How do Black trainees make sense of their 'identities' in the context of Clinical Psychology training?

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ABSTRACT

This research explored how Black trainees in Clinical Psychology (CP) make sense of their identities in the context of training. In particular there was a focus on the influence of language, power and material realities on this process. This study was set in the context of CP's historic and current socio-political contexts, including the profession's historic relationship to 'race' and the current context of Personal and Professional Development (PPD) and 'equality and diversity' agendas. Identities are seen as integral to the personal development of CP trainees, however Black trainees' perspectives on this had been largely neglected.

The study involved in-depth interviews with twelve trainee clinical psychologists who self-identified as Black. Interviews were analysed using thematic analysis informed by Foucault's ideas on power, identities and discourse, from a critical realist social constructionist epistemology. Three main themes were identified.

Theme One encompassed participants' talk about how they construct and relate to the term Black. Power relations and discourses both within CP and wider society influenced participants' construction of Blackness. Theme Two encompassed participants' accounts on being positioned as simultaneously hyper-visible and invisible within the culture of CP, forcing them embark on a journey in negotiating their identities. The third theme related to participants' account of this journey, which was constructed as on-going, cyclical and lonely, with little or no support from training programmes.

Based on the analysis, implications for future research and the practice of CP training are considered. This research argues that CP needs to fulfil its duty of care towards existing Black trainees before attempting to 'diversify' further.

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1. CHAPTER ONE - INTRODUCTION

This chapter begins with my relationship to language, followed by the personal and professional contexts that have led to the research aims. I then outline what is currently 'known' around this topic and highlight gaps in knowledge that necessitate further study.

1.1. Literature Search Strategy

An electronic literature search was conducted on selected databases through EBSCOHost and Science Direct, and on Google Scholar using variations of 'identity', 'Personal and Professional Development (PPD)', 'Clinical Psychology (CP)', 'race and clinical psychology', 'minorities in clinical psychology training', 'Black and minority ethnic trainees'. The Health and Care Professions Council (HCPC) and British Psychological Society (BPS) websites and their publications, including the Clinical Psychology Forum (CPF) journal, were also searched. In addition, relevant books, discussion and reflective papers and unpublished theses have been included and reviewed for significance to the identity and PPD processes of 'Black and minority ethnic' Clinical Psychology (CP) trainees (and sometimes qualified) psychologists.

Despite the paucity of relevant literature within CP and the UK on this subject, I have specifically avoided using literature from other countries and other professions as the conceptualisation and practice of PPD and CP training are specific to the NHS context. However, when relevant, research from counselling psychology or psychotherapy has been included following consideration of the challenges in transferring this knowledge to the CP training context.

1.2. Contextualising Language

I have struggled with the use of language in writing up this research. I believe that my 'emotional language' comes through in this writing, which may be due to my

intimate relationship with the subject discussed (see section 1.4). It is my view that emotions and passion, and my active role in the shaping of this research, cannot be communicated through use of a detached 'scholarly' language. Gergen (2007) argues that the use of personal language enhances the relationship with readers, and reminds them of the researcher's influence on the story being told. Therefore, I have chosen to write in the first person. Furthermore, given the contextual nature of the creation and use of language as a vehicle for meaning (Taylor, 2003), I have decided to use inverted commas when discussing concepts that may have multiple meanings or are contested.

1.2.1. 'Black'

'Black' is a contested term with multiple meanings. In dominant discourse, it is often conflated with other value-laden, non-neutral, political terms such as 'race' and ethnicity. In response to this, and as part of an anti-racist political movement, many people have adopted Black as an 'identity' descriptor to be identified as a member of, and allied with, groups who are oppressed because of their colour (Patel et al., 2000). It is important to note that political Blackness was developed in a particular political context where to mention colour was considered to be offensive, hence it was used as a deliberate attempt to point not to colour, but oppression based on colour- racism. 'Race'- based oppression includes individual and institutional racism, both historic and current (Davidson & Patel, 2009). Political Blackness involves self-identification, and can include people who are not ethnically Black, meaning with African or Caribbean heritage. Political Blackness has been adopted by a number of writers within psychology, for example, Adetimole, Afuape and Vara, 2005; Mckenzie-Mavinga, 2005; Patel et al., 2000; D'Ardenne and Mahtani, 1989.

Political Blackness is not without problems, as it does not adequately convey the unique struggles of the different groups of 'people of colour' against their oppressors, and the heterogeneity of their racialised experiences. A fear of erasure of specific historical memories means some people may experience the term as another form of oppression. It is also important to be explicit about the anti-black racism that exists within many 'communities of colour'. 'Colourism'

within 'people of colour' can be seen as a reflection of historical White supremacy through the 'divide and rule' mentality of colonisation, which political Blackness aims to resist by uniting large groups of people in their shared experience of subjugation in White socio-political-economic structures (Patel et al., 2000) whilst also actively challenging colourism. So I use Black¹ not as an attempt to disavow the racial systems at play within 'communities of colour', but with a degree of humility and a deeper commitment to ally-ship.

1.2.2. 'People of Colour'

'People of colour' is used more widely in the USA in a similar context to political Blackness. However, its closeness to 'coloured', a derogatory racist term widely used in South African apartheid (Patel et al., 2000) leaves it contested. I use the term 'people of colour' sparingly in my writing in order to refrain from using the term 'non-white' which perpetuates White-centeredness.

1.2.3. 'Race', Ethnicity and Culture

It is important to consider the definitions of 'race', culture and ethnicity in order to clarify the differences between them and understand the context in which they are used in this research. 'Race' has had a long history as a 'pseudo-scientific' social construct that legitimised the oppression of 'people of colour' through slavery, colonisation and apartheid (Durrheim, Hook & Riggs, 2009) by situating them as 'inferior races' (Pickren, 2009; Gunaratnam, 2003; Mama, 1995). 'Race' is determined by genetic ancestry, and is therefore permanent (Fernando, 1991) but the concept has largely been discredited and it is widely accepted that 'race' has more to do with power, domination and subjugation than with biological differences (Patel et al., 2000).

Ethnicity, however, is contextual and is related to group identity and a sense of belonging to a particular ethnic group (Fernando, 1991). It has been suggested

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 $^{^{\}rm 1}$ Having defined how I use the term 'Black', I will do so without inverted commas.

that ethnicity, unlike 'race', involves a degree of choice as it is changeable (Fernando, 1991; Jenkins, 1986). Despite everyone possessing ethnicity, it is often used in relation to 'minority' groups (for example, the liberal use of African-Caribbean and an absence of, say, Celtic), where their ethnicity is seen as problematic (Fernando, Ndegwa & Wilson, 1998; Sashidharan, 1986).

Culture has been defined as involving group practices (such as upbringing), values and beliefs that are contextual and evolving (D'Ardenne & Mahtani, 1999; Fernando, 1991). Similar to ethnicity, it is often assumed by the White majority people that culture only exists in relation to 'the other', whereas culture is both created by and creates individuals (Patel et al., 2000).

Despite the significant differences, 'race', culture and ethnicity are used interchangeably in literature and by the participants. As identities are socially constructed, this may be due to participants being 'discursively entangled' (Gunaratnam, 2003; Hall; 1996). Additionally, 'Black and minority ethnic groups' is also widely used in the literature to refer to a range of people from different cultural and ethnic backgrounds. Although I use these terms when referring to author's work, my choice of word in the context of this research is Black. If referring to a person's ethnic origin, I will aim to be specific (for example, Punjabi) and will also aim to understand how participants make sense of their identities using language that is preferred by and available to them.

1.2.4. 'Identities'

Multiple linguistic terms, including 'self', 'sense of self', 'personhood' and 'personality' are used to refer to the notion of 'identity' in social sciences (Leary & Tangney, 2011a). Traditionally, psychology has conceptualised 'identity' as a search for 'true' or 'real' attributes in the 'self', the 'growth' of which are contingent on scaffolding in early relationships and progresses through different stages (Erikson, 1968). In this case, emotions are said to play a significant role in the development of 'self' and 'self'-awareness (Leary & Tangney, 2003; Berk, 2000). 'Identity' is also often referred to as capturing certain fixed characteristics of individuals, such as colour and biological sex (Davidson & Patel, 2009).

'Identity' can also be conceptualised as a social construction (Foucault, 1984, 1977; Goffmann, 1969), existing in dialogue (language) and relationships (Anderson, 1997) and situated in the wider social context (Gergen, 2009). Bruner (1990) positions 'self' as a 'constructor of narratives' and suggests that narratives of 'self' are plural. Therefore, it could be argued that the 'multiplicity' of 'self' or 'identities' could be understood as relational, contextual and constructed through the current and historic discourses available to us (Elliot, 2005), and reflecting both our internal and external worlds.

In line with my epistemological (critical realist social constructionist) and personal position, I consider 'identities' not only as fixed characteristics (colour), but also as "... socially constructed and shaped by the way people are described and positioned in language and by social practices and social institutions (such as class, gender, professional grouping)" (Davidson & Patel, 2009 p.76). I will now discuss how my identities shaped the construction of this research.

1.3. The 'Personal' Context

I was born and raised across different continents and cultural contexts, by people who themselves were separated from their roots for social, economic and political reasons. I have always struggled with defining my 'self'. I hold multiple, contextual and fluid identities. One of the reasons I was attracted to CP was due to my perception of it as a discipline within which multiplicity and complexity could be thought about and valued. I was, however, wrong. I have struggled to make my identities visible, let alone thought about.

My multiple intersecting identities as a migrant to the UK, able-bodied, middleclass, heterosexual, cis-gender woman with strong values of social justice originating from growing up in privileged and subjugated contexts - were all

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² Having defined 'identities', I will refrain from using inverted commas unless referring to 'identity'.

overshadowed by one 'identity' that I was barely aware of when I began training. I became 'the other'; the defining feature of difference across multiple contexts in CP. And this otherness relates to my skin colour, which is a shade of brown. I have felt deeply, the violence against my body and my mind by virtue of this colour over the last three years. Despite the emphasis on 'knowing oneself' to practice 'ethically', my attempts at knowing my selves were repeatedly shut down, even in spaces so purportedly designed. I was often seen as an outsider, exceptional even, and silenced as the 'one who has done the work through therapy'. I took up the position of the 'one who rocks the boat' early on, but grew exhausted soon, confounded by other life events. I struggled to articulate how invisible or one-dimensional I felt amidst the sea of Whiteness surrounding me. I self-identified as Black in an attempt to find solidarity and support.

It feels very important to mention here that this is *despite* being on a training programme whose values deeply resonate with me and whose position on 'what CP is and should be' has made it bearable for me to still be here. It gave me a language to think and speak about my experience, and enabled me to consider oppression more widely. I was fortunate enough to find people - tutors, supervisors and peers, often also 'of colour' but not always - who were able to really see me, in my Blackness and as more than, which enabled me to continue this journey. I have to confess that in addition to being curious about how other Black trainees constructed their identities during training, this research is also my attempt at making myself, and others 'like me', visible, but quietly without being seen as 'the shouty' one.

1.4. The 'Professional' Context: Clinical Psychology Training

This section is aimed at reviewing the wider contexts (historic, social and political) that CP training is set within. I will begin by discussing the roots of the profession and briefly trace its development, including the philosophical underpinnings and values that influence current training of clinical psychologists.

1.4.1. The Historic and Socio-Political Context

"History is often marginalised within psychology" (Harper, 2010 p.13). However, recent attempts at contextualising CP in the UK have been successful. Pilgrim and Patel (2015) have discussed the birth of British CP in the context of the end of Second World War and the establishment of the National Health Service (NHS) against the backdrop of a falling empire and British pragmatism in detail. Early CP was driven by what Pilgrim and Patel call 'the twin towers' of empiricism and eugenics (Pilgrim, 2008a), and the former continues to be reflected in assumptions of ethnocentric 'reality' within the profession (Patel, 2008). It has been argued that without eugenics as a native political philosophy, British CP would not have started where it did (Pilgrim & Patel, 2015).

Clinical Psychology, since, appears to have struggled to function under a common value system due to conflicting (and competing?) epistemological positions against the backdrop of the socio-politics of the time (Pilgrim & Patel, 2015). According to Kimble (1984), two cultures developed in CP (scientific versus humanist) with competing value systems, and epistemological and political inclinations. Given its history, British CP seamlessly adopted the scientist-practitioner 'identity' following the American Boulder conference (1949), seeking 'technological solutions for social problems' (Pilgrim & Patel, 2015). However, as the anti-psychiatry, feminist and Black activist movements arose (Pilgrim & Patel, 2015; Szasz, 1974), new approaches to CP, including the 'reflective practitioner' (Schön, 1983) were developed. This signalled a new direction, focusing on the interaction between the personal, professional and practical knowledge bases for practitioner development of competence, and the reflective-practitioner training model (Schön, 1987) joined alongside the earlier, less critical scientist-practitioner model (Hall & Llewelyn, 2006, Harper, 2004; Huey & Britton, 2002).

Despite this, there is an absence of a clear forum for self-reflection within British CP (Pilgrim, 2008c; Pilgrim & Treacher, 1992), which is said to have caused the insufficient awareness of CP's socio-historic context (Pilgrim, 2010). In addition, criticism of mainstream CP practice as contributing to oppression and reinforcing

social inequalities (Patel, 2010; Bentall, 2009; Hughes & Youngson, 2009; Orford, 2008; Parker, 2007; Johnstone, 2000) has mounted recently. Perhaps this contributed to the development of the critical psychology branch of CP, which, according to Hughes and Youngson (2009) appears to be concerned with transforming psychology and thereby society by challenging oppressive discourses and systems that contribute to social inequalities and human distress.

It appears that the profession's 'identity' is dynamic, many of its changes driven by the political context of the time as well as its own political objectives (Parker, 2007). This highlights that the profession of CP is not homogenous, as is assumed from an essentialist perspective; rather, there are 'segments' within CP, holding different objectives, methodologies and techniques (Bucher & Strauss, 1961). "To disagree is the normality of the human sciences today" (Pilgrim & Patel, 2015 p. 61), and perhaps it is the power struggles that these differences create that act as a catalyst for change.

In light of this, I will now explore how the British Psychological Society (BPS), the professional body, represents (or not) the potentially 'diverse' objectives, methods and practices of CP training, through briefly reviewing its core philosophy and values and how these relate to the training context.

1.4.2. Philosophies and Values

Currently, CP training in the UK requires the completion of a three-year doctoral level training programme. Clinical psychologists are trained to meet a range of competencies set out by the British Psychological Society (BPS, 2014). The latest standards on accreditation for training courses (BPS, 2015) suggest the following as an overarching purpose for all training courses (emphasis added using italics), which includes its core philosophy (underlined): "A *value* driven commitment to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from *psychological theory and evidence*. Work should be based on the fundamental acknowledgement that *all people have the same human value* and the *right to be treated as unique individuals*" (p.2).

The BPS does not qualify its philosophy with the values and assumptions underpinning it. However, the term 'value' appears multiple times in the summary of 'goals, outcomes, ethos and values for all programmes' (p.20). Upon reading this, I was left with the following questions: Whose values are being referred to here? What kind of psychological knowledge is being privileged in this text? And how does one teach trainees to treat everyone as having the same human value? More importantly, in light of the historic context of CP discussed earlier, has psychology developed in ways that attest to the equal value of all people? The standards for training also specify that "psychological knowledge and expertise should be reflected across a diverse range of people and this diversity is ultimately reflected throughout the Society's membership" (BPS, 2015 p. 41), without questioning the underlying White, Western cultural values and assumptions of said 'psychological knowledge' (Parker, 2007; Rose, 1998; Sampson, 1989) or defining 'diverse range of people'. Despite such calls for 'diversity', the challenges that present with said diversity (Patel, 2010) and might be faced by said 'diverse people' such as racism and social inequalities are not addressed, and provisions for redress are not considered.

In addition, the accreditation criteria for training courses stipulate the 'reflective scientist-practitioner model' (BPS, 2015) for practice. However, an informal review of the seven Greater London training programmes suggests that there are significant differences in the philosophical positions (ranging from scientist-practitioner to critical reflective scientist-practitioner) and underlying values of different training programmes. For example, one of the principles set out by the training programme at the University of East London is that "psychological problems are best understood in a social and cultural context", which appears fairly distant from "the systematic application of knowledge derived from psychological theory and evidence" set out by the BPS. Given the difficulty in defining what clinical psychology is and what its aims are, I wondered how clinical psychologists' personal and professional identities are understood and what this means to them as they may vary depending on the society they live in and how they see and relate to each other (Attenborough, Hawkins & O'Driscoll, 2000).

1.5. Clinical Psychology Training and PPD

I will begin this section by exploring the construct of PPD within CP and the potential values and assumptions underpinning this agenda before moving on to discuss literature reviewing the current practice of PPD in the training context.

1.5.1. The Person in the Profession: the Development of PPD

The concept of Personal and Professional Development (PPD) suggests that the personal and professional are linked, and some professions have consistently acknowledged the importance of 'the person of the therapist' (Aponte, 1994). However, in CP, the 'personal' and 'professional' are often not conceptualised as a single entity but discussed in the context of each other, frequently with different emphases. For example, Gillmer and Marckus (2003) define personal development as, "part of the training that is dedicated to developing in trainees a capability to reflect critically and systematically on the work-self interface" (p.20). Walsh and Scaife (1998) define personal development as, "the process of developing an understanding of the *relationship between one's own life history* and clinical work" (p.21). Historically, CP has focused on the 'person' only in relation to the profession (Hughes, 2009). This might be due to the cloak of neutrality that underpins the scientist-practitioner focus, perhaps making the personal irrelevant. Given the challenge of untangling the personal from the professional in definitions (as illustrated in the examples above), it could be argued that the legacy of CPs empiricist history and Western philosophy of Cartesian dualism is felt in this current personal – professional dichotomy.

The current PPD agenda in CP is driven by the BPS Accreditation Criteria for training programmes (BPS, 2015), which since 2004 have given greater emphasis to personal development. This is also reflected in the HCPC standards for registration (Health and Care Professions Council, 2010) as well as national policy directives (DoH, 2005). Despite this emphasis, a review of the standards for accreditation (BPS, 2015) suggests that the Profession is still unclear about its position on PPD. Although requirements for personal and professional

development are linked, the emphasis appears to be on 'transferable skills' (Section 2.2 (10), p.210). This is also reflected in the HCPC Standards of Education and Training, relating personal and professional development to 'employability' and 'developing as practitioner psychologists for the future' (p.44), which left me wondering about a potential link to the ever changing NHS landscape and the reorganisation of the role of the practitioner, rather than a focus on their personhood. Simultaneously, the standards also construct CPs as 'reflective scientist practitioners', "demonstrating self-awareness and sensitivity and working with ethical and professional practice frameworks" (BPS, 2015, p. 21). The notion of 'reflective scientist practitioner' in the context of PPD raises the question, how does one be both 'objective and neutral' as well as bring in 'one's self' to the work? What personal identities, if any, are allowed to be brought in to the professional realm? Additionally, the BPS standards do not offer any guidelines on facilitating PPD to training programmes, who are simply obliged to "articulate a strategy" (p. 44), and the standards themselves were referred to as 'indicative' rather than 'prescriptive' (p.15).

Despite a lack of clarity from the BPS, several authors have suggested that the personal and the professional are closely interlinked (Youngson & Hughes, 2009; Pipes, Holstein & Aguirre, 2005; Winslade, 2002) and, with the increasing emphasis on the reflective-practitioner and critical-reflective practitioner models (Hughes, 2009), CP has been more willing to consider the 'person in the profession'. Hughes and Youngson (2009) crucially link personal development to ethical practice and suggest that it involves a willingness to become more aware of the self, to try to understand oneself, to explore and experiment with oneself, to take risks in doing things differently, and to challenge oneself. They argue that personal development enhances professional development and highlight its importance in the context of continuing professional development. In addition, the BPS Code of Ethics and Conduct (BPS, 2009, pp. 15-17) links developing personally as integral to ethical practice. However, the extent to which the personal and professional are linked in the conceptualisation of PPD, and what constructions of personhood are enabled is largely driven by the different philosophical positions and value bases of individual training programmes.

1.5.2. Personal and Professional Development in Practice

Horner, Youngson and Hughes (2009) reviewed the practice of PPD across training courses in the UK and found that there were huge variations in how they constructed and engaged with PPD. My informal review of the seven Greater London training programmes confirms this, and suggests that the approach taken to PPD closely links to their philosophical positions. One course that aligns with the scientist-practitioner position does not refer to the personal, either in relation to or separate from PPD. Few others, who adopt the reflective practitioner position, appear to consider personal development but only in relation to the professional context. However, others conceptualised personal development as integral and interlinked with professional development, and as a core element of the programme curriculum.

The approaches used to facilitate PPD also vary, again reflecting programmes' philosophical positions, ranging from annual appraisals and reflective practice to critical teaching. Therapy was not mandatory but encouraged and part-funded by some programmes. Supervision has also been referred to as integral to PPD (Patel, 2012; Scaife, 2009). Reflective practice through PPD groups appear to be a popular method (Knight, Sperlinger & Maltby, 2010; Wigg, 2009; Lennie, 2007), but one programme cautions against reflection without action (Davidson, Harper, Patel & Byrne, 2007). A number of programmes refer to developing an "understanding of the impact of diversity and difference" as part of PPD, perhaps reflecting PPD's link to cultural competence (BPS, 2010; DoH, 2005) thereby constructing a particular 'person' as normative (White, middle-class, able-bodied, heterosexual?) within the profession, and 'othering' 'difference and diversity' as existing outside of this construction.

It appears that, although the PPD agenda creates the illusion that as a profession we value the 'person in the profession'; in reality there is a stark absence of the identities of the clinical psychologists in the construction of this construct, especially within the scientist-practitioner philosophies. It is even more striking that when there is an emphasis on the 'person', it appears to be a White, middle-class, able-bodied, hetero-sexual, decontextualised one, engaged with through

intra-psychic rather than interpersonal processes, with a lack of consideration of the impact on, and others around, the individual engaging in the development (Hughes & Youngson, 2009). I wondered about the implications of this for trainees who may not fit the implicit norm, given that the discipline built itself on notions of 'self' and 'individualism' that allowed the categorisation of individuals (such as good & bad personalities, White & Black) and their separation and distinction (Rose, 1998; Sampson, 1989), contributing to pejorative distinctions and racialised power relations supporting particular political agendas (Parker, 2007).

1.6. Identities and PPD

Despite its relative absence in CP practice, Hughes (2009) argues that identities are integral to personal development. According to Walsh and Scaife (1998), training to be a psychologist includes *negotiating one's 'identity'* in relation to the profession, and a number of studies exploring PPD processes concluded that there is an inextricable link between personal and professional identities (Woodward, 2014; Valon, 2012; Goodbody & Burns, 2011). As a Black trainee who is still negotiating my identities within the profession that positions me as 'the other', and bearing in mind the relationship between personal development and ethical practice, I sought to explore the relationship between power, identities and language.

1.6.1. Power, Identities and Discourse

To understand identities, we need to understand power, its operations in language and its implications (Davidson & Patel, 2009). According to Foucault (1982, 1980, 1977), power is interactional; it infuses language, meaning and social practices and institutions, influencing how people think about themselves and others. Davidson and Patel (2009) argue, "It is an imperative, not a choice, to attend to power" (p. 75) both for our own personal and professional development, and our ability to work with people whose lives are defined and shaped by power.

Power is especially pertinent in this context as CP training engages in the "professionalization of knowledge" (Goodbody & Burns, 2011, p.296), and can be viewed as a powerful social institution that shapes its members' identities and legitimizes its practices by privileging particular discourses (Gilbert & Rader, 2001). Some discourses become dominant and 'internalised' (such as the usefulness of professional expertise), leading to trainees adopting certain ways of being (West & Zimmerman, 1987), constructing certain identities ('trainee CP'). It has also been argued that the dominant discourses of PPD in CP operate to 'discipline' and regulate the subjectivities of its practitioners (Goodbody & Burns, 2011). Scaife (1995) argues that to undergo training is to "subject oneself to a process which demands individual change and development" (p.32). This shifting of identities to 'trainee clinical psychologist' is seen by some as inevitable (Youngson & Hughes, 2009; Gillmer & Marckus, 2004). Literature suggests that trainees experience 'conflict' or 'tension' regarding their identities since they may experience incongruence between this 'professional identity' and how they make sense of their 'self' in other contexts. Although these studies provide useful information on identities and CP training, they mostly seem to imply unidirectional power relations. However, Goodbody and Burns (2011) explored power relations in PPD processes of recently qualified clinical psychologists using Foucauldian perspectives and concluded that although CP may be seen as attempting to discipline the subjectivities of its practitioners, its power is not total or unidirectional, as individuals within the profession resist and transform oppressive power relations. They concluded that this is "a difficult challenge for minority individuals operating within dominance power relations" (p. 306). This raises the question, 'who are 'minority' individuals'? and how is power used in such a construction?

