

DOCTORAL THESIS

The Experience of Being a Trainee Clinical Psychologist
from a Black and Minority Ethnic Group: A Qualitative
Study

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1.0 ABSTRACT

Aim: The existing evidence-base indicates that the experience of being a Black and Minority Ethnic (BME) trainee clinical psychologist is under-researched. The aim of the current study was to capture the broader training experiences of BME trainee clinical psychologists. The impact of potential personal and professional experiences that may arise for BME trainee clinical psychologists may be important for course tutors and clinical supervisors to explore with them in relation to personal and professional development. Thus, it is hoped that the findings of the current study will raise an increased awareness within the clinical psychology training courses, of their needs, perspectives and experiences.

Method: A qualitative approach was adopted for this study. Semi-structured interviews were conducted with nine BME trainee clinical psychologists. The accounts were analysed using IPA, which attempts to illuminate the lived experience of a phenomenon for small samples of individuals.

Results: The analytic procedure highlighted five main themes which emerged from participants' accounts: *The hardship of not being White, The challenge of negotiating multiple identities, Challenges and dilemmas of highlighting race and culture issues, The versatility that comes with being a BME trainee and Finding connections and safe places.*

Implications: Current initiatives to attract more applicants from BME groups need to be considered in the context of wider structural experiences of power and difference in relation to race, ethnicity and culture that operate in the training arena. Courses need to explicitly state their commitment to supporting trainees from BME groups with regards to their experiences of difference. Emphasis should be placed on personal and professional development of all trainees and needs to include work on privilege, social disadvantage, and racism. Programmes should also undertake a commitment to training course staff and supervisors in relation to race issues in the context of training,

2.0 INTRODUCTION

One of the primary objectives for the Department of Health is to increase diversity within its workforce (DH, 2003). This has come about as a result of acknowledging that the NHS needs to reflect the ethnic make-up of the communities it serves. Within Clinical Psychology in the UK, the number of successful applicants from BME groups has increased from 9.4% in 2003 to 11% in 2009 (Clearing House for Postgraduate Courses in Clinical Psychology, 2009), showing that the drive to recruit more people from BME backgrounds (Cape, Roth, Scior, Thompson, Heneage & Du Plessis, 2008) has successfully attracted more applicants. It is useful therefore, to 'become more aware of the unique needs, perspectives and experiences of ethnic minority trainees to enhance efforts to retain such individuals' (McNeill, Hom, & Perez, 1995).

The aim of this research is to explore the experience of being a trainee clinical psychologist from a BME group. I will begin this chapter by illustrating how I came to do this research. I will then review the literature on ethnicity in clinical psychology and other related professions, starting with introducing the current status of literature on the experience of BME trainee clinical psychologists, followed by a contextual examination of racism and experience of difference. I then go onto reviewing issues of culture, ethnicity and racism within the different aspects of the training experience. Finally, a summary of the literature will be followed by the rationale for the research.

2.1 Terminology

A number of writers from Black and minority ethnic groups refer to themselves as 'Black' (e.g. Patel et al, 2000; Mckenzie-Mavinga, 2005; Adetimole, Afuape & Vara, 2005). It is a political and sociological term stating allegiance to people who have been vulnerable to or experienced oppression because of their colour. It should not be assumed that all trainees from minority ethnic backgrounds will think of themselves as or define themselves as being Black. Thus, in the current research, the term 'Black' will generally be used to refer to people who self identify themselves as 'Black or Black British' according to the ethnic monitoring categories used by the Commission for Racial Equality and in the 2001 National Census. This includes people of Caribbean and

African origin. According to the Commission for Racial Equality (CRE, 2007), the term 'ethnic minority' refers to people who, according to the ethnic monitoring categories used in the 2001 National Census, would choose a category other than 'White'. It therefore excludes White ethnic minorities. For the purposes of this study, the above criteria for the term 'ethnic minority' will be employed in order to lend itself to capturing any experiences related to *visible* ethnic difference. However, the intention is not to deny the importance of other forms of discrimination.

It is also necessary to consider here definitions of 'race', ethnicity and culture, in order to clarify the overlap and differences between them, so that their use within the context of this research is clear to the reader.

The term 'race' is based on the idea that humans can be divided into distinct, permanent categories specified by biological characteristics such as skin colour, blood group and hair texture (d'Ardenne and Mahatani, 1999). However, there is a lack of evidence for any biological notion of 'race', as indicated by the following statement from the American Anthropological Association (American Anthropological Association, 17th May 1998 -www.aaanet.org/issues/policy-advocacy/AAA-Statement-on-Race.cfm).

'With the vast expansion of scientific knowledge in this century, however, it has become clear that human populations are not unambiguous, clearly demarcated, biologically distinct groups. Evidence from the analysis of genetics (e.g., DNA) indicates that most physical variation, about 94%, lies within so-called 'racial' groups. Conventional geographic 'racial' groupings differ from one another only in about 6% of their genes. This means that there is greater variation within 'racial' groups than between them.... Physical variations in any given trait tend to occur gradually rather than abruptly over geographic areas. And because physical traits are inherited independently of one another, knowing the range of one trait does not predict the presence of others. For example, skin color varies largely from light in the temperate areas in the north to dark in the tropical areas in the south; its intensity is not related to nose shape or hair texture. Dark skin may be associated with frizzy or kinky hair or curly or wavy or straight hair, all

of which are found among different indigenous peoples in tropical regions. These facts render any attempt to establish lines of division among biological populations both arbitrary and subjective.'

For these reasons, 'race' is usually placed in inverted commas and is understood as a social construction reflecting historical and locally prescribed ways of thinking, seeing and talking, which are rooted in the racist history of colonialism, slavery and apartheid (Durrheim et al, 2009). Thus, the term 'race' is often used in a derogatory way to preserve a 'racial' hierarchy where certain groups are superior to others (Patel et al, 2000)

Ethnicity is situationally based and is concerned with group identity and social pressures, reflecting the sense of belonging to a particular ethnic group (Fernando, 2002). It is considered to be determined partly by choice, hence implying that it is not fixed, which differentiates it from the permanency assumed in the definition of 'race' (Jenkins, 1986). Patel et al (2000, pg 31) highlight that ethnicity belongs to everyone and

'that both 'minority ethnic groups' and 'majority ethnic groups' have ethnicity'.

Similarly to 'race', 'ethnicity' is a value-laden term, and can be used in a derogatory way. For example, Fernando (1988) and Sashidhran (1986) have observed how in psychiatry, 'ethnicity' is seen as accounting for mental health problems suffered by people from BME backgrounds.

While ethnicity is more concerned with group identity, culture is more about group practice, values and beliefs. Like ethnicity, culture is thought to be continuously shifting and evolving and has been defined in a several different ways, indicating how complex a construct it is (Patel et al, 2000). D'Ardenne and Mahtani (1999, pg 3) construe culture as

The shared history, practices, beliefs and values of a 'racial', regional and religious group of people'.

Given the above definition, culture can be conceptualized along several important dimensions including demographic factors (e.g. gender and age), status (e.g. socio-economic status, education or disability), and from an ethnographic perspective (encompassing 'race'/ethnicity, nationality, sexual orientation, language, religion etc) (Lee, 2006). It is commonly assumed by White people that culture is only possessed by people who are different to themselves and Patel et al (2000) emphasize how every individual both creates and is produced by culture.

2.2 How I came to this study

I came to this project with my own experiences, values, beliefs, and assumptions, which has led me to write in the first person rather than 'the researcher' (Webb, 1992). My interest in this area is informed by my own experience of being a clinical psychology trainee from a BME group. It was during a supervision group at university, where, with the help of my supervisor, I realised I was struggling with the dilemma of whether or not to bring in my ethnicity into the training arena. I realised that I had spent a large part of my life trying to conform to dominant group values because of my need to be accepted and included. My supervisor helped me stop and reflect on what it meant to be different. This raised many questions about my professional identity and prompted a search for relevant literature in this area to help me make sense of my experiences.

