatives in Leicester and London where professionals have been delivering talks to secondary schools and sixth form colleges to bring more awareness to racialised students and education to their communities about the career option of clinical psychology (Scior, K et al., 2016). These initiatives should continue to be developed and rolled out across the UK, holding in mind the importance of intersectionality across the profession, it would be beneficial if these initiatives were across highly populated racialised and low socio-economic areas to provide more awareness and information on diverse career opportunities to these communities (Lightbody et al., 1997). As research and findings from this study have suggested for some racialised communities career choices are discussed with the wider family and groups therefore it is recommended that early intervention should involve raising awareness of the profession in the communities as well (Thakker, 2009).

Research has referred to the obstacles racialised psychologists described in relation to the clinical doctorate application and sourcing relevant clinical experience prior to training, such as difficulty finding appropriate roles e.g. honorary/voluntary positions. The researcher has

described the function of shortlisting within the application process including using A-Level or undergraduate percentages as well as pre-selection tests as a method of shortlisting and how these could inevitably create accessibility barriers for some applicants, without taking into consideration contextual factors (Bawa et al., 2021; Farooq et al., 2022; Murphy, 2019; Ragaven, 2018; Tong et al., 2019).

As documented earlier in the literature, the number of shortlisted racialised candidates to interview is proportionately lower than their White peers (Murphy, 2019; Scior, 2007). Thus, it is important to take into consideration these barriers as well as the normative position of the profession of being White female and how this may be represented across interview panels and the possible biases of qualities and values they may be looking for in potential candidates. Therefore an implication could be to further examine and explore the selection process and how candidates are being measured and held contextually, by implementing and committing to frameworks like the PPN-SE Audit tool where suggestions include the importance of diversity of intersectionalities amongst clinical psychologists (Ononaiye, 2024) across the selection and interview panels.

The lack of recognition of racism and resulting absence of psychological safety for racialised individuals has been documented in previous studies, as well as evidenced in participants accounts within this study (Jameel et al., 2022). As expressed by Marina, it “starts” with recognition of these experiences and the distressing and harmful impact it leaves behind (Ahsan, 2020; Nimisha Patel et al., 2020; Sanchez-Hucles & Jones, 2005; Smith et al., 2011; Wood, 2020). For any initiatives or recommendations to be successful, first and foremost acknowledgement and recognition of the racialised experience is critical to authentically integrate change into the system.

As emphasised in Bronfenberrer's (1986) ecological-systems theory it suggests that understanding development of one's identity requires considering and recognising the interactions and influences from these various environmental systems. It provides a framework for examining how individuals are shaped and influenced by their immediate surroundings, broader cultural context, and that the changes that occur over time in different ways at both, proximal and distal level (Härkönen, 2007). Therefore institutions, both academic and workplaces need to take a clear stance and position on racist or discriminatory attitudes, behaviours and actions to commit to change to construct a safer and richer environment for racialised psychologists (Division of Clinical Psychology, 2020; Turpin & Coleman, 2010).

In line with psychological safety and findings from this study, many participants expressed raising issues were often met with varied responses from their supervisors, managers or colleagues. Therefore an implication of this could be the need for further training and CPD offered to all professionals around discussing race and ethnicity with supervisees. This could enable dialogue to be brought into the open and support racialised psychologists in feeling heard and validated, it also distributes the sole responsibility and burden from racialised individuals to the whole group, including white students and staff, thus possibly alleviating a sense of anxiety and weight (Bawa et al., 2021; N. Patel & Keval, 2018; Ragaven, 2018; Shah et al., 2012; Vekaria et al., 2023).

Additionally, in relation to developing their professional identity many of the participants expressed how they found it challenging that the dominant and privileged methodologies, curriculum, research and clinical practices were centred on the individual. The white westernised hetero-normative experiences (Guthrie, 2004) were often in contrast to their cultural understandings of what it was to be human, and live within a family and cultural group. Research has evidenced the need for 'decolonisation', yet implementation still appears

to be slow with many systems not utilising resources that have been developed to target Whiteness in the profession (Patel & Keval, 2018). For 'decolonising the curriculum' to be embedded and change to be made, it is vital that the systems invest and note the bearing of Whiteness and White fragility and bring these concepts into the norm to foster more compassionate and open discussion around their impact and influence. Given the wider societal injustices that have been recorded from previous research and itemised within this dissertation, it is pertinent that the psychology profession consider their own positioning and actions taken to counter these incidents.

Following the HEE mandate for clinical psychology training places to increase diversity across entrants in 2020, there were four key areas identified including; working towards curriculum and practice, research, placement and supervision and trainee-staff selection (Division of Clinical Psychology, 2020). Yet, this research, past and current (Cole, 2009; Division of Clinical Psychology, 2020; Fernando, 2017; Gorski & Erakat, 2019; Jameel et al., 2022; Pinder, 2010; Scior et al., 2016) highlight that there is still a clear disparity across training courses in how these implementations have been embedded into training courses. The findings concur that throughout the different career stages that while increasing and widening access is pivotal for racialised psychologist, yet it does not necessarily connect to authentic representation or safety for individuals (Jameel et al., 2022).

There is no clear definitive framework or guidance on how these should be incorporated into training programmes which could be precarious, as it allows for each training program to interpret and prioritise it broadly, leaving it open to be performative or tokenistic in application and therefore reinforcing distressing experiences for racialised psychologists (Farooq et al., 2022). This study proposes that the BPS and HEE develop clear clinical guidelines and frameworks for all training courses to incorporate and evidence (i.e. audit) how these key areas are being implemented into curriculum and clinical and research

practices across their training. This auditing and comparisons across courses may eliminate the discrepancy in addressing these issues in training programmes across the UK.

Conclusion

The American sociologist Du Bois (1868-1963) remarked that colour would be the problem of the 20th century (1903). However, research and wider socio-political events continue to reveal how race has remained a problem for the 21st century. The findings from this study have showcased the lived experiences of racialised qualified clinical psychologists working in the UK throughout the trajectory of their career, including accessibility barriers, discrimination and finding ways to manage and navigate their identity within the clinical psychology profession.

The study used an IPA methodology to facilitate the exploration of these experiences, but it is important to note that these narratives may not be reflective for all racialised qualified clinical psychologists. Nonetheless, these findings capture an often silent but significant account into the lived experiences of racialised clinical psychologists' and provide a public acknowledgement and platform for them to be seen in the same status as normative research (David & Han, 2010).

The findings from this study built upon previous literature and research delving into the experiences of racialised aspiring, trainee and qualified clinical psychologists which all evidenced that they were subjected to overt or covert experiences of racism and marginalisation, feelings of isolation and frustrations at the systems whilst trying to navigate their personal and professional identity. Within this study, participants expressed feelings of alienation and disconnection to their chosen profession and the impact of these experiences throughout their career on their own well-being and managing to align their personal and professional identities to reflect their values.

Participants shared the challenges they faced within the profession and the impact of this on their own cultural identities and positioning, both within psychology and in their communities. For some, they reflected on the difficulty of trying to integrate their own cultural beliefs and values on mental health, healing and psychology with the professional westernised perspective and how when questioning these Eurocentric models it was often met with doubt and indifference. Many recognised their own position as a privilege to be more culturally attuned to the nuanced experiences of racialised communities and how this may have allowed for them to build upon these therapeutic tools in supporting communities when suitable.

Nonetheless, the denial, evasion and resistance that were encountered in the different stages of their journey left many of them being labelled and ostracised. Whilst a few were able to seek support from within the system, most of the participants sought solace and help externally to create safe spaces where there experiences could be heard and validated. Participants expressed the importance of having safe spaces within the systems to ensure that topics such as power and race were being discussed openly to enable them to be thought about critically in the systems that they are operating within. This is not only to support colleagues and peers but also for the needs of racialised individuals who are accessing services, to ensure that they are being taking into account and truly heard and supported.

Reflecting on my own journey throughout the entirety of this research I found my own emotions mirroring that of the participants. Beginning with determination and enthusiasm and a sense of drive to make change and amplify these silenced stories whilst being aware that it may be met with resistance. As I reflect back to the start, I can see where my awareness was tinged with naivety, or perhaps it was hope that I was in the right place to be curiously critical of my chosen profession. Yet as I delved deeper into the research my own disillusionment and frustration grew and found myself echoing that of my participants, how could this

research or my voice add something different to this existing story? Though, as I listened to the participants stories and experienced my own journey of highs and low, there was a sliver of light and hope that shone through and holding on to the incredible stories of strength and perseverance of my participants I found strength in my own voice.

This research provides an insight into racialised clinical psychologists' experience of training and working in the UK and highlights the need for systems to take accountability by validating these lived experiences. The findings add to the existing evidence base and I hope that they provide a focus for future changes required to support racialised individuals throughout the trajectory of their careers.

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APPENDICES

Appendix A: Literature Review completed in January 2021

What are the experiences of Black, Asian and Minority ethnic staff working within the National Health Service? Do these experiences provide barriers to career progression?

Introduction

The National Health Service (NHS) is the largest public sector employer of staff from Black, Asian and Minority ethnic (BME) backgrounds in the UK (Benson, 2018). NHS workforce (2019) reports that 20.7% of the workforce is from BME groups; data from staff whose ethnicity was reported indicated that White staff made up 79.2% of the NHS workforce, followed by Asian staff (10.0%), Black staff (6.1%), staff from the Other ethnic group (2.3%), staff with Mixed ethnicity (1.7%) and staff from the Chinese ethnic group (0.6%).