1.6.2. Privilege, Subjugation and Identities

Identities are both produced by and are the effect of power (Davidson & Patel, 2009). Therefore the use of 'minority' to describe a group of people is a non-neutral and valued laden act. However, there is a pervasive use of this terminology in literature and a number of studies have suggested that the 'tension' between trainee clinical psychologist 'identity' and 'personal identities' is

greater for trainees belonging to subjugated groups (Wood, Lea & Holttum, 2013; Goodbody & Burns, 2011; Gaiotto, 2010; Shah, 2010; Rajan & Shaw, 2008; Butler, 2003). Wood et al. (2013) explored the interface between professional and personal identities; especially personal realities that reflected protected characteristics (The Equality Act, 2010) using reflective groups followed by focus group sessions, and concluded that discrimination was an issue for everyone with protected characteristics. They also noted that in reflective groups, competition between the domains of parenthood, class and mental health was observed, however, the hierarchy of intersecting differences that may have contributed to such competition was not acknowledged. This highlights the importance of an intersectional framework (Crenshaw, 1993) when considering identities.

Identities are also shaped by the social and material realities such as social inequalities, racism and sexism (Patel, 2010; Davidson & Patel, 2009; Davidson et al., 2007). In addition, privilege and disadvantage shape the opportunities that people have, which shape our experiences and well being (Rogers & Pilgrim, 2003; Patel & Fatimilehin, 1999), and how we define ourselves and are defined by others (Tajfel, 1981). My use of 'subjugated' rather than 'minoritised' is an attempt to highlight the operations of power in discourses of 'identity', and as such it is a non-neutral, value-laden, political act of resistance, illustrating that discursive power is not one directional (Davidson & Patel, 2009). Although discursive change alone cannot eradicate social inequalities and subjugation, it may facilitate change in social practices.

1.7. Black Identities Clinical Psychology Training

I will now explore Black identities holding in mind the possible discursive and material operations of power in the construction of Blackness within CP and begin by briefly reviewing CP's historic and current relationship to 'race'.

1.7.1. 'Race' and Clinical Psychology - Historic Overview

A detailed history of the long and painful relationship between psychology and 'race' is beyond the scope of this chapter. As described in Section 1.5.1, the profession would not exist in its current form if not for the eugenics movement (Pilgrim & Patel, 2015). CP's silence on its historic legacy in creating and maintaining the oppression of Black people through slavery and colonisation is deafening. The power involved in the use of 'psychology of individual differences' to 'scientifically' categorise and legitimise White supremacy (Mama, 1995) against the racist positioning of Black as inferior to the 'British race' (Pilgrim & Patel, 2015; Mama, 1995) to aid British colonialism (Bashford, 2013) remains unquestioned by the profession and the history largely invisible. The racist oppression of 'people of colour' perpetuated across 'The Empire' during the 'golden age' of British colonialism (Fryer, 1984) was fuelled by psychological theory which offered a base that justified and normalised the systemic abuse of large groups of people (Pickren, 2009; Fryer, 1984). When CP's 'racial history' is made visible, the language used is peculiar to say the least - the jocular tone of the commentary on the "methodological lessons of a highly successful failure from the Torres Straits Expedition by British (pioneer!) psychologists" (Graham Richards, 2010, pp. 982-983) perhaps indicates the profession's discomfort with its imperialist legacy but redefining racist exploitation as "a loss of methodological innocence" left me with intense feelings of unease.

Patel and Pilgrim (2015) talk about post-colonial racial legacy in the context of the newfound 'free for all' NHS, which they argue was anything but 'for all'. CP's positioning of immigrants from former colonies as intellectually and emotionally inferior through its theories, research and practice continued until the rise of critical perspectives in the 1980s. Harper (2010) argues that as current concerns make sense when viewed through the historical perspective, trainees (and I would argue the profession) should be interested in the history of CP. However, given our 'history' on this subject, I am left wondering if we as a profession are willing and prepared to look at *all* of our history.

1.7.2. 'Race' and Clinical Psychology - Current Context

Post-colonial migration and calls to attend to the racism in British society led to the development of a number of strategies to address this including assimilation, multiculturalism and the recent 'celebrating diversity' (Pilgrim & Patel, 2015). The significant value differentials between these agendas remain largely invisible. Multiculturalism is related to 'integration', which involves changes in practices of both 'majority' and 'minority' groups and is based on the underlying values of 'diversity' *and* equity (Berry, 2011), which beckons the question, how does 'integration of diversity' occur in a White supremacist context?

Despite the collective resistance and active championing for change including to the BPS accreditation criteria (Patel et al., 2000), and questioning of the profession's historic and current institutional racism by the Race and Culture Faculty [(Nadirshaw, 2000), which was closed down by the DCP in 2014], Psychologists Against Racism (Fleming & Daiches, 2005), Government legislation and policies and DCP initiatives (DoH, 2003, National Service Framework and Mental Health, 1999), the profession remains fundamentally unchanged, with its workforce largely belonging to White majority ethnic group and its pedagogy mainly Eurocentric (Pilgrim & Patel, 2015; Patel & Fatimilehin, 2005), and seeking comfort in the cloak of political correctness unwilling to challenge prejudiced assumptions (Daiches, 1998). The current status of 'people of colour' in British CP therefore continues to be contested, with CP seen as 'Eurocentric White Psychology' (Rajan & Shaw, 2008; McInnis, 2002; Fatimilehin & Coleman, 1998; Howitt & Owusu-Bempah, 1994), one which pathologises, marginalises and excludes 'black and minority ethnic' people (Shah, 2010; McNeil, 2010; Williams, Turpin & Hardy, 2006; Adetimole et al., 2005; Patel et al., 2000).

The prominence of the 'diversity agenda' has continued to grow as it reflects legislation, policies and frameworks surrounding our work (The Equality Act, 2010; British Psychological Society, 2004, 2014; Department of Health, 2003, 2004). This seems to be inextricably linked to 'cultural competency' (DoH; 2005), where 'minority' status is viewed as a problem that needs to be understood and

worked with by the White therapist (Lago, 2010; Patel et al., 2000; Fatimilehin & Coleman; 1999; Iwamasa, 1996). Discourses around 'race' have therefore evolved into discourses of 'working with diversity and difference' and are reflected in our standards for practice (BPS, 2015; HCPC, 2012), training (BPS, 2015; Daniel, Roysircar, Abeles & Boyd, 2004; Boyd-Franklin, 1989), and even in the PPD agenda as discussed earlier. Clare, Scaife & Buchan (2002) question the extent to which the profession 'is genuinely committed to incorporating 'diversity' in our practice and training' (p. 7).

However, calls to address the 'lack of representation' (Turpin & Coleman, 2010; Williams et al., 2006) have heightened within the profession, perhaps driven by the Equality Act (2010), and a drive to recruit more people from 'Black and Minority Ethnic Backgrounds' (Cape et al., 2008) has been the face of current 'diversity' strategy. A focus on 'diversifying' without questioning the values and assumptions behind the agenda, or seeking to address the inequalities and racism within the profession has been critiqued (Patel, 2010). In addition, informal reviews suggest that the focus of the widening access programmes (one prong of the strategy) on the 'lack of reflective capacity' of 'BME' trainees and their positioning as 'needing a leg up' has been experienced by some as being treated as 'inferior', reproducing historic power relations, and reflecting perhaps the echoes of British CP's colonial and eugenic history. Very recently however, the BPS Division of Clinical Psychology (DCP) has introduced a 'Social Justice and Inclusion Task Force' with the aim of 'much greater focus on intersectionality' (CPF, May 2016), which lifted my spirits momentarily. But looking at the agenda of the task force (CPD, mentoring, monitoring, outreach) left me wondering whether what we have is the old product packaged as new.

I now consider existing literature on Black identities and CP training in light of the above discussion on the historic and current socio-political context of British CP, and also the preceding discussion of power relations, and their relationship to Blackness.

1.8. Literature on Identities and Experiences of Black trainees

A small body of writings discuss the experiences of Black trainees and psychologists in CP training, predominantly from a phenomenological perspective (Shah, 2010; McNeil, 2010; Rajan & Shaw, 2008; Adetimole et al., 2005), with the exception of Patel (1998), who explored power dynamics in Black trainee and qualified psychologists work with White clients using grounded theory. Goodbody (2009; 2012) explored PPD processes with ten recently qualified 'majority and minority' psychologists and presented a further analysis examining the relationship between personal and professional identities, and the influences of power relations, ideology and discourse in the PPD accounts of their participants (Goodbody & Burns, 2011).

In CP Blackness is predominantly constructed as 'the other', in whom difference is located (Kitzinger & Wilkinson, 1996), against White normativeness (Shah, 2010; McNeil, 2010; Adetimole et al., 2005). Othering is a mechanism used to reinforce and reproduce power relations of domination and subordination (Fine, 1994), by positioning Blackness as the 'devalued and inferior other' (Shah, 2010; Davidson & Patel, 2009; Adetimole et al., 2005), and therefore not deserving of the same privilege as Whiteness (Patel, 2000). Being positioned as the 'devalued other', devoid of positive aspects, has implications for Black trainees 'identity' development; both personal (Adetimole et al., 2005) and professional (Goodbody, 2009) as this limits the 'ways of being' available to them during training.

Experiences of insidious and overt racism, both individual and institutional (McNeil, 2010; Patel & Fatimilehin, 2005; Adetimole et al., 2005), in the form of ignoring power (Shah, 2010) and 'supervisor minimisation strategies' (Shah, 2010; McNeil, 2010; Helms & Cook, 1999) were also said to influence how Black trainees made sense of their identities. Racial micro-aggressions appear to feature in multiple arenas during training and were found to be particularly hard to challenge (Adetimole et al., 2005), and some trainees wondered if they were simply a product of their 'double consciousness' (Shah, 2010), highlighting the pervasive emotional consequences of routinely enduring racism. Resisting such practices by challenging underlying prejudice left trainees at risk of exclusion

(Rajan & Shaw, 2008; Adetimole et al., 2005) or being positioned as 'unprofessional' and a 'stereotypical Black person', especially at emotional expression in response to racist experiences (Shah, 2010). Perhaps this explains why some trainees seek to adopt a White 'identity' (Patel, 1998), as Whiteness, which is not only normative but also considered superior, is implicitly equated with professionalism.

The White centred and Eurocentric teaching devoid of exploration of power and privilege, and the pathologisation of Blackness (Adetimole et al., 2005), combined with the expectation to reflect on 'who they are' in relation to the profession, left many trainees feeling alienated (Rajan & Shaw, 2008). Adetimole et al. (2005) reflected on the uneasy silence present when they discussed Blackness as part of their identities. This was in stark contrast to the ease with which 'difference' was addressed from the perspective of the White therapist, where Blackness was positioned as the 'different, hard to reach, other' (Rajan & Shaw, 2008; Adetimole et al., 2005; Afuape, 2004). The emphasis appears to be on 'understanding the other' rather than addressing difference, inequality and dominant power relations. For many trainees, challenging such practices meant risking being the 'group irritant' (Shah, 2010) or being positioned as an 'anomaly' (McNeil, 2010), especially when they raised issues around 'race' or 'difference' (Shah, 2010; Rajan & Shaw, 2008). However, not speaking up and remaining silent appears to have reinforced racism (Rajan & Shah, 2008; Adetimole et al., 2005).

Some have described the process of socialisation into clinical psychology as akin to absorbing a new 'identity' into one's existing 'self' (Tan & Champion, 2007), which might involve adopting a particular etiquette (such as the use of language, sense of dress, presentation of self as considered, empathic, reflective, perhaps even intelligent, p.14). In a profession that constructs itself (Patel et al., 2000) and is perhaps constructed as White, these are not neutral characteristics; they arise by privileging particular ways of being with underlying gendered assumptions, (perhaps reflecting White, female, middle-class values?), and implicit, systemic privileges that uphold White supremacy (Thompson, 2011). This leaves many 'black and ethnic minority' trainees to question whether their

identities that may not reflect these ideals can be expressed in the 'professional arena' (Goodbody, 2009).

Furthermore, Clinical Psychology's historic decontextualized emphasis on individual 'identity' (Goodbody & Burns, 2011) has sometimes caused Black trainees to adopt the 'trainee clinical psychologist identity' at the expense of strengths of their other identities (Shah, 2010; Rajan & Shaw, 2008; Patel, 1998). Rajan & Shaw (2008) also described the intense push and pull their participants experienced with regards to a desire to challenge pathologising discourses of Blackness and wanting to minimise their difference. Shah (2010) described participants' identities as fluid and contextual, and foregrounding or backgrounding of Blackness depended on whether they were interacting with people from similar cultural backgrounds to them or their White peers. It was also suggested that whilst some trainees struggled with negotiating their identities leading to a 'fragmented sense of self', some were able to use a 'both/and' position (Burnham, 1992) and hold on to both 'trainee' as well as cultural identities. These differences were attributed to an 'internal capacity' within the trainees and their ability to use various strategies to achieve cohesion or 'bicultural capabilities' amidst multiplicity. This left me wondering about other possible reasons why there may have been differences between trainees in how they negotiated their identities within CP training, such as the intersection of their privileged or marginalised identities, presence or absence of support systems, or life outside training. I also wondered whether 'fragmentation of self' might have been a form of resistance to survive rather than a problematised position. However, given the phenomenological stance of this study, the subjective experience of some trainees may have been of 'fragmentation'. Patel (1998) elicited Black therapists' reflections on training and found they 'had not been encouraged to discuss issues of 'difference'. "It was as if the denial of differences became a feature of professional identity, leading to two differing selfperceptions: a professional and a personal identity" (p. 14).

Given such pathologised and objectified positioning of Blackness in CP, trainees often had to engage in active reflection to retain their identities (Rajan & Shaw, 2008) or re-establish their identities as 'Black' (Goodbody, 2009) and 'Black

women' (Adetimole et al., 2005). In addition, Goodbody (2009) highlighted trainees' resistance against being positioned as 'a totalised and devalued other', where minimising of Blackness was constructed as an important part of identity development. However, some women also spoke of 'coming out as Black', perhaps implying a self-identification encompassing both affirmation and resistance, leading to 'positive' redefinition of 'self' and relations with White colleagues and peers (Goodbody, 2009). Although language can represent social action, I wonder if redefining of identities produced such 'positive' outcomes for all participants and what, if any, other factors or support systems may have contributed to this rather than discursive action alone. Nevertheless, Goodbody and Burns (2011) stated that power features significantly in narratives of Black trainees' 'identity' constructions in CP. The negative 'identity' ascribed by the White gaze and positive 'identity' acquired from their cultures is discussed, with resistance featuring in the form of power to define themselves in their participants' narratives. Adetimole et al. (2005) conceptualised their 'identity' development during CP training a cyclical process, involving conformity to dominant group values, disagreement and reestablishment and re-engagement. Goodbody (2012) also stated that participants constructed their 'identity' development as a journey involving a cyclical process of "repeated episodes of exclusion, discrimination and endeavour to prove oneself worthy of being a psychologist" (p.19). They also concluded that development arose from struggle or 'difference', and for 'minority' participants, the personal in PPD was in fact, political.

Although most Black trainees found negotiating their personal and professional identities in CP challenging, some felt that it enabled them to achieve a greater sense of personal and professional integration (Rajan & Shaw, 2008) and others felt accepted (Shah, 2010). It could be hypothesised that for some, ignoring their 'difference' and 'conforming' to the group ideals may be an unconscious process, where adopting a White identity might provide access to power (Patel, 1998), perhaps social capital in this case. This could also be due to belonging to a 'more diverse cohort', characterised by openness and receptiveness to differences as reported by some trainees (Shah, 2010). Many trainees and psychologists had talked about the safety they found in 'minority' peer support (Shah, 2010;

Goodbody, 2009). Studies also report that most trainees found negotiating their identities in relation to their clinical work less taxing, and were able to use personal experiences to inform their clinical work (Shah, 2010; McNeil, 2010).

CP training in the UK is acknowledged to be stressful and demanding, involving clinical practice, continuous learning and evaluation whilst also managing a personal life (Kuyken, Peters, Power & Lavender, 1998). For Black trainees, this is confounded by having to negotiate a visible and inescapable 'difference' (Shah, 2010), whilst being subjected to their peers' and colleagues' feelings of anger, guilt and anxiety (Shah, 2010; McNeil, 2010; Adetimole et al., 2005). Such expression of White fragility has been described as a powerful silencing mechanism used by people when faced with their White privilege (Thompson, 2011). The simultaneous visibility and silencing meant, for Black trainees, "negotiating issues of difference within a training cohort is largely a fraught and taxing emotional experience" (Shah, 2010, p.90). Adetimole et al. (2005) talked about sitting with rage, frustration and sadness while their White peers were unaware of the power of their collective Whiteness. In addition, there appears to be a huge disparity between training courses in support systems on offer to Black trainees, perhaps reflecting the differing philosophical positions held by training programmes. As discussed before, Blackness or any 'difference' may not be 'seen' within courses espousing certain philosophical positions. Trainees' experiences of seeking support through conversations with supervisors about 'race' and culture varied, with some supervisors facilitating and others avoiding such conversations, perhaps explaining the "pervasive sense of deep level, effortful and complex emotional work" (p.89) many trainees engage in to manage their 'difference' and 'non-Whiteness' (Shah, 2010). Black psychologists' accounts from Goodbody (2009) do not suggest a difference experience, indicating that the struggle is ongoing. This might have been why a number of trainees have considered leaving the profession (Adetimole et al., 2005).

1.9. Summary of Justification for Research

As is probably apparent, there is little research exploring the experiences of Black trainees in CP training, and none specifically looking at Black identities in the context of PPD during training. Existing phenomenological literature highlight a recurrent narrative around the significant challenges faced by Black trainees in making sense of their identities in the context of CP training, referring to 'critical tensions' existing in relation to their personal and professional identities. The influences of power, both discursive and material on how Black trainees make sense of their identities are apparent from my analysis of the literature. However, no research has explored what these critical tensions entail. Although Goodbody and Burns (2011) went some way in presenting a pluralistic analysis of the influences of power, discourse and the social world on some 'black and minority ethnic' psychologists' accounts of PPD, the research was limited by its broad focus (including both 'majority' and 'minority' psychologists). Additionally training context presents itself with unique challenges and I wonder if Black trainees might be enabled and constrained by different power relations to that of qualified Black psychologists.

Furthermore, I believe that, as a profession, we have not yet engaged with understanding Black trainees' identities from their perspectives. Given that CP training rests on assumptions that PPD is integral to developing identities as a clinical psychologist, and the emphasis on personal identities in this process, it seems crucial to explore this. For these reasons, I became interested in exploring the influences of power, discourse and material reality on how Black trainees make sense of their identities in the context of CP training. Also, considering CP's historic and current socio-political context in relation to Blackness, I situated my exploration within this context. Understanding how Black trainees make sense of their identities and the influence of language, power and material context might facilitate training courses to critically examine the privileged discourses they operate within and the institutional practices they engage in, which could equip them to better support Black trainees in their personal and professional development.

1.10. Research Aims and Question

This study aims to explore Black trainees' sense of 'self' in relation to Clinical Psychology training, with a view to understanding the influence of language, power, social and material realities. The main research question is:

How do Black trainees make sense of their identities in the context of Clinical Psychology training?

2. CHAPTER TWO - METHODOLOGY

This chapter outlines my approach to this research, beginning with the philosophical underpinnings and objectives and their relationship to both the methodology and the specific methods used. I also describe the procedures employed, and include reflexive sections on personal contexts shaping the epistemological position adopted.

2.1. Philosophical Assumptions and Epistemology

I am aware that I, as a researcher, have played an active role in shaping the approach to this research as well as responding to the data generated (Braun & Clarke, 2006). These decisions have implications for the 'knowledge' produced. The decisions I have made have been directed by my developing ideas about the nature of the knowledge I believe can be gained through research.

In determining the research aims and methods, two areas of philosophy are relevant. Ontology, which relates to the fundamental questions about existence or 'reality'; and epistemology, which is concerned with the nature of the knowledge, and relates to questions such as how and what we can 'know' about whatever 'reality' that exists (for a summary, see Willig, 2008; Nightingale & Cromby, 1999). These positions lie on a philosophical continuum of näive realism to extreme relativism (Willig, 2013; Harper, 2011; Sullivan, 2010), and adopting an epistemological position involves assuming a position on this continuum.

2.1.1. Critical Realist Social Constructionism

For the current research, I have adopted a *critical realist* version of a social constructionist epistemology or 'moderate constructionism' (Harper, 2011, p.92; Nightingale & Cromby, 1999). This position is underpinned by the assumption that an individual's 'reality' exists, it is material and has 'real' effects on 'real' bodies, but this 'reality' is made sense of through its discursive constructs in language and therefore is also socially constructed. The study of language is

central and through the deconstruction of reified concepts, this stance enables the examination of the ways in which particular ways of talking contribute to maintaining societal power relations (Sullivan, 2010; Nightingale & Cromby, 1999), and facilitates the exploration of the positions made available to Black trainees through discourses and how they can limit what can be said or done during training (Willig, 2013).

Although language can inform the ways in which social reality is made meaningful, according to Nightingale & Cromby (1999), an exclusive focus on it has led to a failure in theorising extra-discursive influences on human experience such as:

Embodiment: The impact of biological factors, such as skin colour, and personal-social histories, such as racism (Gravlee, 2009; Derek, 2008; Mohanram, 1999)

Materiality: The fundamental physical nature of the world, e.g. the sense of touch at hair being touched, which both enables and constrains our options for discursive constructions of that world (Sims-Schouten, Riley & Willig, 2007)

Power: The effect of structural inequalities and the power of institutions, for example, inequalities in access to CP training, supervisory power relations

Therefore, I believe that language alone cannot be seen as unproblematically representing reality. A theoretical critique of oppressive concepts devoid of a political critique of the material structures and the power relationships that create and sustain these concepts is, at best a futile exercise (Nightingale & Cromby, 2002; 1999; Pilgrim & Bentall, 1999; Willig 1999), or worse, oppressive in itself. Willig (1999) notes that an individual's actions are structured by social and material realities, and the ways in which these realities impose constraints on what is said and done influences the construction of phenomena in different contexts. Therefore, I felt that it was important to look beyond participants' accounts for a further layer of interpretation, with a view to setting what is being

said in a broader social, cultural and historic context (Harper, 2011). Willig (2013, p.19) notes that critical realist social constructionists 'focus on the wider social context and the ways in which this shapes and constrains what can be said, how and when, by individual users of discourse within specific social contexts'. A critical realist version provided the best fit with my ideas about reality and knowledge production, and is also the most appropriate approach for exploring my chosen subject.

However, this appears to be a complex epistemological stance, and in developing this position, I have been informed by writers who have proposed that discursive and material realities act in relationship with each other and serve to enable or constrain subjectivity (Sims-Schouten et al., 2007; Parker, 2005, 1992; Willig, 1999; Nightingale & Cromby, 1999). This epistemological stance is seen as embracing the core principles of social constructionism whilst being grounded in a realist ontology (Harper, 2011).

2.1.2. The Complexity of Epistemology

Critical realist social constructionist epistemology assumes a certain understanding of particular terms. 'Language' refers to a form of social action in specific interactional contexts, as a means of constructing one's reality, and 'discourse' to mean systems of meaning that relate to interactional as well as socio-cultural contexts that operate independent of the speaker's intentions. This position enabled me to consider how participants constructed their identities in their talk, whilst also theorising the influences of the discourses and institutional practices that facilitate or constrain this process. As Nightingale & Cromby (2002, p.706) contend, "People construct their own subjectivities but not in conditions of their own choosing". For Black trainees, this is particularly relevant given their power status as individuals who may hold multiple subordinated identities (for example, 'trainee', 'Black'). Searle (1996, p.94) posits that "institutional power is massive, pervasive and typically invisible; it permeates every nook and cranny of our social lives". Thus, I believe it is centrally important to theorise material structures and the power of institutions in studying Black trainees' identities. In addition, identities are shaped by social and material realities (Patel & Davidson,

2009), such as social inequalities, racism, and privilege, which shape trainees' experiences and well-being (Rogers & Pilgrim, 2003; Patel & Fatimilehin, 1999). Adopting this position also allowed me to consider the multiple facets that influence trainees' definitions of their identities, including their subjective experiences, as analysis was not limited to looking at these as relative constructions but as 'real' in themselves.