My literature search identified relatively little research on the experiences of BME trainee clinical psychologists in the United Kingdom. I was uncertain about talking about my experiences with peers and supervisors at that point, as I was afraid I might be misunderstood and that they might feel uncomfortable, and angry with me. When I did talk about it, it was mainly with other BME trainees, although this was often accompanied by the fear of being labelled as the 'BME group', which made me worry about being marginalised. I wondered if other BME trainee clinical psychologists were having similar experiences. I realised at this point, that this could be a valuable focus for

my major research project, even if it helped other BME trainees reflect on an unheard experience, or, through reading the findings, experience a sense that they are not alone.

2.3 Literature search strategy

Electronic literature searches were conducted on all the major psychology, social science and medical databases. To complement the database search, additional search strategies included searching reference lists of relevant articles/books, using the Google search engine (Google Scholar), and consulting authors of relevant research in the field to identify further and ongoing studies. Many search terms were used in combination e.g. clinical psychology, training, trainee, counselling, therapist, ethnicity, 'race', culture, Black, minority ethnic, diversity, discrimination, racism, and identity. Both empirical studies as well as conceptual studies were considered.

2.4 Review strategy:

Given the paucity of literature available on the experiences of BME clinical psychology trainees in the UK, studies on the experiences of BME trainee and qualified clinical and counselling psychologists as well as family therapists were included. I was mindful of the generalisability issues associated with the above as well as the empirical literature that was sourced from outside the UK. Empirical studies and conceptual literature were reviewed and evaluated for significance to the experience of BME clinical psychology trainees.

2.5 Background

2.5.1 The representation of BME groups in clinical psychology

Latest figures indicate that 7.2% of qualified clinical psychologists in England are from BME groups (DH, 2004), which is lower than the overall BME population in England of approximately 11.7% (Office of National Statistics [ONS], 2007). However, caution needs to be taken in comparing these figures, as they were taken at different time-points. It may be that by 2007, the percentage of BME clinical psychologists might have

increased, given that in 2009, 11% of successful applicants for clinical psychology training in the UK were from BME groups: 4% were from the Dual Heritage (Phoenix, 2005) Group; 5% were from the Asian/Asian British group, 1% from the Black/Black British and 1% from the Other Group (comprising of Chinese, North African/middle eastern and other ethnic groups) (Clearing House for Postgraduate Courses in Clinical Psychology website- www.leeds.ac.uk/chpccp). An online search did not yield any information on the ethnic make-up of trainee clinical psychologists on the individual courses from which I recruited. Whilst the ONS statistics were published in 2007, and the data from the Clearing house is more recent, the figures nevertheless appear to show that the drive for recruiting applicants from BME groups is showing some success in enabling the profession to be more representative in terms of the ethnic make-up of the communities it serves. However, it would be interesting to compare statistics for BME trainee and qualified clinical psychologists in areas where there is a higher concentration of BME groups, to see if this continues to be the case.

Given that the target population for the study was London and areas around the South East, the ethnic minority make-up for these places was also sourced. The 2007 estimates of the ethnic minority groups in London (Office for National Statistics, 2007) indicate that 30.9% of people from London are from BME backgrounds: Dual Heritage make up 3.5% of the population, South Asians comprise of 13.3%, Black people make up 10.6%, while East Asians and Other ethnic minority groups compose of 3.5%. This is higher than the national percentage of 11.7%. Thorough searches did not reveal any figures for either BME clinical psychologists or successful applicants for BME clinical psychology training in London, making it difficult to compare like for like. Based on national figures for BME clinical psychologists obtained in 2004, and successful BME applicants in 2009, one could speculate that they are considerably lower than the percentages in London, although it could also be that the majority of qualified and trainee clinical psychologists are from these areas too. There may also be a degree of self-selection taking place, through, for instance, BME clinicians perhaps choosing to work in areas of more ethnic diversity.

In the Southeast of England generally, the ethnic minority groups made up 8% of the population: 1.5% Dual Heritage; 3.5% Asian or Asian British; 1.6% Black, Black British; 0.7% Chinese and 0.7 % Other. This is lower than the national average, and as above, the lack of data on BME trainee and qualified clinical psychologists in the South East, made comparison difficult. However, one could speculate with a view to determining whether the percentages of BME qualified and trainee clinical psychologists is higher than the percentage of ethnic minority groups in the South East. Please see Table 1 for a further breakdown of the ethnic minority groups.

The statistics show that BME trainees continue to be a minority in comparison to the White majority within the training arena. Thus, the focus of the current research was to explore the experiences of trainees who are in this minority position, in order to facilitate a greater understanding of their needs and perspectives.

2.5.2 Process of getting into training

Qualitative studies have explored factors that influence BME individuals' decisions about pursuing clinical psychology training (e.g. Helm, 2002; Baker & Meredith 2007). The findings suggest that these include uncertain and low paid route into the profession, the community's perception that it has relatively low status in comparison to other professions e.g. medicine, fear of going against the family, and its' 'Whiteness'. Factors considered in making the decision to choose clinical psychology include diversity within the course; course philosophy; worthy employment prospects and developing culturally relevant services.

Ethnic Group	% of London's population in 2007	% of Southeast England's population in 2007	% of successful applicants in UK in 2009	% of BME Clinical Psychologists in England in 2004
Dual Heritage	3.5	1.5	4	1.2
Indian	6.6	1.7	3	-
Pakistani	2.4	1.0	1	-
Bangladeshi	2.3	0.3		-
Other Asian	2.0	0.5		1
Asian/ Asian British	13.3	3.5	5	2.7
Black Caribbean	4.3	0.6	1	-
Black African	5.5	0.9		-
Other Black	0.8	0.1		
Black/ Black British	10.6	1.6	1	1.6
Chinese	1.5	0.7	1	0.3
Other Ethnic Groups	2.0	0.7		1.4
Total	30.9	8	11	7.2

Table 1- ethnic minority groups in London, Southeast England, and successful applicants in the UK

Sources for data in Table 2 include:

Department of Health, NHS Hospital and Community Health Service, Non-Medical Workforce Census (2004); Office of National Statistics 2007 estimates (2009); Clearing House for Postgraduate Courses in Clinical Psychology (2009;www.leeds.ac.uk/chpccp).

2.5.3 Research on the experience of BME trainee clinical psychologists

A literature search on the experiences of BME trainee clinical psychologists in the UK uncovered three articles published in the Clinical Psychology Forum (British Psychological Society (BPS) publication): Patel (1998) used grounded theory to explore status contradiction in relation to the unusual power dynamics arising between white clients and black trainee and qualified clinical psychologists. Therapists emphasised their professional identity in order to achieve greater power status than that which might be perceived in the relatively lower status of Black people in their interactions with white clients. Greater professionalism was perceived to be achieved through adopting a White identity.

Adetimole, Afuape & Vara, (2005) reflected on the impact of racism on their own experiences of Clinical Psychology training in the UK in their commentary article. Adetimole et al (2005) also formulated their Black identity development during their clinical psychology training. They described a cyclical (as opposed to linear) process of moving through *conformity* to dominant group values, *disagreement* and finally, *re-establishment* and re-engagement.

Finally, Rajan & Shaw (2008) used a phenomenological approach to explore the experiences of BME trainee clinical psychologists. This article was relatively brief and highlighted three principle themes: ethnocentricity in teaching material and dilemmas about challenging it, due to a fear of being perceived negatively; being positioned as a cultural expert; and trainees' experiences of integrating their personal and professional identities (some participants found it difficult to bring in their cultural identity, while one participant found that she was able to achieve a sense of personal and professional integration).

Although these articles clearly present some important and interesting findings, there are some gaps in the knowledge about the specific strengths and skills of BME trainee clinical psychologists and factors which have been shown to be beneficial to trainees. Furthermore, the existing literature has aroused curiosity about other ways in which

being a BME trainee has impacted on relationships and interactions with peers, colleagues, supervisors and clients and also how personal and professional identities are negotiated.

