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Factors associated with choosing a career in Clinical Psychology – undergraduate minority ethnic perspectives

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Abstract

Concerns have been expressed by clinical psychologists about the preponderance of white members of the profession. While studies of minority ethnic recruitment into health professions and entry into higher education have been conducted at undergraduate level, the extent to which their results can be mapped on to issues of minority ethnic choosing of postgraduate training in clinical psychology is unknown. The aim of this study is to investigate the attraction or otherwise of professional clinical psychology to potential minority ethnic applicants. Q methodology was used to identify patterns of incentives and disincentives within a series of statements about the profession and its academic subject-matter. Thirty-seven UK minority ethnic undergraduate psychology students completed Q-sort ratings. Along with narrative descriptions of seven factors derived from analysis of the data, we present three overall categories. Q-sort data are by design defined by positive and negative aspects, and our interpretations indicate a mixture of overall attraction in all three categories. These patterns of thinking extend what was known from previous research, and explicate something of the complexity of participants' views of clinical psychology. Within the constraints of the study's limitations, we view them as a small contribution towards an empirically-based understanding of factors influential in the recruitment of an ethnically more representative workforce.

Introduction

Compared to the populations it serves, minority ethnic[1] individuals are under-represented within the clinical psychology workforce in the UK and in the US (Boyle, Baker, Bennett, & Charman, 1993; Halsey & Patel, 2003; Helm, 2002; Myers,

[1] The term 'ethnicity' is used to refer to groups sharing a common nationality, culture or language; the term 'minority' is used not as an arithmetic proportion, but as involving the idea of collective discrimination based upon physical or cultural characteristics (Highlen, 1994).

Echemendia, & Trimble, 1991; Stricker *et al*., 1990). The effect of the under-representation is the diminished ability of clinical psychology adequately to meet the needs of an increasingly ethnically diverse, multi-racial and multi-cultural society (Williams, Turpin, & Hardy, 2006). The cause of the under-representation is less easy to articulate. How equal is the opportunity for every individual, regardless of ethnic background, to be accepted for clinical psychology training (Phillips, Hatton, & Gray, 2004), and to qualify as a clinical psychologist? Equally importantly, what career choice factors influence whether a potential clinical psychology minority ethnic recruit, will become an applicant? Patel and Fatimilehin (2005) put the question in sharper form: What makes clinical psychology an unattractive career prospect for minority ethnic individuals?

Recruitment theory (*e.g*., Schneider, Goldstein, & Smith, 1995) concentrates upon job attractiveness, and tends to relegate 'race' to having a "moderating effect" (Chapman, Uggerslev, Carroll, Piasentin, & Jones, 2005, p.930) upon what is otherwise construed as essentially a highly individual process. From conversations with minority ethnic colleagues, and reports like that of Helm (2002), we assumed a far more fundamental and inter-woven role for ethnic background and community in clinical psychology recruitment. We construed the educational attainment 'trajectory' of people from a minority ethnic background (Luster & McAdoo, 2002) as developing a pathway of career possibilities (Inkson, 2004) that they may consider open and attractive to them at any one time. We chose 2nd and 3rd year undergraduate psychology studies as a salient point at which to make the present investigation about the attractiveness and unattractiveness of postgraduate clinical psychology.

A recent report by Turpin and Fensom (2004) focused on widening access in higher education (HE) to psychology studies at undergraduate level. Substantial

attention was directed to minority ethnic access, and the possible implications that widening this might have for increasing minority ethnic participation in postgraduate professional psychology. Turpin and Fensom referenced relevant literature demonstrating the greater popularity among minority than majority ethnic groups, proportionately speaking, of entering into undergraduate HE in the UK (Connor, Tyers, Modood, & Hillage, 2004), especially within post-1992 inner city universities (Shiner & Modood, 2002), though entry rates vary between different minority ethnic groups (Bhattacharyya, Ison, & Blair, 2003). They cited evidence that specific minority ethnic concerns may affect undergraduate entry into health profession training (Arnold *et al*., 2003; Darr & Archibong, 2004).

There may be substantial differences between the important issues of recruiting potential minority ethnic undergraduates, and those of recruiting potential postgraduate trainees who are already established undergraduates. More importantly from our perspective, the undergraduate studies above made almost exclusive use of a solely quantitative research methodology. Our concern was to further our understanding of minority ethnic recruitment by collecting data analysable at a narrative level. (Darr and Archibong (2004) admittedly collected data via in-depth interviews; however the analysis seems to have been about specific items of concern, such as having to wear insufficiently modest uniform, and to provide intimate care for members of the opposite sex.) Of the studies cited by Turpin and Fensom (2004) the one nearest to our concerns was that of Ball, Reay and David (2002) whose sociological analysis of 'ethnic choosing' in HE generated two super-ordinate patterns among minority ethnic students, each supported by a group of typical characteristics. C*ontingent* students study locally to their family home, have few role models, take more account of a university's ethnic mix, and are more vulnerable to drop out.