Harper (2012) notes that holding a critical realist position with social constructionism could lead to inconsistency and selective relativism, choosing to question some knowledge claims whilst ignoring others (Speer, 2007), leading to a form of ontological gerrymandering (Woolgar & Pawluch, 1985). However, failure to interpret beyond the transcripts of talk might mean the subjectivity and embodiment of constructed identities cannot be explored fully (Nightingale & Cromby, 1999). To acknowledge and manage this dilemma, I consider 'real' and 'socially constructed' as neither homogenous nor dichotomous (Burr, 1998). Therefore how participants talk about their identities is both 'real' and socially constructed, and together with material structures and the influence of power, have 'real' embodied or subjective effects on them (Burr, 1998).

Reflexive Section: Developing an Epistemology
See Appendix A

2.2. Methodology

2.2.1. Qualitative Approach

Qualitative methodologies are adaptable to a range of epistemological positions (Willig, 2013), and are concerned with providing "illumination and understanding of complex psychosocial issues and are most useful for answering humanistic 'why' and 'how' questions" (Marshall, 1996, p.522). There is a paucity of literature exploring the deeper *why* and *how* Black trainees in CP training make sense of

their identities, and the influences of the historic and socio-political contexts on this, which indicates the suitability of qualitative methodology.

2.2.2. Reflexivity

'Reflexivity' can be understood as the researcher's consideration of their influence on the research process and the knowledge produced (Willig, 2013; Nightingale & Cromby, 1999, p.228). I have engaged in personal, epistemological and linguistic reflexivity (Willig, 2008) throughout this research, by keeping a research journal and regular discussions with my supervisor. Reflexive comments are included throughout this report and a detailed account is provided in Chapter Four - Further Discussion.

2.3. Method

2.3.1. Recruitment

I used the general principles of qualitative sampling and aimed to recruit participants who are currently pursuing a doctorate in Clinical Psychology on a training programme in England (chosen for geographic convenience), and who self-identified as Black (see section 1.3). Given the variations in the philosophical underpinnings of CP training programmes, both with regards to training and PPD, I sought to recruit trainees from programmes across the country and from all three year groups, to allow for a rich and diverse range of accounts (Marshall, 1996). I also actively sought to recruit trainees who identified as male. Eight to twelve participants have been suggested as an appropriate number with which to conduct qualitative analysis (Guest, Bunce & Johnson, 2006; Smith, Jarman & Osborn, 1999).

I adopted a range of recruitment strategies. A brief invitation letter (Appendix B) was posted on social media. I also emailed several CP course directors or administrators, seeking permission to contact their trainees and requesting the circulation of the brief invitation letter. Potential participants were invited to

contact me with any questions, and once a participant expressed interest they were sent an information sheet (Appendix C). Participants were given further opportunities to ask questions before arranging an interview.

2.3.2. Data Collection

The decision to use semi-structured interviews as a means of data collection followed an extensive and careful thought process. Considering the complexity of studying identities and my epistemological stance, focus groups that promote discussion between participants (Kitzinger, 2005) might have been useful as they allow an understanding of how meanings are disputed, negotiated and socially constructed (Bryman, 2008; Wilkinson, 1998) through a "process of social knowledge formation" (Green & Hart, 1999, p.26). However, we 'know' that language is non-neutral and that "identities are not only produced by but are also the effect of power" (Davidson & Patel, 2009, p.97). In light of this, I felt unsure about the ethics of focus groups as the only means of data collection.

Considering the breadth of participants that 'self-identification as political Blackness' might attract, I wondered about who would feel safe enough to come out as Black in such a group, and what 'dominant-subordinate' power relations might be reproduced in this setting.

In light of these concerns, I considered whether it would be more appropriate to combine focus groups with individual interviews, which may facilitate participants' personal accounts of how *they* make sense of their identities, thereby gaining some access to participants' accounts in different contexts (Kitzinger, 2005). However, I was aware of the highly sensitive and personal nature of the research subject and the issues of anonymity and confidentiality that arise in the context of focus groups. In light of this, I consulted with two potential participants, whose responses reflected the concerns I raised above, and I decided that the most suitable and ethical method of data collection in this research would be interviews.

Interviews, however, are not without fault (Potter & Hepburn, 2005). Although interviews can adopt different levels of structure, all interviews are 'conversation

with a purpose' (Burgess, 1984) and what I hear from participants' responses will be based on my 'theoretical project', influenced by my research question, rationale for asking the question and epistemological stance, thereby forming a structure (Mason, 2003, p.225). I used semi-structured interviews for the balance of focus and flexibility they offer.

2.3.3. Interview Schedule

I constructed a first draft of the interview schedule following an initial literature review and discussion with my supervisor. The schedule was designed to explore how trainees described their identities, the relevance of the term Black to their identities, how training influences their identities and vice versa and how their identities influence their practice as trainee CPs. The draft interview schedule was piloted with one trainee CP who self-identified as Black, and the feedback from this interview combined with my supervisor's feedback on the interview transcript helped me finalise the interview schedule (Appendix D).

2.3.4. Interviews

Interviews were held at a time and venue convenient for the participants, and included university premises, their home, or private rooms in public libraries under quiet conditions. At the beginning of the interview, I reviewed the information sheet with participants and they were offered the chance to ask any further questions. I reminded them that they had the right to withdraw at any time, and asked them to sign a consent form (Appendix E). Interviews lasted between 40 and 100 minutes.

2.3.5. Transcription

I recorded the interviews using a digital voice recorder and transcribed them.

Transcription is seen as an interpretative process in itself (Willig, 2013) and included the conversion of spoken material to written material. As per the minimum requirement for transcribing for thematic analysis (Braun & Clarke, 2006, p.88), I transcribed all verbal and noticeable non-verbal material (significant

pauses, laughter, tears and silences) that I felt were significant. I added basic punctuation that felt essential for readability and was a fair representation of participants' talk as I heard it. When transcription was complete, I checked all transcripts against the recordings to ensure accuracy and that they matched the tone of the recordings as closely as possible (Parker, 2005) and made minor corrections.

2.3.6. Ethical Issues

Ethical approval was granted by the UEL Ethics Committee prior to the beginning of this research (Appendix F). The research also complied with the BPS Code of Conduct, Ethical Principles and Guidelines (BPS, 2014).

As noted earlier, participants were recruited on an opt-in basis. To ensure informed consent, potential participants were provided with information on the purpose and processes involved in the research, and given several opportunities to ask questions. In order to protect confidentiality, data relating to each participant was assigned a code and a pseudonym. Consent forms with identifiable information were kept in a locked filing cabinet, separate from the research data. Black trainee clinical psychologists represent a small participant pool, making identification easier; therefore extra care was taken to remove all identifying details during transcription. Audio recordings were kept securely and will be erased after the research is examined and completed. Transcripts, kept in a password-protected computer will be erased after five years. Only the researcher, the internal supervisors and the examiners have access to the transcribed material.

Being aware of the potentially distressing effects upon 'reflecting' on one's identities, I reassured participants before commencing the interviews that they had control over what and how much they shared, and could decline to answer questions, take a break or terminate the interview at any time. I thought with them about how they might let me know if they were becoming upset. When some participants became upset during interviews, I offered support by pausing the recording, allowing silence and asking if they wanted to terminate the interview.

Informal debrief followed the interviews, where they were asked about any particularly distressing aspects of the interview and were given information on how to contact me or my supervisor if needed. Information on sources of further support, independent of participants' training institutions, was also available (Appendix G). I also checked and agreed with participants the aspects of their talk they wished to anonymise.

2.3.7. Data Analysis

Thematic Analysis (TA) is positioned as independent of theory, therefore it can be applied across a range of theoretical and epistemological approaches (Braun & Clarke, 2006) and I have chosen to employ it from a critical realist social constructionist epistemological position. Considering the relative lack of literature exploring the identities of Black trainees during CP training, it was important that the research was exploratory and sought to obtain rich data. Therefore, it felt appropriate to choose a method that allowed an openness and flexibility to the analysis. The flexibility offered by thematic analysis is considered a significant strength, but this encouraged me to consider the philosophical and ethical concerns around different ways of approaching participants' accounts.

CP training engages in the professionalisation of knowledge, and professions are agents of discipline and social control that reproduce and reinforce wider power relations through production of knowledge (Goodbody & Burns, 2011). Knowledge, as we know, is an instrument of power (Foucault, 1980), and psychology is 'lived and produced rather than discovered' (Parker, 1999, p.13). In considering identities, I think it is important to explore the operation of power and ideology in 'identity' constructions of Black trainees who may have different social and historic relationships to psychology's dominant construction of decontextualized individual identities (Goodbody & Burns, 2011).

Despite the emphasis on language, power and institutional practices in my epistemological position, I decided not to adopt a Foucauldian Discourse Analysis (FDA) (Willig, 2013) due to the potential constraints on theorising the influences of historic, social and material realities (such as colonisation, racism and social

inequalities) on Black trainees' construction of their identities. I have, however, been guided by Braun and Clarke (2006) in using thematic analysis to arrive at a pattern in the data, and using Foucault's ideas on power, 'identity' and discourse (1984, 1980, 1977) as a tool box to gain depth of analysis on how participants 'talk about' and are 'talked about' and what positions and ways of being are made available through this. Taking a critical realist approach to language meant I was able to explore how participants' talk also reflected underlying material structures.

I recognise that I have imposed upon the participants' accounts a number of assumptions influenced by my ontological, epistemological and personal contextual positions. My hope is that the careful thought given to this framework of assumptions has supported me in ensuring a reflexive analysis. I now detail the procedures followed during the analysis.

Analysis of the twelve interviews followed the six-phase approach defined by Braun and Clarke (2006):

a) Familiarisation with the data

I began by listening to the interview recordings and noted my reactions to my first hearing of the conversation after the interviews. I then transcribed the interviews, read through the transcripts and noted my initial thoughts.

b) Generating initial codes

Thematic analysis can focus at either the semantic level (what is said explicitly) or the interpretative level (for example at underlying assumptions). As recommended by Frosh and Young (2008) and Joffe (2012), I chose to code on both levels to obtain different layers of information, highlighting small segments of text that I found to be relevant and of interest. In line with my epistemological stance and the exploratory nature of the research question, my analysis was data-driven (inductive), meaning my coding was closely linked to the content of the text. An example section of a coded transcript is included in Appendix H.

c) Searching for themes

I organised the codes into potential initial themes, first within and then across the transcripts. This was done using detailed tree diagrams (for an example, see Appendix I), checking back repeatedly to the original coded data extracts to ensure that the codes were representative of what was said and related to the different levels of initial themes they were being placed under. An initial thematic map was generated (for an example of the first stage, see Appendix J), using colour-coded strips of post-its of the codes. This enabled me to review the themes further and condense them in to themes and subthemes (Appendix K). These were once again checked against the original extracts for representativeness. It has been suggested that individual researchers decide what constitutes a theme and in my write-up of the analysis, I have attempted to qualify the themes, as much as possible, by their distribution across the interviews.

d) Reviewing themes

To decrease repetition and increase distinctiveness I collapsed the initial thematic maps further, leading to some themes being merged, split or combined with other subthemes, and resulting in the final thematic map (Appendix L). At this stage, the transcripts were re-read to check that the themes represented the data.

e) Defining and naming themes

I organised my themes and considered how they related to each other and what was interesting about them with the aim of developing a coherent narrative around the data. This involved re-naming some main themes, using phrases from participants' talk (Appendix M).

f) Producing the report

During both the analysis and the write-up, I have aimed to ensure quality by following the guidelines for a good thematic analysis (Braun & Clarke, 2006; Appendix N). I have presented numerous data extracts, referring to participants using pseudonyms, to allow for the evaluation of the

relationship between the analysis and the data. It was agreed with participants that I would offer a summary of the findings upon completion of the research.

3. CHAPTER THREE - ANALYSIS AND DISCUSSION

I will begin this chapter by briefly discussing the participants interviewed for this research before moving on to presenting my analysis and discussion of the interviews.

3.1. Participants Recruited

Twelve participants who met the requirements, eleven identifying as women and one as a man, were recruited from six training courses across England, with a balanced number from each year. Despite my additional efforts, it was not possible to recruit more male trainees.

My understanding of the concept of political Blackness was made clear in the invitation email, information sheet and correspondence with potential participants, a number of whom discussed with me their position on this 'identification' and how it did or did not fit with the requirements for this research. Many questioned whether they 'counted as Black', and some the concept of political Blackness. Some potential participants concluded that they did not identify as Black in the sense used in this research, and did not take part. Reflections on the participants recruited and the implications of this for the research are presented in Chapter Four - Further Discussion.

I am aware of the importance placed on the presentation of participants' 'demographic' characteristics in qualitative research in order to be able to contextualise the analysis. However, grouping people into essentialised categories that are seen as existing in the person would have been counterproductive in the context of a research that relies on self-identification for participation, and inconsistent with my epistemology. So, I chose not to gather 'demographic' information. Moreover, the nature of my research question was to allow the emergence of how participants made sense of their identities.

3.2. Presentation and Discussion of Themes

This section presents themes derived from the data analysis of the twelve participant interviews. Using TA, initial codes were grouped into three main themes, each with sub-themes (see table below). The main themes are:

- 1. "To Know Who You Are, You Need to be Somebody"
- 2. The Culture of Clinical Psychology and Blackness
- 3. Negotiating Identities in Clinical Psychology Training: "A Lonely Journey"

The first theme considers how participants construct and relate to the term Black in their talk about identities. The second focuses on the 'Culture of Clinical Psychology' and what discourses and subject positions are made possible for Blackness within this context. The final theme explores the 'journey' that participants undertake in negotiating their identities during CP training.

Main Themes	Sub-themes
"To Know Who You Are, You Need to be Somebody"	Politics of Blackness
	Blackness as a Struggle
The Culture of Clinical Psychology and Blackness	Invisibility
	Hyper-visibility
	Surviving Training
Negotiating Identities in Clinical Psychology Training: "A Lonely Journey"	Moving towards Critical Consciousness
	Coming together: Personal and Professional

A key for the presentation of extracts is included in Appendix O.

3.3. Theme 1 - "To Know Who You Are, You Need to be Somebody"

This theme explores how participants construct and relate to Black. Many participants' response to the term suggested that it is deeply contested and has multiple meanings.

Ooh...I think it was the word Black that interested me more than anything else, because my automatic reaction to that was, 'Who are they'? (Angela)

When considering how they construct and relate to their Blackness, participants' talk moved between situating these constructions within CP training and wider societal discourses, indicating the inseparable nature of these, as training does not exist in a vacuum, its practices being shaped by society.

3.3.1. Politics of Blackness

In exploring this contested terminology, some participants alluded to the exertion of power involved in the defining of Blackness and positioned themselves as powerless.

I still question, 'what is Black'? I don't look at myself and think that I'm black. I would call myself...brown. But to call yourself brown when you're black is offensive to black people, to call yourself brown when you're black is actually offensive to majority of races, and humorous to people that are white because they came up it. (Kayla)

Reference to the power of and in language is implicit in Ivie's account, and in addition to considering who gets to define Blackness, she questions the validity of the status imposed upon Blackness.

Actually when you look at the world we're not the minority group, White people are...even the term minority group is belittling; it's not a true representation...who came up with that term? (Ivie)

When I explored the relevance and meaning of Blackness, many participants talked about how, depending on the context, Blackness can either be the norm and therefore implicit, allowing for multiple identities to be held and expressed or positioned as 'the different, other' in relation to Whiteness as the norm, which renders their other identities invisible. Some participants also added how their ethnicities are often conflated with 'race' and skin colour.

Two years ago, I wouldn't have seen, you know, being black as an identity because in a way it was the norm, and I think when you're in an environment where most people are from different 'races', your 'race' doesn't become your ethnicity or your sole identity...there's more to you. (Joseph)

Being defined as 'the other' (Kitzinger & Wilkinson, 1996) in relation to an invisible White norm, not only renders participants' multiplicity invisible but it also homogenises different groups of people with unique histories. It could be argued that this also positions Blackness as *only* existing in relation to (an) other (Fanon, 1967).

It is such a complicated terminology because it includes so many different people. (Gabrielle)

Homogenisation obscures intersectionality, and for most participants, Blackness became salient at the cost of individual cultural, ethnic, religious or other social identities during CP training. Kayla's talk alludes to the influence of 'double consciousness' (Du Bois, 1906) upon her identities, and the implications of being constructed as no more than Black. It appears that seeing her 'self' through the lens of Blackness imposed upon her, constrains her relationship to her other social identities.

I don't really know how I relate to my other identities, I notice that other people see me as a black woman, or a black trainee, or a black twenty something year old in clinical psychology. (Kayla)

The homogenisation of Blackness against the backdrop of an unscrutinised Whiteness also appears to create a hierarchy of privilege. Gabrielle's talk suggests that Blackness is ascribed little value within this hierarchy.

There are all these connotations for if you were different, if you are not English or originally from this country...but if you are not White, then you are definitely not good - about being a criminal and about doing things wrong. (Gabrielle)

The White norm, (perhaps also heterosexual, cis-gender, middle-class, and female) in CP (training) maintains its power through invisibility (Foucault, 1977), against which all 'difference' is homogenised and bracketed within the 'minority' status. However, the obscuring of intersectionality in the process of homogenisation means the hierarchy of social identities and the differing currency they hold in relation to access to power and material resources is also obscured, potentially leading to increased marginalisation of participants holding multiple subjugated identities (for example, 'race' and class).

(...) if they are from a diverse background but they're from a prestige background, then they are not going to have any understanding of what the experiences are like for Black people from lower-class backgrounds. (Ivie)

The subjugation of Blackness as the homogenised 'other' and the associated invisibility is resisted by some participants through the political act of self-identification with the aim of generating power (in numbers) and social capital. Nirupa's talk however, highlights her concern whether such identification is potentially homogenising and oppressive in itself.

I think particularly in clinical psychology context it is saying something political and kind of, you're positively something as opposed to not-white or BME or that kind of thing. On one hand you don't want to homogenise everyone who is sort of Black with a big B, but then it can be helpful to have strength in numbers. (Nirupa)

Others' talk alluded to the divisive but deeply meaningful politics on 'who counts as Black?' rooted in the individual histories of different groups of people and their unique struggle against their oppressors. This resulted in them feeling that they belong neither here nor there.

(...) how can you find common ground to be able to share when everyone's struggle is different...So it's a sense of not belonging anywhere ever, really...you don't really feel at home, in the sense of your blackness... (Kayla)

3.3.2. Blackness as a Struggle

The complexity involved in the defining of Blackness was also reflected in participants' talk about the process through which they became aware of and related to their Blackness, both within CP and in wider society. It appears that this process is set in conflict, and most participants referred to the inherent individual and collective struggle involved.

Many described Blackness as representing historic experiences of subjugation, of slavery and of colonisation. Leena and Ivie go further and suggest that the struggle continues, perhaps alluding to current experiences of oppression as Blackness continues to be subjugated through the use of contemporary forms of discrimination (for example, racial micro-aggressions)

(...) we were oppressed, for many years, and that's what [name of a festival] means for us, day of liberation but oppression has not ended. (Leena)

Black for me...goes back to where that segregation originally happened; if you weren't on the right side of that brown paper bag you were black...but being black isn't just about how dark you are; it's about your history. I've got to remember that slavery isn't in the distant past. (Ivie)

The historical shadows of dehumanization, objectification, and denial of subjectivity (Fanon, 1967) of certain personhood was scattered in most

participants' accounts of their struggle in becoming aware of their Blackness. A number of participants spoke about not being seen as a person with complexity but merely as an object through a 'racialised' lens, judged by their appearance.

In my last placement I walked in and one of the first things my supervisor said is, 'Oh we have a black trainee'. (Ivie)

I went to a supervision group recently, and she said to me, 'I didn't realise you were black', and I thought, 'Oh, nice to meet you too'. (Kayla)

Nirupa described being treated as if she was lacking in boundary integrity and as violable; as an object that didn't require permission to be touched.

I walked into the admin office and I think one of the administrators was admiring the consultant's tan or something... then suddenly she grabbed my arm and held it up against hers and was like, "Oh, you know I'm just trying to catch up with my friend [name] here". I think I must have looked completely shocked by this...She looked at me and was like, "Your name is [name], isn't it?" I was thinking, "If you don't know my name then maybe you shouldn't be touching me". (Nirupa)

All participants spoke about seeing themselves through the oppressive gaze of society and its discourses around Blackness. Joseph's talk positions himself as powerless in the face of being seen as a representation of Blackness and the inevitability of being observed and judged by others. The intersection of maleness and Blackness within CP may be contributing to the increased self-consciousness in Joseph, where he seemed to have become another observer of his embodied Blackness.

I'm no longer an individual, I'm a representation, I can't really escape that because people make judgements on what they see. So if I as a trainee start doing anything dodgy, that is going to be a reflection - on black clinical psychologists, male, female, or maybe just male I don't know.. (Joseph)

Participants also talked about how the essentialisation of Blackness further obscures their multiple subjectivities. Joseph and Tamika's talk below highlight the gendered nature of some stereotypes.

People have expectations of me, you know...stereotypes, this guy can dance, this guy can do so and so, and I'm not critical of that at all. (Joseph)

There's this whole thing about the strong black woman and I think society's got such a negative stereotype of this neck clicking, finger snapping, outspoken, put yourself back together, feared black woman. (Tamika)

Being positioned as an 'angry Black woman' inexorably is also underpinned by the discourse of 'invulnerability' of Blackness, which might limit certain actions (for example, help-seeking) and serve to perpetuate the oppression of Black women.

Many of the participants' talk described how their privileging and subjugation of identities during training were aimed at resisting the pervasive stereotyping of Blackness.

You have to privilege the dominant voice; otherwise you get labelled as an angry black woman. So you deny [aspects of yourself] to stop confirming a stereotype. (Efie)

A number of participants talked about becoming conscious of their Blackness through growing up in families where narratives of having to 'work harder', and 'be better' than their White peers were prevalent. For Joseph, the intersection of Blackness, gender and socio-economic conditions could have contributed to particular ideas about 'achievement' whilst 'being Black'. It also appears that such narratives sometimes act as a resisting voice against the dominant discourses of 'inferiority' and 'deficit' around Blackness.

(...) we had parents who were very keen on us achieving, even with limited resources, kind of pushing to achieve...it was almost like despite having that

dominant narrative that you can't achieve, having parents who were like, you can do it, you just have to be ten times better, mind. (Joseph)

Rahad's account however indicates the potentially disempowering effects of the 'internalised' re-enactment of these oppressive narratives.

It's something that's sometimes enforced upon you by family and peers because of your skin colour, "You can't do this because you're Black". Even before you become aware of it these things are influencing you. (Rahad)

Some of the participants' talk also suggested that their upbringing had privileged particular ways of being (White, middle-class), passed through generations, perhaps in order to increase life opportunities and out of a fear of confirming stereotypes.

My family weren't very cultural, they didn't speak [language] - they were dead against that...I did ballet and drama, and all the other black girls did street dance. I played the trumpet, my mum said that she had to have piano lessons, playing a musical instrument was a good thing to do. (Tandi)

However, this influenced how participants related to Blackness in themselves as well as in others and had implications for their sense of belonging.

I met a group of friends and I suddenly had this feeling of (gasps) 'they're all black', you know, 'they're going to be doing something dodgy', and you never think...I'm sure that has never crossed the mind of a group of white people. There was the sense of shame I had, that I'd even thought that of the group I was with, and angry and irritated by the fact that society had made me feel that way. (Kayla)

The 'internalised' White supremacy, described as "colonised mentality" (Friere, 1970; Fanon, 1967) perpetuated through these narratives within participants' families and communities can be understood in the context of power relations. The construction of reality through the production of knowledge is controlled and

circulated throughout society by the dominant group. This knowledge is often communicated as if it is in the best interests of everyone, leading to the 'internalisation' of these ideas by oppressed groups. This 'double bind' (Gilman, 1986) could explain how the illusionary promise of escaping their 'otherness' by disowning their Blackness leads people to internalise the very narratives that are used to 'other' them.