From a critical standpoint, the studies also come with limitations. For instance, Adetimole et al's (2005) study on their personal reflections does not seem to be based on a systematic inquiry. Patel's (1998) study concludes that Black therapists have multiple identities without providing supporting quotes from the participants. In Rajan and Shaw's (2008) study, some experiences were summarized by the authors without the use of supportive quotes, and, at times, quotes were presented with only minimal explanation. Supportive quotes can be useful in qualitative research to provide validity to the analytic process (Yardley, 2008), and their limited use meant that at times, it was difficult to get a sense of the shared and unique experiences of the BME trainee clinical psychologists. In addition, the study lacked transparency as a result of not providing details of theme generation and conceptual processes in the data analysis. It was also difficult to gauge the rigour of the study, as little information on how validity was established was provided. However, one could argue that, by critiquing qualitative journal articles, one may be only evaluating the written articles rather than the actual research procedure. The quality of the written report may be compromised by word restrictions (Atkins et al, 2008). Thus these studies, being relevant to the current research questions, will be used cautiously to inform the current research.

I will now examine the impact of ethnic/'racial' difference on clinical work, being a supervisee, classroom experiences, and how BME individuals negotiate their personal and professional identities. Although there are several dimensions of difference that might be relevant to BME trainee psychologists, for example culture, and socio-economic status, it was felt that the most salient and visible difference (and therefore central to socially lived experience) that specifies the group is 'race' and the possible experience of racism. The term 'race' has taken on loaded meanings around power and dominance (Phillips and Rathwell, 1986), which are considered to be key in defining, shaping, and limiting *'one's experiences, opportunities and well-being'* (Davidson and

Patel, 2004; pg 75), including one's personal and professional development. Thus it seemed appropriate to examine how 'race' and racism in various contexts have been shown to affect the training experience of BME individuals. In order to best understand the experiences of BME trainee clinical psychologists, it is first necessary to provide a contextual discussion focusing on racism.

2.6 Racism

Racism has been variously defined, but Carter (2007; pp.24-25) refers to it as '*the transformation of 'racial' prejudice into racism through the use of power directed against 'racial' group(s) and their members, who are defined as inferior by individuals, institutional members, and leaders, which is reflected in policy and procedures with the intentional and unintentional support and participation of the entire race and dominant culture*'. In Britain, the dominant political and economic position is occupied by White western culture (Patel et al, 2000). With the position of power and privilege, racism and discrimination against others has operated within personal relationships as well as organisational and societal structures (Patel et al, 2000). In 1999, the risk of being a victim of a racially motivated incident was considerably higher for people from minority ethnic groups than for White people (Office of National Statistics, 2002).

Over the years, overt forms of racism have become less common place, but have been replaced by more covert, less obvious behaviours that may occur outside the awareness of white individuals who may never intentionally act in a racist manner towards BME people (Constantine and Sue, 2007). An expression of covert racism utilises the concept of "'racial' microaggressions'. 'Racial' microaggressions are everyday verbal, behavioural or environmental indignities that are negative and demeaning towards BME people (Franklin, 1999). These communications may be perceived by perpetrators as harmless and not racially motivated, but they have the potential to cause psychological distress and impair relationships (Solorzano, Ceja & Yosso, 2000). However, Constantine and Sue (2007) emphasize that a person from a BME background may not necessarily interpret a given situation as a 'racial' microaggression, as this is dependent on past experiences and how sensitive and

racially/ethnically conscious they are. Examples of 'racial' microaggressions offered by Constantine and Sue (2007) include overt actions, such as being stopped by police officers while driving (e.g. 'driving while Black') or when a Black client is diagnosed with Borderline Personality Disorder after being loud, emotional and confrontational with the therapist.

The critical psychological approach to racism can enable an understanding of why and how 'racial' microaggressions occur, by focussing on power relations (Durrheim et al, 2009). Rather than conceptualising power as the property of an individual or group, Foucault (1977, 1988) argues that power is interactional and is constituted through everyday interactions, language, discourses, social practices, knowledge and how people think about themselves and others. Racism is the product of historical, locally prescribed ways of seeing, thinking and talking in which some people lay claim to dominance over others, hence setting themselves up in a position of power over them. Thus 'racial' categories are reified to reflect power relations between groups and racism is used to preserve the socio-historically constructed 'race' hierarchy.

The concept of the *Other* was developed in feminist theory and has been expanded by Griffin (1991) to theorise how dominant members of society project negative aspects of themselves onto others, and thus reinforce and reproduce positions of domination and subordination (Fine, 1994). As a result, people who are treated as Other frequently experience marginalization, less opportunities and exclusion (Johnson et al, 2004). The concept of Othering has been used to examine racism, where, in relation to the 'white', normative position, non-white people are positioned as the 'Other' in whom difference is located (Kitzinger & Wilkinson, 1996). Furthermore, the construction of difference becomes value laden, with minority ethnic groups perceived by some as inferior and therefore not deserving of the same privileges as White people (Patel et al, 2000).

Critical psychology has used discursive methods to study how collectively shared representations of 'racial' stereotypes and beliefs provide the content and strategies used to account for racist practices and hierarchies. Discursive approaches have been

critiqued for their focus on language to the exclusion of collective action and social interaction outside of language (Brown, 2001). Power relations can manifest not only in the Foucauldian sense, but also in a concrete way. For example, 'racial' discrimination can take the form of the continuation of social inequalities such as being denied accommodation and employment or being shown rude gestures, which are not necessarily accompanied by discourse (Feagin, 1991).

2.6.1 The psychological impact of racism

Exposure to racism can lead to devastating psychological consequences such as feelings of powerlessness, helplessness, rejection, loss, depression and hopelessness (Gray, 1999; Sashidharan & Francis, 1993). According to Taylor (1999), daily experiences of covert racism which have built up can compromise psychological well-being.

Thomas (1992) states that racism can affect relationships between Black people and also how they see themselves, in that they may feel mistrustful of and resent other BME people who are seen to be seeking to behave or to be 'White', as described by Fanon (1967), and those who deny that racism exists and instead promote a benevolent and non-critical view of British society. In addition, they may come to have lower expectations of and aspirations for themselves, their family members and those from their communities. The above can be explained by the concept of internalised 'racial' oppression (e.g. Alleyne, 2004; Akbar, 1996; Lipsky, 1987; Lorde, 1984). Alleyne (2004, pg 7), defines it as 'the process of absorbing the values and beliefs of the oppressor and coming to believe all or some of the stereotypes and misinformation.' Thus internalized 'racial' oppression leads to low self-esteem, self-hate, and the disowning of one's ethnic heritage.

Alleyne (2004, pg7) differentiates between the concept of internalised oppression (a process), and the concept of the internal oppressor (noun): 'The internal oppressor is an aspect of the Self that carries historical and transgenerational baggage'. Examples are given from empirical research conducted by Alleyne (2004) examining the nature of

work-place conflict for Black workers in the NHS, social work and education. The research shows how the internal oppressor, shaped by a post-colonial/post-slavery context, influences black people's relationships with the White Other, e.g.: *'we always have to work twice – even three times – as hard to get to where we want or be on par with the white man.'* In an external oppressive situation, such as bullying or harassment, the internal oppressor activates traumatic memories of Black history, triggering psychological pain. The above research is limited in that it does not provide any demographic information about participants' professions, whether they were training or qualified, and gender. In addition, it was conducted with only Black workers (people with known African heritage), thus excluding the experiences of other ethnic minority workers. Thus, its transferability to the experiences of all BME trainee clinical psychologists is limited. Nevertheless, the concepts of internalized oppression and the internal oppressor do provide a useful framework for understanding the deep emotional pain that can be triggered in conflict in the workplace, and furthermore, how BME trainee clinical psychologists might experience conflict in the professional arena.

The following section focuses on the ways in which racism operates in the professional arena, and the implications for the training experience of BME trainee clinical psychologists.

2.6.2 Racism within the professional arena

An often covert form of racism has been described as Institutional racism, which *'refers to the reproduction within institutions of practices of power which discriminate against person's on the grounds of perceived 'race'. Individuals within these institutions may not necessarily hold overtly racist views. These practices maintain the status quo in institutions and can be practices both in the commission of racist acts or in the omission of acts which would redress the situation.'* (Patel et al 2000, pg 31). National institutions such as the Police Force, and the Football Association have all had to acknowledge institutional racism (Daiches & Golding, 2005).