The language used to describe Black, Asian and Minority ethnic groups has been limited into categories such as BAME, BME or 'South Asian' which could hide substantial group heterogeneity (Bhopal, 2004). These acronyms merge the important differences between ethnicities and are not necessarily associated with all marginalised communities including White ethnic minorities such as Gypsy, Roma and Traveller of Irish Heritage groups. By grouping together ethnicities it could negate the diverse experiences of minority groups and cause potential harm. BME or BAME appears to be the dominant trend used within research, therefore throughout this literature review BME will be used to provide consistency to refer to Black, Asian and Minority ethnic groups of non-European origin and characterised by their non-white status (Bhopal, 2004). Yet, going forward it is important to highlight the need to explore the experiences of each ethnic group separately within research.

The NHS has long relied on its workforce from BME communities and their contributions have been fundamental within the NHS. Although there has been recognition of the hard work and dedication they have provided (Benson, 2018), research suggests that it is notoriously difficult for BME staff to break through 'the glass ceiling' and secure leadership positions (Benson, 2018). BME staff have increased in numbers over the years, statistics showed an increase of 36, 786 employees between 2016 to 2019 (Workforce Race Equality Standard (WRES), 2019). Although these numbers show a vast increase in representation in the NHS, it has been reported that there has been a decline in the number of BME staff in senior positions (Pendleton, 2017).

WRES (2019) data shows that white applicants were 1.46 times more likely to be appointed from shortlisting compared to BME applicants for general positions. London was shown to be the worst performing region of this indicator with approximately two white applicants more likely to be appointed from shortlisting compared to BME, even though London is one of the most culturally diverse and populated areas for BME staff to work. Interestingly BME staff were more likely to be appointed than white staff in nearly a third of all NHS Trusts across North East and Yorkshire region; it would be useful to explore the recruitment strategies in these areas further (WRES, 2019).

Reports have shown that BME staff are 1.22 times more likely to enter formal disciplinary process compared to their white counterparts (WRES, 2019) and has been suggested that BME staff feel they have to prove themselves twice as hard for their accomplishments to be noticed (Siva, 2009). Understanding what factors affect these statistics in regards to career progression for BME staff within the workplace is vital in being able to provide an inclusive environment for staff to thrive within and to reduce unconscious bias within career progression and recruitment (Benson, 2018; Ross et al., 2020).

WRES (2019) data shows that only 69.9% of BME staff believes that their Trust provides equal opportunities for career progression, which has been a year on year deterioration since 2015. There has been growing evidence and research around race inequalities in the NHS workforce and the negative impact that this has upon staff from BME communities (Ross et al., 2020). It could also be suggested that staff that experience negative race inequalities could be more likely to disengage and distrust services and this could have a snowball impact on the wider BME communities accessing services and quality of care (Siva, 2009).

Lack of diversity or representation at senior level could dissuade BME staff from taking opportunities for positions that they are more than qualified for. Ross et al., (2020) suggested that many BME staff experienced being bypassed for career development, progression opportunity requests were blocked, and line managers failed to support career aspirations. Staff highlighted the importance of having peer support and colleagues to discuss shared experiences within the NHS.

Positioning and identity could play a role in the experiences of BME staff within NHS structures. Moghaddam & Harré (2009) stated that positioning theory is how individuals use language to position themselves and others. It could be argued that BME staff are

prepositioning themselves within institutional structures due to lack of support and opportunities and being led to believe they are unqualified for roles. This could in turn affect their ability to fulfil tasks related to career progression such as interviews and applications as a result of repositioning oneself to placate the structures they are within (Sabat et al., 2009).

Another way to try and make sense of the disparities within career progression and BME NHS candidates might be from a critical race theory (CRT) lens. CRT movement has been defined as a collection of activists and scholars interested in studying and transforming the relationship among race, racism, and power (Delgado & Stefancic, 2001). Although it was a theory based in law, it has been adopted throughout various disciplines to understand and explore the issues related to society, race and hierarchies. One area of CRT that could link to experiences of BME staff is the idea of differential racialization (Delgado et al., 2001). As noted, the NHS relied heavily on overseas staff in its origin and the need for their labour would have been favourable in line with societal needs at that time. However, as society constantly changes the attitudes associated with certain minority groups may have shifted over time and now they could be seen as a threat.

The harmful discourses about BME staff perpetuated in the media (e.g.) "them and us" or "taking all our jobs," negatively position BME staff as being outsiders. This could lead to staff consuming these harmful discourses and position themselves in positions of inferiority. BME staff face conflict between their autobiographical self, knowing one's own skills, abilities and values verses the social self where their skills and qualities may have been tainted by interactions with colleagues or superiors and are forced to adapt to structures they are placed in (Harré, 2012.) Staff may feel obligated to position themselves either within a moral or indirect positioning within their teams, out of fear of reprisal or what they have been perceived as and therefore could be positioned in a negative light and treated unfairly (Harré & Langenhove, 2010).

Rationale

Although there has been systematic reviews and exploratory articles conducted in this area (Brathwaite, 2018; Pendleton, 2017) previous research and data has shown there is not sufficient or substantial number of BME staff taking part in NHS surveys to understand their experiences. Due to the nature of ever changing services and policies, the focus was to look at

literature between 2000-2020 to review whether the service policies (e.g. WRES) implemented have made any changes to the experiences of BME staff.

This review aims to encompass previous systematic reviews that have been conducted by looking at qualitative experiences of BME staff. Unfortunately the issue of BME communities being disproportionately disadvantaged, particularly NHS staff has been highlighted even more within the current pandemic. Covid-19 has shone a spotlight on the disparity of experiences for staff from minorities, in relation to provisions and resources including healthcare and equal opportunities.

This review looks to explore the narratives and stories of BME staff and their positioning within NHS particularly focusing on career progression and what factors could be barriers. The question being explored is: 'What are the experiences of Black, Asian and Minority ethnic staff within the NHS? Do these experiences provide barriers to career progression?

Method

1.1. Search Strategy

Four electronic databases, CINAHLComplete, Medline, PsycINFO and PsychARTICLES were employed for the search between November and December 2020. The search strategy checked for articles using the option 'All Text' and the limiters 'Peer Reviewed' and dated between '2000-2020' to review the current literature based on the changing policies and services related to BME staff within NHS. The search terms employed were:

1. BAME OR BME OR Black OR "Ethnic Minorit*" OR Asian* OR African* OR Ethnicit* OR Race*
2. NHS OR "National Health Service"
3. Experience* OR Perception* OR Attitude* OR View* OR Feeling* OR "Lived Experience*" OR Stor*
4. Staff OR Nurs* OR "Healthcare Professional*" OR Professional* OR Employee*
5. "Career Progression" OR Promotion OR "Career Advancement" OR Opportunit*
6. #1 AND #2 AND #3 AND #4 AND #5

1.2. Inclusion and exclusion criteria:

Inclusion criteria were: (a) literature exploring the experiences of black and minority ethnic qualified/registered staff that have worked or are currently working within the NHS; (b)

literature published in English; (c) studies that were based in the UK and within NHS services; (d) literature from 2000 onwards to provide a more current review and (d) qualitative studies or mixed-method studies where qualitative data could be extracted.

Exclusion criteria were as follows: (a) literature that does not document experiences of black and minority ethnic staff; (b) literature that was focused on students and not paid staff from black and minority ethnic communities; (c) literature not based in the UK or within NHS services; (d) literature published in any other languages than English and (e) quantitative studies where no qualitative data could be extracted.

The titles and abstracts of the total 116 identified papers were screened to determine relevance, after removing exact duplicates 79 remained. After reading titles and abstracts, 58 papers were excluded, as they did not meet the criteria. The full texts of the remaining 22 papers were sourced and read in accordance with inclusion and exclusion criteria, and 5 papers, which explicitly met the criteria, were selected. A further 2 papers were identified by scanning through the reference list of included studies; these papers were also screened and included as they explicitly met the inclusion criteria. 7 papers were selected in total for this literature review.