This 'internalised' oppression not only had implications for participants' social capital but it also led to alienation (Fanon, 1967). Gabrielle describes how this made her become the 'exceptional or higher-quality Black', but left her not knowing who or what she was.

My White friends' parents would be like "Oh, you are not like other black people" and making it sound as if you are not 'real black'...or being called a coconut. I used to think being black was a bad thing and that I was some kind of 'higher-quality black', I don't know what I am. (Gabrielle)

3.4. Theme 2 - The Culture of Clinical Psychology and Blackness

Many participants described the process of defining and relating to one's Blackness as a deeply political struggle, which seems to intensify as they enter CP and are propelled into an altered reality where the highlighting of their 'difference' results in an unprecedented awareness of it.

I think it's weird, almost surreal...I have never felt more different than I have in the last two years being a trainee. (Florence)

Participants expressed the sense that something gets 'done to' them when they enter the profession of CP, from which point they appear to begin decoding the culture of CP.

I was always one of very few children who were of a different colour at school but I don't remember feeling so different. For me, I think a large part of it, is to do with the training course and the process because I reckon if I've always been a minority but I've not been so acutely aware of it, there must be something about the teaching or the material or the dynamics in the group (...) (Kaia)

3.4.1. Invisibility

Although participants become aware of their Blackness through entry into the profession, they talk about its stark absence within CP training both within its pedagogy, and materially, through the relative absence of other Black bodies.

I've never had a black supervisor; I've never worked in a team where I haven't felt very visible. (Angela)

Most participants questioned the value of the nature of the 'psychology' they are being taught and talked about their life experiences not being reflected in, or accounted for, by the teaching, and not considered or sanitised in research.

I was brought up not just by two parents, but by a whole family and that's quite a different way of looking at it. I don't think it's as simple for me as having like one of each parent and like my primary influences and nothing else goes in. (Nirupa)

Whenever we're given teaching that maybe appeals more to, you know, black people, I feel like it's... two dimensional, it's based on stereotypes. There still isn't any difference in the teaching about difference, it's very much like yes we know that Asian people do this and there's shame around mental health. OK great let's just go with this, shame shame shame...there's more to us than these stereotypes. (Leena)

Leena's talk refers to the reductionist teaching in CP privileging a homogenised knowledge of 'difference', reinforcing stereotypes and reproducing existing societal power relations that people contend with every day, and has implications for what identities participants are able to privilege during training. Within an

institution that 'professionalises knowledge' (Goodbody & Burns, 2011), when particular knowledge about Blackness gets privileged, others get erased or denied, silencing the lived experiences of some participants.

I think in some lectures they have been talking about things that I have actually experienced, it's not stuff that I need a textbook to know about...It has been interesting to have lived something and then see it as a theory and have it explained away... (Gabrielle)

Tandi wonders whether she is even 'seen in her Blackness', perhaps alluding to the colour blindness that is practiced within the profession. Notably, she also constructs herself as 'different' and 'the other' here.

It's been hard to go somewhere where you think oh, difference isn't even a) acknowledged and b) valued, and it's like I'm different...am I acknowledged or valued? Do they see me in my Blackness or am I just another trainee? (Tandi)

Many of the participants' talk expressed the difficulty in articulating oppression amongst privilege and highlighted the silencing effect that White privilege and fragility (DiAngelo, 2011) has on these attempts. They talked about being conscious of the 'multiple privileged positions' their White peers seemingly occupied, and combined with the absence of consideration of intersectional factors in group discussions and lectures meant they felt their lived experience of multiple subordinated positions could not be talked about.

Talking about difference cannot be done in a group where two thirds of the group let's say, do not understand what it's like to be poor or black or poor and Black, they will not understand what it's like to be rich and black even. I think within my cohort, we're not just talking about race when we talk about difference, we're talking about generalised white privilege, and that cannot be named in a group of twenty-plus white people. (Kayla)

A significant number of participants spoke about how talking about their lived experience of Blackness and 'difference' lead to their White peers experiencing significant discomfort in the form of guilt and shame, which they felt invites them to take up the position of comforting their peers, leaving them silenced.

When people say 'oh I feel really guilty' or 'I feel really ashamed' when I speak about all this...it kind of makes me go 'and...?' You're putting me in a position where I have to feel bad for making you experience that. (Ivie)

I have this turmoil in lectures, "How much do I say, how much does a person want to hear it?" It's that burden isn't it? I don't want someone to feel shit about being White British. (Leena)

In contrast to most accounts, two participants spoke about being able to express and talk about their cultural identities, in the context of their cohort. Perhaps the significant material presence of 'difference' in this context enables multiplicity of identities and perspectives to co-exist.

I think this cohort is unique in that regardless of what ethnicity they're from, trainees are actually very open to hearing about other cultures and how other cultures do things which I haven't seen before actually and which is really, really nice. (Efie)

Many participants spoke about the influence of their 'trainee' status on how they positioned themselves in different contexts. Some talked about "watering down" conversations about 'race' due to fear of being assessed unfavourably and others' attempts to discuss experiences of racism, both in relation to themselves and their clients were shut down. Nirupa refers to the insidious nature of some of her experiences and the difficulty in articulating racial micro-aggressions.

I was able to bring it ['race'] up to some degree but...you must water it down a little bit? Yeah, you definitely water it down, because I'm very aware that I'm being assessed, and I'm going to be observed, and this is going to be fed back. (Rahad)

In talking to my supervisor about how I really did feel that there was a bit of hostility and it's like a split second where somebody looks at you and I can't put my finger on it and her just like being, "No there isn't". (Nirupa)

Kaia talks about the powerlessness she experienced against the denial and reframing of racism by her supervisor and questions her ability to work towards social justice in her practice. Her account indicates that her own experiences (of racism) within the training context make it particularly challenging for her to remain blind to oppression in her practice.

Working with a client who experienced racism, I was horrified by what I was asked to do in supervision. How do you challenge racism? How is that a negative automatic thought? I don't think I can be neutral when it comes to issues of racism, given what I experience on training. However, in supervision I've been silenced. Because I am Black, I feel like I can't argue with this White person who is sitting in front of me who thinks that maybe I'm just colluding with this client. On the one hand, I felt this burning rage but on the other, what can I do about this? What am I meant to do when I'm met against a dominant group where anything I say will not be heard anyway? How can I do justice to anyone? (Kaia)

A significant number of the participants talked about how, even in specific spaces assigned for the exploration of personal and professional identities within CP, such as PPD groups, their wish to explore their identities gets silenced.

Your desire to explore your identity is hushed away, even there it's like.. 'Oh we'll come onto that later', that something so at the forefront of us can be so brushed aside by them. (Kayla)

3.4.2. Hyper-visibility

All participants talked about their Blackness becoming hyper-visible due to the visible nature of their 'difference', constructing Blackness as a colour. In the

absence of others "like me", many participants became hyper-aware of their Blackness, leaving them feeling "like a rabbit under the headlights" (Tandi).

I was surprised looking at the course how much of a minority I felt. I feel quite different to everybody else, in terms of the way most people look, in terms of like features.. blonde, blue-eyed (...) (Leena)

Most participants also spoke of the 'inescapability' of Blackness due to its visibility, which exposes them to a range of racial micro-aggressions during training. One participant described the power exerted through these as Blackness being "on show". Viewed through the historic lens of the British oppression of 'people of colour' through its legacy of slavery and colonisation, and British CP's own history with 'race', this is a particularly painful picture.

I'm a natural so I will have my hair in a big afro or a twist and even that creates big hysteria and draws so much attention. I should be able to wear my hair in a fro without people touch my hair and talk about it as being like cotton wool. (Ivie)

(...) nothing can be silent for those people with visible differences and yet it can be for people with invisible differences if they want it to be. They can shape their identity quietly in a chair whereas ours are...we're on show. (Kayla)

Many also spoke about how Blackness and 'difference', when acknowledged within CP, were often devalued and positioned as inferior, struggling or needing help, overlooking the strengths and resources held within these identities. Attempts by the professional body and training courses to address 'diversity' in training are also underpinned by this narrative, and focus on said 'deficits'.

I did the DCP widening access groups...obviously there's a big discourse out there at the moment that maybe people from ethnic minorities are not able to reflect on their experiences so that's why a lot of them are not getting on the course... (Rahad)

A number of participants expressed surprise and gratitude for having been accepted into the profession, as if they were undeserving of their place, perhaps indicating an 'internalisation' of the 'inferior' position assigned to Blackness. As evident from Efie's talk, the discourse of Blackness as 'not good enough' for CP has implications for what subject positions and actions participants are able to take up during training (such as not questioning institutional practices).

I guess if there were spaces to talk about it explicitly it would be a good thing, but I think saying that might be me not being favourable to [training course name] because I've come here and they've given me a place on the course. (Efie)

Participants also talked about being exposed to pathologised accounts of Blackness through teaching, group discussions and clinical practice. In the absence of 'Black as positive or of value' to diffuse the effects of this, some participants questioned and denied their individual, family and cultural values and practices. Nirupa talks about subjugating a significant aspect of her 'self' in order not to be judged by her colleagues.

I remember feeling it would not be ok to move out of my family home.. but how people were talking about clients who haven't moved out of the home in my work place. I felt a bit pathologised and was hiding the fact that I lived at home, not actively but just not really talking about it. (Nirupa)

In contrast to participants' talk regarding classroom experiences, a significant number of participants talked about their 'difference' being valued on placement, especially by their clients but also by supervisors and multidisciplinary colleagues. Ability to hold onto multiple perspectives was seen by participants as an attribute developed through personal experiences of negotiating 'difference' and was considered useful in clinical practice.

By very virtue of being a black person in white Britain you grow up being different, you're aware there's more than one way of looking at things,

because you've experienced the impact of that, and I think maybe that's what on placement they value..because you don't have a tunnel vision that you probably do a bit if you've always belonged. (Tandi)

Whilst being positioned as 'inferior' across multiple contexts in CP, all participants described simultaneously being positioned as an 'expert' in relation to 'race' and 'difference', both during group discussions in lectures and by supervisors on placements. Kaia's account below is an example. One interpretation of the language used by her in this excerpt is that her Blackness was only valued as an asset to comment on particular things, when explicitly invited to do so.

I suppose on training there have been a couple of times where perhaps the dominant group have looked towards the BME trainees with the gaze of, "You guys must know a bit more about this than we do" (Kaia)

A significant number of participants talked about supervisors allocating a disproportionately large number of 'black and minority ethnic' clients to their caseload. One understanding of this practice is the valuing of the lived experience of 'difference' that might enable participants to offer a perspective in work with particular client groups. However, implicit in this is the assumption of homogeneity, often solely based on their skin colour, and the insidious but oppressive positioning of Black identities as of value only in relation to 'Black issues'. The 'othering' here seems to be both of the Blackness in the participants as well as of the clients.

On three out of five placements people have assumed that, because I'm a Black trainee, let's give you all the BME clients. In my head I am always thinking, if I were White would this have been the case? (Florence)

Many participants talked about taking up the position of the 'expert' or the 'educator' due to feeling a sense of responsibility towards 'minority ethnic' client groups, which in some cases appear to have been encouraged by the responses of clients.

I've actually been told that, "...Because you are Black I can talk to you about this. If you were White I would have not said anything, I would have just sat here and gone along with things." (Kaia)

In the absence of being positioned as 'inferior' or an 'expert', Blackness appears to get positioned as a problem to be 'solved' within CP training. Most participants talked about how their 'ways of being' such as talking, body language, their emotional expressiveness and appearance were all problematized. Perhaps the implicit and 'neutral' White norm means any 'difference' is positioned as a 'deviance' to be 'solved', but 'solved' remains undefined.

A majority of the women participants talked about how their "emotional expressiveness" was deemed unacceptable and unprofessional against the implicit value placed on 'neutrality' and 'being contained' within the profession, the presence of which was powerfully felt when their ways of being did not fit in with CP's culture "like an invisible electric fence" (Ivie)

The culture of the profession is not speaking out and being very diplomatic and reserved. I feel like I wasn't taught to be like that and whenever I've spoken out about things it's always been dampened down and, "now you need to go away and reflect like a good little girl and be quiet and contained". (Nirupa)

Tandi also talks about 'the invisible and neutral space' that CP is constructed to be, where there is a 'right (objective) way' to contribute to discussions. She alludes to how, by deviating from this implicit norm, she risks her arguments being dismissed as 'subjective and emotional'.

You feel like if you're going to say something, you can't say it and be angry, you've got to have evidence for it and theories for it and you've got to speak in a calm and collected way because that's the only way it's going to be accepted, whereas when I've talked about stuff the only way it's been engaging has been when I've been emotional and expressive with it. (Tandi)

However, emotional responses of White peers, often used as a silencing mechanism in response to talking about Blackness, is normalised. It could be argued that hiding behind the cloak of 'scientific neutrality' is the maintenance of White privilege through certain symbolic systems such as etiquette and exclusionary practices against perceived 'deviance' (Thompson, 2001). Such practices, concerned with systems of privilege appear to have significant consequences for participants, given the power that training institutions and supervisory bodies hold.

Nirupa describes how her attempts to talk about her experience of racism was not only silenced but also reframed as a problem located within her by her supervisor using a symbolic system, in this case related to acceptable ways of talking.

I can be a bit blunt sometimes — it's like a cultural thing. In psychology, instead of it being seen as a difference and something to be aware of, it is seen as something that is really bad — me being insensitive and attacking and that sort of thing. I think the irony is that, the only thing that I've been vaguely blunt about is an issue to do with racism. (Nirupa)

Although the term 'Culture of CP' sounds benign, some participants talk about this as a process of indoctrination, with an implicit requirement to "fit into an invisible mold" (Ivie). Most describe how an acute awareness of 'not fitting in' materialises and they are forced to explore their Blackness/intersectional differences, however they define it.

(...) not allowed to be like that, or talk about my experiences, or be real about my identities...It has made me question myself and if I'm like acceptable and if there's something wrong with me because there's like these norms and I feel right on the other side of the norms (tears). (Leena)

The discourse of 'unacceptability' and 'abnormality' of Blackness are rooted in many participants' histories of oppression. Therefore, the hyperawareness of

their 'difference' and the meaning this might have for them might make negotiating their identities and functioning in this context particularly challenging.

Given the hyper-visibility of Blackness, many participants questioned whose responsibility it was to initiate conversations about 'race' and 'difference' and for the creation of 'safe' spaces where Blackness could be thought about. Many participants' talk implied that the responsibility was firmly located within them, when they wished for shared responsibility.

I'd love it to be a joint responsibility, when I spoke to my lecturers I was like...so they never ever say what they could do or anything, it's always what are you going to do about it, well I think it should be everybody. (Tandi)

A few participants talked about seeking out therapy, specifically in relation to considering their 'difference', due to a lack of spaces within the training context and concerns about the legitimacy of using assigned spaces.

I made contact with [a 'therapy network'] because I just needed a space. I thought I couldn't really talk about this in reflective group, not in the way you would normally do. (Gabrielle)

Kayla, however disagreed in principle with using therapy to explore her Blackness, perhaps resisting the positioning of 'difference' as a problem within her to be addressed in her own time.

I fundamentally disagree with having to go to therapy to talk about my black identity and I wouldn't do that, but yet I know many people who've needed to go to therapy for space where they are allowed to talk about it. (Kayla)

Membership into the Culture of CP seems to signal the hyperawareness of their Blackness for most participants. Further, their Blackness is simultaneously made hyper-visible and invisible through various social and institutional practices and reproduction of the power relations operating within the wider society, forcing participants into a journey of negotiating their identities.

3.5. Theme 3 - Negotiating Identities In Clinical Psychology Training: "A Lonely Journey"

All participants described negotiating their identities within CP, especially during training, as a lonely journey. A significant number talked about participating in this research study for "personal motivations": to use the space to explore their identities and reflect on that journey.

It's been a journey, quite lonely actually...I thought by taking part in this research I'd have an opportunity to...um...maybe this gives a forum, a safer forum for me to explore that [Black identities]. (Kaia)

3.5.1. Surviving Training

Most participants spoke about 'coping with' or having to 'manage' their Blackness during training and many talked about a sense of 'burden' and 'pride' that comes with being Black.

I can't ever change being black, that's the colour of my skin, but you manage it in different ways when you're working alongside different people. (Efie)

Many participants repeatedly used the words 'battle', 'defend', 'backlash' and 'attack' in their talk about negotiating their identities during training. Kayla talks about how her Blackness has become salient as a 'defence', implying that it had been felt to be under attack. She seems to clearly distinguish herself from her peers and in implying that she doesn't know their backgrounds well, perhaps expressing 'guilt' about 'judging' their assumptions as unjust and disgusting.

I would say that it's become important to me in a defensive way, I sit amongst a group of people whose backgrounds I don't know well, I don't know what they've been through, and yet every single person makes the same assumptions repeatedly, which often comes about so strongly that I felt an absolute sense of disgust and injustice on behalf of any race considered in their eyes to be a minority. (Kayla: 185-192)

The use of such combative language implies that some participants are forced into a siege mentality to survive training. 'Managing Blackness' is done through defending it (affirming Black as proud) and resisting against societal and institutional (in this case, CP training) oppressive stereotypes and practices including homogenisation, and reductionist and problematised positioning of Blackness. The acts of resistance seem to be around addressing their invisibility through attempting to make themselves visible and/or addressing the manner in which they are being made visible. But for some, resistance was defined by remaining invisible.

The use of battle analogy in Tandi's talk reflects the siege mentality described above. In this, she talks about the risk of an attack from her White peers when she attempts to make her Blackness visible, and implies that preparing for an attack is an aspect of her 'being' with her peers if she were to make her Blackness visible.

I would describe that room as the house of flying daggers, and I describe building up to talk in that room is like a gladiator preparing to go into the arena, and the arena is the house of flying daggers and you want to take part and say something but at the same time you feel like you're taking the risk that you're going to get a dagger coming at you, and when a dagger comes at you it cuts deep. (Tandi)

Many participants talked about resisting what they experienced as the positioning of Blackness as an asset to help their peers with 'cultural competence' or to work with 'black and minority ethnic' people. Joseph not only resists his homogenised positioning as an expert, he further challenges the racialisation of his personhood.

I feel like there is an expectation that I will contribute on certain topics, and there have been times when the issue of ethnicity, culture and so on has been brought up in a lecture, I don't want to speak because I don't want to be perceived... I'm always going to speak on issues of race....I'm a person... and we all have a race, so we're all allowed to speak about race. (Joseph)

Others talk about resisting the silencing of Blackness by speaking up, and facing "the battle". Some participants' narratives about reclaiming their space included attempts at resisting White privilege and fragility by engaging in conversations about privilege and subjugation and resisting against comforting their peers at their expression of discomfort when faced with their relative positions of privilege.

I don't mind people feeling those feelings, but it is not my place to comfort people...to bring them back to their place of...blindness to privilege.

(Gabrielle)

It takes a lot to have to stand up in front of [cohort number] white faces; privileged people, and have discussions about 'what's your privilege', but then I get to the point when that silences me as I don't even see the point in having this discussion with people who are not ready to hear it, but then in my mind I challenge that by saying they're never going to be ready to hear it because they're not accustomed to hearing it... what do you do? (Ivie)

However, as Ivie's account suggests, she did not always 'win the battle' and was left feeling disempowered. A significant majority of the participants spoke about holding on to and defending and affirming Blackness quietly, and rising above what they saw as an attack on their identities. Participants' accounts suggest that this seems to require significant strength in their identities, which for some had been instilled in them by their families.

I'm a black woman, and that for me is something to be proud of, so the way I was raised, it was to be proud of your culture... [tears] (Rahad)

Kayla talked about making herself invisible and separating from the domination of her training course and peers to be able to 'find herself'.

I'd lost my identities..so I needed to distance myself from that particular dominant voice of both the course and the cohort to be able to know who I am. I felt a real need to withdraw, from the dominant privilege of the group and in doing so my personal identity came out. (Kayla)

But for some participants, retrieving and making themselves invisible came at a cost - further problematisation of their identities. It is also evident that 'not fitting in' or 'difference' comes at the cost of social capital.

You have to fit into the group in order to have this sense of belonging, if you've removed yourself because you haven't been able to find that place, you're labelled as being uncooperative, so you never really know where to position yourself. (Kaia)

Both Tandi and Joseph talked about making themselves deferential, and apologising or compensating for their 'difference' to minimise the possibility of an attack. This invites consideration of the impact of such a defensive positioning on learning in a training environment where, as 'adult learners', group discussions and interactive approaches are privileged over didactic teaching methods.

I've definitely been reluctant to share any position in teaching sessions; I'd rather just make a statement that was somewhat neutral...because I don't feel that I will get away with it if it's a bit of an unpopular opinion...I'm compensating, I'd rather drift in the background. (Joseph)

Not all participants' accounts suggest the use of 'rising above' in this battle. Some participants described having to either shut down completely or deny aspects of their identities to survive training, leading to the splitting of the personal and professional identities. Others talked about the implications of such a split, both for themselves as well as its implications for their practice.

If all it actually takes is oh you're brown, you can work with brown people, well then I'd rather leave that at the door. It's not a very good strategy because I'm cutting off parts of myself... they're a cultural thing that I bring.

and probably make me more human to work with people, so then I'm in this constant turmoil. (Leena)

A number of participants talked about being strategic in how they approach the battle of negotiating their identities in training. They referred to 'playing the system' or 'jumping through the hoops', and being a chameleon or privileging certain aspects of their identities as a camouflage to resist the oppressive system. Such camouflaging appears to be a powerful survival strategy borne out of a necessity to get through training.

So it's...it's all about tailoring and being as white black as you can, as white of a black person as you can, in order to feel like you're not so different, in order to make them feel like you're not so different. It's kind of working within a system that doesn't really like you very much, but you're there because you're kind of like the token. (Ivie)

It could be said that here Ivie constructs her Blackness as a tool. Perhaps, in order for it to be made visible and heard in this context of White normativeness, it has to be made to resemble Whiteness.

A few participants referred to negotiating their identities within CP as a 'losing battle'. Leena and Tandi's accounts below describe the lived experience of such a battle, characterised by fear and isolation.

I think there was one lecture I was so scared to speak, usually I like to get engaged, that's how I learn, but I'd not said a single word that day, and my friend came up to me and she said I know you're not ok because you're not talking, and I'm like don't hug me, don't hug me because I'm going to burst out into tears, and she looked at me and I just burst out crying, I said I just hate it here, it's just - I feel so afraid to talk. (looks upset) (Tandi)

It feels lonely, really lonely, to be constantly putting my hand up and saying well actually, actually, actually, when a majority of my course don't know how

this feels and are sitting there rolling their eyes, probably thinking shut up, just get on with it. (Leena)

I was struck by the relative absence in participants' accounts of questioning the institutional practices that privilege Whiteness as the norm by which cohort dynamics are inevitably coloured. This is perhaps understandable in the context of the significant power that training institutions hold as regulatory bodies.

3.5.2. Moving towards Critical Consciousness

In negotiating their Blackness through moving between affirmation, resistance and denial, most participants spoke of experiencing what some described as 'crises' and others as periods of 'confusion'.

One participant saw the crises as essential to "growth", and most participants talked about how this process pushed them towards increased reflection on the multiplicity of their identities. A number of participants talked about becoming aware of how they had been "stripped of their identities" (Kaia), and the influences of institutional and societal oppression on their identification with and expression of Blackness.

Angela talks about how the experience of oppression itself enabled a critical reflection on the forces that implicitly but powerfully influenced the positioning of her Blackness within CP.

I think the course has made me think a lot actually - through opportunities being shut down to talk and think about what it's like as a black person. I think that's made me think by myself...I'm in this position that's meant to be equal to all the other white psychologists on the course, but why is it that my voice is shut down in this situation, like we're meant to be on equal footing but why am I a step behind? (Angela)

In Gabrielle's account below, a move away from accepting of racialised identities and towards self-identification through exploring personal constructions of

Blackness could be seen as a move towards critical consciousness.

It is, for me now, not something to be afraid of or something to shout from the rooftops saying, 'yeah I'm black and I'm proud of that' but having to think about who that is for. (Gabrielle)

All participants talked about how their journey in negotiating their identities within CP made them 'more reflective' and enabled them to consider their personal journeys. Ivie refers to a shift in her identities as perhaps something that could be construed as 'growth'?