The NHS too has had to admit to institutional racism (Daiches & Golding, 2005). For example, Daiches (2005) refers to an interaction she witnessed within a residential care team, where one of the white staff members expressed dissatisfaction with the privileges given to a child of black origin and indicated that the team (all white) should be 'looking after our own'. The Sainsbury Centre for Mental Health (2002) reports how 'stereotypical views of Black people, racism, cultural ignorance, and the stigma and anxiety associated with mental illness often combine to undermine the way in which mental health services assess and respond to the needs of Black and African Caribbean communities.' For example, racism is evident in the way mental health professionals often justify their differential treatment towards African-Caribbean men by claiming this group of service users are more dangerous (Bennet & Dennis, 2000). Although this assertion is not evidence-based, it results in some oppressive treatment regimes (Littlewood & Lipsedge, 1997).

The next section will explore how power relations associated with culture, ethnicity, and racism can influence the different aspects of training, e.g. In teaching, as a therapist and a supervisee. I will then go on to examine how experience of racism, cultural difference and social inequality can influence personal and professional development.

2.6.3 Issues of culture, ethnicity and racism within the training experience

Broader experiences of social inequality and racism can also be activated in the training arena because of the power differentials related to being a trainee and also belonging to a minority group. For instance, Adetimole et al (2005), reported that Black clinical psychology trainees felt a lack of acknowledgement of positive aspects of difference and faced assumptions about the inferiority of Black trainees. They reflected on the challenge in talking about these experiences due to the fear of being 'pathologised as draconian, extreme or without foundation', experiencing the micro nature of insidious racism as 'much more disempowering than its overt form' (pg 11) . However, Adetimole et al (2005) did not provide details as to the context of the experience of racism, e.g. did they experience it on placement as well as in the classroom, with supervisors and/or clients etc? Watson's (2006) review of Black counsellors uncovered further examples of

personal and institutionalised racism operating in the training arena. Recollecting their training experience, Black counsellors reported feeling scapegoated, judged as incompetent, being stereotypically and negatively labelled. They also described feeling excluded, discounted, misunderstood, at times highly visible and at times invisible, and powerless. Thus there are a number of ways in which personal and institutional racism can manifest within training. I will now go on to explore in more detail how issues to do with racism, culture, ethnicity and power can operate in the different aspects of the training experience.

2.6.3.1 In teaching

Stevens (2001), in his commentary on racism and cultural imperialism in the training of Black clinical psychologists in South Africa, argues that Black trainee clinical psychologists entering a predominantly white profession, in which Eurocentric and individualistic models of understanding psychological distress dominate, are faced with possible dilemmas and conflict if her/his personal values are discordant with those underlying the academic teaching on the course. Eurocentrism is reflected in the general tendency of White western groups in Britain to assume that western values, practices and norms are validated over and above those of non-dominant cultures (Patel et al, 2000). As long as the western worldview is privileged, other worldviews will be devalued and may even be thought of as primitive or underdeveloped in comparison (Barrat et al, 1999). Furthermore, incongruence between the world view of the BME trainee clinical psychologist and that of the profession can create confusion and ambiguity around personal, social and occupational identities (Stevens, 2001).

Stevens (2001) argues that trainees are exposed to the double-bind of either being alienated by the institutions if they reject these models, or being alienated from their own experiences and communities if they accept them. In the UK, Rajan and Shaw (2008) have shown that UK based trainee clinical psychologists expressed concerns about an ethnocentric approach in teaching and the general course philosophy, and experienced dilemmas about resisting and being critical of dominant ideologies due to a fear of standing out, being labelled and misunderstood. Also, Burman, Gowrisunkur

and Sangha (1996), discuss how, as a Black practitioner, it may be difficult to view mental health models and frameworks through a critical lens, as conformity to a white norm may have been a way of surviving white-oriented training .

2.6.3.2 As a BME therapist

Issues of racism also need to be considered in relation to BME trainees' interaction with clients. Watson's (2006) review of the experiences of Black counsellors found counsellors experienced subtle rather than blatant racism from clients, which made it difficult to name it as such, and therefore challenge it. As discussed before, racism can have implications for the psychological well-being of the clinician, and hence impact on the quality of the therapeutic relationship and the clinical work itself.

Patel (1998) explored how BME trainee and qualified clinical psychologists managed racism from clients by using the unusual power dynamics arising between White clients and Black therapists. In this kind of therapeutic relationship, both the therapist and client hold different types of power (membership of a White, privileged group versus having high status because of being in a professional role). She found that when Black therapists perceived their clients to be attempting to gain power by making covert racist comments, they would use various strategies to manage feelings of discomfort and helplessness, e.g. by trying to prove their competence or by asserting their power. As this study was carried out more than a decade ago, it would be interesting to see if similar power dynamics and experiences of racism emerge in interactions with clients.

These studies also left me wondering about other ways in which the experience of belonging to a BME group impacts on clinical work and therapeutic relationships with clients. Although my search did not yield any further literature in this area in relation to the experience of trainee or qualified clinical or counselling psychologists from BME groups, empirical research done on the experiences of family therapists has explored the some of the positive ways in which difference can be used in the therapeutic encounter. For example, Nolte (2000), in her qualitative research on how the experience of migration influenced family therapists and their therapeutic work, found that

participants drew on their experience of belonging to a minority group (i.e. being positioned as different) to connect with their client's experience of being positioned as different (e.g. being diagnosed with a mental health problem) and also to elicit new ideas and outlooks to help bring about change. This research made me curious to know about some of the skills and resources that come with being a BME trainee clinical psychologist.

The above findings highlight the importance of good supervision to reflect on the potentially difficult dynamics that can occur between a BME therapist and client, which in turn can have implications for trainees to be able to fulfil their roles as trainee clinical psychologists. The next section will examine the literature on cross-cultural supervision, which has highlighted a number of issues related to power relations in relation to ethnicity, culture and racism, and the potential implications for the supervision experience of Trainee clinical psychologists from BME backgrounds.

2.6.3.3 As a BME supervisee

There appears to be a lack of systematic and detailed studies focusing on the experiences of BME clinical psychology trainees in the UK. However, there has been a considerable amount of research carried out (mainly in America on psychology undergraduates) on cross cultural supervision. Gatmon et al's (2001) quantitative research found that, though discussions on 'race' and culture are a critical component of competent multicultural supervision, they occur at a low frequency (Gatmon et al., 2001). Supervisees have also reported working with supervisors who overtly avoided discussing the impact of issues of 'race', ethnicity and culture on client treatment by verbally suggesting that the supervisee ignore these or criticizing supervisees who expressed interest in addressing these issues with clients (Burkard et al., 2006; Helms & Cook, 1999).

Patel (2004) talks about how the dynamics associated with power and 'racial' difference in the supervisory relationship may make it difficult for the BME trainee clinical psychologist to speak out about issues of discrimination and difference. For instance,

when supervisors do not encourage discussion of, or avoid mentioning power relations or 'racial', cultural or ethnic differences, trainees may perceive that these factors are not worthy of being raised. Thus, trainees may avoid voicing issues around 'race', culture, ethnicity and discrimination due to a fear of not wanting to be failed (Patel et al, 2000).

Furthermore some supervisors may adopt a "colour-blind" approach. A colour-blind approach is where difference is not acknowledged and the trainee from a BME group is treated ostensibly in the same way as a White person (Thomas & Sillen, 1972). Empirical research conducted in America exploring Black Clinical and Counselling Psychology trainees' experiences of 'racial' micro-aggressions in supervision found that some White supervisors may not have reflected on their unconscious or conscious 'racial' biases and denied the significance of 'race', adopting a colour-blind approach to supervision (Constantine & Sue, 2007). Whereas one could argue that this demonstrates equity, supervisors who insist they are non-judgemental may be, whether consciously or unconsciously, avoiding difficult cultural and 'racial' conflicts within themselves (D'Ardenne & Mahatani, 1989). Through adopting a colour-blind approach, supervisors invalidate the 'racial' experience of the BME supervisee, and may also create an impasse in the supervisory relationship.