Embedded students have a family culture of engagement with HE, study at farther flung institutions, are less concerned about ethnic mix, and financing their studies tends not to be problematic.

We wanted to develop an understanding of views of becoming a clinical psychologist that was supported to a greater extent by the participants' identification of typical characteristics than by the researchers'. We utilised Q methodology in order to facilitate the production of multiple narratives from the ways in which students arranged, from attractive to unattractive, a set of concerns about the profession and its training process.

Method

Choice of methodological approach

Q methodology was described by Stephenson (1935) as the 'inverted factor technique' – factor analysis of a data matrix by rows rather than columns, so that individuals, instead of tests, constitute the variables (Kitzinger & Stainton Rogers, 1985). A thorough account of Q methodology is outside the scope of this article, but several are readily available (*e.g.*, Shemmings, 2006; Watts & Stenner, 2005a). It comprises both a sorting procedure, and an analysis of pattern.

Sorting procedure

A 'statement concourse' is developed, which is a set of between 40 and 80 statements of ideas or arguments representing a wide view of the topic in question. The number of participants is not all-important; Watts and Stenner's (2005a, p.79) 'rule of thumb' starts at a lower end of around 40, and they recommend an approximate 1:1 ratio of Q-sort items to participants. Each participant individually sorts the statements on a rating scale into a quasi normal distribution (see example in Figure 1) – the Q-sort. The results of all the Q-sorts are subjected to a factor analysis.

Figure 1 about here

Analysis of pattern

Although numerical analysis is employed, it is "participant-led subjective expressions and viewpoints" (Watts & Stenner, 2005a, p.69) that are the goal. Each factor identified indicates a way of rating the concourse statements that is a social construction of the subject matter, shared by the particular sub-group of participants loading significantly onto that factor. A particular arrangement of the Q-sort items is created, weighted by these participants' individual sorts, and from this arrangement of the statements, the meaning of the factor is interpreted. In the case of statistically distinct factors that express some semantic similarity, Q methodology highlights subtleties of attitudinal difference that are sufficiently distinct to emerge as different factors. We deemed it particularly suitable for examining the multiple narratives that minority ethnic undergraduates may hold about a career in clinical psychology.

Development of statement concourse

The set of statements was compiled after examination of available relevant literature, and of transcriptions of three in-depth semi-structured interviews with minority ethnic clinical psychologists (a trainee, a newly qualified, and a senior qualified clinical psychologist). It consisted of 40 items, reduced from 100 through a process of careful review of each statement, and piloting. The statements, which are listed in Table 2, covered areas such as the role of clinical psychology, social and cultural context of clinical psychology, accessibility of clinical psychology for minority ethnic individuals (including potential trainees and potential clients) and difficulties associated with entering the profession. The statements were randomly numbered and mounted individually onto small rectangular cards.

Participants

Participants were requested to volunteer for the study during the break in their 2nd and 3rd year undergraduate psychology lectures. Thirty-seven students, who defined themselves as being from a minority ethnic background, volunteered for the research (demographic details of the participants are outlined in Table 1). For the

Table 1 about here

research approach adopted, we assumed experience of collective discrimination from their minority self-definition; this was more important to us than differentiating them into separate ethnic groups (see footnoted reference above to Highlen, 1994).

Procedure

The Q-sort cards were presented shuffled to each participant, to be arranged on a sheet depicting a quasi-normal distribution grid, using an eleven-point scale from '*attracts me to career in clinical psychology'* (+5) to '*repels me from a career in clinical psychology'* (-5). Afterwards, free comments were invited, which were recorded verbatim as far as possible.

Analysis

The 37 completed Q-sorts were analysed using a dedicated Q package, PQMethod (Atkinson, 2003). Eight factors (varimax rotation, eigenvalue 1.00 or over) were extracted, accounting for 70% of the variance. The Q-sorts that load significantly (in this case, +0.41 or over) and uniquely on a factor, were merged by PQMethod to form an 'exemplar' Q-sort (Watts & Stenner, 2005a) for that factor. From these exemplars, it was possible to represent seven separate accounts about the career attractiveness of clinical psychology, as seven particular arrangements of the Q-sort items.[2]

[2] The eighth account, exemplified by one participant only, was characterised by conflicted information *e.g*., rating the first statement, '*clinical psychologists aim to reduce psychological distress'*, as definitely repelling her from a career in clinical psychology, and yet describing herself as '*interested'* in a career in clinical psychology. We eventually judged this factor to be uninterpretable, and omitted it

Results

Following the format of Watts and Stenner (2005b), the results are presented in numeric, then in narrative form.

Numeric presentation

Table 2 lists the concourse statements, and the ratings each received in the merged Q-sorts. Examining the ratings by rows, it shows the placing of each statement within each of the seven factors – statement 7 for example was very negatively represented within Factor A, but very positively within Factor F. Examined by columns, it shows the merged Q-sort ratings for each factor – for example, within the account given by Factor A, statements 1 and 3 are very positively represented, and so on.