I've recognised that I didn't just get here because I decided one day I'm going to be a clinical psychologist, I realise the importance of my story that has been constructed and the different influences on it. I've realised there has been a massive change in who I am as a person over the last three years. (Ivie)

Kayla alludes to the significance of language in the construction of 'truth(s)' and vows to critically examine the powerful discourses that are made available to her through education, and use this critical consciousness to shape her identities.

I think that's changed who I am, I want to believe now in every single word I say, as my own truth, not a truth that I've been taught, but as something that I believe and have explored on my own, and I think that is what is shaping my personal and professional identity. (Kayla)

In line with the process of development of critical consciousness (Freire, 1970), each one of the participants reflected on their relative positions of privilege and subjugation within the system, with most of them referring to at least one social identity (middle class, cis-gender, heterosexual, female, able-bodied, education) which offered them relative privilege. Many participants also spoke about how these positions of privilege might have allowed them access to CP training 'despite their Blackness', suggesting the existence of a hierarchy of intersecting social identities and the differing value ascribed to them within CP.

I am aware of who a typical trainee is and I have been able to relate to some of those identities, which has been good for me. For example being female, being well educated and coming from a middle-class background, those kinds of things have become salient I guess since being on training and realizing that there is a reason why perhaps I have managed to get on this course. (Florence)

A significant number of the participants also reflected on the added privilege and relative power they might gain upon qualification as a CP and the implications of this for their sense of belonging within their communities. For Joseph, this has already led to significant changes in his relationships, which appears to be a burden to negotiate considering his already hyper-visible position as a Black man within CP.

I'm not just a black boy, I'm a black boy doing something that's considered amazing, so that has been a challenge because it's changing my position in any relationship, simply because of what I'm doing. It is tiring and it can be complicated, and also a bit sad. (Joseph)

A few participants belonging to a particular training course talked about how this movement towards critical consciousness was facilitated by the ethos of their course, which used critical pedagogy to challenge oppressive practices in relation to service users and privileged 'multiple perspectives' in this context.

Partly being at [training course], you're exposed to many different, or as one would call it, 'diverse views', which make you think about a lot of things. (Efie)

However others expressed increased disappointment at the selective focus on oppression that turned a blind eye to 'racial' oppression, as it "only increased the pain" (Kaia). Some found 'opening up' thinking about 'difference' and not allowing spaces for it to be explored confusing and uncontaining.

I think applying to [training course], I definitely thought there was going to be more of a platform for me to talk and not feel like this, so maybe I am actually more angry being at [training course] because you know, they say all this thing about difference but I'm not sure there's a real space for it. It's like oh consider difference, but maybe don't rock the boat too much while were standing up and trying to teach you, because it's going to be out that we still haven't got it right. (Leena)

Becoming 'conscious' of their oppressed position within CP training has emotional implications for participants. Many of them spoke about being left "full of rage, anxious, lonely" and rejected by the profession, and others "tired" of negotiating their identities.

This is supposed to be the profession that deals with these things but yet it's the very profession that is just rejecting you. (Rahad)

From participants' accounts, it is evident that there are significant emotional and interpersonal costs to critical consciousness. Tandi's account describes the consequences of this process on her wellbeing

(...) for about six weeks at one point..! just remember ruminating on everything, I felt really anxious about going to uni..! hate uni, hate being in that room...at times I've really struggled to sleep, when I'm really distressed about something I have nightmares that are about me being oppressed...so they'll be like nightmares around me being in a concentration camp or being a slave, so I started to have a few nightmares like that. (Tandi)

Loss of relationships and place within their communities as well as loss of social capital within the cohort was talked about by almost all participants. Critical consciousness leads to examining all experiences of oppression, across relationships, and for some trainees this involved the loss of significant personal relationships.

Critical consciousness in itself was not experienced as liberating by all contrary to the dominant understanding (Freire, 1970). Joseph describes how he felt 'free' before becoming conscious of his relationship with the world as a young Black man.

It's definitely been tough at times, because you know it's quite a nice thing to live in the world and kind of feel like you're like everyone else, there's something quite free about it — and don't get me wrong, I always knew in some way the world held these perceptions but I felt somewhat more free and now I'm perhaps too conscious of what is going on around me, of how people are in relation to me, because of my race, because of my age, because of my gender. (Joseph)

Many questioned their place within the profession at various points during training.

I have questioned whether after training, I want to stay a clinical psychologist, I am going to constantly have to deny my identity to suit other people. (Leena)

A number of participants alluded to a lack of containment, due to the absence of spaces to think about the intense emotions aroused and the consequences of engaging with and negotiating one's Blackness during CP training.

There is no space to think openly and clearly about this in this context but if you are thinking about Blackness and eliciting a lot of these strong reactions and feelings, how do you wipe, do you wipe that away? Do you de-brief yourself? (Gabrielle)

Others spoke about the reproduction of oppressive power dynamics within spaces specifically assigned for the exploration of identities, requiring them to seek support elsewhere. Here, Kaia constructs her identities as subjugated against her White peers.

On our course specifically we have PPD groups and I think that the purpose of this is for it to be a forum for issues like this. However, for me personally and I don't speak for everybody else, I have been hit against the same types of dynamics even in this space, where everyone else belongs to the dominant group and I've not felt comfortable bringing up there. (Kaia)

3.5.3. Coming Together: Personal and Professional

This theme relates to participants' talk about the "coming together" (Kayla) of their identities. This does not imply a linear process of 'integration' of personal and professional identities, but describes the support systems participants seek out in managing the 'crisis' of critical consciousness, re-negotiation of their identities, and consideration of new positions and actions available to them, as well as their intended directions for their practice as a (trainee) CP.

Most participants spoke about relying on relationships outside training for support, containment and affirmation of their Blackness. Families, religious organisations and other 'Black spaces' were all found to be supportive by participants.

If I didn't have my family to share those experiences with, I think it would have been too much for me to hold and learn by myself, in addition to all the other stresses that this course brings. (Ivie)

My church is always around the corner and I have very strong links in terms of social activities to my church. (Florence)

All participants emphasised the importance of their cohort in managing training, and discussed the support of 'non-White' peers. A significant number of participants talked about a dilemma in their desire for a separate, 'safe', personal and professional development group for 'black and minority ethnic trainees', whilst also not wanting to create a sense of 'us and them'.

People continuously say that they don't have a forum to talk about these things and I've always felt like it would be helpful to have a space where Black and minority ethnic trainees could have some of these conversations but then on the other hand I think by doing that it almost defeats everything that we stand for. (Kaia)

Some were concerned about becoming the oppressor through excluding their White peers and contributing to segregation.

This is crazy, but the more minority voices that speak, the less I felt able to, for fear of coming together in a way that could feel oppressive to any particular group. (Rahad)

It appears that having to engage in an intensely reflective process through negotiating their identities enables them to be aware of the relative positions of privilege and subjugation that can be held by the same individual (Patel, 2012).

Others also spoke about the difficulties in the creation of 'safe' Black spaces, as people adopt different positions in how they negotiate their identities, as described under 'Surviving CP'. Having to make one's Blackness camouflaged or invisible to survive means some Black trainees and psychologists might have to distance themselves from Black spaces, making establishment of such spaces difficult.

(...) maybe some people want to distance themselves because they've learnt the system, that...if they want to progress in this field they need to not be the black person championing the black rights. (Efie)

Some participants talked about the support and encouragement they received from different supervisors during training. Mostly, but not exclusively, these supervisors identified as holding a subjugated social 'identity' within CP.

I've had all these thoughts to myself, and I didn't really feel able to have those discussions, and it was a white psychologist who graduated from [training course] who's gay who invited me to talk about it, and I felt more comfortable..that curiosity really opened that door. (Ivie)

Most participants spoke of a process of re-negotiating their identities following the awareness of their relative position within CP. Several participants referred to their identities as remaining contested, but that they had grown comfortable with 'not knowing' and holding multiple identities. Leena's talk indicates this:

This process allowed me to think about identities a bit more critically, it's so multifaceted, it's not, 'oh either you're [cultural 'identity'] or you're not'. So in one sense it's made me more comfortable in myself, even though I'm saying it's been difficult to go through. Maybe it's OK not to know, maybe I've just sat with a bit of uncertainty, like I'm not always going to feel comfortable in these identities and maybe that's ok. (Leena)

Others talked about how their senses of identities were strengthened due to them having been examined and reaffirmed through their journey in negotiating their identities on training.

Sometimes questioning things makes one hold on to what they believe in - I've questioned it and found the answer and it's reaffirmed my identities as a Black Christian Clinical Psychologist. (Rahad)

A majority of the participants, however, talked about negotiating their identities within CP as an ongoing process with no end-point.

I think it's an on-going journey of who am I, it has been and it will be. (Angela)

You know, it's process; there is no 'outcome' (Joseph)

Participants' accounts indicate that negotiating and 'managing Blackness' in CP is a cyclical rather than a linear process as described by Cross (1991). Joseph's talk below refers to multiple 'crises' punctuating identity transitions. Perhaps these 'crises' indicate encounters where participants were made aware of their

Blackness (such as entry into CP) and 'changes or transitions' here refer to different episodes of 'critical consciousness', some more powerful than others. These 'crises' are constructed as leading to growth.

It's one of those things that I'm coping with now, and maybe that's why I see every identity transition as an identity crisis, I see it as the way you progress, the way you change is by having a crisis, and sometimes those crises are quite little ones and they're not something that kind of brought into your consciousness but other times they are, and it takes a bit of time to kind of adjust to it. (Joseph)

All participants in the later stages of training (years 2 and 3) talked about how critical consciousness had opened up new positions they felt they could occupy within the profession.

I feel like there's...there's so much to explore and so many avenues that I can choose to go down in my professional journey and personal journey with that.. I feel like I want to use my anger and frustration to do something that isn't tokenistic, that is equally for me as it is for anyone else. (Kayla)

Most participants talked about a 'sense of responsibility' towards 'Black and minority ethnic' aspiring trainee psychologists, and constructed their identities as 'torch-bearers', 'flag-bearers', 'representatives' and 'advocates' through the lens of critical consciousness and a 'heightened sense of responsibility towards social justice. Participants wanted to use these positions to 'pave the way' for future trainees; enable them to see 'Blackness as positive' through affirmation and fight against tokenistic practices employed to address 'diversity' within CP training.

I did the [widening access groups], I was one of the presenters on the course, and one of the points that I wanted to stress is that do not lose yourself or lose your identity of being a black or minority ethnic person to go onto this course. (Efie)

Others spoke about how being faced with their own experience of oppression opened their eyes to other inequalities and forms of oppression and instigated a sense of responsibility to use their relative privilege, gained through CP, towards challenging oppression and furthering social justice.

In terms of how I work as a [trainee] clinical psychologist, I am moving towards not just doing clinical work but also thinking about writing and activism.. that sort of thing. Part of that is my involvement with [name of activist movement] because that's just like another sort of inequality. You start thinking about one and then you start like noticing all of them suddenly. So if I do stick out the training and get to the end, it's made me interested in giving back in some way. (Nirupa)

However, many participants also talked about how tiring taking up these positions was and wondered if it was no different from being positioned as 'the expert' by their White peers, trainers and supervisors. Several trainees reflected on the 'burden' of having to use their identities to 'help', especially as the process of training was hard as it was. For some trainees, this reinforced the narrative (or 'truth' in this case?) that 'if you were Black, life would be harder, as more would be expected of you'. Therefore, for many, critical consciousness was both a privilege and a burden.

Ivie talked movingly about how this connects with the narrative of her 'invulnerability and dependability', in the form of societal expectations but perhaps also 'internalised' through the dominant discourses of 'strong Black women' that she might have utilised in the construction of her identities.

(...) it's not fair, having to act as an advocate amongst all the other stresses of the course...it also adds to that expectation that you need to cope and you can be dependable...and it feeds into that identity I guess for me of I need to be better, I need to be working harder, I can't stop, I have to keep going. (Ivie)

All participants talked about how their lived experience of 'being Black' on training influenced their practice. Most talked about their inclination towards therapeutic approaches that valued multiple conceptualisations of distress, with emphasis on construction of meanings rather than belief in 'a truth', which rendered their 'different' lived experience invisible, irrelevant or deviant during training.

So systemic and to a certain extent social constructionist approaches are what I lean towards having reflected on my background more during training than before (Florence)

Most participants also talked about considering the impact of multiple social inequalities and oppressions in their work with clients. Nirupa talked about how her experience of racism denied and reframed as her pathology made her aware of the effects of insidious and institutional oppression on clients and encouraged her to consider this in her work with them.

My experience has made me a bit more aware of systemic racism - it's made me really take seriously examples that clients have brought to me about difference in how they've been treated and how it links to depression and um...explicitly asking about it, where appropriate. (Nirupa)

Many participants also spoke about how their experience of being oppressed has enabled them to examine their assumptions and neither impose their agendas upon clients who may be less privileged, nor homogenise groups of people.

My experiences make me quite reflective. I'm always likely to ask questions about family members, for example who knows you're here today...because I come from a culture where family is very important... but then I will also think why am I asking those questions? It makes me think about what I'm privileging in the room in that moment, is it my personal identity? What's important for that person? What are they bringing? (Angela)

Participants valued 'authenticity' and being able to express all their identities to be able to connect with their clients. Many talked about accepting difference and allowing a space where their clients can 'be themselves'.

I want to be true to all of my identities, to be me. Because I think that's when I feel the most comfortable and relaxed, and when I'm comfortable and relaxed, that can only translate into how I am at work and with clients. (Tandi)

4. CHAPTER FOUR - FURTHER DISCUSSION

In this chapter, I consider to what degree the main themes identified answer my research question and relate them to existing literature. I also attempt to theorise the influences on participants' accounts of how they make sense of their identities and the implications of this for their PPD. I then consider the quality and limitations of the study, and end with my reflections on the research process.

4.1. Research Question: How do Black trainees make sense of their identities in the context of CP training?

My main question explores how Black trainees make sense of their identities in the context of CP training and 'Theme Three – Negotiating identities in CP training: A lonely journey' addresses this to some extent. 'Theme One – To know who you are, you need to be somebody' and 'Theme Two – The Culture of Clinical Psychology and Blackness' relate to my underlying aim of exploring the influences of language, power and material reality on how Black trainees make sense of their identities. Given that the three themes are linked inextricably, I will discuss them together and elaborate on my understanding of how participants make sense of their identities during training, whilst also linking them to existing literature.

From my participants' accounts, it appears that they do not 'make sense' of their identities during training. My analysis suggests that making sense is not a completed process: sense cannot be made, as the process of negotiating identities is not static. Rather, it is an ongoing, "lonely journey", that is non-linear and cyclical involving multiple 'encounters' that are flooded with overt and covert racism, subjugation and social inequalities. This is contrary to mainstream Black identity development models (for example Cross, 1991) but consistent with literature within CP and Black identities (Goodbody & Burns, 2011; Adetimole et al., 2005). Although participants struggled with defining and relating to their Blackness in multiple oppressive contexts within British society, both materially and through the 'internalisation' of oppression (Shah, 2010), they described entry

into the world of CP as a uniquely disconcerting 'encounter' akin to an altered reality.

Multiple layers of context appear to influence the process by which my participants negotiate their identities during training. The internal or 'psyche'; the material 'current life', which includes relationships both within and outside the training context (including family and friends, personal tutors, supervisors, 'community', peers (both Black and White), clients and PPD groups); regulatory organizations, such as the BPS, the HCPC and NHS commissioning bodies; the contemporary socio-political context (White supremacy versus diversity and equality narratives); and historic socio-political context (slavery, colonisation and CP's role in this). Training and the PPD agenda inevitably reside within and are influenced by these wider contexts and the discourses operating within them. Power and containment appear to be micro processes acting within this context, and power resides in each of these layers, creating power relations of domination and subordination.

The inescapability of Blackness due to its visibility makes it highly contested, as Blackness is either not seen in some contexts, as indicated by my earlier review of course philosophies and my participants' accounts, or seen but positioned as 'less than'. Being simultaneously made hyper-visible and invisible, without allowing spaces for exploration of Blackness, appears to leave participants in intense emotional distress. Blackness was made hyper-visible through being positioned as the 'inferior and devalued other' (Goodbody & Burns, 2011; Adetimole et al., 2005); the 'expert in Blackness' (Shah, 2010; Rajan & Shaw, 2008; Adetimole et al., 2005); or through the pathologisation and problematisation of their 'ways of being' (McNeil, 2010), which seems to reproduce historic power relations. The hyper-visibility also related to the inescapability and permanence of their Blackness (Shah, 2010), and led to the objectification (Fanon, 1967) and racial microaggressions (Shah, 2010; Adetimole et al., 2005) that peppered their journey in CP. At the same time as being made hyper-visible, Blackness also appears to have been made invisible through its material as well as pedagogic absence during CP training (Shah, 2010; Rajan & Shaw, 2008; Adetimole et al., 2005). Additionally, their material realities (for

example, of racism) often gets denied or reframed as individual pathology using regulatory power, for instance in supervision (Shah, 2010), thereby reproducing social inequalities.

When Blackness or 'difference' is acknowledged in teaching, the focus appears to be a detached and decontextualized one (Shah, 2010), asserting the White normativeness of the profession and rendering the difference in the room invisible. CP continues to focus on 'difference' as located in the distant 'other' (in this case, service users), reflected in the latest standards for practice (BPS, 2015), and fails to acknowledge the Blackness within whilst also seeking to increase 'diversity'. Many participants described the silencing effects of White privilege and fragility (DiAngelo, 2011), whereby attempts at making their Blackness visible were met with an apparent "wall of privilege" and expression of guilt, anger and shame by their White peers (Shah, 2010, Adetimole et al., 2005). However, emotional expressiveness by my study participants, especially the women, was problematised as being 'unprofessional' using regulatory systems of privilege (Thompson, 2011, McNeil, 2010), leaving them positioned as 'angry black women' (McNeil, 2010). This 'normalised absence' (of deconstructing White normativeness) and 'pathologised presence' (of Blackness) (Phoenix, 1987) appears to define how Blackness is seen within our profession. However, in contrast to most accounts, two participants felt able to express their cultural identities in the context of a cohort with significant material presence of 'difference' (Shah, 2010), and many participants stated that their 'difference' was valued on placements, both by clients and sometimes by supervisors (Shah, 2010; McNeil, 2010).

Although participants conceptualised their identities as fluid, contextual and intersectional (Goodbody & Burns, 2011; Shah, 2010; Adetimole et al., 2005), being made hyper-visible and invisible simultaneously forced participants, in the context of a profession which emphasises awareness of the 'self', into a journey (Goodbody & Burns, 2011) in making sense of their Blackness. However, despite this conscious emphasis on the 'self', it appears that there is no space for certain 'selves' within our profession and most participants talked about grappling with loneliness in this journey in negotiating their Blackness. Attempts by participants

to explore their identities, even within allocated spaces (such as PPD groups, supervision and within personal tutor relationships) were largely ignored, silenced or deemed irrelevant and a number of participants reported "being stripped of their identities" (Adetimole et al., 2005). Following this, participants appear to enter a battle to survive training, using affirmation and resistance as their weapons. Affirmation of Blackness, with support from friends, family and Black peers (Goodbody & Burns, 2011; Shah, 2010); and resistance of the oppressive practices of ignoring power, silencing and their subordinated positioning, and crucially, reclaiming power through self-identification (Goodbody & Burns, 2011). Resisting includes refraining from being the educator/expert on Blackness, challenging White privilege, and 'playing the system' by being 'as White a Black person as possible' or denying their Blackness (Patel, 1998), to escape the grips of the disempowering positions, including the token status (Adetimole et al., 2005).

Becoming aware of their oppressed positioning within CP, and attempting to manage this through these survival mechanisms, appears to be a deeply powerful and transformative process (Fanon, 1967; Du Bois, 1906), and many participants experienced what they described as 'crises' or periods of 'confusion' in moving towards critical consciousness. Some participants experienced this as 'growth' (Goodbody & Burns, 2011) and all twelve experienced it as enabling critical reflection on the multiplicity of their identities (Goodbody, 2009), and their relative positions of privilege and subjugation, both within CP and their wider context (Freire, 1970). This appears to contradict the current narrative around Black trainees' reduced ability to reflect inhibiting their entry in to the profession. Critical consciousness, however, seems to have significant emotional implications for participants and many spoke about being left with "rage, anxiety, loneliness and feelings of rejection" (Adetimole et al., 2005). A number of participants also reported loss of significant personal relationships, as well as social capital within the cohort. This is in keeping with Shah's (2010) suggestion that many trainees engaged in a "pervasive and deep level of effortful and complex emotional work" (p.89) to manage their 'non-whiteness' in CP. Although critical consciousness offers new possibilities for action, the process itself leaves participants engulfed with intense emotional distress which, if uncontained, does

not necessarily lead to anti-oppressive action, either towards themselves or others, but could lead to entrenched resistance (Kumashiro, 2000). Most participants in this research reported questioning their place within the profession (Adetimole et al., 2005) at different points in their journey.

Participants spoke about relying predominantly on relationships outside of CP training for support and containment to manage the crisis of critical consciousness and to re-negotiate their identities. Use of therapy to explore Blackness was contested by one participant, whilst embraced as a necessity by another due to the lack of a 'safe space' within training. Many spoke about the value of other 'Black spaces' (Goodbody & Burns, 2011), including considering the appropriateness of separate PPD groups for Black trainees, but this was significantly coloured with the fear of becoming oppressors themselves by causing segregation (Shah, 2010). A number of authors have advocated caucus groups (Waldegrave, Tamasese, Tuhaka & Campbell, 2003; Patel et al., 2000; Tamasese & Waldegrave, 1993), a practice where groups of people (for example White and Black trainees) meet separately and then come back together to create shared dialogue and understanding. Caucuses have also been used as a space of healing, knowledge building and checkpoints for institutional structure and policies as well as therapeutic practice and underlying values, and as such could be an attempt at ongoing conscientisation (Tamasese & Waldegrave, 1993). However, difficulties in creating 'Black spaces' were highlighted by many participants, alluding to the contested nature of Blackness within CP, and the value it holds in the hierarchy of privilege, which makes 'coming out as Black' (Goodbody & Burns, 2011) potentially unsafe.

Although participants' identities remained contested, most re-negotiated their identities (Adetimole et al., 2005) following critical consciousness and many took up anti-oppressive positions, as facing their own oppression as well as relative privilege gained through CP instigated a sense of responsibility in participants towards furthering social justice for all. Participants' preferred ways of being a trainee CP were also heavily influenced by this position, and they showed allegiance to critical and community psychology perspectives (Goodbody & Burns, 2011) and a commitment to anti-oppressive ethical practice. In this

context, their personal histories were inextricably linked to the notion of a 'professional identity'. This reflects Goodbody's (2012) suggestion that for Black trainees the personal in PPD is in fact *political*, one that was seen as both a burden and a privilege by my participants.

Given the denial of their identities by some participants and the pervasive silencing of Blackness during training, I wonder what 'personal' development for Black trainees might involve. Safety is often talked about in the context of PPD, referring to creating spaces that are 'safe enough' for trainees to take adequate risks (Hughes & Youngson, 2009) and experience uncertainty in a contained manner (Davidson et al., 2007). This raises the question, when safety is talked about in CP, whose safety takes precedence? And what are the implications of the lack of safety experienced by Black trainees for their PPD? Considering the disparity in what counts as personal for Black trainees ('political') versus White trainees ('personal'; Goodbody, 2012), how can PPD be facilitated that enables the consideration of both these dimensions in the same context under conditions of relative safety or safe uncertainty?

The findings of this research largely confirm the suggestion in existing literature that, for Black trainees, negotiating their identities in CP training is particularly challenging. I believe that my analysis also sheds some light on *why* this might be so powerfully challenging, signaling an emerging model. Looking at this process through the wider contextual lens and the influence of the micro-processes of power and (lack of) containment suggests that participants engage in constant negotiation of their identities in spaces that are conflict-ridden and unpredictable, making this a 'conflicted dynamic process' with no access to static 'safe spaces' at any point.

4.2. Limitations of the Study

I have considered a number of limitations of this research, which are discussed below.

4.2.1. Participant Limitations

This research sought to include participants who self-identified as Black. The politics of such identification was evident from how potential participants responded to this as discussed in Chapter 3 – Analysis and Discussion. It is therefore possible that this resulted in a group of participants who are 'politicised', and whose accounts are specific to their stage of consciousness about their identities.