Patel (2004) goes on to state that pathologising the supervisee or client can further act as a barrier. The supervisee is held accountable for any difficulties they or the client are experiencing, and no space is made for exploring, for example, the cultural norms the supervisor may be referring to in order to judge the supervisee's performance. For White supervisors, unexamined White privilege can lead to the acceptance of the mainstream Euro-American culture as the standard for evaluation, without due consideration of the experience of individuals from ethnic minority groups (Fong & Lease, 1997).

Constantine and Sue (2007) found that some BME trainees perceived their supervisors to be harbouring racially stereotyped assumptions about the trainees themselves. This evoked powerful emotional reactions in supervisees, including feelings of shock,

disbelief, anger and disappointment, and contributed to mistrust in the supervisory relationship. The study draws attention to how wider experiences of racism and social inequalities can be activated in the supervisory relationship between a BME trainee and the supervisor. With regards to the above findings, caution needs to be exercised in relation to generalisability, as the inclusion criteria of the study required trainees to have experienced and acknowledged subtle racism in supervision, which raises the issue of representativeness. In addition, students and trainees from different professional groups were collapsed into one, which minimised the issue of diversity in training and experience.

Although there is limited literature around the actual experience of supervision for a BME clinical psychology trainee, there is a framework for understanding how power relations and difference in terms of ethnicity, culture and racism can impact on the supervisory relationship. It further highlights the potential supervisory difficulties and the need for the supervisory process to attend to these issues. Caution needs to be taken in terms of transferability of American research to the experiences of UK BME clinical psychology trainees, as the training experience of American trainees/students may be vastly different.

Experiences of 'racial' difference (and the power that comes with it) additionally shape the way in which we define ourselves or are defined by others (Lee, 2006). Thus, they are seen as being central to the development of personal and professional identities (Davidson and Patel, 2004). An understanding of identity development can shed light on the role of racism and oppression in an individual's development. The next section goes on to discuss identity and the implications of this in relation to the experience of being a BME trainee clinical psychologist.

2.7 Identity

Several models of 'racial' identity development have been proposed (e.g. Cross, 1995; Helms, 1995). These have a strong focus on the role of 'race' and racism in identity development, and while this is clearly important, it also needs to be acknowledged that

individuals develop an identity from several different cultural perspectives of which 'race' is one (Lee, 2006). Furthermore, the majority of the 'racial' identity models have focused on Black people as the reference group (Patel et al, 2000), which may or may not capture the experiences of individuals who do not self-identify themselves as 'Black'. It was felt that including a broader conceptualisation of cultural identity development which includes 'racial' as well as other dimensions of culture heritage would be appropriate, as this would perhaps recognize the complexity of the 'racial' and cultural identity development of BME trainee clinical psychologists.

Cultural identity refers to an individual's sense of belonging to a cultural group and the aspect of identity that is attributable to being a member of particular cultural groups. Cultural identity development occurs in the context of the experience of belonging to either a group which is in a subordinate or dominant economic, political and social position (Lago, 2006). The cultural privilege that comes with being in a dominant group (e.g. White Privilege [McIntosh, 1989]) influences how members of subordinate groups perceive themselves and members of the dominant group (Atkinson, Morten & Sue, 1993; Helms, 1995). Consequently, being White is associated with more value and as desirably normative because of its dominance.

Sue and Sue (2003) developed the 'racial'/Cultural Identity Development Model (R/CID) for individuals from minority groups who are attempting to understand themselves in relation to their culture of origin, the dominant culture and the interface between these cultures. The model attempts to include other cultural dimensions which previous models have been criticised for not sufficiently addressing, i.e. gender, class, sexual orientation, and other socio-demographic group identities.

The model outlines the following stages:

- Conformity (the individual completely embraces the dominant White culture's beliefs, values and customs, while rejecting and looking down on features of her or his own cultural group).

- Dissonance (there is a breakdown in one's previously held denial system and a consideration of minority group strengths, leading to, for example, a mixed identification with both White people and with individuals of their own 'racial' or ethnic group, with some awareness of negative 'racial' stereotyping).
- Resistance (e.g. the individual completely embraces his or her cultural values and beliefs and rejects those of the dominant culture. For this ego status, Atkinson, Morten, and Sue (1989) highlight three major affective qualities displayed by individuals as they resist the oppression and discrimination their group has faced in the dominant society: guilt, shame, and doubt. The values and customs that were once shameful become "symbols of pride and honor" (Sue & Sue, 1999, p. 103)).
- Awareness (critical appreciation of all cultural groups) (Atkinson, Morten, & Sue, 1989; Helms, 1990).

Lee (2006) cautions against assuming that everyone goes through the stages in a linear fashion, and argues rather that development is non-sequential (i.e. Cultural identity is perceived to be influenced by different situations and experiences and thus individuals may start their development at any stage of the process, dependent on idiographic, parental and socio-cultural factors). Despite these limitations, 'racial'/cultural identity models are useful for considering the contextual and relational nature of identity. The next section explores ways in which 'racial'/ cultural identity can impact on, and is impacted by the professional identity.

2.7.1 Negotiating 'racial'/cultural identities with professional identity

Professional identity has been conceptualized as 'an individual's self definition as a member of a profession' (Chreim, Williams & Hinings 2007). Tan and Champion (2007, pg14) have commented on how the process of becoming a clinical psychologist involves incorporating a new identity into an existing sense of self. These authors argue that socialization into Clinical Psychology training may involve negotiating the pressure to *'adopt the unwritten rules about how to be a clinical psychologist: the language, our sense of dress and the way we present ourselves as considered, empathic, warm,*

reflective, perhaps even intelligent.' In a profession that constructs itself as 'White' (Patel et al, 2000), BME trainee clinical psychologists may experience incongruence between their 'racial'/cultural and professional identities, leading to questions around whether the 'racial'/cultural identity can be brought into the training arena (Goodbody, 2009). For instance, Rajan and Shaw (2008) found that, in order to minimise difference, trainees felt the need to distance themselves from their 'racial'/cultural identities within the training arena, in order to 'fit in'.

The wider experience of Othering can also be activated in the professional arena, and consequently impact on identity development. For example, Adetimole et al. (2005) expanded 'racial'/cultural identity development models to explain how being positioned as the Other impacted on the development of their personal identity. They described a cyclical process, starting with *conformity* to dominant group values, followed by *disagreement* and an ultimate *re-establishment* and re-engagement. This made me wonder what it felt like to live through this experience, particularly the ways in which conforming or re-establishing affected their engagement with training in general, including relationships with peers, clients and other colleagues.

Goodbody (2009), in her narrative analysis of the personal and professional development of minority group psychologists, found that Othering also seemed to have an impact on the personal and professional identities. BME women told stories about the visibility of their 'Blackness' and their struggle to fight against being positioned as 'a totalised, stigmatised, devalued Other'. These women described the isolation experienced and the minimisation of their ethnic identity as a stage in their development. It has been suggested that by playing down the 'racial' aspects of their identity in order to be accepted, BME professionals risk discounting the resources derived from their personal and historical experiences, such as resilience, determination, defiance and self-efficacy, which may be underpinning their competency (Edmondson, Bell and Nkomo, 2001). For example, Nolte (2000) found that family therapists who had migrated to Britain often felt connected to clients from migrant and/or BME groups, as they felt that they could understand the clients' positions and

experiences. In Goodbody's (2009) study, most of the women spoke of 'coming out as Black' in their struggle to have their self-defined 'racial'/cultural identities to be 'an acceptable and valued part of their professional identity and the profession', leading to a positive redefinition of the self and relations with the White majority.

Thus it appears that fears of being excluded make it difficult to bring in one's 'racial'/cultural identity into the professional arena, although, as shown above, professionals have found ways to preserve aspects of this. Bell (1990) drew on biculturalism to theorise how the Black women resisted full assimilation and retained their 'racial' identity. Research has shown that BME professionals who are able to achieve bicultural competence have found that it enhances leadership (The Diversity Practice, 2007) and therapeutic practice (Khan, 2003).