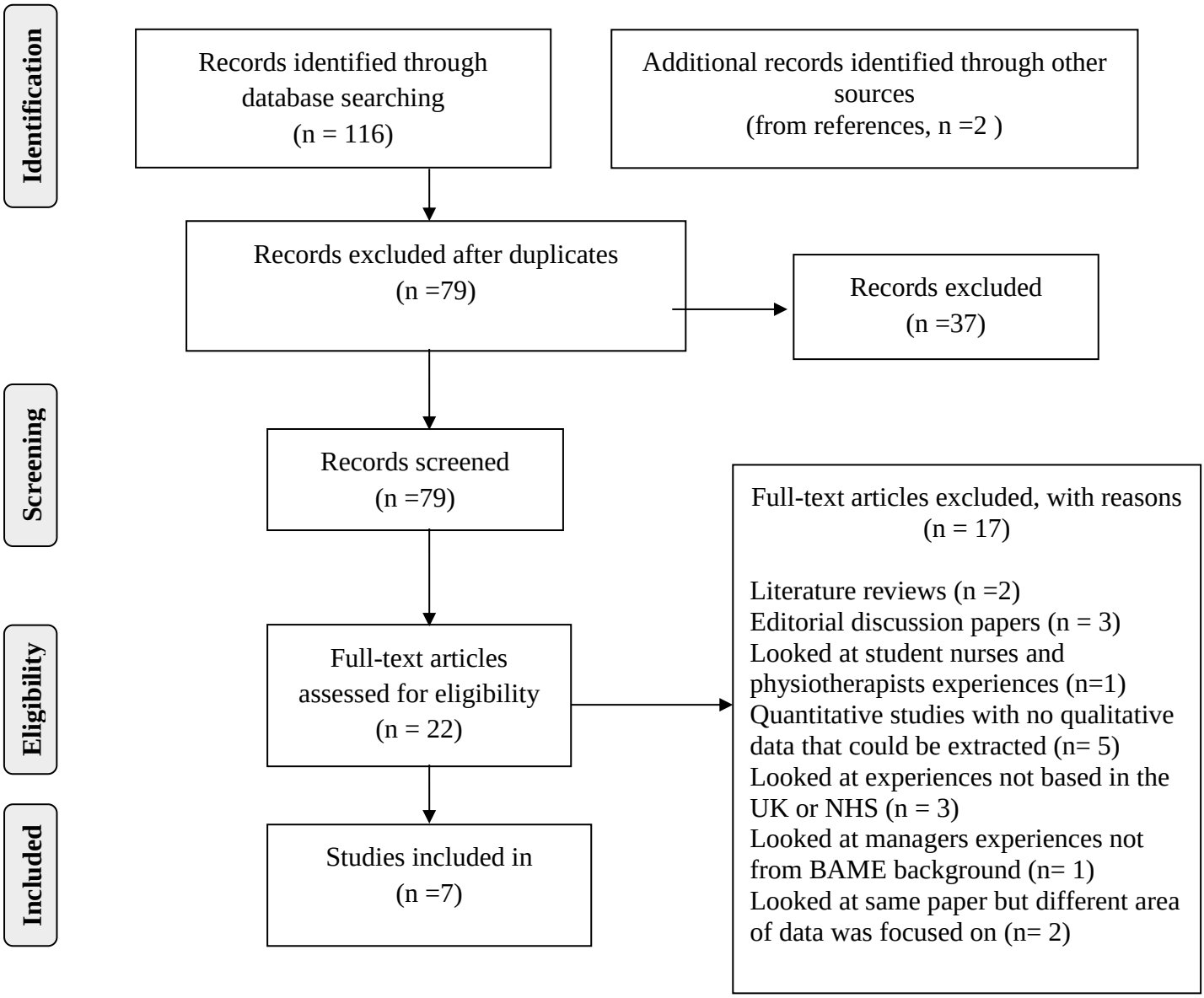

Fig. 1: *PRISMA Flow diagram of literature search process*

1.3. Data Extraction

Data extracted from each paper included: author(s) and year of publication, country, number of participants, sampling details including ethnic groups and design, method and analysis.

Overview of studies

Table 1: Studies included in the review

Author(s)	**Sample and location**	**Design, method and analysis**
Larsen, John Aggergaard (2007) *Embodiment of discrimination and overseas nurses' career progression*	N=2 (1 Zimbabwean and 1 Nigerian) London and North of England	Qualitative: in-depth interviews. Analysed using phenomenological analysis
Alexis, Obrey; Vydelingum, Vasso; Robbins, Ian (2007) *Engaging with a new reality: Experiences of overseas minority ethnic nurses in the NHS*	N=24 (Asia, Africa and Caribbean) South of England	Qualitative: focus groups and individual interviews. Analysed using thematic analysis
Henry, Leroi (2007) *Institutionalised disadvantages: Older Ghanaian nurses' and midwives' reflections on career progression and stagnation in the NHS*	N=20 (Ghanaian midwives and nurses) London and Home Counties	Qualitative: semi-structured interviews. Analysed using thematic analysis
Qureshi, Irtiza; Ali, Nasreen; Randhawa, Gurch (2020) *British South Asian male nurses' views on the barriers and enablers to entering and progressing in nursing careers*	N=5 (South Asian) England	Qualitative: semi structured interviews. Analysed using interpretative intersectional approach
Likupe, Gloria (2015) *Experiences of African nurses and the perceptions of their managers in the NHS*	N=30 nurses (Malawi, Kenya, Ghana, Nigeria, South Africa, Zambia, Zimbabwe, Cameroon)	Qualitative: focus group discussions and semi structured interviews. Analysed

	North East England	using thematic analysis
Alexis, Obrey; Vydelingum, Vasso (2005) *The experiences of overseas black and minority ethnic registered nurses in an English hospital: A phenomenological study*	N=12 (Filipino, South African, Caribbean, Sub-Sahara Africa) South of England	Qualitative: semi structured face to face interviews. Analysed using phenomenological approach
Allan, H; Cowie, H; Smith, P (2009) *Overseas nurses' experiences of discrimination: A case of racist bullying?*	N=3 (2 Filipino, 1 African) England	Qualitative: semi-structured interviews. Analysed using thematic analysis

Quality Control

Each paper was assessed using criteria based on the Critical Appraisal Skills Programme (CASP) ten questions (CASP, 2014). The CASP assessment recognised that some of the studies failed to provide enough information, (e.g.) the ratio of participants from each ethnic minority that were selected. Yet, the studies were considered appropriately rich in information for the purpose of this review and were included.

Data analysis

The data analysis was shaped by techniques of meta-ethnography (Noblit and Hare, 1988) and the three trajectories the synthesis could follow; reciprocal translation; refutational synthesis and line of argument synthesis (Cahill et al., 2018). This approach of synthesis was selected as it not only uses the participant findings but also incorporates the author interpretations reported in the original studies. Meta-ethnographic synthesis can provide potential benefits to clients, clinicians and policy makers (Cahill et al., 2018) as it comprises of a 7 step process where specific components of a study are organised to provide a comprehensive representation (Britten et al., 2002).

Determining how the studies are related

The 7 studies included in this review were explored to identify re-occurring themes across the papers. The themes that presented were: Discrimination, Cultural Differences, Communication, Connection, Lack of Equal Opportunities or Training, Devaluation of own skills and Personal Responses. An example of how one of the papers has been used to establish the key details and themes of the paper is shown below in Table 2. Using Britten et al., (2002) explanation of second order interpretations, the last row highlights an explanation that derived from the study. This method was used for all of the studies in the synthesis, yet they are all not presented.

Table 2: Sample of tabulated study details and key themes

Methods and themes **Key study details**	Alexis et al (2005)
Purpose	To explore experiences of overseas black and minority ethnic registered nurses
Setting	NHS Hospital , England
Sample	N = 12 (7 Female, 5 Male; South African, Caribbean, Sub-Sahara Africa)
Data collection	Semi-Structured Interviews
Key themes	
Personal Responses	Feelings of being unappreciated and unwelcomed.
Devaluation of own skills	Feelings of inadequacy and having to prove worth and skills.
Discrimination	Staff felt that were faced with discrimination and racism from colleagues, management and patients and had to endure this to survive at work so they did not receive any retaliation from their concerns.
Lack of Equal Opportunities or Training	Staff felt that their ethnicity played a significant role in lack of equal opportunities and the development of further training presented to them.
Communication	Being misunderstood and feeling unable to seek appropriate communication with superiors or colleagues.
Cultural Differences	Colleagues lacked knowledge of cultural differences related to BME staff including views on religion, education and language (e.g. stereotyping or presumptions).
Connection	Advantages of being able to feel connected and understood or supported by their colleagues and other BME staff.
Explanation/second order interpretation	Staff expressed they found their cultural differences were factors that prevented them from being valued and in turn affected the way they were treated. Although some staff felt they had been welcomed, the majority felt that the lack of support from their white colleagues also had an influence of their experiences of work and feeling unwelcomed within NHS.

Translating the studies into one another

Each study was translated into one another by completing tables similar to Table 2, to identify themes within the studies and to ensure that themes and ideas were represented by the key themes identified in the translation. These tables ensured that the themes from the original studies were included in the metasynthesis. The table below summaries the themes highlighted across all of the studies included in the metasynthesis.

Table 2: Cross comparison of studies by theme

Key Themes	Larsen (2007)	Alexis et al (2007)	Henry (2007)	Likupe (2015)	Qureshi et al (2020)	Alexis et al (2005)	Allan et al (2009)
Personal Responses	✓	✓		✓		✓	✓
Devaluation of own skills	✓	✓	✓			✓	
Discrimination	✓	✓		✓	✓	✓	✓
Lack of Equal Opportunities of Training		✓	✓	✓	✓	✓	
Communication			✓			✓	
Cultural Differences			✓				✓
Connection			✓	✓	✓	✓	

Synthesising the translations

All the studies identified in Table 3 were analysed together for comparison and to highlight the themes in each of the seven studies. The parallel between the studies was distinct and displayed the shared relationship between the studies. The themes were synthesised into three broader categories: Identity; Race and Barriers (Fig.2).

Key themes found in studies	Synthesised categories
Personal Responses Devaluation of own skills Connection	Identity
Cultural Differences Discrimination	Race
Communication Lack of Equal Opportunities or Training	Barriers

Fig.2: Overview of key themes and synthesised categories

Results

1. Identity

1.1.Devaluation of skills

The theme of devaluation of skills was found across several of the studies (Alexis et al., 2005, 2007; Henry, 2007; Larsen, 2007). Henry (2007) highlighted how the structural components of the NHS influenced the experiences of BME staff and the confidence in their skills and abilities. Staff reported the weight of scrutiny and being monitored alongside the lack of trust by management and colleagues in performing duties, which had a fundamental impact on their confidence, subsequently leading to mistakes. These reports were significant in exploring how skilled staff felt that their competence and skills were not utilised or taken into account, particularly around leadership (Alexis et al., 2007).