Table 2 about here

Inspecting the profiles of each statement – the rows of Table 2 – we gave greater attention to those with 'high' ratings (defined as 3, 4 or 5, regardless of sign). First, three statements stood out with a majority of high positive ratings: items 20, 22 and 26. All these concerned the benefits of increasing ethnic diversity in the clinical psychology workforce. Second, no statements had a notable set of high negative ratings, though one received three such – the protracted amount of time taken to eventual qualification. Finally, there were eight statements characterised by at least one high positive and one high negative rating: items 7, 8, 9, 24, 28, 29, 37 and 39. Of those showing the most widespread mixture, 7, 9 and 24 concern competition and challenge (the third one specific to racial discrimination), and 28 and 29 focus upon clinical psychology's low visibility in minority ethnic communities.

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from further analysis. Full reasoning – and indeed a complete account of this study – may be found in Meredith (2004).

At this 'across the board' level, it is possible from a recruitment perspective to identify what this study's minority ethnic students would find off-putting, and what would be particularly attractive. Perhaps more importantly, the 'mixed' items might be thought of as constituting a high risk strategy. Worse still, those statements that received no high ratings would be low risk, zero impact advertising for these students.

Narrative presentation

The ratings of each merged Q-sort – the columns of Table 2 – form a configuration that is treated in Q methodology as a gestalt, and the accounts presented below are intended to communicate in everyday language "something of the nature of each gestalt" (Watts & Stenner, 2005b, p.94). The defining statements we used to construct these accounts were the six rated most positively, and the six rated most negatively. They are referenced by number and by rating, so that (3,+4) refers to statement 3 rated in the +4 position of the Q-sort quasi-normal distribution. Verbatim comments from participants are used illustratively where appropriate.

Factor A – a good job

Factor A explained 21% of the factor analysis variance (eigenvalue 12.56). Seven participants loaded uniquely and significantly onto it (Table 3).

Table 3 about here

In this account, clinical psychology is seen as attractive in terms that might be the expected criteria for many occupations. It possesses positive ethical values in aiming to reduce distress and promote well-being (1,+5; 3,+4). It is intrinsically interesting and stimulating (23,+4; 16,+3). It has a good pay and career structure within a national institution (25,+3; 15,+3). These unstartling attractors are matched by some fairly obvious disincentives – the high level of competition to obtain training (7,-5; 9,-3) and the length of time it takes to qualify (11,-3).

Within the twelve extreme-rated statements used for interpretation, there were three specifically related to minority ethnicity. All were rated negatively – the imposition of a psychology of 'white issues' that serves the ethnic majority, upon minority ethnic clients (6,-4; 14,-4), and the struggle of minority students to study majority psychology (24,-3).

Nevertheless, Factor A stood out from the other factors through its comparative neglect of minority ethnic issues. Clinical psychology is seen as a profession that is (i) recognisably worthy in terms of enshrining social contribution, intellectual stimulation, and stable employment prospects, and (ii) off-putting insofar as the training is difficult to enter in the first place, and is lengthy – this latter being especially important for one participant:

> I feel pressure personally to get a job as soon as possible because of the need to support my family… I am considering doing forensic psychology because that's only one year study and I will be qualified quicker (Participant 32)

Factor B – attracted by an ideal to aim at

Factor B explained 11% of the variance (eigenvalue 2.66). Six participants loaded uniquely and significantly onto it (Table 3).

Two or three of the features of Factor A appeared again as characteristic of Factor B. These were social contribution (3,+3) and lengthy training (11,-4), with good pay (25,+3) now qualified by the comparative notion that in view of the lengthy training involved, maybe it is not so good (17,-3).

However, much more noticeable is a marked attraction to the ideal of creating a change in clinical psychology. The goal is to begin to increase the number of trained minority ethnic psychologists, so that clinical psychology services become more credible, appropriate and accessible to minority ethnic clients (26,+5; 20,+4; 22,+4),

and so that further minority ethnic clinical psychologists are encouraged to enter training (29,+3).

Pursuing this aim does not come without cost, however, and these costs were – not surprisingly – rated as disincentives. The anticipation of racial discrimination in an academic environment is very demotivating (24,-5). Contrary expectations from their own community can be so off-putting (for men especially) that they are driven into more rewarding professions (30,-3; 17,-3). If they do persist in pursuing clinical psychology as a career, they may then experience cultural identity problems (35,-3). And, on top of all this, obtaining appropriate information about clinical psychology in the first place is not easy for people from minority ethnic backgrounds (18,-4).

Five out of the six participants in Factor B reported being *interested* or *very interested* in clinical psychology as a career. Therefore the negative 'costs' of Factor B are best interpreted as being significantly outweighed by the positive 'commitment' to the ideal of changing the face of clinical psychology services, through creating a critical mass of minority ethnic members of the workforce:

> Some of the negatives, I find are positives – it makes me more determined… There are many black doctors now, but twenty years ago it would have been different, so the fact that clinical psychology is mostly white wouldn't put me off (Participant 24)

Factor C – it's so white

Factor C explained 9% of the variance (eigenvalue 2.45). Two participants loaded uniquely and significantly onto it (Table 3).