Whilst on the one hand it is sometimes hard to bring in one's 'racial'/cultural identity into the professional arena, in other contexts, it seems as though psychologists and trainees from BME groups are often positioned as 'cultural experts' on issues of racism, discrimination and cultural sensitivity (Nolte, 2007; Patel, 2000; Daiches, 2005; Mckenzie-Mavinga, 2005).

However, this apparent solution to the 'problem' of cultural difference has generated its own problems. For example, similarity should not be assumed on the basis of culture of origin, as the actual experiences of the therapist and client may be very different. Rajan's & Shaw (2008) found that BME trainee clinical psychologists' experience of being positioned as cultural experts by colleagues and supervisors created feelings of ambivalence and resistance, as this often contrasted with their own experience of feeling non-expert in relation to cultural issues, and was accompanied by fears of being pigeon-holed. Participants felt that this often meant that their own training needs with regards to cultural awareness were at times unacknowledged.

In addition, the deliberate matching of a BME therapist and client may communicate to the therapist that they are only good enough to work with BME clients (Burman,

Gowrisunkur & Sangha, 1998). Furthermore, this encourages a situation where White therapists then don't have to take the responsibility of doing their own thinking around ethnicity issues and also has the risk of creating an informal apartheid.

Thus, it seems that negotiating 'racial'/cultural and professional identities is a complex process that is accompanied by many dilemmas and struggles around conforming and negotiating dominant group values while trying to hold onto 'racial'/cultural identity but additionally often resisting being positioned as the cultural expert. Building on the research by Rajan and Shaw (2008) and Adetimole et al (2005), it would be interesting to see if similar processes around struggling to conform as well as holding onto 'racial'/cultural identity are described in relation the experience of BME trainee clinical psychologists. Furthermore, I'm also curious to know whether the experiential accounts provided in Goodbody's (2009) research on what it feels like to go through this struggle around negotiating identities resonate with those of BME trainee clinical psychologists.

So far, the review has explored ways in which power relations and difference in relation to 'race' and culture can operate in the different aspects of the training experience. This has uncovered some of the dilemmas and challenges that trainees could potentially face in their training experience. Adetimole et al (2005) wrote 'at one point or another, each of us seriously thought about leaving the training course and the profession', which conveys how hard this experience was for them, and raises the question of how trainees are supported in managing these difficulties. The next section explores literature looking at BME trainees' experience of support in training.

2.8 Support

Clinical psychology training in the United Kingdom (UK) is considered to be highly stressful and demanding, involving continuous evaluation and learning whilst attempting to balance a personal life (Kuyken, Peters, Power, & Lavender, 1998). Kuyken et al (1998) have found that the ability of clinical psychology trainees to adapt to work related difficulties appears related to the level of satisfaction of the emotional support provided in training. I have already discussed the dilemmas and challenges that trainees might

face in asking for support in supervision, but there appears to be relatively little literature on the experience of support from the courses in general, for example from the course tutors or peers. Research on qualified BME clinical psychologists found that participants tended to create minority peer support, which appeared to validate the cultural, preferred identities obscured in the profession (Goodbody, 2009). Whilst Rajan and Shaw (2008) reported that there was a lack of consideration given to BME trainee clinical psychologists' fears about racism and 'speaking out', by those responsible for providing training, no supporting quotes were provided. Further elaboration on trainee's experience of support, their perceptions of what they need and what they already find helpful in terms of support is needed.

2.9 Conclusions and rationale

As stated previously, there is little research exploring the experiences of Trainee clinical psychologists from BME backgrounds in the UK. As shown above, a significant amount of the relevant research has been carried out in America, and has not specifically focused on the experience of Clinical Psychology training. Methodological limitations of these studies have also been highlighted. Although the UK based studies that have been conducted in this area [e.g. Rajan & Shaw (2008); Adetimole, Afuape & Vara, (2005); Patel (1998)] have uncovered some interesting and relevant findings, as discussed above, these studies come with their limitations in terms of methodology and also leave some unanswered questions. I will summarise main findings and then discuss the rationale for the research.

The literature shows how the broader experiences of power differentials, social inequality and racism can also be activated in different aspects of training for BME individuals, leaving them vulnerable to the deep psychological impact of racism. The subtle nature of racism is perceived to be particularly difficult to manage due to the challenges in naming it and addressing it.

Trainees and professionals often tend to rely on their professional identities to manage racism and experience of being the devalued Other, for example as a way of increasing

status in relation to clients and minimising difference in relation to peers. Although there are no direct studies on the experience of supervision, conceptual literature and studies from America on counselling students and trainees suggest that prejudice and 'racial' dynamics may enter the supervisory relationship and present barriers in developing an open and trusting supervisory relationship.

BME clinical psychology trainees entering a predominantly white profession, in which Eurocentric and individualistic models of understanding psychological distress dominate, are faced with possible dilemmas and conflict if their personal values are discordant with those underlying the academic teaching on the course. Furthermore, power relations, and difference in terms of ethnicity, culture and racism are also seen as being central to the development of personal and professional identities leading to ambiguity and confusion around whether the 'racial' identity can be brought into the training arena. However, some professionals have found ways to preserve aspects of their 'racial' identity through bicultural capabilities. Whilst it can be hard to bring in one's 'racial' identity into the professional arena, psychologists and trainees from BME groups are also often positioned as 'cultural experts'.

2.9.1 Gaps in the literature

Although the literature clearly presents some important and interesting findings, there are some significant gaps in the state of knowledge. Studies on the experiences of BME trainee clinical psychologists have acknowledged the experience of racism. However, I was left wondering how trainees might be psychologically affected by this, and the implications of this in terms of their ability to fulfil their role as a trainee clinical psychologist.

These studies also left me wondering about other ways in which the experience of belonging to a BME group impacts on clinical work and therapeutic relationships with clients, for example, the skills and resources that can be used in the therapeutic encounter.

Whilst there is conceptual and empirical literature on some of the barriers that supervisors and BME supervisees might face in cross-cultural supervision, I was unable to find any systematic studies focussing specifically on the experiences of BME clinical psychology trainees.

Whilst we already know that BME trainees struggle with bringing in their 'racial'/cultural identities into the training arena, I am curious to know whether the experiential accounts provided in Goodbody's (2009) research on what it feels like to go through this struggle around negotiating identities resonate with the experience of BME trainee clinical psychologists.

Further elaboration on trainee's experience of support, their perceptions of what they need and what they already find helpful in terms of support is also needed, as well as knowledge of what is already working.

Furthermore, the existing literature has aroused curiosity about other ways in which being non-white has impacted on relationships and interactions with peers, colleagues, supervisors and clients and also how personal and professional identities are negotiated.

The aim of the current study is to capture the broader training experiences of trainee clinical psychologists from BME backgrounds. Specifically, it will attempt to build on the findings published in the Clinical Psychology Forum around experiences of negotiating 'racial' difference in relation to peers and service users, identity, and experiences of teaching. In addition, it hopes to explore questions which still remain around the experience of Trainee clinical psychologists from BME backgrounds of 'racial' differences in supervision and other working relationships; the strengths, resources and limitations that come with the position of being a Trainee Clinical Psychologist from a BME background, and to what extent the trainees' needs are being met on the course.

The impact of potential personal and professional experiences that may arise for BME trainee clinical psychologists, such as difference and discrimination, may be important for course tutors and clinical supervisors to explore, given that maladaptive coping may lead to a reduced ability to fulfil their role as a trainee psychologist. Further elaboration on trainee's experience of support, their perceptions of what they need and what they already find helpful in terms of support is needed.

The study will adopt a qualitative approach to explore the often unheard experience of being a BME trainee clinical psychologist. A qualitative approach is indicated as such methods provide an opportunity to gain a rich knowledge of an under-researched area (Barker, Pistrang, & Elliott, 2002). The qualitative framework guiding this investigation is both phenomenological and social constructionist in nature, in that it intends to conduct a detailed examination of the individuals' personal experiences and perceptions of their training, whilst considering the social context of these experiences from a 'critical psychology' perspective.