1.2. Personal Responses

Studies presented a variety of responses from BME staff in regards to their experiences and how these had determined their behaviour. Many of the studies focused on overseas BME staff (Alexis et al., 2007; Allan et al., 2009; Larsen, 2007; Likupe, 2015) and the personal circumstances that shaped their choices to work within the NHS. There appeared to be a concurrent theme around being subjected to others' derogatory attitudes and accepting these negative experiences which consequentially guided their opportunities and responses (Allan et al., 2009; Larsen, 2007).

Larsen (2007) explored the notion of "embodied forms of value" which explores the way are feelings of self-worth and social status are translated into our body language, consequently shaping our perceptions of self and our emotional responses to criticism and social injustices. Some of the studies explored the concept of fear (Alexis et al., 2007); and how emotional reactions could be turned against staff labelling them as 'confrontational or arrogant' for speaking up (Larsen, 2007) or 'weak' for being distressed (Allan et al., 2009). However, Alexis et al (2007) demonstrated how some BME staff felt that responses they experienced from patients were the most rewarding and how this counteracted derogatory attitudes they faced from peers and gave a sense of purpose to their work.

1.3.Connection

The role of support, formally or informally was prevalent within some of the studies in enabling staff to feel connected and understood by colleagues and peers (Alexis et al., 2005). It can be viewed as an opportunity for staff to explore their experiences within a safe context. Many reported that it was a chance to feel open without fear of reprisal and provided a sense of alliance (Alexis et al., 2005; Henry, 2007; Likupe, 2015; Qureshi et al., 2020). Henry (2007) noted the importance that support from white colleagues can play in providing BME staff with a sense of inclusivity. This suggests that sense of connection is pivotal in helping to create an environment for BME staff to feel able to disclose and share experiences with colleagues.

2. Race

2.1.Discrimination

The dominant theme across all of the studies was the experience of discrimination, racism or stereotyping for BME staff. This was not only an experience they faced with patients, relatives, colleagues but also with their superiors. Qureshi et al (2020) study showed discrimination was also prevalent within staffs own communities in relation to the negative connotations and status that could be linked to their role.

Likupe (2015) described how BME staff felt there was preference between minority staff and even through policies there was a clear distinction on how staff from certain minorities (e.g. Filipino and Asian nurses' verses African nurses) was treated in regards to retention and promotion. It could be argued that this adds a layer of inferiority and competition between BME staff which could sustain stereotyping that is perpetuated by management. Staff described the need for 'survival' to maintain their work and the acceptance of indirect and overt discrimination (Alexis et al., 2005, 2007; Allan et al., 2009). It appeared unanimous that ethnicity played a factor in career progression, with white colleagues with less experience succeeding in roles and BME staff feeling excluded from colleagues and their wider teams (Alexis et al., 2007).

2.2.Cultural Differences

There was a general sense of lack of knowledge around cultural differences, with staff reporting that they felt they were judged primarily on their ethnicity rather than their standard of work (Henry, 2007; Likupe, 2015; Qureshi et al., 2020). Most felt that this led to their colleagues and patients questioning their skills and training. However it was noted that career progression was notably different in other countries such as Ghana where nurses where automatically promoted after every 5 years (Henry, 2007), and how some staff reported difficultly in adapting to their working environment, which appeared to foster open competition for promotion. Yet some felt that the cultural differences provided enablers for career progression and equipped them with the skills and values to work in such environments (Qureshi et al., 2020).

3. Barriers

3.1. Lack of Equal Opportunities or Training

All seven of the studies highlighted that staff felt that the lack of equal opportunities or training was part of their work life experiences and had a dominant impact on their motivation and effort. Lack of representation and diversity within senior positions was emphasised and the difficulty in sourcing appropriate information regarding progression; including mentoring and training (Alexis et al., 2005; Henry, 2007; Qureshi et al., 2020). Some staff recounted that equal opportunities policies and information was withheld and being unable to challenge colleagues as they felt there was a power difference (Likupe, 2015).

3.2. Communication

The importance of communication was key in staff reports of feeling excluded and dismissed and the impact this had upon their experiences (Allan et al., 2009; Henry, 2007). Allan et al (2009) reports on interpersonal relationships, language barriers and misunderstanding 'social norms' leading to miscommunication and feeling stigmatised by peers. Staff reported difficulty in being able to seek appropriate information from superiors or colleagues and not being informed of the advancement opportunities available to them, including training or support services (Alexis et al., 2005; Henry, 2007). The studies concluded that BME staff felt that communication was poor and often focused on negative aspects of their work rather than focusing on career development.

Discussion

This literature review looked to explore the lived experiences of BME staff within the NHS and in line with the goals of this synthesis; it appears that there are barriers staff face in regards to career progression. Following the meta-ethnography, it shows a pattern of key themes that were common across the studies including identity, race and barriers.

The overarching experiences for BME staff in the NHS are stained by their experiences of inequality compared to their white colleagues. Discrimination has been longstanding within

the NHS, with the WRES (2019) and Race Relations Act (2000) being implemented to tackle the complexity of these issues that have also been highlighted within the research.

The findings of this synthesis uphold the existing findings from previous qualitative research on the experiences of BME staff. It could be suggested that these experiences play a role in staffs' enthusiasm or motivation to seek promotion opportunities and the obstacles they face. Moghaddam & Harré, (2009) stance could suggest that staff have taken on a position within the workplace in order remain innocuous at the detriment of their own advancement. It would also be useful to explore how white professionals position BME colleagues and whether white fragility prevents a deeper exploration of these issues.

Several of the studies highlighted the importance of group heterogeneity and how they perceived that their colleagues disregarded the cultural differences of BME staff and that the differences were used to stereotype minorities. For some staff, it encouraged competitive interactions between minority staff perpetuating positions of power whether through policies or rules to exclude certain minority staff (e.g. African nurses approach verses Filipino nurses approach). The majority of the research presented in this review focused on the experiences of overseas BME staff and it is imperative to take into account the different circumstances that may have shaped their values and work ethic. This is an importance factor to consider in regards to the way that BME staff react and respond to negative experiences and difficulties within the work environment, particularly focusing on the sense of self-identity and role of resilience in the face of adversity. It is important to consider the impact these negative experiences could have on BME staff interactions with patient care and service provision (Larsen, 2007).

The latter is important to consider in relation to opportunities for career progression, as the NHS serves a society that continues to become more diverse. The findings illustrated that staff felt there was a clear rupture in communication and relaying of information for career progression or development. For some staff, they felt that the equal opportunities policies were used for display but not implemented within their Trusts with intention for staff to develop.

Within this present systematic review, it is important to note that only one researcher (Likupe, 2015) clearly identifies herself as a 'researcher as insider' and the advantages and disadvantages of being similar to research participants. It could be presumed from the findings of connection and the value staff placed upon having support particularly from peers of similar ethnicity that researchers of similar ethnicity may provide a safer and contained environment for richer data to be gained. Sense of safety appeared to be instrumental within conducting the interviews, especially in relation to the concepts that emerged from personal responses (e.g. fear of retaliation; job security; exclusion). As such, it could be hypothesised that ethnicity of researchers played a factor in gathering data and whether staff felt there were any unconscious biases prevalent.

Limitations of methodologies and systematic review

This review was limited as it focused solely on race, yet it is important to note that intersectionality is a key component in experiences, as one cannot single out race as central to experiences. Therefore it would have been useful to look at intersectionality as these characteristics may influence the different experiences that BME staff will have had. Such as gender, as it could be argued that male BME staff face different challenges in relation to discrimination and cultural differences. As reported in one of the papers, the responses that male staff received not only from their colleagues but from within their own community was a compounding variable to their experiences (Qureshi et al., 2020).

Another limitation of this review was grouping BME together; it is evident from the studies that there is a difference in the experiences of staff from different ethnicities. It would have been valuable to explore these differing experiences rather than uniting them. Most of the studies focused primarily on nursing profession, and certain issues including poor pay and conditions which would be relevant within this profession regardless of ethnicity or gender. It could be argued that the majority of this review focused on nursing staff explicitly and other BME healthcare professionals may have differing experiences.

One critique could be the lack of researcher reflexivity, as highlighted within CASP tool (2014), a failure to engage in reflexivity, the process by which the researcher continually

reflects on their involvement in all stages of research can be a major threat to validity of the findings. The researcher's inter-subjective elements can impinge on, and even transform the research (Bickman & Rog, 2008).

This could also be critiqued within this systematic review where the lack of reflexivity logs may have been a limitation, particularly being inside researcher. This presented both advantages and disadvantages, specifically as only one researcher was coding data and the biases that may have impacted the process of interpretations. In the future, reflexivity log would be beneficial to make decisions regarding theme extraction more transparent.

Several of the studies focused on larger sample studies that had been conducted previously and were purposively selected in the data they wanted to explore. There was a variety of methods used to attain the data including focus groups and semi structured interviews; it could be suggested that the effect of group dynamics verses individual interviews would produce different information. It could be argued that there is a lack of relevant research and further research needs to be conducted in exploring the qualitative lived experiences of BME staff rather than the statistical information.

Future Recommendations

Future research could look at exploring the experiences of BME staff born in the UK, as mentioned previously the research focused dominantly on experiences of overseas BME staff. It could be suggested that certain factors such as cultural or social differences and communication may not be as prevalent in barriers to progression due to acculturation of social norms and expectancies of the process of career advancement.