Several of the attractors in Factor C overlapped in meaning those of Factor B (four of them were exactly the same). That is – alongside the valued assertion that clinical psychology aims to reduce distress (1,+3) – the account given by Factor C positively endorses the aim of changing UK clinical psychology by increasing the proportion of the workforce from a minority ethnic background (26,+5; 22,+4; 20,+3;

29,+3). But in addition, the anticipation of academic discrimination receives a positive rating (24,+4). Within Factor B, it had been rated very negatively (24,-5). This counter-intuitive positive rating may indicate an attraction to rising above such discrimination, a desire to succeed despite its insidious institutional force.

Although at first glance, Factor C bears a strong similarity to the previous account, *attracted by an ideal to aim at*, a different picture emerges from examining the negatively rated statements: these ratings were consistent with having turned the two significantly loading participants away from the profession (neither had expressed an interest in Clinical Psychology as a career – one was '*uninterested'*, the other '*not sure'*). All of the negatively-rated defining statements concerned the implications of the current academic discipline of psychology. It maintains a cultural imperialism by posing as the psychology of all people, when its evidence base is overwhelmingly drawn only from white people (14,-5; 12,-3). This disincentive is compounded by the ease with which clinical psychology therefore attracts white applicants (31,-4; 36,-3) and is appropriate for white clients (37,-4; 6,-3), leaving minority ethnic applicants and clients in a clearly disadvantaged position. The interpretation we made, therefore, was that these negative considerations effectively kill off any attraction that clinical psychology might hold. One participant wrote:

> The comments which were negative towards the minority ethnic made me more reluctant to be interested in psychology. I would have thought they would have spurred me to be more interested to change the opinions, but I found the reverse (Participant 4)

Factor D – against all odds

Factor D explained 5% of the variance (eigenvalue 1.80). Two participants loaded uniquely and significantly onto it (Table 3).

Four of the six statements rated highly and positively for Factor D replicate those of the account *attracted by an ideal to aim at* (3,+3; 20,+4; 22,+5; 26,+4). The fifth indicates attraction towards the intense competition to obtain training (9,+3), while the sixth positively rates the possibility of a clash between the perspectives of white-dominated psychology, and those of one's community (37,+3). The addition of these two difficulties to the already challenging aim of increasing the number of minority ethnic clinical psychologists in the NHS, amounts to a challenge indeed! It demonstrates a stubborn commitment to the ideals originally outlined in Factor B.

Is this over-idealistic? Participant 37 – *uninterested* in a clinical psychology career – loaded more highly (0.716) onto Factor D than Participant 25 (0.598), who was *very interested*. The negatively-rated statements below may therefore have been off-putting for the first, but a realistic balance to possible idealism, for the second of these participants. The statements include the rejection by minority ethnic clients of clinical psychology as an early 'port of call' for help (8,-5), and of its appropriateness for them (5,-4). With very few visible role models available (29,-3) and a long time taken trying to qualify anyway (11,-3), little wonder that minority communities may discourage their members from entering such a profession (28,-3). The fact that clinical psychology training courses may be trying to recruit more minority ethnic staff, may simply be too little, too late (34,-4).

After some reflection, we entitled this factor '*against all odds'* because on balance we interpreted it as part of the 'commitment to change' attitude expressed in previous factors, yet with greater emphasis upon the mountain of difficulties potential minority ethnic trainees would have to surmount to achieve their aim:

> Before, I would have put a lot of these [statements] in the negatives… [Talking about education and training:] if there are not enough black people, it's scary… it needs to be even. It is harder for black people (Participant 25)

Factor E – the odds are not worth it

Factor E explained 6% of the variance (eigenvalue 1.26). Two participants loaded uniquely and significantly onto it (Table 3).

The idea of changing the workforce demographics of clinical psychology by increasing the proportion of its minority ethnic membership, is again positively represented in Factor E (20,+5; 22,+4; 26,+3), as is the interest-value of the job (16,+3; 23,+3). What differentiates it from the previous accounts is a paradoxical valuing (10,+4) of the fact that barriers of language and culture limit the access minority ethnic clients to psychological services. Why should this be rated positively? Our interpretation was that in the spirit of creating a change in clinical psychology, the existence of more minority ethnic psychologists might form a bridge, to permit the access that is currently denied. One participant expressed it as wanting to "heal the difference".

However, the stance towards clinical psychology of the two significantly-loading participants was '*uninterested*' and '*unsure*'. Therefore, we interpreted the foregoing as what may hypothetically be the case, rather than one of actual personal commitment. Tipping the balance away from being seriously interested in clinical psychology as a career are familial and cultural considerations of the inappropriateness of psychology's evidence base (12,-5), of clinical psychology's inability to supply sufficient financial resources (17,-3; 30,-3), of its low status amongst one's community (2,-4; 28,-4), and of the harsh reality of the loneliness of the minority ethnic trainee (36,-3). All this is in stark contrast to the previous account.