Critical psychological approaches challenge assumptions, values and practices within mainstream psychology that help maintain the status quo, which is often unreflective of diverse models and experiences in psychology (Fox, Prilleltensky & Austin, 2009). Considering the experiences through a critical psychology lens will help me understand how trainee experiences might be shaped by power relations that might be maintaining and privileging dominant group values and models. Thus, the current study is looking for critical evaluation of perceived contexts as well as individually generated experiential themes.

3.0 RESEARCH QUESTION

In line with the aims of this study the main research question was framed as:

- How do BME trainee clinical psychologists experience clinical psychology training?

This question was explored via further subsidiary questions, viz.:

- What are the issues of difference in the academic arena (e.g. classroom experiences) and on placement (e.g. interactions with supervisors and clients)?
- How has training influenced the trainee's cultural identity?
- What are the available and desired support systems?

4.0 METHODOLOGY

This section describes the rationale behind choosing Interpretative Phenomenological Analysis, participant recruitment, collection and analysis of data, and outlines the steps taken to meet research quality criteria as outlined by a number of researchers (Elliott, Fischer and Rennie , 1999; Yardley, 2000; 2008). Issues dealing with reflexivity will be addressed in more detail within the Discussion section.

4.1 A qualitative approach

The current study employed a cross sectional qualitative research design. As stated previously, there is little research exploring the experiences of trainee clinical psychologists from BME backgrounds in the UK. The studies that have been conducted in this area [e.g. Rajan & Shaw (2008); Adetimole, Afuape & Vara, (2005); Patel (1998)], have been brief publications, and, as shown above, focused on very specific areas of the trainees' experiences of Clinical psychology Training. The aim of the current study is to capture a more in-depth account of the broader training experiences of Trainee Clinical Psychologists from BME backgrounds. Qualitative methodology was chosen, as such an approach can enhance existing research through facilitating an in depth study of personal experiences, and it is also well suited for exploratory research (Barker, Pistrang & Elliott, 2002). In order to capture the trainees' personal experiences, interviews were conducted using a semi-structured interview schedule (see Appendix1). Semi-structured interviews enable flexibility, yield rich data and also allow the researcher to explore interesting or significant issues that are brought up during the interview (Smith, Flowers & Larkin, 2009).

4.2 Interpretative phenomenological analysis

Interpretative phenomenological analysis (IPA) (Smith, 1996; Smith & Osborn, 2003; Smith et al, 2009) was chosen as the preferred qualitative methodology. The theoretical philosophy of IPA will be outlined followed by the rationale for choosing IPA. The primary concern of IPA is how meanings are constructed by individuals from their experiences (Smith, 1996). IPA can be described as an existential phenomenological approach (van Manen, 1997) because of its focus on exploring participants' subjective,

lived experiences and attempts to gain an 'insider's perspective'. IPA acknowledges that it is not possible to access an individual's world directly and thus the researcher's interpretative activity is also required. Smith et al (2009) describe this as a double hermeneutic process, where the researcher is trying to make sense of the participant, who is trying to make sense of their world. It is acknowledged that the process of co-construction and interpretation will inevitably be influenced by the researcher's own values, assumptions, and opinions (Larkin, Watts & Clifton, 2006). Thus, reflexivity is considered to be vital in facilitating transparency. IPA recognizes that human experiences are informed and shaped by social processes and thus subscribes to social constructionism, albeit a 'less strong form of social constructionism than discursive psychology and FDA (Foucauldian Discourse Analysis)' (Smith et al, 2009, pg 196). The qualitative framework guiding this investigation is both phenomenological and social constructionist in nature, in that it conducts a detailed examination of the individuals' personal experiences and perceptions of their training, whilst considering the social context of these experiences from a 'critical psychology' perspective.

IPA was chosen as the preferred qualitative methodology for a number of reasons. Firstly, its aim of conducting a detailed exploration to capture an insider perspective on individuals' lived experiences and how they make sense of these experiences (Smith & Osborn, 2003; Smith et al, 2009) corresponds with the aim of the current research: How do BME trainee clinical psychologists experience clinical psychology training?

Secondly, while maintaining an idiographic emphasis, IPA can also be used to generate a thematic analysis of relatively homogenous small groups. IPA's emphasis on saying something in detail about the perceptions and understanding of a small group of people, rather than making general claims about the larger population (Smith, 1996; Smith et al, 2009) fits with the intention of this project. Analysis aims to examine similarities and differences in themes emerging from accounts of participants with a shared experience. Smith et al (2009) suggest that focusing on the particular takes us closer to the universal because it gives us insight into the 'essence' of human experience.

As a relatively novice qualitative researcher, I find the guidelines on the entire process of conducting an IPA study appealing and helpful (see Smith et al, 2009). Other clear advantages of IPA include its inductive nature, the way it lends itself to exploring complexity in people's experiences, and the freedom to not limit the focus on existing knowledge, as analysis should allow unanticipated themes to emerge (Smith, 2004; Smith & Osborn, 2003; 2008).

Furthermore, it was felt that IPA was a more suitable approach than other qualitative approaches for the purposes of the current research. For instance, Discourse Analysis was deemed to be less appropriate than IPA, because of its emphasis on the role of language in construing social reality, in contrast to focusing on understanding personal experience (Willig, 2003). While IPA subscribes to social constructionism and thus acknowledges the action-orientated nature of language, it argues that people act not only as discursive agents, but also give meaning to their lived experiences (Eatough & Smith, 2006). Moreover, IPA was favoured over Grounded Theory because Grounded theory aims to produce theoretical explanations of psychological phenomena as opposed to capturing personal experience. However, it is possible - and even desirable - within IPA to aim for sufficient analysis that allows for the development of group-level themes to emerge, thus moving beyond a mere description of the data (Smith et al, 2009).

4.3 Participants

4.3.1 Recruitment

Purposive criterion procedures (Patton, 1990) were used to identify and select a sample of individuals currently on the Doctorate for Clinical Psychology training in the UK.

Recruitment was undertaken by contacting the Clinical Psychology training courses via their course directors. Due to my geographical location, I approached clinical psychology training courses which are considered to be in the South-East region of England, in order to request permission to contact trainee clinical psychologists (see Appendix 2 for details of letter requesting permission). The University of Hertfordshire

was excluded from this study due to reasons of confidentiality. An initial email, which attached a letter outlining my project, was sent to course directors (See Appendix 2: Email and letter to course directors). This letter requested permission to contact trainees. Once permission to contact the trainees had been granted, my initial email to potential participants was forwarded to the course for dissemination to all trainees (See Appendix 3). This email provided a brief explanation of the aims of the project and my contact details, so that trainees could contact me if they wished to consider participation.

Once a potential participant expressed interest they were sent an information pack including further information about participation and a reply slip for them to inform me of their wish to participate, obtain more information about the project or withdraw from participating (See Appendix 4) . Participants who continued to express interest in the project were then contacted via telephone and screened according to the inclusion and exclusion criteria (see Appendix 5). If it was appropriate to do so, an interview was arranged in a location in which participants felt comfortable. Interviews did not take place on participants' university sites to protect their identity. All participants were required to give informed, written consent prior to the commencement of each interview (See Appendix 6)

4.3.2 Inclusion Criteria

IPA's requirement for a homogenous sample was complied with by recruiting trainees who defined themselves as coming under a Black and minority ethnic group according to the criteria used in the 2007 Commission for 'racial' Equality fact file (Commission for 'racial' Equality, 2007). These criteria stipulate that the term 'ethnic minority' refers to people who chose a category other than 'White' in the 2001 census. It therefore excludes White ethnic minorities. It was felt that this would increase chances of recruiting participants who positioned themselves as 'racially' different to the White Majority. Potential participants who self-identified themselves as belonging to an ethnic minority group were screened by the researcher to ensure that they met these criteria (see Appendix 6).

There were no disability, gender, religion or sexual orientation restrictions on participants. Selection processes for Clinical Psychology training in the UK do not impose such restrictions. However the minimum requirement for entry into the doctoral program is an undergraduate degree meaning participants were over 21.

4.3.3 Exclusion criteria

These criteria stipulate that the term 'ethnic minority' refers to people who chose a category other than White in the 2001 census. Thus people who self-identified themselves as belonging to a White ethnic minority group were not included in the study.