As also noted earlier, most participants expressed a sense of responsibility to contribute to this research, both in order to support me as well as to contribute to knowledge production in this area. A few talked about their motivation to use the interviews as a 'safe' space to explore their identities, and some even expressed gratitude for my "offering" this space. This unusual power dynamic would undoubtedly have shaped the nature of our conversations and my resultant analysis of the data.

Reflecting the current CP trainee population, all but one participant identified as women. The intersection of particular privilege and subjugation in relation to 'race' and gender in this context, reflecting my own in some cases, might have led to the privileging of some identity constructions (for example, the 'angry black woman') over others. I strived to incorporate Joseph's accounts, perhaps out of a fear of marginalising him, sometimes to the extent of overcompensation.

On the other hand, some of the strengths include the number and range of participants, representing six training courses (reflecting different philosophical inclinations) across England, from different year groups. This enabled rich insights in to the research question (Marshall, 1996). However, this could be significantly improved, as there are 30 registered CP courses in the UK and by including participants at various stages of their professional journey (pre-training, training (Years 1, 2 & 3) and post-qualification). This would help explore the hypothesis that negotiating identities is an ongoing cyclical process. However, this was beyond the scope of this research.

4.2.2. Epistemological Limitations

In adopting the critical realist version of the social constructionist position, I attempted to theorise both discursive and extra-discursive facets of 'reality'. However, in the context of identities, I found myself stumbling upon the challenge of theorising subjectivity on the basis of discourse alone (Willig, 2013) and wondered why participants took up particular subject positions and how to address the emotions that were being expressed through various positioning (Davies & Harré, 1999). I struggled with making interpretations that were coherent with my epistemological position, which also accounted for the whys? that featured in my attempts at exploring identities. Although I had not considered the use of psychological constructs in my analyses at the conceptualisation stage of the research, I began using concepts such as 'internalisation' and considered different identity development theories in my analyses (Cross, 1991; Freire, 1973; Fanon, 1967).

I have since become familiar with the use of "a psychosocial approach that applies psychoanalytic interpretative strategies in order to 'thicken' the discursive reading" advocated by (Frosh & Young, 2008; Frosh, Phoenix & Pattman, 2003), which I believe is what I have used in my analyses, albeit inadvertently. This may have been influenced by my current position as a trainee CP within a specialist psychoanalytic setting. Although this is contested (Davies & Harré, 1999), it has been suggested that the stability, implications and reasons why individuals take up particular subject positions need to be explored in the absence of the use of psychological theories (Willig, 2013). I have attempted to situate any psychological conceptualisations within the wider historic and socio-political context, and as socially processed (for example, 'internalised' oppression situated in the context of colonisation, maintained through the current discursive positioning of Blackness as inferior). The openness of both my epistemological position and the chosen method were strengths as they allowed the use of different theoretical principles in my analyses. Nonetheless, as a novice researcher, I may have strayed into unwarranted epistemological pluralism (Willig, 2013).

4.2.3. Methodological Limitations

I recognise that one of the shortcomings of this research is the lack of participant characteristics or 'demographic' information to help 'situate the sample' (Elliot, Fischer & Rennie, 1999). As discussed earlier, gathering and presenting this information is not consistent with my epistemological position and the research question. Additionally, in order to talk about identities in a nuanced and rich manner, participants discussed the multiplicity of their identities, and anonymity is extremely difficult in this context because of the richness in the details about particular ethnicities, religious backgrounds, etc. Given that the participant pool is small, and the expressed fears of participants about becoming identifiable, it did not feel appropriate to include 'demographic' details. However, through the use of an intersectional framework, significant aspects have been cautiously explored in the analyses.

Despite my use of Foucault's conceptualisation of identities as a framework of interpretation, in undertaking thematic analysis I have had to reduce a significantly large quantity of data to a manageable summary, which inevitably involved a loss of subtlety. I have attempted, as best as I can, to account for the similarities as well as some differences in participants' accounts. Similarly, in drawing themes across different accounts, the conversational context where participants' meanings were shaped became obscured, reducing the level to which context could be theorised.

Although the huge data set was constraining in ways discussed above, it was also a strength as the common themes reflect a shared experience of domination-subordination power relations in CP, indicating some theoretical saturation (Hugh-Jones, 2010).

4.2.4. Generalisability

Qualitative research does not aim to make generalised claims (Willig, 2008) and my analysis of the accounts of the participants in this research does not result in a unitary understanding of how all trainees who do not identify as White make

sense of their identities. Although these findings are particular to the participants who offered them, there were clear themes across participants' accounts which could be used to inform the practice of CP training and explored through future research.

4.3. Reflexivity

As I stated at the outset, acknowledging and theorising my influences on the research process is essential to provide the reader with a context within which they could make sense of the outcomes of this research. Reflexive thinking is central to ethical research practice (Darlaston-Jones, 2007), and I now consider three types of reflexivity as recommended by Willig (2008): personal, epistemological and critical language awareness.

4.3.1. Personal Reflexivity

A number of my identities would have influenced the nature and the outcomes of this research. Here I discuss those that I consider to have been particularly significant:

As a supervisee: My supervisor for this research identifies as a Black woman. She is a mentor to me, and as a Black trainee who is still surviving CP training I am inspired by her integrity and commitment to acknowledge the struggle that some of us face. Our close working relationship has doubtless influenced this research in a number of ways. Together we felt very strongly that I should present an unsanitised account of my participants' talk, especially considering a number of them specifically requested that their accounts not be sanitised. I have been unusually tough on myself during this research, and struggled to fulfil my own exceptionally high standards, perhaps partly due to wanting to please my supervisor and be seen as worthy of the faith she has shown in me. But I also wondered, and I reflected on this with her, if I feared that unless this research was exceptionally good it risked being dismissed as 'unbelievable', the collusion of two Black women.

As a Black trainee/researcher: Given my fears about this research being seen as a 'self-indulgent muse' due to my positionality, I was particularly anxious during the early interviews about influencing my participants. Sometimes I stuck too close to the interview schedule, inhibiting creative dialogue. Other times, I felt incredibly hurt by some exceptionally painful experiences they shared with me. I struggled with the desire to be supportive but was overcome by the fear that I would create a 'therapeutic' rather than a 'research' environment. I chose not to follow particular lines of questioning as I felt a certain ethical responsibility towards their well-being. This is pertinent considering that a number of participants had not previously had the opportunity to explore their identities during CP training and, as noted before, chose to participate in this research specifically to be able to do so. This left me wondering about the nature of the findings of this research and the ethics of presenting it as 'research' when at least some of my participants perhaps saw it as a "safe space" to talk about something they had desperately been wanting to.

4.3.2. Epistemological Reflexivity

It is important for the researcher to consider the limits of the knowledge they have produced. In my attempts at theorising discursive and extra-discursive aspects, and choosing to locate participants' talk in historic and socio-political contexts, I have undoubtedly grounded my critiques in aspects of the world I wish to make or remain real (such as racism) and relativise aspects of it that I want to question or deny (such as 'self'). This realising and relativising is a choice that has been shaped by my moral and political positions and experiences (of racism for example) rather than epistemology or ontology (Nightingale & Cromby, 1999), and in doing so I may have committed 'ontological gerrymandering' (Woolgar & Pawluch, 1985).

Moreover, the critical realist aspect of my epistemology meant I interpreted participants' accounts at both a semantic and interpretative level. Interpretative work in research is based on the premise that participants may not be aware of

all the factors influencing their accounts (Willig & Stainton-Rogers, 2008). In some ways, I found this task manageable, as my current clinical practice adopts a theoretical orientation that places significant emphasis on interpretation (as described under epistemological limitations) but in other ways, I struggled. I questioned the ethics of interpretation (Willig, 2013), especially 'suspicious interpretation' as in this case, on a topic so sensitive and personally meaningful as identities. I also wondered about the ethics of overlaying participants' accounts with psychological constructs embedded in Eurocentric theorising with positivist foundations. Despite the validity of this as a research task, I was acutely aware of the power I held over participants' accounts and wondered whether I might have contributed to their oppression.

Many of my participants expressed a sense of responsibility to take part, which evoked in me a sense of responsibility and obligation not to sanitise their accounts. I became concerned that they might have expected me to analyse their accounts from a näive realist position rather than seek latent meanings that they had not intended. However, it is also possible that, driven by the fear of sanitising, I may have leaned towards a more realist interpretation.

4.3.3. Critical Language Awareness

Reflexivity in this area requires the researcher to consider how their use of language may have affected participants' responses. An awareness of linguistic constructions, both my own and others, have been central to this research. I am aware, for example, that in using the construct of political Blackness I may have contributed to a homogenisation of Blackness (or of the experience of oppression by trainees) that I was attempting to resist (Gill, Kai, Bhopal & Wild, 2007). Further, such politicised use of language on my part, combined with the power I held as a researcher, might have also influenced which social identities participants foregrounded for the purpose of the interviews, for instance 'racial' over sexual identities. Additionally, reflecting my epistemological position, I used the term identities within the information sheet and my interview questions. The implied privileging of a particular understanding of the 'self' at the outset may have influenced how participants spoke about the subject.

I believe that I have presented the ways in which participants' accounts both reflected and shaped their reality in the context of CP training. Similarly, my analysis of their accounts and the subsequent reporting of it to the reader might have done the same, positioning me as both 'the excavator' as well as 'constructor' of findings (Willig, 2008). Moreover, I am aware that my choice of language (for example use of the term 'oppression', rather than broader 'racism'), directed by my epistemological and personal position has implications for the reader. This is something that I have considered throughout this write-up and struggled with, as described at the beginning of the Introduction.

4.4. Quality in Qualitative Research

There are debates around the extent to which methods used to evaluate quantitative research can be used in examining qualitative research (Ritchie & Lewis, 2003). Researcher's objective status does not determine the value of qualitative research (Willig, 2008) and I have engaged with this research from anything but a position of detached neutrality. Willig (2008) suggests that evaluation criteria must align with the epistemological position. Madill et al (2000), who have developed epistemological-specific criteria, suggest that in contextual constructionist approaches, similar to the critical realist constructionism used here, quality is determined by the researcher's success in situating their analyses within the contexts that created them. I have attempted to ground both participants' accounts and my interpretations within their contexts by use of reflexive sections, necessarily constrained by the word count.

I chose to analyse the data thematically, at both semantic and interpretive levels. Although there is no prescribed approach to assessing quality, clear guidelines for conducting thematic analysis, which cover quality concerns, have been developed by Braun and Clarke (2006). Whilst not a simplistic formula, I have attempted to follow them rigorously and documented the process in the method section. However, as previously acknowledged, my interpretations and conclusions are one possible account of the data, influenced by my positionality, but I believe I have been transparent about the process.

I have also considered the guidelines developed by Elliot et al (1999) for examining the quality of research, which suggest considering several dimensions: owning one's perspective; situating the sample; grounding in examples; providing credibility checks; coherence of the data; accomplishing general or specific research tasks as intended; and resonating with the reader. I hope that I have presented enough evidence (for instance in the section on limitations) to show that I have broadly addressed these dimensions. I recognise that the sample is not well situated contextually to provide 'meaning' (Willig, 2008) and have addressed this in detail in the analysis and limitation sections. Throughout the analysis, I was in regular contact with my supervisor, who considered and commented on the different versions of my thematic map against interview extracts, thereby offering a credibility check. In addition, one participant (Kayla) looked at and validated my initial coding of her transcript, which led to a few minor adjustments. However, given my epistemological position, I would argue that the value of external validation is limited.

4.5. Implications

4.5.1. For Future Research

- I believe that the emerging model, potentially directing us towards why
 negotiating their identities within CP is particularly challenging for Black
 trainees, warrants further exploration. A constructionist grounded theory
 could be used to conduct a detailed exploration on the PPD process for
 Black trainees. This might direct us towards approaches to PPD that are
 best placed to support Black trainees in their developmental journeys within
 CP.
- Although there is need for more research exploring Black trainees'
 perspectives on their PPD, it is also important to explore trainers' (tutors
 and supervisors) perspectives on and experiences of facilitating the PPD of
 trainee CPs. Trainers and supervisors function within the multiple layers of

context described in my discussion, which enables and constrains their engagement with PPD facilitation. This might help us understand their training needs and how they could be supported. Containing the container (Bion, 1962b) is essential for the creation of relatively 'safe spaces' for all trainees to engage in personal development, in the context of a demanding and anxiety-provoking training.

• Finally, given the differences in the philosophical positions underpinning training programmes and their inevitable influences on how Black trainees are positioned, it might be useful to explore how different philosophies influence their 'identity' development. The aim of such an exploration would be to enable our profession and training institutions to reflect on their underlying values and assumptions. I acknowledge that this could be highly contested.

4.5.2. For the BPS and CP Training Programmes

Apparent from participants' accounts is the pervasiveness of racism within our profession. I wondered about the implications of this for training programmes and the professional body in relation to their duty of care towards Black trainees, as well as equality considerations. The BPS no longer has regulatory capacity but accreditation criteria could and should be used to monitor complaints of racism, (although given the power relations operating within institutions few trainees might come forward) as well as examine how anti-racist and equality principles are integrated into the theory and practice of training, including approaches to PPD.

4.5.3. For CP Training Programmes

Given what we know about 'being Black' in our predominantly White profession, training programmes should critically reflect on the implications of this for the Black trainees they seek to recruit, bearing in mind their duty of care towards them. Training courses should decolonise before attempting to diversify, to enable Blackness to be seen and valued as equal, and for trainees to be able to

develop professional identities that do not come at significant costs to their personal identities and their emotional wellbeing. Decolonisation should occur across multiple contexts:

Curriculum: Changes to the curriculum that include contributions from Black psychologists, philosophers and sociologists that are not marginalised as 'alternative perspectives' but positioned as of equal value to 'mainstream' psychology. The normalised absence of Whiteness should be deconstructed and the pathologised gaze on Blackness challenged. Training programmes could begin by using existing guides (Patel et al., 2000; McIntosh, 1995) to create dialogic spaces to examine the function and consequences of White privilege in the training context.

Teaching Practices: Literature from other disciplines suggests that awareness of oppression through 'critical' critical pedagogy, (for example, education that is critical of 'Privileging' and 'Othering') empowers 'trainees' to challenge all forms of oppression (Gay & Kirkland, 2003; Kumashiro, 2000). In addition to teaching critical skills (Harper, 2012), training courses should provide adequate containment to *all* trainees to manage the 'crisis' that appears to result from critical awareness of their relative positions of privilege and subjugation. Black trainees should not be left to manage their own as well as their White peers' distress. This research, as well as Goodbody and Burns' (2011), suggests that development is constructed through 'struggle' for many trainees, but without adequate support this would not lead to social action but to entrenched resistance (Kumashiro, 2000).

PPD: Critical engagement with our identities, including power, privilege and subjugation, and our practice is deeply personal, exposing and anxiety-provoking for everyone, not just Black trainees. However, for Black trainees this journey appears to be a political one, requiring intense emotional labour. Training programmes should consider the ethical implications of expecting a 'minority' group of people to 'reflect' on their subjugated identities in a space controlled by the 'majority' group. Daiches (2010) suggests willingness to be influenced, through dialogue, listening and learning is required. Training

courses should engage in meaningful dialogue with Black trainees about creating methods of PPD that encourage anti-oppressive thought and action rather than entrench resistance or perpetuate oppression. This is not an easy task considering the multiplicity of values, beliefs and intersecting identities that programmes have to contend with, but as Burnham and Harris (2002) suggest, 'a clumsy rather than clever' approach demonstrated by tutors would be good modelling of risk-taking, which is essential to PPD (Youngson & Hughes, 2009).

Trainers and Supervisors: Trainers should be trained, and attend critical consciousness groups to reflect on how they might inadvertently perpetuate racism and other oppressive practices by ignoring or silencing Black trainees' attempts to explore their identities. Given that supervision is central to PPD (Helms & Cook, 1999), it is also important to ensure thorough training and monitoring of supervisors and supervisory practices that Black trainees are able to make use of supervision as a space that is 'safe'.

4.6. Concluding Reflections

Not counting sticking it out on training, carrying out this research is possibly the hardest thing I have done recently. Critical consciousness cuts deep. I spent many hours curled up in a ball, paralysed by the awareness that I was the very embodiment of a colonised European ideal. I questioned everything, from my name to why I could not speak my mother tongue. I kept asking myself: 'what would I have been like had it not been for colonisation?' I was forced to face my own 'internalised' racism and the accompanying shame, and then the guilt. It felt endless.

As I began the analysis, discourses from participants' accounts started playing out in my everyday experience. I felt strongly that I did not have the intellectual faculties to complete the thesis, that I had been the 'quota case' after all. I began questioning everything – I went over transcripts analysing and re-analysing the data. I spent numerous hours 'challenging' my own analyses – looking for

alternatives and new themes over and over again. I selected and deselected extracts, wrote and rewrote interpretations, questioning which will hurt the reader the least. I also had the voice of my participants echoing in my ears and I was terrified of sanitising their words and rendering them and me invisible. I felt utterly in despair, despite the unwavering and intensely grounding support from my supervisor. Was the research worth it? I am not sure: I am more ambivalent than ever about my place within the profession. I will be processing this experience long after it is completed.

5. REFERENCES

- Adetimole, F., Afuape, T., & Vara, R. (2005). The impact of racism on the experience of training on a clinical psychology course: Reflections from three Black trainees. *Clinical Psychology Forum, 48*, 11-15.
- Afuape, T. (2004). Challenge to obscuring difference: Being a Black woman psychologist using self in therapy. *Journal of Critical Psychology, Counselling and Psychotherapy, 4 (3),* 164-76.
- Anderson, T. (1997). Researching client-therapist relationships: a collaborative study for informing therapy. *Journal of Systemic Therapies*, *23 (4)*, 125-133.
- Aponte, H. J. (1994). How personal can training get? *Journal of Marital and Family Therapy*, *20* (1), 3-15.
- Attenborough, L. E., Hawkins, J., O'Driscoll, D. (2000). *Clinical Psychology In Context: The Impact Of The Socio-Political Environment*. Retrieved from www.leeds.ac.uk/lihs/psychiatry/courses/dclin/.../Socio%20political.doc
- Bashford, A. (2013). *Imperial Hygiene: A Critical History of Colonialism,*Nationalism and Public Health. Basingstoke: Palgrave.
- Bentall, R. (2009). *Doctoring the mind. Why psychiatric treatments fail.* London: Allen Lane.
- Berk, L. E. (2000). Child Development (5th Ed.). Boston: Allyn & Bacon.
- Berry, J. W. (2011). Integration and Multiculturalism: Ways towards Social Solidarity. *Papers on Social Representation, 20 (1),* 1-20.
- Bion, W.R. (1962b). *Learning from Experience*. London: Heinemann.
- Boyd-Franklin, N. (1989). *Black families in therapy: A multisystems* approach (2nd Ed.). New York: Guildford University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3 (2), 77-101.*
- British Psychological Society (2004). Widening access within undergraduate psychology education and its implications for professional psychology:

 Gender, disability and ethnic diversity. Retrieved from

- http://dcp.bps.org.uk/document-download-area/document-download\$.cfm?file uuid=1B299121-7E96-C67F-D2C54425655A6BE8
- British Psychological Society (2010). *Standards for Doctoral Programmes in Clinical Psychology*. Retrieved from www.bps.org.uk/sites/default/files/.../clinical_accred2010_web_0.pdf
- British Psychological Society (2015). Standards for Doctoral Programmes in Clinical Psychology. Retrieved from http://www.bps.org.uk/system/files/Public%20files/PaCT/clinical_accreditatio n.2015 web.pdf
- British Psychological Society (2009). Intersectionality Task Force Strategy. *Clinical Psychology Forum*, *281*, 53-54.
- British Psychological Society (2009). *Code of Ethical Conduct.* Leicester: The British Psychological Society.
- British Psychological Society (2014). *Code of Human Research Ethics.* London: The British Psychological Society.
- British Psychological Society (2016). *Division of Clinical Psychology Inclusivity Project Invitation to Tender.* London: The British Psychological Society.
- Bruner, J. (1990). Acts of meaning. Cambridge: Harvard University Press.
- Bryman, A. (2008). "Of Methods And Methodology". *Qualitative Research in Organizations and Management: An International Journal*, *3*(2), 159-168.
- Bucher, R., & Strauss, A. (1961). Professions in Process. *American Journal of Sociology*, *61*, 325-34.
- Burgess, R. G. (1984). *In the Field: An Introduction to Field Research.* London: Unwin Hyman.
- Burnham, J. & Harris, Q. (2002). 'Cultural Issues in Supervision.' In D. Campbell & B. Mason (Eds.), *Perspectives on Supervision*. London: Karnac.
- Burnham, J. (1992). Approach Method Technique: Making distinctions and creating connections. *Human Systems: Journal of Systemic Consultation and Management*, *3*, 3-26.
- Burr, V. (1998). Gender and Social Psychology. Hove: Psychology Press

- Butler, C. (2003). *The Personal and Professional Integration of Lesbian and Gay Clinical Psychology Trainees: Challenges and Opportunities*. (Unpublished Doctoral Dissertation). University of East London, London.
- Cape, J., Roth, A., Scior, K., Thompson, M., Heneage, C., & Du Plessis, P. (2008). Increasing diversity within clinical psychology: The London initiative. *Clinical Psychology Forum 190.* 7-10.
- Clare, L., Scaife, J., & Buchan, L. (2002). Difference is in us, not just out there: diversity and clinical psychology training. *Clinical Psychology*, *11*, 7-10.
- Crenshaw, K. (1993). Mapping the margins: Intersectionality, identity politics, and the violence against Women of Color. *Stanford Law Review, 43*. 1241-1299.
- Cromby, J., & Nightingale, D.J. (1999). What's wrong with social constructionism? In D.J. Nightingale & J. Cromby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. 1-19). Buckingham: Open University Press.
- Cross, W. E. (1991). Shades of black: Diversity in African American identity.

 Philadelphia: Temple University Press.
- D'Ardenne, P., & Mahtani, A. (1989). *Transcultural Counselling in Action*. London: Sage Publications.
- Daiches, A. (1998). Fear and Cloaking in Psychology. *Clinical Psychology Forum*, 117, 9.
- Daiches, A. (2010). Clinical psychology and diversity: progress and continuing challenges: A commentary. *Psychology Learning and Teaching*, 9, 28-29.
- Daniel, J. H., Roysircar, G., Abeles N., & Boyd, C. (2004). Individual and cultural-diversity competency: focus on the therapist. *Journal of Clinical Psychology* 60 (7), 755-70.
- Darlaston-Jones (2007). Making connections: The relationship between epistemology and research methods. *The Australian Community Psychologist*, *19* (1), 19-27.
- Davidson, S., & Patel, N. (2009). Power and Identity: Considerations for Personal and Professional Development. In J. Hughes & S. Youngson (Eds.),

- Personal development and clinical psychology. (pp. 75-88). London: BPS Blackwell Edition.
- Davidson, S., Harper, D., Patel, N., & Byrne, B. (2007). Drawing Back the Curtain: Maintaining a critical approach to clinical psychology training. *The Journal of Critical Psychology, Counselling and Psychotherapy, 7 (4),* 201-210.
- Davies, B., & Harré, R. (1999). Positioning: The discursive production of selves. In R. Harré & L. van Langehove (Eds.), *Positioning Theory*. Oxford: Blackwell.
- Department of Health (2003). *Delivering Race Equality: A Framework for Action*.

 Retrieved from

 http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/DH4067441
- Department of Health (2005). The Ten Essential Shared Capabilities Learning pack for mental health practice. Retrieved from http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publications http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publications http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publications
- Department of Health (1999). *National Service Framework: Mental Health*.

 Retrieved from https://www.gov.uk/government/publications/quality-standards-for-mental-health-services
- Derek, H. (2008). The 'real' of racializing embodiment. *Journal of community & applied social psychology, 18* (2), 140-152.
- DiAngelo, R. (2011). White Fragility. *International Journal of Critical Pedagogy*, 3 (3), 54-70.
- Du Bois, W.E.B. (1906/1994). The souls of Black folks. New York: Dover
- Durrheim, K., Hook, D., & Riggs, D. (2009). Race and racism. In D. Fox, I. Prilleltensky & S. Austin (Eds.), *Critical Psychology: An introduction* (2nd Ed.). London: Sage.
- Elliott, J. (2005). *Using Narrative in Social Research: Qualitative and Quantitative Approaches*. London: Sage.

- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related Fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Equality Act 2010. Retrieved from http://www.legislation.gov.uk/ukpga/2010/15/contents
- Erikson, E. (1968). *Identity: Youth and Crisis*. New York: Norton.
- Fanon, F. (1967). Black Skin, White Masks. London: Pluto Press.
- Fatimilehin, I., & Coleman, P. (1998). 'You've got to have a Chinese chef to cook Chinese food'- Issues of power and control in mental health services.

 Journal of Community and Applied Social Psychology. 9, 101-117.
- Feagin, J. R. (1991). The Continuing Significance of Race: Antiblack

 Discrimination in Public Places. *American Sociological Review 56*, 101-116.
- Fernando, S. (1991). *Mental health, race and culture.* London; Macmillan Education, in conjunction with MIND.
- Fernando, S., Ndegwa, D., & Wilson, M. (1998). *Forensic psychiatry, race and culture*. London: Routledge.
- Fine, M. (1994). Working the Hyphens: Reinventing self and other in qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research*. London: Sage.
- Fleming, I., & Daiches, A. (2005). Psychologists Against Racism. *Clinical Psychology* 48, 7-10.
- Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison*. London: Penguin.
- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings* 1971-1977. New York: Harvester Wheatsheaf.
- Foucault, M. (1982). The subject of power. In H. Dreyfus & P. Rabinow (Eds.).

 Michel Foucault Beyond: structuralism and hermeneutics. New York:

 Harvester Wheatsheaf.
- Foucault, M. (1984). *The History of Sexuality, Volume 1: An Introduction.* R. Hurley (Trans.). England: Penguin.

- Foucault, M. (1984). *The History of Sexuality Vol. 2: The Use of Pleasure*. London: Penguin.
- Freire, P. (1970). *Pedagogy of the Oppressed*. New York: Herder and Herder.
- Frosh, S. & Young, L. (2008). Psychoanalytic Approaches to Qualitative Psychology. In Willig, C. and Stainton-Rogers, W. (Eds.). *The Sage Handbook of Qualitative Research in Psychology*. London: Sage.
- Frosh, S., Phoenix, A., & Pattman, R. (2003). Taking a stand: Using psychoanalysis to explore the positioning of subjects in discourse. *British Journal of Social Psychology*, 42, 39-53.
- Fryer, P. (1984). Staying power. The history of Black people in Britain. London: Pluto.
- Gaiotto, L. (2011). *Motherhood and professional identity in the context of female clinical psychologists with children.* [Unpublished Thesis]. Canterbury Christ Church University. Retrieved from http://create.canterbury.ac.uk/10336/
- Gay, G., & Kirkland, K. (2003). Developing Cultural Critical Consciousness and Self-Reflection in Preservice Teacher Education. *Theory Into Practice*, 42 (3), 181-187.
- Gergen, K.J. (2007). *Writing as a relationship.* Retrieved from http://www.swarthmore.edu/Documents/faculty/gergen/Writing_as_Relations http://www.swarthmore.edu/Documents/faculty/gergen/Writing_as_Relations
- Gergen, K.J. (2009). *Relational Being. Beyond Self and Community*. Oxford: Oxford University Press.
- Gilbert, L. A., & Rader, J. (2001). Current perspectives on women's adult roles: Work, family and life. In R.K. Ungar (Ed.), *Handbook of the psychology of women and gender*, (pp.156-169). New York: Wiley.
- Gill, P., Kai, J., Bhopal, R., & Wild, S. (2007). Health Care Needs Assessment-Black and Minority Ethnic Groups. Retrieved from http://www.library.nhs.uk/COMMISSIONING/ViewResource.aspx?resID=18 2090

- Gillmer, B., & Marckus, R. (2003). Personal Professional Development in Clinical Psychology Training: Surveying Reflective Practice. *Clinical Psychology*, 27, 20-23.
- Gilman, S. (1986). *Jewish Self-Hatred: Anti-Semitism and the Hidden Language of the Jews*. Baltimore: John Hopkins University Press.
- Goffman, E. (1969). The Presentation of Self in Everyday Life. London: Penguin.
- Goodbody, C.L. (2009). A critical analysis of the personal and professional development of majority and minority clinical psychologists: Power, difference and identities. [Unpublished Thesis], Canterbury Christ Church University.
- Goodbody, L. (2012) White dialectics and clinical psychology: an invitation to dialogue. Clinical Psychology Forum, 232, 18-22.
- Goodbody, L., & Burns, J. (2011). Deconstructing Personal Professional

 Development in UK Clinical Psychology: Disciplining the interdisciplinarity of lived experience. *Journal of the Interdisciplinary Social Sciences, 5 (9),* 295-310.
- Gravlee, C. (2009). How Race Becomes Biology: Embodiment of Social Inequality. *American Journal of Physical Anthropology*, 139, 47-57.
- Green, J., & Hart, L. (1999). The impact of context on data. In R. Barbour & J. Kitzinger (Eds.), *Developing focus group research: Politics, theory and practice*. London: Sage.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18 (1),* 59–82.
- Gunaratnam, Y. (2003). *Researching 'Race' and Ethnicity*. Buckingham: The Open University Press.
- Hall, J., & Llewelyn, S. (Eds.) (2006). *What Is Clinical Psychology?* Oxford: The Open University Press.

- Harper, D. (2010). Clinical Psychology in Context: A Commentary on David Pilgrim's 'British Clinical Psychology and Society'. *Psychology Learning and Teaching*, *9* (2), 13–14.
- Harper, D. (2011). Choosing a Qualitative Research Method. In D. Harper, & A.
 R. Thompson (Eds.), Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners (pp. 83-97).
 Chichester: Wiley-Blackwell.
- Harper, D. (2012). Introducing Social Constructionist and Critical Psychology into Clinical Psychology Training. In G. Larner & D. Paré (Eds.), *Collaborative Practice in Psychology and Therapy*. NewYork: Haworth Press.
- Harper, D. (2004). Delusions and discourse: Moving beyond the constraints of the modernist paradigm. *Philosophy, Psychiatry & Psychology, 11(1),* 55-64.
- Health & Care Professions Council (2008). *Equality and Diversity Scheme*.

 Retrieved from http://www.hpc-uk.org/aboutus/aimsandvision/equality/index.asp?printerfriendly=1
- Health and Care Professions Council (2012). *Practitioner psychologists:*Standards of proficiency. Retrieved from <a href="www.hcpc-"ww.hcpc-"ww.hcp
- Helms, J. E., & Cook, D. A. (Eds.). (1999). *Using Race and Culture in Counseling and Psychotherapy*. Boston: Allyn & Bacon.
- Horner, C., Youngson, S., & Hughes, J. (2009). Personal development in clinical psychology training The story so far...". In J. Hughes & S. Youngson (Eds.), *Personal development and clinical psychology* (pp. 168-187). Chichester: BPS Blackwell.
- Howitt, D. & Owusu-Bempah, J. (1994). *The Racism of Psychology: Time for change*. New York: Harvester Wheatsheaf.
- Huey, D. A., & Britton, P. G. (2002). A portrait of clinical psychology. *Journal of Interprofessional Care, 16 (1),* 69-78.
- Hughes, J., & Youngson, S. (Eds.) (2009). *Personal development and clinical psychology.* Chichester: BPS Blackwell.

- Hugh-Jones, S. (2010). The Interview in Qualitative Research. In Forrester, M.A. (Ed.). *Doing Qualitative Research in Psychology* (pp. 77-97). London: Sage.
- Iwamasa, G.Y. (1996). On being an ethnic minority cognitive behaviour therapist. Cognitive and Behavioral Practice, 3 (2), 235-254.
- Jenkins, R. (1986). Social anthropological models of inter-ethnic relations. In J. Rex & D. Mason (Eds.), *Theories of Race and Ethnic Relations*. Cambridge: CUP.
- Joffe, H. (2012). Thematic Analysis. In D. Harper & A.R. Thompson (Ed.),

 Qualitative Research Methods in Mental Health and Psychotherapy: A

 Guide for Students and Practitioners (83-98). West Sussex: John Wiley & Sons.
- Johnstone, L. (2000). *Users and Abusers of Psychiatry: A Critical Look at Psychiatric Practice* (2nd Ed.). Hove: Routledge.
- Kimble, G. A. (1984). Psychology's Two Cultures. *American Psychologist*, 39, 833-839.
- Kitzinger, C., & Wilkinson, S. (1996). *Representing the other: a Feminism & psychology reader*. London: Sage.
- Kitzinger, J (2005). Focus Group Research. In. I. Holloway (Ed.). *Qualitative Research in Health Care* (pp. 56-68). Maidenhead: Open University Press.
- Knight, K., Sperlinger, D., & Maltby, M. (2010). Exploring the personal and professional impact of reflective practice groups: a survey of 18 cohorts from a UK clinical psychology training course. *Clinical Psychology & Psychotherapy*, 17 (5), 427-437.
- Kottler, A. (1991). Learning Therapy Some Reflections on the Constraints and Dilemmas Involved: A Case Study. (Unpublished Master's Thesis, University of Cape Town, South Africa). Retrieved from http://uctscholar.uct.ac.za/
- Kumashiro, K. K. (2000). Toward a Theory of Anti-Oppressive Education. *Review of Educational Research, 70 (1),* 25-53.

- Kuyken, W., Peters, E., Power, M., & Lavender, T. (1998). The psychological adaptation of psychologists in clinical training: the role of cognition, coping and social support. *Clinical Psychology & Psychotherapy, 5 (4),* 238-252.
- Lago, C. (2010). Diversity, Oppression and Society: Implications for Person Centred Therapists. Person Centered and Experiential Psychotherapies. 10 (4), 235-247.
- Leary, M. R., & Tangney, J. P. (2003). *Handbook of Self and Identity*. New York: Guilford Press.
- Leary, M. R., & Tangney, J. P. (2011a). The self as an organizing construct in the behavioral and social scieneces. In M.R. Leary & J.P, Tangney (Eds.), *Handbook of self and identity* (2nd Ed., pp. 3-14). New York: Springer
- Lennie, C. (2007). The role of personal development groups in counsellor training: understanding factors contributing to self awareness in the personal development group. *British Journal of Guidance and Counselling*. 35 (1), 115-29.
- Madill, A., Jordan, A. & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, *91*, 1–20.
- Mama, A. (1995). Beyond the masks: race, gender and subjectivity. London: Routledge.
- Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, 13, 522-525.
- Mason, J. (2003). 'Qualitative Interviewing'. In T. May (Ed.), *Qualitative Research* in Action (pp. 225-241). London: Sage.
- McInnis, E. (2002). Institutional racism in the NHS and clinical psychology?

 Taking note of McPherson. *The Journal of critical Psychology, Counselling and Psychotherapy, 2(3),* 164-170.
- McIntosh, P. (1995). White privilege and male privilege: A personal accounting of coming to see correspondences through work in Women's Studies. In M. Anderson & P. Collins (Eds.), *Race, class and gender*. USA: Wadsworth.

- McKenzie-Mavinga, I. (2005). Understanding black issues in postgraduate counsellor training. *Counselling and Psychotherapy Research*, *5*, 295-300.
- McNeil, S.L. (2010). 'The only black in the village': a qualitative exploration of the experience of black psychologists in Britain. [Unpublished Doctoral Dissertation]. University of Birmingham.
- Mohanram, R. (1999). *Black Body: Women, Colonialism and Space*. Minneapolis: University of Minnesota Press.
- Nadirshaw, Z. (2000). Professional and organisational issues. In N. Patel, E. Bennett, M. Dennis, N. Dosanjh, A. Mahtani, A. Miller, C et al (Eds.). *Clinical Psychology, 'Race' and Culture: A Training Manual.* Leicester: BPS Books.
- Nightingale, D. J. & Cromby, J. (2002). Social Constructionism as Ontology: Exposition and Example. *Theory & Psychology, 12 (5),* 701–713.
- Nightingale, D.J., & Cromby, J. (Eds.) (1999). Social constructionist psychology: a critical analysis of theory and practice. Buckingham: Open University Press
- Orford, J. (2008). Asking the right questions in the right way: the need for a shift in research on psychological treatments for addiction. *Addiction*, *103*, 875–885.
- Parker, I. (1999). Critical psychology: critical links. *Annual Review of Critical Psychology*, *1*, 3-18.
- Parker, I. (2005). *Qualitative Psychology: Introducing Radical Research*. Maidenhead: Open University Press.
- Parker, I. (2007). Critical Psychology: What It Is and What It Is Not. Social and Personality Psychology Compass, 1 (1), 1–15.
- Patel, N. (1998a). Black therapists and cross-cultural therapy: issues of power dynamics and identity. *Clinical Psychology Forum, 114,* 13-15.
- Patel, N. (1998b). Black therapists/white clients: an exploration of experiences in cross-cultural therapy. *Clinical Psychology Forum, 118,* 18-23.

- Patel, N., Bennett, E., Dennis, M., Dosanjh, N., Mahtani, A., Miller. A., et al (Eds.) (2000). *Clinical Psychology, 'Race' and Culture: A Training Manuel.*Leicester: BPS Books.
- Patel, N. (2008). Rape as torture. Clinical Psychology Forum, 192, 12-16.
- Patel, N. (2010). Plus ça Change, Plus C'est la Même Chose? Commentary on Turpin & Coleman. *Psychology Learning & Teaching*, *9* (2), 30–31.
- Patel, N. (2012). Difference and power in supervision: The case of culture and racism. In I. Fleming & L. Steen (Eds.), *Supervision and Clinical Psychology Theory, Practice and Perspectives* (2nd Ed.). Hove: Routledge.
- Patel, N., & Fatimilehin, I. (1999). Racism and mental health. In G. Holmes, C. Newnes, & C. Dunn, (Eds.). *This is madness: A critical look at psychiatry and the future of mental health services.* UK: PCCS Books.
- Patel, N., & Fatimilehin, I. (2005). Racism and clinical psychology: Has anything changed? *Clinical Psychology Forum, 48,* 20-23.
- Phoenix, A. (1987). Theories of gender and black families. In G. Weiner & M. Arnot (Eds.), *Gender Under Scrutiny* (pp. 50-63). London: Hutchinson.
- Pickren, W. E. (2009). Liberating history: The context of the challenge of psychologists of color to American psychology. *Cultural Diversity and Ethnic Minority Psychology*, *15*, 425–433.
- Pilgrim, D., & Bentall, R. P. (1999). The medicalisation of misery: A critical realist analysis of the concept of depression. *Journal of Mental Health*, 8, 261–274.
- Pilgrim, D. & Patel, N. (2015). The emergence of clinical psychology in the British post-war context. In J. Hall, D. Pilgrim & G. Turpin (Eds.), *Clinical Psychology in Britain*. Leicester: British Psychological Society.
- Pilgrim, D. & Treacher, A. (1992). *Clinical Psychology Observed.* London: Routledge.
- Pilgrim, D. (2008a). The eugenic legacy in psychology and psychiatry. International Journal of Social Psychiatry, 54 (3), 272-84.
- Pilgrim, D. (2008c). What is the 'British Journal of Clinical Psychology' for? *Clinical Psychology Forum*, *189*, 15-18.

- Pilgrim, D. (2010). British Clinical Psychology and Society. *Psychology Learning* & *Teaching*, 9 (2), 8-12.
- Pipes, R.B., Holstein, J.E., & Aguirre, M.G. (2005). Examining the personal-professional distinction: Ethics codes and the difficulty of drawing a boundary. *Am Psychol*, *60(4)*, 325-334.
- Potter, J. & Hepburn, A. (2005). Qualitative interviews in psychology: problems and possibilities. *Qualitative Research in Psychology*, 2,38-55.
- Rajan, L., & Shaw, S. K. (2008). 'I Can Only Speak for Myself': Some voices from Black and Minority Ethnic clinical psychology trainees. *Clinical Psychology Forum*, 190, 11-16.
- Richards, G. (2010). Loss of innocence in the Torres Straits. *The Psychologist,* 23, 982-983.
- Ritchie, J., & Lewis, J. (2003). *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage.
- Rogers, A., & Pilgrim, D. (2003). *Mental health and Inequalities*. Basingstoke: Palgrave Macmillan.
- Rose, N. (1998). *Inventing Our Selves: Psychology, Power, and Personhood.*Cambridge: CUP.
- Sampson, E. E. (1989). The challenge of social change for psychology: Globalization and psychology's theory of the person. *American Psychologist*, *44* (6), 914-921.
- Sashidharan, S.P. (1986). Ideology and politics in transcultural psychiatry. In J.L. Cox (Ed.), *Transcultural psychiatry*. Sydney: Croom Helm.
- Scaife, J. (1995). *Training to help: a survival guide.* Sheffield: Riding Press.
- Scaife, J. (2009). Supervision in clinical practice (2nd Ed.). Hove: Routledge.
- Schön, D.A. (1983). *The reflective practitioner: how professionals think in action.*New York: Basic Books.
- Schön, D.A. (1987). *Educating the reflective practitioner.* San Francisco: Jossey Bass.

- Searle, J. R. (1996). *The Construction of Social Reality*. London: Penguin.
- Shah, S. (2010). The Experience of Being a Trainee Clinical Psychologist from a Black and Minority Ethnic Group: A Qualitative Study. [Unpublished Thesis] University of Hertfordshire. Retrieved from http://uhra.herts.ac.uk/handle/2299/5088
- Sims-Schouten, W., Riley, S.C.E., & Willig, C. (2007). Critical Realism in Discourse Analysis: A Presentation of a Systematic Method of Analysis Using Women's Talk of Motherhood, Childcare and Female Employment as an Example. *Theory & Psychology, 17,* 101-124.
- Smith, J., Jarman, M., & Osborn, M. (1999). Doing interpretive phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: theories and methods*. London: Sage.
- Speer, S. A. (2007). On recruiting conversation analysis for critical realist purposes. *Theory and Psychology*, *17*, 125–135.
- Sullivan, C. (2010). Theory and method in qualitative research. In M. A. Forrester (Ed.), *Doing Qualitative Research in Psychology* (pp. 15-38). London: Sage.
- Szasz, T. S. (1974). The myth of mental illness. In *Ideology and Insanity*. London: Penguin Books.
- Tajfel, H. (1981). *Human Groups and Social Categories*. Cambridge: University Press.
- Tamasese, K., & Waldegrave, C. (1993). "Cultural and Gender Accountability in the 'Just Therapy' Approach". *The Journal of Feminist Family Therapy*, 5 (2) Summer.
- Tan, R., & Campion, G. (2007). Losing yourself in the moment: The socialisation process of clinical psychology training. *Clinical Psychology Forum*, 180, 13-16.
- Taylor,S. (2003). Locating and Conducting discourse analytic research. In M. Wheterall, S.Taylor & S.J. (Eds.), *Discourse as Data: A Guide for Analysis* (pp. 5-48). London: Sage Publications.

- Thompson, A. (2001). *Summary of Whiteness Theory.* Retrieved from http://www.pauahtun.org/Whiteness-Summary-1.html
- Turpin, G. & Coleman G. (2010). Clinical Psychology and Diversity: Progress and Continuing Challenges. *Psychology Learning & Teaching*, *9*(2), 17-27.
- Valon, L. (2012). Behind the PBL mask: narratives of identity change amongst clinical psychologists engaged in problem-based learning. [Unpublished thesis], University of Hertfordshire. Retrieved from https://uhra.herts.ac.uk/handle/2299/10627?show=full
- Waldegrave, C., Tamasese, K., Tuhaka, F., & Campbell, W. (2003). *Just Therapy* a Journey: A Collection of Papers from the Just Therapy Team. Adelaide:
 Dulwich Centre Publications.
- Walsh, S., & Scaife, J. (1998). Mechanisms for addressing personal and professional development in clinical training. *Clinical Psychology Forum,* 115, 21-24.
- West, C., & Zimmerman, D.H. (1987). Doing Gender. *Gender and Society, 1 (2),* 125-151.
- Wigg, R. S. (2009). Enhancing Reflective Practice Among Clinical Psychologists and Trainees. Coventry University and University of Warwick.
- Wilkinson, S. (1998). Focus Group Methodology: A Review. *Social Research Methodology*, *1* (3), 181-203.
- Williams, P. E., Turpin, G., & Hardy, G. (2006). Clinical Psychology Service Provision and Ethnic Diversity within the UK: A Review of the Literature. *Clinical Psychology and Psychotherapy*, *13*, 324-338.
- Willig, C., & Stainton-Rogers, W. (Eds.). (2007). Sage Handbook of Qualitative Research in Psychology. London: Sage Publications
- Willig, C. (1999). Beyond appearances: a critical realist approach to social constructionist work. In D. J. Nightingale & J. Cromby (Eds.), Social Constructionist Psychology: A Critical Analysis of Theory and Practice (pp. 37-51). Guildford: OU Press.

- Willig, C. (2008). *Introducing qualitative research in psychology* (2nd Ed.). Maidenhead: Open University Press.
- Willig, C. (2013). *Introducing qualitative research in psychology* (3rd Ed.). Maidenhead: Open University Press.
- Winslade, J. (2002). Storying professional identity. *International Journal of Narrative Therapy and Community Work, 4,* 33-38.
- Wood, H., Lea, L., & Holttum, S. (2013). Finding the personal in the clinical psychology swamp. *Journal of Mental Health Training and Practice*, 8 (1), 15-25.
- Woodward, N. S. (2014). Experiences of Personal and Professional Identities during Clinical Psychology Doctoral Training. [Unpublished Thesis], University of Hertfordshire. Retrieved from http://uhra.herts.ac.uk/handle/2299/14778
- Woolgar, S. & Pawluch, D. (1985). Ontological Gerrymandering: The anatomy of social problems explanations. *Social Problems*, *32*, 214-227.

6. APPENDICES

6.1. Appendix A - Reflexive Section: Developing an Epistemology Following from section 2.1.2. The complexity of Epistemology

I discussed how I came to conduct this research in the introduction section of this write-up. I struggled with conceptualising this study when it began two years ago and I often used the word 'complex' to describe it. Willig (2013) suggests that in trying to identify where you stand epistemologically, you may also need to reflect on your ontological, ethical and political commitments (Parker, 2005). I believe that the complexity of my epistemological stance reflects the multiple, complex, and often contested positions that I occupy, both in the material world and also how I construct and am constructed in social interactions. I will now discuss this using a few examples.

As stated earlier, my skin colour is a shade of brown; this has both real implications (I was once misdiagnosed and treated for a particular illness that was associated with my 'race', which delayed the diagnosis of another serious illness) and discursive ones (I am constructed as either 'the angry black woman' or the 'meek Asian'). These positions shape my 'being' in multiple contexts – I often find myself consciously and unconsciously policing my behaviour to avoid living certain discursive constructions of my 'self'. I am an immigrant to the UK, and I do not hold 'permanent' resident status in any country. I 'feel' the institutional power of the Home Office in every aspect of my life, both materially (for example in the jobs that I am able to take), and through the social construction of my identities as 'a burden' or the 'unwelcome other'.

My family originated in India; a former British Colony. Notions of 'Darkness/Blackness as less than Whiteness' were pervasive in my childhood, in addition to having to 'work hard' and 'be strong' (so-called 'British stiff upper lip' values) which led to my privileging of particular ways of being (independent, hard-working) over others (vulnerable, needing support). However, colonisation

also led to English being my first language, and afforded me certain material privileges (for example, entry into CP training) associated with being positioned as 'the well-spoken/exceptional immigrant/person of colour'. Education afforded my family an escape from the oppression they endured due to their 'lower-caste' status (one layer of subjugation, built upon many others), and I have been significantly privileged both by education and the middle-class status that followed.

I believe that this complex web of positions of privilege and subjugation, both material and constructed, led me to the critical realist version of the social constructionism I adopt in this study. I also believe that identities cannot be explored without considering power relations and power manifests not only in the Foucauldian sense but also materially, independent of discourse (Feagin, 1991).

6.2. Appendix B - Invitation Letter



Dear Prospective Participant

My name is Petrishia Samuel Paulraj and I am a Final year trainee in Clinical Psychology at the University of East London. I am writing to inform you about my research study and invite your participation in it.