More research is also needed into the different experiences of staff within different professions and grading, due to the data focusing primarily on nursing profession. It would be interesting to see whether the power balance affects the experiences of discrimination and opportunities.

Another area of research which could provide an alternative perspective would be to explore the understanding of white staff experiences of BME staff, for the most part focusing on

recruiters for senior positions. This could provide a source of information in regards to the recruitment process and barriers that could be presented.

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Appendix B: Papers included in Narrative Literature Review

Author (s)	Sample	Methodology	Key Findings
Odusanya, Shamarel O E, Winter, David, Nolte, Lizette, Shah, Snehal (2017) *The Experience of Being a Qualified Female BME Clinical Psychologist in a National Health Service: An Interpretative Phenomenological and Repertory Grid Analysis*	N= 6 Female BME Clinical Psychologists (British Asian and Black African/ Black Caribbean)	Mixed method qualitative: Analysed using repertory grids and Interpretative Phenomenological Analysis	Standing out due to ethnicity Negotiating cultural & professional values in uncertainty of CP Privilege of being CP- the title and what it holds
Jameel, Leila, Gin, Kimberley, Lee-Carbon, Leonie, McLaven, Gracie, Parva Castaneda, Katherine, Widyaratna, Kideshini, Ramzan, Natasha, M.Beal, Erin (2022) *The "Our Stories" Project: Understanding the needs, experiences and challenges of trainee, aspiring and qualified clinical psychologists from minoritised backgrounds*	N= 7 Qualified Clinical Psychologist, 10 Trainee Clinical Psychologists and 8 Aspiring Clinical Psychologists	Qualitative: semi structured interview approach within a focus group context, with topic guides to standardise the groups. Analysed using a framework analysis approach.	Navigating own identity during journey Being othered & feeling Not belonging to profession Tension between hope vs. cynicism for future Frustration with status quo & responses *Aspiring group held most hope for profession and it seemed to lessen as you went through the profession- less hope once qualified
Farooq, Romana, Abuan, Bianca, Griffiths, Catalia, Usman-Dio, Fuad, Justin Kamal, Omar, Toor, Preetasha Hajaji, Yussra & Yeebo, Mma (2022) *"I didn't feel as though I fitted in": Critical Accounts from Aspiring Clinical Psychologists from racially minoritised backgrounds*	N=6 Racialised Aspiring Clinical Psychologists	Reflective Piece on the narratives of aspiring racialised aspiring clinical psychologists.	Impact of whiteness and white spaces on identity/ voice/ experience and sense of belonging in CP Racism & othering of self and witnessing of how senior BAME treated and undermined by profession/service Importance of safe spaces and representation

Adetimole,Funke, Afuape, Taiwo & Vara, Rekha (2005) *'The impact of racism on the experience of training on a clinical psychology course: Reflections from three Black trainees'*	N= 3 Black Female Trainee Clinical Psychologists	Reflective piece on the experiences of three Black trainee clinical psychologists.	Insidious racism and pathologising Assumption of inferiority being Black- 'struggling and needing help' lesser than White being invisible and the other overt racism
Thakker, Dipti Pradumal (2009) *'How I came to be a Clinical Psychologist': An Explorative Study into the Experiences of Becoming a Clinical Psychologist when from a South Asian Background* (Unpublished doctoral dissertation)	N= 9 South Asian Clinical Psychologists	Qualitative: in-depth semi-structured interviews. Analysed using Interpretative Phenomenological Analysis	Isolation & perception of others as 'cultural expert' Gendered pressures of balancing academic/cultural responsibilities for Females Socio-cultural factors of expectation and values for 'traditional careers' Being different to SA peers-self-identity in/out of profession Tensions in professional roles & responsibilities-alongside cultural role in communities
Ragavan, Romila Naiken (2018) *Experiences of Black, Asian and Minority Ethnic Clinical Psychology Doctorate Applicants within the UK* (Unpublished doctoral dissertation)	N= 8 BAME Female Aspiring Clinical Psychologists (Black British, African and Asian British)	Qualitative: in-depth semi-structured interviews. Analysed using Interpretative Phenomenological Analysis	Challenge of negotiating multiple identities & narratives Grappling with white privilege Finding value in BAME applicant Juggling what MH career means to them vs. families Racism – not belonging
Paulraj, Petrishia Samuel (2016) *How do Black trainees make sense of their 'identities' in the context of Clinical Psychology training?* (Unpublished doctoral dissertation)	N= 12 Black Trainee Clinical Psychologists (11 Female and 1 Male)	Qualitative: in-depth interviews. Analysed using Thematic Analysis.	Reacting to Black- power discourses in CP & society Negotiating identities-invisibility & hyper-visible in CP Lonely, cynical journey- lack of support

Zhou, Zheng (2021) *The experience of trainee clinical psychologists from Chinese cultural backgrounds - a discourse analysis* (Unpublished doctoral dissertation)	N= 7 Chinese Trainee Clinical Psychologists (6 Female and 1 Male)	Qualitative: semi-structured interviews. Analysed using Discourse Analysis.	Competency in expressing oneself Challenges in maintaining social connection Problems arising from being cultural other Issue with being given BAME label Symbolic capital
Snehal Shah (2012) *'Experience of Being a Trainee Clinical Psychologist from a Black and Minority Ethnic Group: A Qualitative Study'* (Unpublished doctoral dissertation)	N=9 BME trainees (7 Females & 2 Males)	Qualitative: in-depth semi-structured interviews. Analysed using Interpretative Phenomenological Analysis	Hardship of not being White Challenge negotiating multiple identities Challenges, dilemmas of highlighting race & culture issues Versatility of being BAME Finding connections & safe spaces
Hetashi Bawa, Sekaylia Gooden, Farhana Maleque, Samah Naseem, Saiqa Naz, Ezinne Obi Oriaku, Rebecca Sian Thomas, Vijeinika Vipulananthan, Manreesh Bains & Lisha Shiel (2019) *'The journey of BME aspiring psychologists into clinical psychology training: Barriers and ideas for inclusive change'*		Reflective Piece exploring the barriers for BME aspiring clinical psychologists.	Systemic barriers-poverty, family resources, lack of role models & institutional racism Prejudice & micro-aggressions-academia & health system Othered & marginalised Responsibility (shared) & accountability- importance on being for profession not just BAME/ individuals
Kassmin Tong, Ashley Peart & Samantha J. Rennalls (2019) *'Reframing our stories: Addressing barriers faced by Black people trying to access a career in clinical psychology'*		Reflective Piece on addressing the barriers and challenges experienced by Black aspiring clinical psychologists.	Consistently under-represented Importance of reframing narratives and creating alternative ones Intersectional understanding of stories Creating safe spaces Reflexivity

Riddhi Prajapati, Sanaa Kadir & Sadé King (2019) *'Dealing with racism within clinical psychology training: Reflections of three BAME trainee clinical psychologists'*		Reflective Piece on the experiences of three BME trainee clinical psychologists.	Racism on training Colour blindness & loneliness- strengthen implicit ignorance of Whiteness & privilege for White trainees Double standards- not acknowledging roots/origins of practice Dilemmas of integration- responsibility where it lies & risks

Appendix C: Sample of tabulated study details and key themes

Methods and concepts **Key study details**	
Author	Dipti Pradumal Thakker (2009)
Title	To explore experiences of becoming Clinical Psychologist from a South Asian background
Setting	UK
Sample	N = 9 South Asian (5 Females and 4 Males)
Data collection	Semi- Structured Interviews
Key concepts 'Cultural Expert'	Perception from others of being positioned in this role and isolation it evokes
Gender pressures	The role of gender and disparity of role it plays a part not only within cultural responsibilities but within academia for females
Career routes	Societal and cultural influences and expectations on respectable career choices
Identity conflict	Self- identification to peers from South Asian communities as well as other racialised communities and how to bring identity in to the profession
Tension in systems	Balancing responsibilities and professional expectations alongside cultural position in personal/ professional settings

Appendix D: Example of Reflective Extracts

January 2021

Struggling to find the right words to articulate why/main focus of research – feel like I need to prove the worthiness of my research proposal. Making me think over all my experiences I had and how different they have been including how we can talk about this topic, feels very different now and how this is discussed. Why does it feel so different?

April 2021

My energy is and motivation is down, feeling overwhelmed and pressure to make sure this lands correctly but also feels authentic and aligned with my goal and not swayed by others and what they want to use this research for.

December 2021

Frustrated by process especially after having Covid- impacting my mobility and health and getting ethics in and method chapter. Feeling like I am behind and not meeting expectations from supervisors.

April 2022

First interview completed, felt really nervous beforehand and was worrying about things going wrong- had technical issues but kind of glad it happened so least I knew how to handle it. Worried about how much I was giving and whether I had found the balance or should I input more or less? Feedback was really helpful from participant, made me think about next one and what to be mindful of.

June 2022

Feels much more calmer and like I have my rhythm now, different to others as she showed more visible distress when recalling certain incidents. I felt in control and like I was able to pace interview and provide safety and support, slight worry as doing it as they all seem so long and rich and starting to worry about amount of data I have and how I'm going to transcribe it all.