Factor F – going against the family

Factor F also explained 6% of the variance (eigenvalue 1.65). Three participants loaded uniquely and significantly onto it (Table 3).

While generally negatively rated, statement 28 received a firmly positive rating within Factor F (28,+3). Since the statement concerns community disapproval of clinical psychology as a career, and since two of the three significantly loading participants were '*interested*' or '*very interested*' in it, we interpreted this as a willingness to break away from tradition. Other attractors could be linked to this – clinical psychology's inherent interest value (23,+3), and the kudos deriving from successfully breaking into the profession (7,+4). The three other highly and positively rated statements within Factor F reflect the now familiar aim of creating easier access to clinical psychology services for people from minority ethnic backgrounds (8,+3; 10,+4; 22,+5).

The negatively rated aspects of Factor F acknowledge family difficulties in accepting psychology as a valid career path (32,-3), but reject the dubious attraction that by becoming a 'doctor of psychology' they might gain respect similar to that accorded to medicine (39,-3) – a profession unanimously favoured by the family. Their willingness to break with a cultural rejection of psychology does not blind the three significantly loading participants to the difficulties of explaining such a career path to their family (38,-5), of having to train within a discipline blinkered to cultural diversity (5,-4), and of getting onto the training 'ladder' in the first place (9,-3; 18,-4).

Several participants indicated clashes – some specific, some more general – with 'the family'. One talked of his family's plan that he should now live with his brother and earn money to support him; another mentioned the view that "you're a woman, you have no reason to be in education"; still another reported "my family feel psychology is a waste of time and that it involves too much thinking". Entertaining

ideas about a career in clinical psychology is presumably only one of many ways – but one, nevertheless – whereby the personal issue becomes succumbing to versus standing out against such pressures.

Factor G – successful in my job, misunderstood by my community

Factor G explained 5% of the variance (eigenvalue 1.09). Two participants loaded uniquely and significantly onto it (Table 3).

The positively-rated statements defining Factor G denote competitive pleasure at succeeding in a 'difficult career' (7,+3; 9,+4), and demonstrating one's prowess over ethnic majority counterparts, despite their racist attitudes (24,+4). Clinical psychology is well remunerated (25,+5), with plenty of job opportunities upon qualification[3] (13,+3), which are at levels that command respect from one's medical colleagues (39,+3).

Obtaining such vocational success will mean withstanding pressure from one's ethnic community, which steers its members along career paths perceived to be more established (2,-3; 28,-4; 32,-3; 38,-4). The community may regard the clinical psychologist as a snoop, an intruder into what it thinks should remain private affairs (33,-5). Any of its members who become psychologists can expect difficulties fitting in with their community (35,-3):

> There is no 'mental illness' influence in our culture – only 'yes' and 'no' – emotions do not get in the way. Opinions don't exist. There's no such thing as psychology in my culture – problems should not exist... [Even as an undergraduate] I feel I have taken on a western cultural identity, I feel overcome with cultural pressures (Participant 37)

Summary

[3] Data collection took place in 2004, before the introduction of the UK NHS Agenda for Change salary structure and the subsequently enforced cuts in psychology services establishment.

Table 4 presents summarised main points of each of the factors.

Table 4 about here

Discussion

The study's data were collected under various constraints – for example, the time scheduled was the second semester of the academic year, and only certain teaching classes were accessible. In addition, the researcher who collected the data (EM) is white British, and middle class: it may be that some potential participants were reluctant to volunteer due to their doubt that a non-minority ethnic person could fully understand the issues involved.

Despite these acknowledged constraints, our two-fold contention is that the multiple answers that the analysis provided to the study's research question, are both valuable in and of themselves, almost without further discussion – and yet also deserve some further consideration because, without forcing the data, we found that they emphasised several common elements. The seven accounts can be seen in terms of three super-ordinate categories. The first was Factor A – a standalone account of *ordinary job considerations* about entry conditions, salary, etc that any prospective applicant for the profession might be expected to consider, regardless of ethnicity. The other two categories emerged from minority ethnic issues. One comprised a future-oriented goal that dominated the next four accounts: a *commitment to change* professional clinical psychology by becoming part of a growing and eventually critical mass of minority ethnic members. Factor B was the simplest statement of the commitment, with Factors C, D and E being variations of it. Factors B and D were overall attractors to clinical psychology, C and E, eventual repellents. The final category represented a *struggle between community and profession*; Factors F and G

both held the two in simultaneous tension, in bold contention in the former, more conflictually in the latter.