Through my study I aim to explore how Black trainees make sense of their 'identities' in the context of Clinical Psychology training. I use the term 'Black' to include anyone who self-identifies as Black and/or who uses race, culture or ethnicity to refer to their 'identities'. I hope that an understanding of how Black trainees make sense of their 'identities' and the various influences on this might aid training courses to support Black trainees in their personal and professional development.

I hope to explore this by carrying out semi - structured interviews with 8-12 Clinical Psychology trainees. To participate, you will be asked to take part in one audio-recorded face-face interview lasting around 60 minutes in a convenient and private setting negotiated with you. This will involve talking to me about how you make sense of your 'identities' in relation to Clinical Psychology training and various influences on this. It is fully acknowledged that talking about this may be a difficult process and that some questions I may ask you might feel sensitive. If any of the questions are found to be particularly upsetting you do not have to answer them.

It is wholly your choice as to whether you decide to participate or not. You are welcome to ask any further questions before this decision is made. If you do decide to consider participation you will be provided with an information sheet to help your decision further. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

All information collected about you throughout the course of research will be kept strictly confidential. Your name and other identifying information will be kept securely and separately from your audio recording and the subsequent data analysis. People involved in your course will not have access to any raw research data, which may be able to identify you at any time. Confidentiality may only be breached in accordance with the British Psychological Society's code of conduct

e.g. if any information is disclosed during the interview which leads to sufficient concern about the person's safety or the safety of others. In these cases the research supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

If you are willing to consider participation, please feel free to email me at [email] or telephone me on [phone number] for further discussion and information about this project.

Thank you for your time, it is very much appreciated.

Kind Regards,

Petrishia Samuel Paulraj Trainee Clinical Psychologist (Final Year) University of East London

[email] [phone number]

Study Supervisor

Professor Nimisha Patel University of East London Water Lane London E15 4LZ

6.3. Appendix C - Information Sheet



UNIVERSITY OF EAST LONDON

School of Psychology Stratford Campus Water Lane London E15 4LZ

Principal Investigator

Petrishia Samuel Paulraj Email: Mobile:

Dear Prospective Participant,

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate a research study. The study is being conducted as part of my Professional Doctorate in Clinical Psychology at the University of East London.

Project Title

How do Black trainees make sense of their 'identities' in the context of Clinical Psychology training?

Project Description

Recently, there has been an increased emphasis on personal engagement of trainees in Clinical Psychology training and practice ('Personal and Professional Development' or PPD) and the training accreditation criterion reflects this (British Psychological Society, 2010). This has also been crucially linked to the development of 'culturally competent' practitioners (e.g. Department of Health, 2005) and features in national standards for professional registration (Health and Care Professions Council, 2012).

Training to be a Clinical Psychologist now requires the individual to engage personally which includes questioning one's values and beliefs and negotiating one's 'identity' in relation to the profession. Existing literature suggests that this

process is different for trainees from 'minority' groups but this area has not been explored before in relation to Black trainees.

I use the term 'Black' to include anyone who *self-identifies as Black and/or who* uses race, culture or ethnicity to refer to their identities. This is not to deny the significant differences between and within groups but to recognise the shared experiences of belonging to a 'minority' group within the UK and Clinical Psychology training regardless of the specific gradation of their skin colour or their geographic or ethnic origin.

The aim of this study is to explore how Black trainees make sense of their 'identities' in the context of Clinical Psychology training.

I believe that this is an important area to explore given the under-representation of Black trainees within Clinical Psychology. Furthermore, an understanding of how Black trainees make sense of their identities and the influence of language, power, social and institutional practices on this might aid training courses to support Black trainees in their personal and professional development.

Why have I been invited to take part?

You have expressed an interest to take part in my study through email/telephone having heard about it from your university or other trainee community forum.

What will I be asked to do?

If you decide to participate, you will be asked to take part in an audio-recorded face-face interview lasting about 60 minutes. This will involve talking to me about how you make sense of your identities in relation to Clinical Psychology training and various influences on this.

If you consent, you may be contacted at a later date to ask if you would like to hear about and comment on the research analysis. You can decline this offer without giving a reason.

What are the benefits of taking part in this study?

By participating in this research, you will have the opportunity to reflect on and share your views on a topic that might be important to you. Potentially, this research might help training courses in supporting Black trainees' in their personal and professional development and experience of training.

What are the possible risks of taking part in this study?

It is possible that you might find talking about this topic difficult or distressing. If you find any of the questions particularly upsetting you do not have to answer them. You will be reminded that you can ask to stop, take breaks, reschedule the interview or withdraw from the study at any time. There will be a space for debrief at the end of the interview and you will also be offered information on relevant sources of support. In order to maintain confidentiality, this will be of services that are independent of your university.

Will my taking part in the study be kept confidential?

All information collected about you and the content of the interviews will be kept strictly confidential. However, if you reveal information during the interview which leads to concern about your safety or the safety of others, it may be necessary to involve a third party and this will be done in consultation with my research supervisor unless there is an immediate concern. I anticipate that, when possible I will discuss this with you before confidentiality is broken.

To protect your anonymity, your name and other identifying information will be kept securely and separately from your audio-recording and the subsequent data analysis. People involved in your course will not have access to any raw research data, which may be able to identify you at any time. If you have any additional concerns at any stage of the interview, every effort will be taken to agree with you what you wish to be anonymised. I will carry out all the transcription and any identifying features will be altered in transcripts, thesis extracts and any resulting publications. The transcripts will not be accessible to anyone other than my supervisor and examiners of this study. The audio recordings will be erased when I no longer need them for university approval (December 2016). I plan to keep the anonymised transcripts securely for five years, as I may wish to develop this research for publication.

Where and when will I take part?

If you decide to take part in this study, a convenient time for the interview will be arranged. The interview will take place at a convenient, comfortable location that will be negotiated with you (for example, a private room at University of East London).

Do I have to take part?

You are not obliged to take part in this study and you should not feel coerced. You are free to withdraw at any time. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation

to give a reason. Should you withdraw, I will negotiate with you on whether your anonymised interview will be used in the analysis and write-up of the study.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to the interview. Please retain this invitation letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor Professor Nimisha Patel, University of East London, Water Lane, London E15 4LZ

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ. Tel: Email:

Thank you in anticipation.

Yours faithfully, Petrishia Samuel Paulraj [email] [phone number]

References

British Psychological Society (2010). *Standards for Doctoral Programmes in Clinical Psychology*. Retrieved from www.bps.org.uk/sites/default/files/.../clinical_accred2010_web_0.pdf on 25.11.2014.

Department of Health (2005). *The Ten Essential Shared Capabilities - Learning pack for mental health practice*. Retrieved from http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandst atistics/Publications/PublicationsPolicyAndguidance/dH 4087169 on 26.11.2014.

Health and Care Professions Council (2012). *Practitioner psychologists:*Standards of proficiency. Retrieved from www.hcpc-uk.org/assets/.../10002963SOP Practitioner psychologists.pdf on 26.11.2014.

6.4. Appendix D - The Interview Schedule

Review information sheet, consent for participation, right to withdraw take breaks or terminate interview at any point. Answer any questions.

- 1. What was it about this study "How do Black trainees make sense of their 'identities' in the context of Clinical Psychology training?" that interested you / made you decide to participate?
- 2. In Clinical Psychology, we often talk about 'identity'. What does the term 'identity'/identities mean to you?
 - How would you describe your own 'identities'? How did you come to hold this view? What influenced you?
 - What does the term 'Black' mean to you?
 - How does this relate to the other ways you described your view of 'identities'?
- 3. How have your identities (as X) become salient during clinical psychology training?
 - How did it impact on you?
 - How did it influence your experience of training (learning, peer relationships etc.)?
 - Times when your identities felt less/more salient or relevant? Why?
- 4. How has the process of being on Clinical Psychology training influenced
 - Your sense of your own identities?
 - Of identifying yourself as 'Black'/or x?

- 5. How has your sense of your identities during clinical psychology training influenced:
 - Your preferred models/therapeutic approaches?
 - Your practice as a trainee Clinical Psychologist? Can you give me an example?
- 6. Is there anything we haven't touched upon in relation to identities and Clinical Psychology training that you would like to talk about?
- 7. What has the experience of being interviewed for this research been like for you?

<u>Debrief, Review Consent, Details to be Anonymised, and Further Support if</u>
<u>required</u>

6.5. Appendix E - Consent Form



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

How do Black trainees make sense of their 'identities' in the context of Clinical Psychology training?

I have the read the Information Sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me.

Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher may, after discussion with me, use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher

Participant's Name (BLOCK CAPITALS)	Participant's Signature
Researcher's Name	Researcher's Signature
Date	

6.6. **Appendix F - Ethics Approval Form**

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational

Psychology

SUPERVISOR: Nimisha Patel

REVIEWER: Ho Chung Law

STUDENT: Petrishia Samuel Paulraj

Title of proposed study: How do Black trainees make sense of their 'identities' in

the context of Clinical Psychology training?

Course:

DECISION (Delete as necessary):

*APPROVED, BUT MINOR CONDITIONS ARE REQUIRED BEFORE THE

RESEARCH COMMENCES

APPROVED: Ethics approval for the above named research study has been

granted from the date of approval (see end of this notice) to the date it is

submitted for assessment/examination.

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE

RESEARCH COMMENCES (see Minor Amendments box below): In this

circumstance, re-submission of an ethics application is not required but the

student must confirm with their supervisor that all minor amendments have been

made before the research commences. Students are to do this by filling in the

- 120 -

confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

Minor amendments required (for reviewer):

3.4 & the information sheet – Please specify exactly how many years the transcripts will
be kept after the completion of the study.
2.3 Given that the analysis "will be informed by Foucault's ideas on power of institutions,
'identity' and the influence of language". Please discuss/explain why thematic analysis is
used instead of Foucauldian discourse analysis.

Major amendments required (for reviewer):

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before
starting my research and collecting data.
Student's name (Typed name to act as signature): Petrishia Samuel Paulraj Student number:
Date: 23/03/2015
ASSESSMENT OF RISK TO RESEACHER (for reviewer)
If the proposed research could expose the <u>researcher</u> to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:
HIGH
MEDIUM
√ LOW
Reviewer comments in relation to researcher risk (if any):
Reviewer (Typed name to act as signature): #CLaw
Date : 18 March 2015

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee (moderator of School ethics approvals)

PLEASE NOTE:

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: http://www.uel.ac.uk/gradschool/ethics/fieldwork/

6.7. Appendix G - Provisional Sources of Support

Please see below some sources of support as discussed.

Equality and Human Rights Commission

www.equalityhumanrights.com

Useful website containing advice and guidance on the rights that you have to equality and what to do when you experience discrimination.

Black and Asian Therapists Online

www.baato.co.uk

A website containing a directory of experienced Black or Asian counsellors and psychotherapists in the UK. There are also other resources provided, including some interesting articles.

The British Association of Psychotherapists

www.bap-psychotherapy.org

A service that organises assessment and psychotherapy. There is also a reduced fee scheme providing 3 times per week psychotherapy, usually with a trainee.

The Camden Psychotherapy Unit (CPU)

www.camdenpsychotherapy.org.uk

A community based mental health project providing a psychoanalytic psychotherapy service, together with advisory, consultative and information services. This service is a free and self-referring.

NAFSIYAT- intercultural therapy centre

www.nafsiyat.org.uk

Specialised therapeutic help to people from 'ethnic and cultural minorities'. Work with individuals and families.

K.C.C. Foundation

www.kcc-international.com

Systemic therapy & counselling service available. Fee worked out on a scale according to income.

Pink Practice

www.pinkpractice.co.uk

Provides counselling and psychotherapy to lesbians and gay men. Primarily From a systemic orientation with a particular interest in social constructionist ideas and narrative therapy.

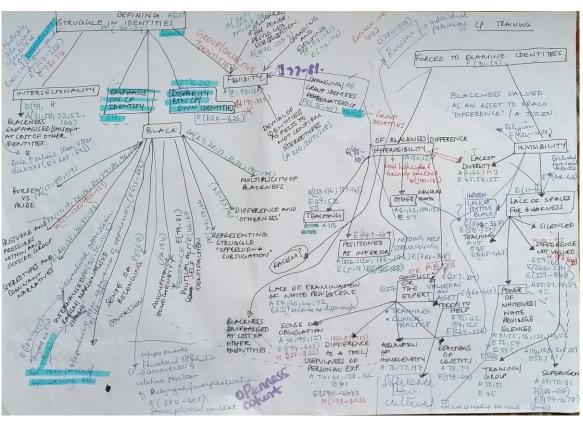
6.8. Appendix H - Example Extract of Coded Transcript

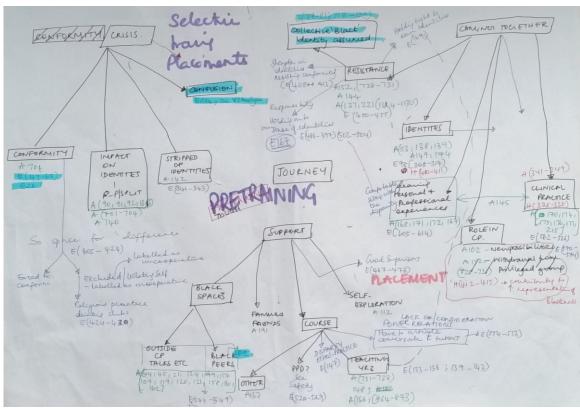
PI2		CONFIDENTIAL	
86 87 88 89 90 91 92 93 94 95 96	those supervisors I found in places like where the difference is so in your face that you can't do anything but accept it, whereas in places like [10.00] where I've have placements there it's more of a thing of 'racism was in the past, and that's not a part of your identity we need to worry about because it's not a problem anymore', but when you, you know, I'm the one living with it and you're telling me it's not a problem, that can either quiet you as a person or it can make	Denial of Lavism Evenced is	REFLECTIONS!
96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118	you argue more. I think in terms of power as a trainee having to argue that point with someone who is assessing you and kind of got the final say over whether you pass the placement or not, you have to tread carefully and it does quiet your voice a little bit. We put it down to more class difference than race, because class difference is easier to talk about, I think it's [11.00] it's not on the syllabus enough, race, the disparity in race, and it's not reallyand even when it is on the syllabus it always comes back to class, and it's belittled the value of what race in our society has an impact on, and the research on it isn't done enough, umit's kind of done more in a comfortable way for people to accept. So I feel like I'm having to act as an advocate in amongst all the other stresses of the course, I'm having to act as an advocate, where the training course isn't doing its part to do that or to hold that responsibility, and that's mainly because there's not enough, in my uni anyway, there's not any black psychologists on the board or on the team anyway who would consider that a major thing [12.00] of importance I guess, so it's not modelled in the syllabus strongly enough. [PP] And therefore you say you have to be the advocate? [12] Yeahyeah'torch bearer almost' and it causes ruptures as well in your relationships with your cohort, so the cohort	SV powerdynanic steered Divisible vs CLOSS Wirible difference Absence q 'race' Curi culum Research Sam No Black Psycholo Position — Advocat Torch Bearer Burden not Shared Buttle for Wischilly	ltised posts
119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135	where you're supposed to be supported, when you're always having to fight that battle of 'oh actually as a black person this is my experience', and there's no other black person to back that up or take that torch sometimes when I'm not feeling in the mood to do it, or I'm tired or I'm stressed out, that's an added pressure that's not necessary, and it's an added thing. And even like, OK that's lectures, [13.00] but we do we have like a like, OK that's lectures, [13.00] but we do we have like a like a like in the limit of the limit is being discussed or thought about properly, that's not enough, that's really not enough, and it's not representative of the clients that we're seeing. Like how can you help a person fully and formulate from their experience to work out why they're getting a diagnosis or why they're having the problems they're having,	Added pressure Thaining. Absence of black transes (Prychologis Sence of resp - clie	Chiversities Frange courses?

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if you're not fully educated through the course and you're not fully educated from experience of what they're going through, and what they're experiencing or [14.00] why they might be experiencing those underlying things that might be going on, that they probably · because you're in a position of power are not going to want to talk to you about, it's not going to be discussed, it's not going to be explored properly, if at all. [PP] So it sounds like your identities, your Blackness has been induced quite a lot by your experience on the course in addition to your experience and the dynamics or trying to be this person of prestige that I think they try and construct you into, I'm quite fortunate to have a husband and a family that you into, I'm quite fortunate to have a husband and a family that will [15.00] bring me back down to earth and make me recognise that that's nonsense, that's not true to form, there are other things involved than that. So I'm quite fortunate to be able to have that balance corrected and evened out, and remember be reminded actually that my experiences are a lot more than the published research which are classed as facts, or the holdingbecause you're as a psychologist you have to hold in mind the opinions of others, and if I've got thirty odd people saying their opinions and their experiences, that might make me think after a while, if I wasn't strong minded, that could kind of break you down to think 'oh maybe it's not as bad and maybe [16.00] these things are the fault of black people, or maybe it is in chemistry and they are more likely to have these disorders and disabilities or mental heallproblems', but when you see things happening around you in your family and you're engulfed in it and you see people being just as qualified as the next person but not get jobs because their name sounds white but their face is completely different when they come in person, that	,
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175 [12] Mm[pause]I think you get so used to being termed as 176 black Caribbean or black African, but I think it's more of that	
experience actually of just having extra pigmentation in your	
178 skin, for me, because when it goes back to where that	
179 segregation originally happened, if you weren't the right side of	
180 that brown paper bag you were classed as black, and that	
181 combination could have come from a lot of different things so a Black - More than	
throwback could have meant you had two white parents and	ty
183 you were born darker, and so for me [18.00] being black isn't	
184 just about it's not just about how dark you are, it's about your heritage Blackness	
185 history and where you come from, and it's a cultural thing as	

6.9. Appendix I - Examples of Tree Diagrams

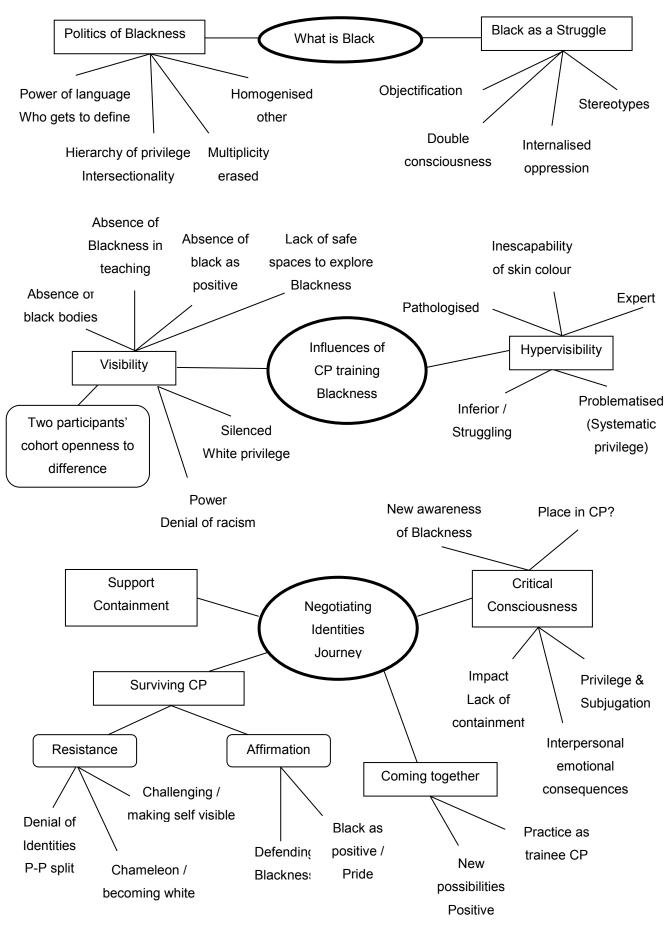




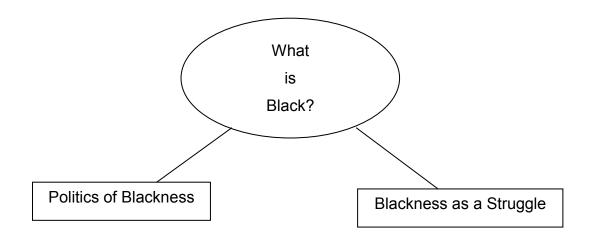
6.10. Appendix J - Example of Initial Thematic Maps

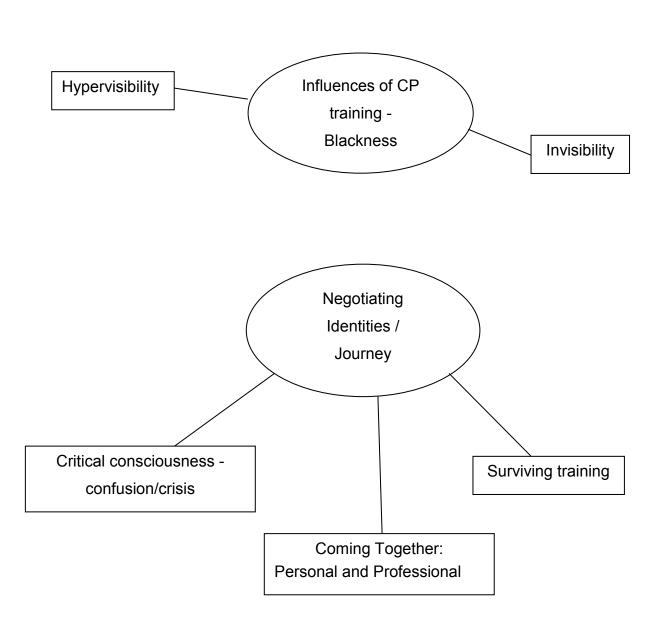


6.11. Appendix K - Diagrammatic Thematic Map

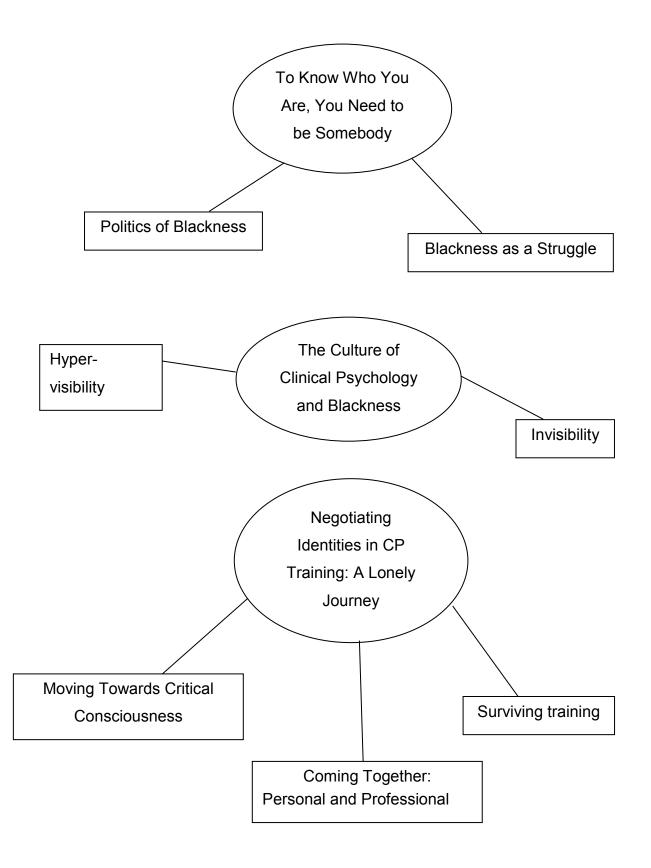


6.12. Appendix L - Final Thematic Map





6.13. Appendix M - Themes and Sub-Themes Map



6.14. Appendix N - Guidelines for Good Thematic Analysis

Process	No.	
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
	2	Each data item has been given equal attention in the coding process.
Coding	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
Coding	4	All relevant extracts for all each theme have been collated.
	5	.Themes have been checked against each other and back to the original data set.
	6	.Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organized story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12	.The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – i.e. described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	.15	The researcher is positioned as active in the research process; themes do not just 'emerge'.

6.15. Appendix O - Presentation Key

For the presentation of interview extracts, minor changes have been made to improve readability. Where words have been omitted to shorten quotes, a dotted line within brackets (....) is indicated. Where additions to text have been made to offer explanation to the reader, square brackets [text] are indicated. Pauses have been represented by dotted lines - .. to represent a brief pause and ... to represent an extended pause. Identifying information has been removed or changed to protect the anonymity of participants.

Some repetitions of 'filler' words within extracts have been removed for reader clarity (e.g. words such as 'like', and hesitations such as 'umm...').