Augusts 2022

This interview was different, so long! Good but long and lots of distractions and pauses… maybe I should have been more boundaried? But didn't feel right, I mean its reality of life. Different but same perspective, I felt really connected to that feeling of its all shit- maybe it's where/ what I am feeling right now but was refreshing to hear so bluntly. Back of my mind I was thinking this is great but crap- how am I going to transcribe it all- felt so guilty thinking this as is what I want- I mean I shouldn't moan! The lull in recruitment is making me

worried- I get the anxiety and worry but not sure what else I can do… I mean it is bloody small circle so I don't blame them. Not surprised by the make-up so far,

October 2022

My hand is killing me, transcribing is really messing with my health with everything else. Feeling fed up and angry with the constant miscommunication and different things I keep being told by Uni about support. Ironic, really thinking about how this is literally mirroring my participants experiences. Constant censoring is starting to exhaust me, I just feel exhausted from living it and hearing it all around me.

January 2023

Starting to bring the data all together, so much and feeling overwhelmed in where to begin… feels daunting. Making me feel stuck- trying to deal with everything else and then give my attention to this- feeling pulled in multiple directions. So much rich data, what do I prioritise and what do I leave out?? NVivo is driving me mad as well, not sure what is wrong with it and keeps messing up- do I just do hand analysis instead but then is that going bring flare up again?

Appendix E: Interview Schedule

Interview Schedule:

How are you? Do you have any questions based on what you have read? Are you ready to begin?

I will ask some questions about some of your experience prior to training, how it was for you as a racialised psychologist deciding to apply for doctorate, your experience on training and post qualification and experience of finding a job being a psychologist from minority group.

Pre-Qualification

1. Could you tell me a little bit about your professional journey into psychology?
   Prompts:
   - Why you chose clinical psychology?
   - Did you encounter any challenges or obstacles in gaining experiences to pursue clinical psychology training? (e.g. difficulty finding posts, family commitments and obligations, financial pressures, cultural and familial views or expectations?)
   - What were some of the positive experience that helped with journey, including friends, family, religion, spirituality?
2. What was your journey like? Prompts:
   - How long were you thinking/working towards your application? How many attempts?

Being on the training course

1. How did you feel when you got a place on the training course?
   Prompts:
   - What was the reaction from your family/friends/self?
2. What was your experience of the training course and was it what you expected?
3. How diverse was your cohort? Did you notice the diversity of the student and or staff group?
   Prompts:
   - Did you feel that it was culturally diverse in academic teaching and placement settings?
4. Could you tell me about your experience being a trainee from racialised background?
   Prompts:
   - With the cohort, university staff, clients, supervisor, colleagues- how did it make you feel?

Post Qualification

1. How would you describe yourself as a clinical psychologist from racialised background?

Prompt:
- What does it mean to you? How does it present to others and how they see you?

2. Did your expectations change post qualification of your role?
3. What some of the positives and challenges of being a minority clinical psychologist?
   Prompts:
   - Professional development, supervision, therapy, interactions with colleagues/clients, etc.?
4. How do you feel you are seen as a racialised clinical psychologist by your colleagues and clients?
5. How does your ethnicity shape your clinical practice and models you use?
   Prompts:
   - How comfortable do you feel discussing issues around race with colleagues/clients/supervisors/managers? Do you feel you have flexibility to use different psychological approaches (e.g. holistic/spiritual)

Last questions

What do you think are some of the issues related to forming an identity for BAME clinical psychologists?

What do you think would make a difference in terms of support systems for racialised clinical psychologists? What made a difference for you or what did you want?

Why did you decide to volunteer for this research?

Appendix F: Recruitment Poster for participants

University of Essex

Are you a qualified Clinical Psychologist working in the UK who identifies from being from a Black, Asian or Minority Ethnic community?

As part of my doctoral research in Clinical Psychology I am carrying out research that I hope you would like to participate in.

What the research is about?

The aim of this research is to explore the lived experiences of recently qualified Clinical Psychologists who identify from being from a Black, Asian or Minority Ethnic community. The study hopes to bring attention to the different experiences that race may have in applying for, studying and then working as a new graduate in the workplace.

What it will entail?

The study will consist of two interviews lasting approximately 45-60 minutes online. You will be asked questions about your professional journey and experiences of working as qualified clinical psychologist in the UK. If you consent to do so, the interviews will be audio recorded, to aid with data analysis at a later stage.

I am looking for Black, Asian and Minority Ethnic Clinical Psychologists who have qualified in the last 5 years and are currently working in the UK.

If you are interested in participating or finding out more about this research then please contact me via email.

Kiran Shetra
ks20014@essex.ac.uk

Appendix F: Personal Statement developed for Poster recruitment

Statement developed and shared on social media platforms including Twitter and Facebook alongside research recruitment poster:

Hi,

A bit of personal background to my research. I am from a racialised background and my journey into clinical psychology has been a complicated one and at times one where I have felt somewhat alienated from my peers, colleagues, and staff. I began to recognise that racialised experiences were being pushed beneath the surface of what we were learning, and I wanted to provide a platform for these stories. I can appreciate that volunteering for this project may evoke some unsettling feelings or anxiety, but I hope that my research provides an opportunity for these voices to be heard.

The results of the research could raise awareness of the issues that racialised psychologists face. My hope is that educators and students can become more aware of the impact of this on current and future clinical psychology professionals and their clients.

As such I am still actively recruiting clinical psychologists working in the UK who identify from racialised backgrounds and would love to hear from you if you are interested in participating. I am happy to talk through the methodology and my motivations for doing this work or any other queries you may have. Please feel free to circulate or contact me via ks20014@essex.ac.uk.

Many Thanks,
Kiran Shetra

Appendix H: Participant Information Sheet

Title of Research Project

The 'Other' in Psychology; Exploring the experiences of Black, Asian and Minority Ethnic Qualified Clinical Psychologists working in the UK.

Researcher:
Kirandeep Shetra
Trainee Clinical Psychologist
ks20014@essex.ac.uk

You are being invited to take part in a research study. Please take the time to read the following information. Please contact the email above provided if you would like more information.

Who is the researcher?

My name is Kirandeep Shetra and I am a Trainee Clinical Psychologist at The University of Essex. This research is being conducted as part of my Doctorate in Clinical Psychology. I identify as being 'Asian British' of Sikh heritage and was born in the United Kingdom. My background played a key role in exploring this area of research, particularly around the challenging experiences of selecting a psychology profession and the limited representation and diversity both in profession and literature on racialised clinical psychologists.

What are the aims of this study?

This research aims to find out about the racialised experiences of qualified 'BAME' clinical psychologists working in the UK. The study hopes to bring attention to the different experiences that race may have in applying for, studying and then working as a new graduate in the workplace. By doing this study it could provide a platform for these narratives to be heard. The study aims to bring this awareness into the training processes and pedagogical practices of the doctorate clinical psychology programs. It could also identify what support processes may be required for psychologists from different racialised backgrounds throughout their professional journey. It is hoped that the findings from this research will inform educational institutions, services and employers so they have a better understanding of the experiences of qualified racialised clinical psychologists to consider the best ways to support them.

What will the study entail?

You will have an opportunity to contact researcher to discuss any questions about the research initially. If you then wish to proceed with the research, consent to participate in this research will be required and you will be asked to sign a consent form. The consent form will clearly highlight your informed choices and assure you that your data will be kept completely confidential and that you are

free to withdraw from the study up to the point where I would be writing up my findings. At that point it will be difficult to untangle the contributions that different participants have made. You will be given this time limit once we begin the interviews and you have had a chance to read through your contribution.

The study will consist of two interviews lasting approximately 45-60 minutes on a secure online platform. You will be asked questions about your professional journey and experiences of working as qualified clinical psychologist in the UK. If you consent to do so, the interviews will be audio recorded, to aid with data analysis at a later stage. The data will be anonymously stored onto a password protected computer. Transcripts of the interviews will be provided to you as participants for the opportunity to add or redact any information that was shared to ensure a transparent and collegial relationship with the researcher.

You will be given a unique participant number and you will be able to withdraw your data using this unique number from the study. Data can be withdrawn from the study and destroyed up until the point of data analysis and you will be notified by researcher when the final deadline to withdraw data is. Unfortunately, after this point your data cannot be removed from the research because of the complex interviewing of findings that make up codes, categories and themes.

During the data analysis stage, researcher will also offer opportunity for 'member checking' for participants to reflect and share their thoughts on early themes that have been generated from the data.

How will my information be stored?

The information you provide will be kept in a password protected secure computer file. Your information will be anonymous and any identifiable information will be stored separately from your responses. You will also be given a copy of your recording and asked if you would like to add any additional information or remove anything from the recording.

Do you have ethics approval?

This research has been granted ethical approval by Health and Social Care Ethics committee and University of Essex Ethics Committee. The ethics number is ETH2021-1549 and should you have any further questions or concerns regarding this research, please contact Dr Lindsey Nicholls on contact information below.

What are the potential benefits from taking part?

Some of the benefits in taking part of this research would be providing a platform for experiences to be shared from psychologists from different racialised backgrounds. This platform will enable your

voice to be heard and shine a spotlight onto the different experiences which could provide insight into ways that change could be implemented.

What are the potential risks for taking part?

The depth of the interviews and possible emotional nature of discussing race and racism could evoke uncomfortable emotions and distress. The researcher will provide support throughout the interviews, and additional information and resources on counselling services will be provided to you should you wish to seek further support.

What will happen with my interviews?