Within the two factors of the *struggle between community and profession* some patterns of ratings might have been expected that were reminiscent of Ball *et al*.'s (2002) 'embedded' versus 'contingent' ethnic choosers of general undergraduate education. For example, the lack of family and community 'embeddedness' was indeed sometimes very negatively rated; however, this was not embeddedness in the culture of HE, but rather, in the far more specific culture of professional clinical psychology and its training. Again, the very obvious lack of role models was not rated as a major disincentive. The present study's results therefore did not compare easily. It may be, for instance, that as established students, the participants were more 'contingent' about postgraduate clinical psychology training, and more 'embedded' in their undergraduate studies (though see caveat below).

The *struggle between community and profession* was one of two categories among the three generated from this study's data analysis, that were linked with minority ethnic issues; the second was a *commitment to change*. Neither of these ostensibly simple concepts was so. The complexity of the second is seen in two constituent factors, B and D in which making a personal contribution to an eventual critical mass of minority ethnic clinical psychologists is alluring, and two more, C and E in which the allure has tarnished. The first one is also complicated, within both of its constituent factors. Factor F maintains a fairly iconoclastic tone, as though the 'struggle' were relished. In Factor G, ratings were indicative of an even more conflicted relationship: being drawn towards success in 'white' clinical psychology, and feeling strongly the rejection of the community. (The approval or otherwise of their communities was already something with which some of these participants were

struggling, having persevered with the decision to study psychology at undergraduate level.)

Such complexity may mean that when, in the 'numeric' presentation of results (above), we began linking the rating profiles of different statements to their value for advertising strategies, we were being overly hasty. The 'narrative' data analysis led us to see it as more important for this study to invite the reader to appreciate the inner turmoil involved when minority ethnic undergraduates consider clinical psychology. (For one participant, the very act of completing the Q-sort was accompanied by tears, but she departed without any words available to share her feelings[4].) The simultaneously accepting and rejecting stance of the categories reminded us of Stevens' (2001) analysis of the position of black clinical psychologists in South Africa, with their sometimes impossible choice between working for change within a white-dominated system, and striking out for a revolutionary and culturally appropriate clinical psychology.

We were struck by the category, *ordinary job considerations* (Factor A). Is it interesting? Will I earn enough? Is it secure? Is there a straightforward entry route? While purely quantitative differentiators are not at issue for Q methodology, it could scarcely escape attention that this factor attracted the highest number of significantly loading participants, and explained more variance than any other. It brought home to us the parallel importance in these undergraduates' accounts of specifically minority ethnic matters alongside issues of marketplace survival. One of Helm's (2002) minority ethnic participants for example, noted the negative relationship, as the oldest male sibling, between financial expectations of him from his brothers and sisters, and what he could expect from trying to become a clinical psychologist.

[4] Although all participants had contact details for Student Services support in the event of distress, we were taken aback – but did not feel it appropriate to re-contact her further.

Concluding comments

Considering Patel and Fatimilehin's (2005) 'unasked question', what did the present study's participants rate as unattractive about clinical psychology, we felt the findings may be summarised as follows. At the personal level, the job may not be considered to provide sufficient resources to meet needs. At the level of one's ethnic community, it may provoke identity problems. At the level of the profession and its subject matter, there exists a clash between ethnic minority-specific needs and majority-specific provision.

Equally it must be asked what the analysis indicated to be attractive about clinical psychology. Amidst the diversity of the results, if we had to disentangle the headline message, it would be that the goal of increasing minority ethnic clinical psychologist numbers, and the benefits that this will provide, is a widespread incentive. While it is true that some factors indicated accounts in which the attraction of this goal had waned, or was tinged with cynicism, it nevertheless stood out repeatedly as a valued ideal that minority ethnic careers guidance and recruitment publicity would be foolish to ignore.

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Figure 1: Sample grid used in Q-sort