It is my hope that the findings from this research will add to the literature on the experiences of racialised staff in workplace settings. It may be published in an academic journal as well as presented to local health and social care and higher education institutions and/or as a conference paper. This will enable individuals and services to have a better understanding of the experiences of racialised clinical psychologists working within the UK and thereby address some of the hidden barriers to student selection and or staff retention in these areas. If you are also interested, a copy of the final report will also be sent to you.

Your responses during the interview are not intended to impact on your workplace performance and the information will not be shared with your employer. This research is completely independent of any services that you are employed by.

I am being supervised by Dr Lindsey Nicholls and Dr Jasmeet Kaur. Please feel free to contact my supervisors or myself should you have any further questions or concerns about the study.

What is the legal basis for using the data and who is the Data Controller?

For this research, consent would be the legal basis of using this data and you will need to agree and provide consent using the participant consent form provided. The data controller for this research will be the University of Essex and the contact would be, University Information Assurance Manager (dpo@essex.ac.uk).

Concerns and Complaints

If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principle investigator of the project, Kiran Shetra, using the contact details below. If there are still concerns and you feel that your complaint has not been addressed to your satisfaction or feel that you cannot approach the principal investigator, please contact either Dr Lindsey Nicholls

or Dr Jasmeet Kaur, using the contact details below. If you are still not satisfied, please contact the University's Research Governance and Planning Manager, Sarah Manning-Press (sarahm@essex.ac.uk). Please include the ERAMS reference which can be found at the foot of this page.

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Appendix I: Participant Consent Form

PARTICIPANT CONSENT FORM

Title of Project: The 'Other' in Psychology; The experiences of Qualified Black, Asian and Minority Ethnic Clinical Psychologists working in the UK.

Name of Researcher: Kirandeep Shetra, Trainee Clinical Psychologist

To be read and signed by the participant:

I confirm that I have read and understood the participant information sheet provided to me in regards to the above study. I have had the opportunity to consider the information and ask further questions and had them addressed satisfactorily. ☐

I understand that it is my choice to participate in this study and that if I wish to no longer participate I am able to withdraw at any time. ☐

I consent to the semi-structured interviews being audio recorded. ☐

I understand that aspects of transcribed interviews collected in this study will be looked at by authorised personnel from the University of Essex and that sections of the transcribed interview data will be explored by academic and professional assessment bodies in order to assess the quality of this research study. ☐

All data will be anonymous and that authorised personnel who have access to data will be bound by confidentiality. ☐

I understand that any of the information discussed during the interview will not be shared to my employer or have any impact on my workplace performance. ☐

I agree to the use of anonymous quotes from my interview being used in publications. ☐

I agree to be contacted for my remarks on the findings of the study. ☐

I agree to take part in the research study stated above. ☐

Participant Name: _____

Participant Signature: _____

Date: _____

Researcher Name: _____

Researcher Signature: _____

Date: _____

Appendix J: Participant Demographic Form

Participant Screening Form
Strictly Confidential:

All participants will be asked the following questions to screen for inclusion and exclusion of the study. Please complete questions below.

Was verbal/written consent gained from the potential participant before asking the questions? Yes/No

1. **What is your ethnic group?**

Choose one from section A to E and tick the appropriate circle to indicate your ethnic group.

A White
- British
- Any other White Background, please specify below:
  _____

B Mixed
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background, please specify below:
  _____

C Asian o Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please specify below:
  _____

D Black or Black British
- Caribbean
- African
- Any other Black background, please specify below:
  _____

E Chinese or other Ethnic group
- Chinese
- Any other, please specify below:
  _____

2. **What is your country of birth?**
    - England
    - Wales
    - Scotland
    - Northern Ireland
    - Republic of Ireland
    - Other, please specify below:

      _____

3. **How would you identify your gender?**
    - Male
    - Female
    - Transgender
    - Other, please specify below

      _____

4. **Age: _____**

5. **What year did you qualify as a Clinical Psychologist? _____**

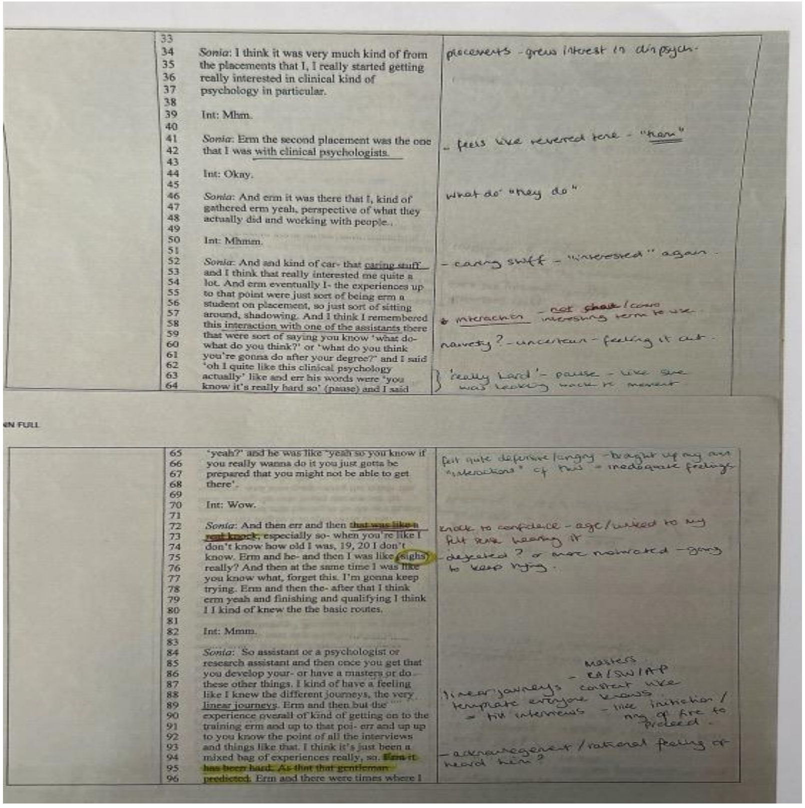
6. **Where did you receive your doctorate? _____**

7. **Are you currently working in the NHS?**
    - Yes
    - No

If yes, for how many years have you been working in the NHS as a qualified clinical psychologist? **_____**

Thank you for taking the time to fill out this form

Appendix K: Bracketing Extract from Transcript



Sonia: I think it was very much kind of from the placements that I, I really started getting really interested in clinical kind of psychology in particular.

Int: Mhm.

Sonia: Erm the second placement was the one that I was with clinical psychologists.

Int: Okay.

Sonia: And erm it was there that I, kind of gathered erm yeah, perspective of what they actually did and working with people.

Int: Mhmm.

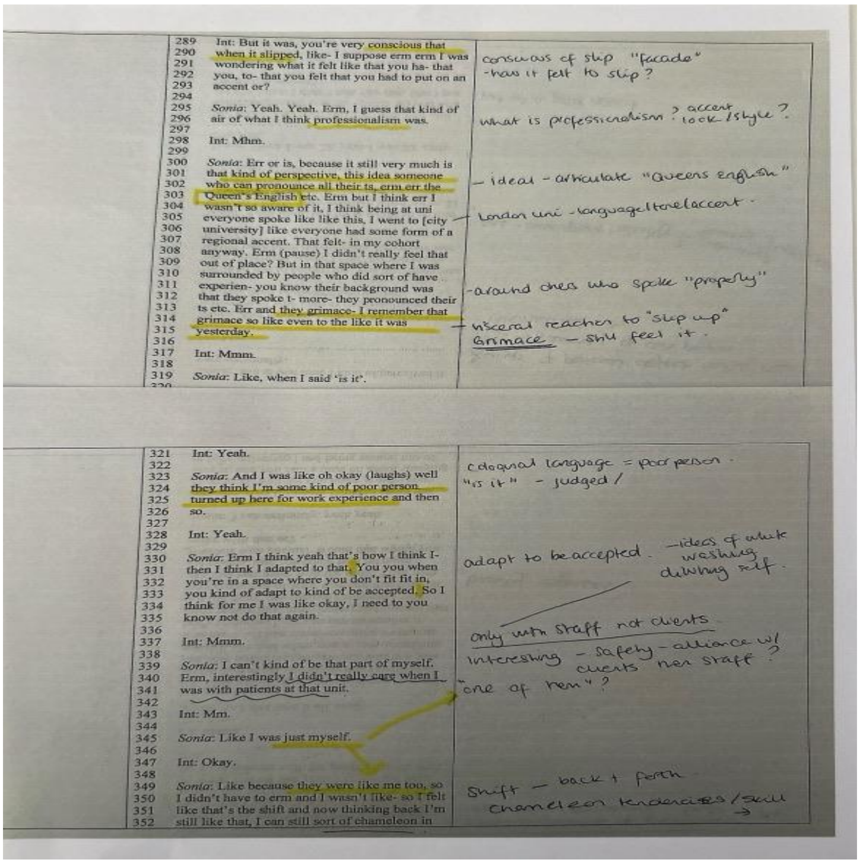
Sonia: And and kind of car- that caring stuff and I think that really interested me quite a lot. And erm eventually I- the experiences up to that point were just sort of being erm a student on placement, so just sort of sitting around, shadowing. And I think I remembered this interaction with one of the assistants there that were sort of saying you know 'what do- what do you think?' or 'what do you think you're gonna do after your degree?' and I said 'oh I quite like this clinical psychology actually' like and err his words were 'you know it's really hard so' (pause) and I said 'yeah?' and he was like 'yeah so you know if you really wanna do it you just gotta be prepared that you might not be able to get there'.

Int: Wow.

Sonia: And then err and then that was like a real knock, especially so- when you're like I don't know how old I was, 19, 20 I don't know. Erm and he- and then I was like (sighs) really? And then at the same time I was like you know what, forget this. I'm gonna keep trying. Erm and then the- after that I think erm yeah and finishing and qualifying I think I I kind of knew the the basic routes.

Int: Mmm.

Sonia: So assistant or a psychologist or research assistant and then once you get that you develop your- or have a masters or do these other things. I kind of have a feeling like I knew the different journeys, the very linear journeys. Erm and then but the experience overall of kind of getting on to the training erm and up to that poi- err and up up to you know the point of all the interviews and things like that. I think it's just been a mixed bag of experiences really, so. Erm it has been hard. As that that gentleman predicted. Erm and there were times where I



Int: But it was, you're very conscious that when it slipped, like- I suppose erm erm I was wondering what it felt like that you ha- that you, to- that you felt that you had to put on an accent or?

Sonia: Yeah. Yeah. Erm, I guess that kind of air of what I think professionalism was.

Int: Mhm.

Sonia: Err or is, because it still very much is that kind of perspective, this idea someone who can pronounce all their ts, erm err the Queen's English etc. Erm but I think err I wasn't so aware of it, I think being at uni everyone spoke like like this, I went to [city university] like everyone had some form of a regional accent. That felt- in my cohort anyway. Erm (pause) I didn't really feel that out of place? But in that space where I was surrounded by people who did sort of have experien- you know their background was that they spoke t- more- they pronounced their ts etc. Err and they grimace- I remember that grimace so like even to the like it was yesterday.

Int: Mmm.

Sonia: Like, when I said 'is it'.

Int: Yeah.

Sonia: And I was like oh okay (laughs) well they think I'm some kind of poor person turned up here for work experience and then so.

Int: Yeah.

Sonia: Erm I think yeah that's how I think I- then I think I adapted to that. You you when you're in a space where you don't fit fit in, you kind of adapt to kind of be accepted. So I think for me I was like okay, I need to you know not do that again.

Int: Mmm.

Sonia: I can't kind of be that part of myself. Erm, interestingly I didn't really care when I was with patients at that unit.

Int: Mm.

Sonia: Like I was just myself.

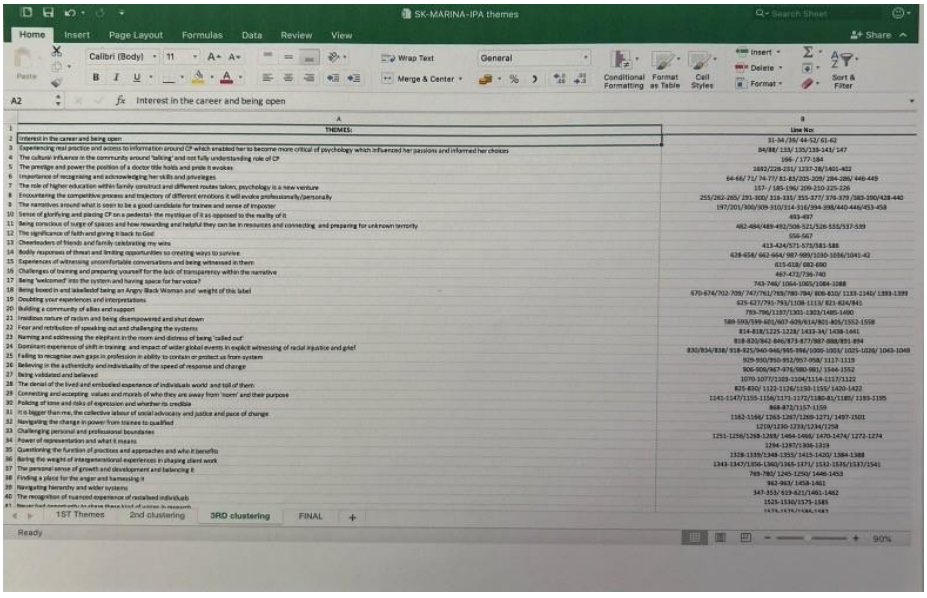
Int: Okay.

Sonia: Like because they were like me too, so I didn't have to erm and I wasn't like- so I felt like that's the shift and now thinking back I'm still like that, I can still sort of chameleon in

Appendix L: Extract from Transcript using IPA analysis

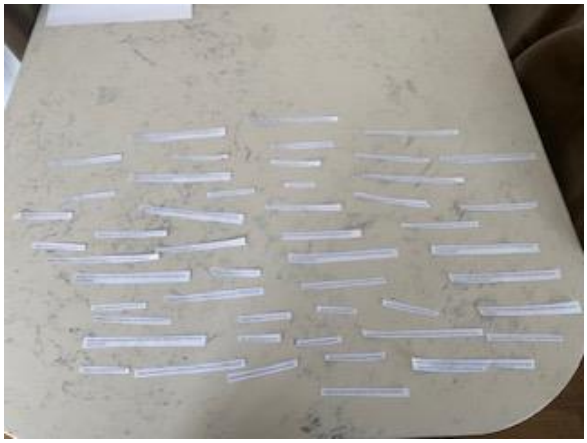
Preparing for starting the next chapter of doctorate journey and what would be expected	374	SK: I literally just thought, oh, this is a great post hopefully –	Looking forward to post Worked out for training
	375	and at the interview they seemed to think that they'd be	
	376	able to extend it. It just so happened that they didn't need to	
	377	extend it, because I made it onto training. So that was quite	Use of interesting- what was? Length of time or her initial interest for it now she knew she was going to 'become a trainee' -what is a trainee??
	378	an interesting six months because for five of those months I	
	379	knew I was about to become a trainee	
	380		
	381	Int: Hm	
	382		
	383	SK: So almost like, what else can I do in this role to	
Reflecting on whirlwind of the whole experience and own growth	384	prepare for that? So, I'm very aware that that journey is very	Preparation/ building armour/expertise for training? Make most of 6 months
	385		
	386	Int: (Laughs)	
	387		
	388	SK: Unusual. And a bit of a whirlwind. When I think back to	Whirlwind-sense within interview-fast paced/quick to this point
	389	it, I think, wow – that I had to be a kind of growing up in that	
	390	year	
	391		
Taking a chance on me	392	Int: Yeah	prove herself and place due to 'unusual journey' Discomfort in that?
	393		
	394	SK: Very quickly. Um and I don't – I don't resent it, I think I	Take a gamble/chance on her.
	395	expect them to take a chance on me so early in my career. I	

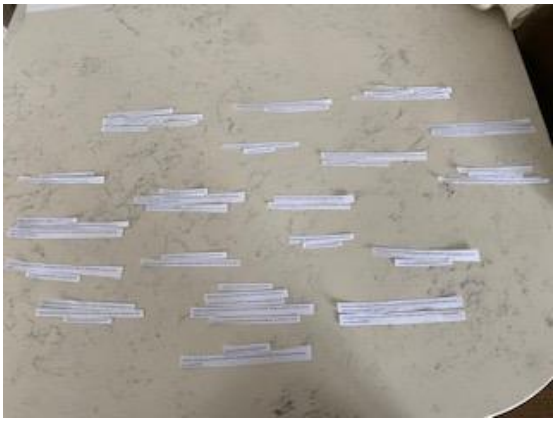
	660	Int: Mm. Uh hm.	
	661		
Bodily responses of threat and fleeing for safety	662	SK: So, I think my bodily response was one of just complete	Flight response – threat to her safety
	663	– I need to get out of here, that kind of flight – I need to just	
	664	take off. Um. And then it's interesting, because people are	Lens that safety response is seen through- separate to their actions
	665	surprised that you're leaving, and it's almost like, mm	
	666		
	667	Int: Hm	
	668		
	669	SK: Though, because had I stayed in that role, I was – like, I	Juxtaposition of language- flourishing and boxing it seed of growth
Compartmentalising and boxing me in to constrict me	670	wouldn't have flourished, I don't think. It's the kind of role	
	671	that really wanted to keep you boxed in. Um. And that's one	
	672	of many experiences, now when I think about it – that's the	
	673	first time I felt like it, but there've been many attempts to	Reflection and realisation of experiences- box in- contain her
	674	limit or box me in during my many kind of career days, yeah.	
	675		
	676	Int: So that was the first time you recognised it. It it – at that	
	677	moment, even if maybe you couldn't find words for it, you	
	678	recognised something was wrong?	
	679		
Witness to uncomfortable	680	SK: Yeah. It was the first time that I really felt that. I	Remembering first time of uncomfortable conversations in workplace- working with clients of colour
	681	remembered, during say my placement year during my	



Appendix M: Birds eye view and whiteboard diagram for all seven transcripts emerging codes

Appendix N: Clustering of Emergent Ideas





Appendix O: Ethical Approval obtained from University of Essex

University of Essex ERAMS

07/12/2021

Miss Kirandeep Shetra

Health and Social Care

University of Essex

Dear Kirandeep,

Ethics Committee Decision

Application: ETH2021-1549

I am writing to advise you that your research proposal entitled "The 'Other' in Psychology; Exploring the experiences of Qualified Black, Asian and Minority Ethnic Clinical Psychologists' working in the UK. " has been reviewed by the Ethics Sub Committee 2.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

Dr Aaron Wyllie (a.wyllie@essex.ac.uk)