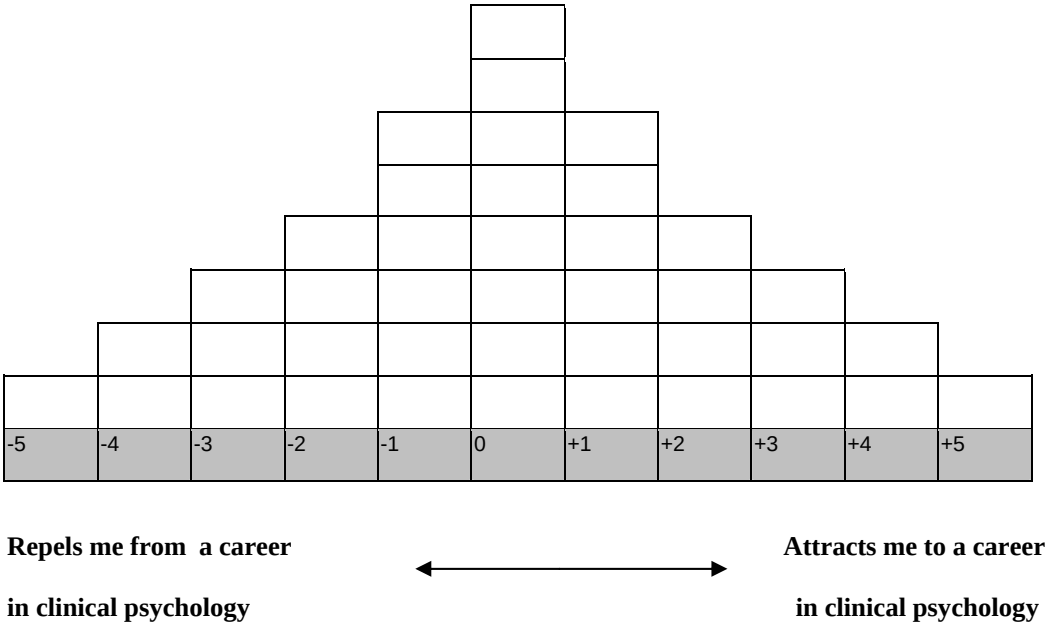

Table 1: Participant demographics

Gender	
Female	32
Male	5
Self defined ethnicity (combined categories)	
African and Caribbean	16
Asian	18
Other (including missing data)	3
Age group	
18-25	22
26-30	1
31-35	7
36-40	4
41+	3
Interest in Clinical Psychology as a career	
very interested	13
interested	11
not sure	9
uninterested	4
very uninterested	0

Table 2: Item concourse and by-factor ratings of the merged Q-sorts

	Concourse statements N=40	*Factors N=7*						
		A	B	C	D	E	F	G
1	Clinical psychologists aim to reduce psychological distress	+5	+1	+3	0	- 2	+2	+1
2	Clinical psychology as a career has a low status among some communities compared to medicine, law, accountancy and teaching	0	- 1	0	- 1	- 4	+2	- 3
3	Clinical psychologists aim to enhance and promote psychological wellbeing	+4	+3	0	+3	+2	+1	+1
4	It is becoming easier to get onto clinical psychology training courses	+1	- 1	0	- 2	- 1	0	0
5	Clinical psychology does not reflect the diverse social and cultural context within which it works	- 2	+1	- 1	- 5	- 1	- 4	0
6	Contemporary psychology in the UK has become essentially a discipline that addresses white middle-class individuals	- 4	- 2	- 3	+1	- 2	- 2	- 1
7	Clinical psychology is a difficult career to get into, with lots of competition for places on postgraduate courses	- 5	- 2	+1	- 1	- 1	+4	+3
8	People from minority ethnic backgrounds often seek professional psychological care mainly as a last resort	- 1	+1	+2	- 4	+2	+3	- 1
9	There is great competition for assistant psychologist posts, which makes it very difficult to get a foot on the ladder	- 3	0	- 2	+3	0	- 3	+4
10	Cultural and language barriers limit access to quality mental health services for many individuals from minority ethnic groups	- 1	+2	+2	+1	+4	+4	- 1
11	It takes a long time to qualify as a clinical psychologist	- 3	- 4	- 2	- 3	0	- 1	+1
12	The majority of psychological literature is based largely on the study of accessible, privileged portions of the human race	- 2	0	- 3	- 1	- 5	+1	0
13	There are many job vacancies once clinical psychologists complete training	+2	0	+1	- 2	- 2	0	+3
14	Many white psychologists assume that psychological theory derived from 'their' view is the baseline from which the behaviour of all others should be judged	- 4	- 1	- 5	0	+1	- 2	+1
15	Clinical psychology is a vocational qualification leading directly into a structured career within the NHS	+3	+2	- 1	+1	0	- 2	+2
16	Clinical psychology training is very interesting and stimulating	+3	+1	- 1	0	+3	+2	0
17	Clinical psychology does not pay well for the amount of time spent training	- 1	- 3	- 2	0	- 3	0	+1
18	It is harder for people from minority ethnic backgrounds to find out information about clinical psychology	- 1	- 4	+1	+1	- 1	- 4	- 1
19	Clinical psychology courses try to ensure that the issues of diversity are integrated into all aspects of teaching	+1	0	+2	+2	0	+1	+1
20	More minority ethnic psychologists will result in more appropriate services for multiracial and multicultural	+2	+4	+3	+4	+5	+2	0

	society							
21	The ideology and practice of clinical psychology is alien and challenging to some non-Western cultures	0	0	+2	- 1	0	- 1	- 2
22	The more clinical psychologists there are from minority ethnic backgrounds, the easier it will be for people from minority ethnic groups to feel confident about accessing clinical psychological services	+2	+4	+4	+5	+4	+5	- 2
23	Clinical psychology is an interesting career, where you can work in a variety of settings	+4	+2	0	- 2	+3	+3	+2
24	Students from minority ethnic groups often feel that they have to be twice as good, although they may be regarded as being only half as good	- 3	- 5	+4	+1	+1	- 1	+4
25	Clinical psychology pays well	+3	+3	- 1	- 2	0	- 1	+5
26	The presence of minority ethnic psychology professionals makes a service more credible and attractive to minority ethnic individuals	+1	+5	+5	+3	+3	0	- 1
27	Completion of the clinical training leads to a doctorate in clinical psychology	+2	0	+1	+2	+1	0	+2
28	A career in clinical psychology may be discouraged in some communities if it is not well known in these communities	- 1	- 2	+1	- 3	- 4	+3	- 4
29	There are few clinical psychologists from minority ethnic communities who can act as role models or mentors	- 1	+3	+3	- 3	0	+1	- 1
30	Cultural and familial expectations to provide financial support to the family may prevent men from certain ethnic groups being able to pursue clinical psychology as a career	0	- 3	- 2	+1	- 3	0	0
31	There is something about clinical psychology that does tend to attract quite white, middle-class people	0	0	- 4	+2	+2	- 1	+2
32	There may be parental pressure amongst some communities to enter more well known professions	0	- 1	0	- 1	+1	- 3	- 3
33	Minority ethnic communities are likely to perceive the practice of clinical psychology as interference in private or internal family matters	0	0	- 1	- 1	- 1	0	- 5
34	Clinical psychology courses are trying to recruit more minority ethnic staff	+1	+1	0	- 4	- 1	+1	0
35	Taking on the identity of a clinical psychologist brings cultural identity problems	0	- 3	+1	+2	- 2	0	- 3
36	Ninety percent of applicants accepted onto clinical psychology training courses are white	- 2	- 1	- 3	0	- 3	+1	- 2
37	There is a conflict between cultural perspectives of minority ethnic groups and the majority perspective reflected in psychological approaches	- 2	+1	- 4	+4	+1	- 1	- 2
38	It can be difficult to explain the haphazard route into clinical psychology to your family	0	- 1	- 1	0	0	- 5	- 4
39	Being a doctor in clinical psychology means you are well respected among medical professions	+1	+2	0	0	+1	- 3	+3
40	Clinical psychology training is very academically challenging	+1	- 2	0	0	+2	- 2	0

Table 3: Demographic summary for uniquely-loading factor participants

Participant	*Gender*	*Self defined ethnicity*	*Age group*	*Interest in Clinical Psychology as a career*
FACTOR A				
1	Female	Black African	36-40	not sure
9	Female	(not given)	31-35	not sure
12	Female	Black African	18-25	not sure
21	Female	Sri-Lankan	18-25	very interested
31	Female	Asian	18-25	very interested
32	Male	Indian	18-25	Uninterested
35	Female	African (black British)	18-25	very interested
FACTOR B				
8	Male	African-Asian	18-25	very interested
16	Female	Black British	31-35	not sure
23	Female	British Caribbean	36-40	very interested
24	Female	Indian	18-25	Interested
26	Female	Muslim [*sic*]	18-25	Interested
34	Male	Afro-Caribbean	18-25	interested
FACTOR C				
10	Male	British Caribbean	31-35	Uninterested
15	Female	Black British	31-35	not sure
FACTOR D				
25	Female	Black African	18-25	very interested
37	Female	Black British	41+	Uninterested
FACTOR E				
7	Female	Chinese	18-25	not sure
29	Female	Black British	18-25	Uninterested
FACTOR F				
3	Female	Kosovan	18-25	Interested
19	Female	Black African	18-25	very interested
20	Female	Asian	26-30	not sure
FACTOR G				
27	Female	British	18-25	not sure
36	Male	British born Chinese	31-35	very interested

Table 4: Summary of narrative presentation of factors

A: A good job
• Clinical psychology is recognisably worthy in its social contribution, intellectual stimulation and employment prospects • It is off-putting: training is difficult to enter in the first place, and it is lengthy…
B: An ideal to strive for
• There are significant costs to entering clinical psychology • The costs are outweighed by beginning to realise the goal of appropriate services available to minority ethnic clients – and encouraging an eventual critical mass of minority ethnic clinical psychologists
C: Reluctant to join such a white profession
• Clinical psychology by its very nature clearly disadvantages minority ethnic clients and applicants – in the end, this puts me off, in spite its more positive points, and the fact that ethnic minority psychologists would 'make a difference'
D: Against all odds
• A commitment to the positive changes envisaged by a minority ethnic presence within clinical psychology, alongside a willingness to surmount difficulties • Almost over-idealistic, but with a clear recognition of the negatives
E: The odds are not worth it
• A recognition of the positive changes envisaged by a minority ethnic presence within clinical psychology – to the extent of facilitating things like language barriers • But, an even clearer recognition of some insuperable negatives
F: Going against the family
• A maverick attraction to breaking with tradition, competitive, wanting to make a difference • Equally put off by family pressure to enter a different profession (like medicine), as by gaining the 'pseudo-medical' title *doctor* • Equally put off by the difficulty of obtaining training, as by having to try to explain such a haphazard system to family and friends
G: Successful in my job, misunderstood by my community
• Competitive pleasure at succeeding in clinical psychology, juxtaposed with the unremitting challenge of family and community values antagonistic to core principles of the profession