4.3.4 The sample

Participants comprised of 9 trainee clinical psychologists from BME backgrounds. Ages ranged from 24 years to 38 years and two of the participants were male. Please see Table 1 for additional demographic information.

*Participants	Ethnicity	Place of birth	Year of training	Gender
Participant 1 (Keisha)	Black British Caribbean	UK	3	Female
Participant 2 (Daniel)	Black British Caribbean	Outside the UK	1	Male
Participant 3 (Pavan)	Asian British (Indian)	UK	2	Female
Participant 4 (Adila)	Asian British (Indian/Afghani)	UK	3	Female
Participant 5 (Lee)	Chinese	Outside the UK	2	Male
Participant 6 (Meera)	Asian British (Indian)	UK	1	Female
Participant 7 (Chelsea)	Black British Caribbean	UK	3	Female
Participant 8 (Isabelle)	Black British Caribbean	UK	1	Female
Participant 9 (Sonia)	Asian British (Indian)	UK	1	Female

Table 2- Demographic profile of participants

*all names of participants have been replaced with aliases to protect identity

4.4 Ethical issues

4.4.1 Ethical Considerations

Ethical approval for the study was granted by the NHS Hertfordshire REC and the University of Surrey Ethics Committee and the documentation to support this can be found in Appendix 9. The research also complies with the BPS Code of Conduct, Ethical Principles and Guidelines (1993).

4.4.2 Informed Consent

Informed consent to participate in the study was ensured through providing an information pack (see Appendix 4) detailing key information about the study, including the purpose of the study, the intended method, and confidentiality. Participants were also informed that they had the right to withdraw from the study at any time without penalty and without giving a reason, to ensure that they did not feel obliged to participate in the study. An official university contact for reporting any queries or concerns was also provided. Participants were made aware that they had time (2 weeks) to decide if they wished to participate. This also insured that participants had enough information and time to provide fully informed consent to talk about their experiences of being a trainee clinical psychologist from a BME background. Participants were then asked to give their written consent (see consent form in Appendix 6) if they wished to participate in the study.

4.4.3 Confidentiality

Participants were informed verbally and in the information pack (see Appendix 4) about confidentiality and its limits. Participants' names and other identifying information were removed from the write-up of the study and replaced with an alias. Identifying information was kept securely and separately from audio-recordings and the subsequent data-analysis at my home address. Recordings, transcripts and other research materials were also kept securely and confidentially at my home address. Participants were made aware that audio recordings would be destroyed as soon as my degree has been conferred and any anonymised data would be kept for 5 years post research project submission (June 2015), according to the University of Hertfordshire's 'Good practice in research' guidelines, after which it would be destroyed. Prior to recruitment, course directors were made aware that a participant's identity would remain confidential (See Appendix 2). Participants' courses did not have access to any raw research data which would be able to identify them. Participants were informed that my research supervisors, involved in the supervision and assessment of my work, along with academic and professional assessment bodies, would have access to the anonymised transcripts of their interview. Due to the time constraints on this

project, two approved transcription services were used to transcribe some of the interviews. The information pack informed participants that in the event that transcription services were used, their names would be removed to protect their identity and replaced by alphabetic letters (see Appendix 4). The transcription services signed a non-disclosure, confidentiality agreement (see Appendix 10).

4.4.4 Potential distress

Whilst some research participants describe the process of reflecting on their experiences as therapeutic (Birch & Miller, 2000), there was a possibility that participants might become distressed when describing potentially upsetting issues, for example encounters of racism or difference. Participants were assured, both verbally prior to the interview and in the information pack (see Appendix 7 and 4), that they were not obliged to answer the questions in the interview and that the interview could be terminated at any time. At the end of the interview, participants were provided with time to debrief and some information on sources of support for trainees (see Appendix 8). This procedure aimed to minimize the distress levels of the participants.

4.5 Data collection

4.5.1 Interviews

A semi-structured interview schedule was developed (Appendix 1) based on relevant literature, discussions with my research supervisors who are experienced in IPA as well as the research area, and guidance on interview schedule development (Smith et al, 2009). The schedule was used flexibly to facilitate further probing of any areas of interest that might emerge and encourage detailed descriptive accounts.. In addition, initial thoughts and impressions were recorded in addition to process issues possibly affecting the interview (e.g. why I decided to pursue a particular line of questioning).

Participants were given a choice about the interview location. Three chose to be interviewed at home and five in an independent location. Interviews lasted between 60

and 130 minutes, were audio recorded and then transcribed, with all identifying information removed or disguised.

4.6 Data analysis

Data was analysed using IPA, as detailed by Smith (Smith, 1996; Smith & Osborn, 2003; 2008; Smith et al, 2009). My supervisors were consulted throughout the analysis, and the process was also informed by guidelines for ensuring quality in qualitative research (Elliot *et al.*, 1999; Brocki & Wearden, 2006; Sandelowski, 2004).

4.6.1 Variations of analyses with larger samples:

While most interviews in the current study lasted between 1 hour and 1 hour 15 minutes, interviews for participant 7 and 8 each lasted approximately 2 hours. Thus the total amount of interview time amounted to just under 12 ½ hours. Smith et al (2009) have recommended that for professional doctorates, given the additional demands on the researcher, between 4-10 (hour long) interviews are sufficient. As these authors state 'successful analysis requires time, reflection, and dialogue, and larger datasets tend to inhibit all of these things, especially amongst less experienced qualitative researchers' (Smith et al, 2009- pg 52). Smith et al (2009) acknowledge that , when working with larger samples, the level of analysis may not be as detailed as that recommended for studies with up to 6 interviews: 'in this case, the emphasis may shift more to assessing what were the key emergent themes for the whole group' (Smith et al, 2009- pg 106). Smith and Osborn (2008) have suggested that one can either do a case by case analysis or use themes from one case to orient the subsequent analysis. Thus, in order to make the research manageable, whilst also ensuring that rich enough data was available for analysis, it was agreed with my supervisors that individual case by case analysis for 4 transcripts would be conducted, and the themes emerging from these would be used to guide the analyses for the other five transcripts. Smith et al (2009) raise the importance of conducting interviews as effectively and sensitively as possible, in order to facilitate the emergence of rich data. Having reflected on the process and content of each interview, it became apparent that the latter interviews had generated more interesting and richer data, possibly due to my increasing experience in

conducting them. Thus the data from participants 5, 7, 8, and 9 (interview transcript for participant 6 were being transcribed at time of analysis, and it was therefore felt appropriate to use data from Participant 5 instead) were included in the individual case by case analysis, resulting in a total of 6 hours worth of data.

4.6.2 Individual case analysis

The transcripts for participants 6, 7, 8, and 9 were analysed on a case by case basis using the recommended procedure by Smith et al (2009). I read and listened to the transcripts several times and initial notes on the transcript were made in the right hand column (See Appendix 11 for sample analysis and audit trail). These notes indicated anything that seemed interesting or significant in relation to descriptions and language used, initial associations that came to mind, similarities and contradictions. The transcripts were then re-read and analysed at a deeper, more conceptual level, where I tried to interpret what the participant was trying to communicate. Following this stage, the transcripts and initial notes were re-read and the left-hand column was used to document emerging themes.

This required moving to an interpretive level of abstraction, general enough to allow theoretical connections across cases to be made. The practice of constant checking between interpretations and the text ensured that the themes remained grounded in the text. In keeping with the phenomenological nature of IPA, words or phrases used by the participants themselves were used, as far as possible, as labels for the emerging themes. The next stage involved making connections between emerging themes. Emerging themes were merged and clustered in accordance to their shared meanings under super-ordinate themes. Key sentences from the verbatim text were chosen to represent each theme; ensuring they were grounded in the text. Next a table of emergent themes was produced, including the super-ordinate and sub-themes with corresponding text extracts. For an example of the entire analytic process of one interview see Appendix 11. Each interview transcript and recording was analysed using the same process until all four transcripts had been analysed to this stage. After all four interviews had been analysed, the superordinate themes and related sub-theme

clusters for all four interviews were examined and were clustered together to produce a list of super-ordinate themes and their sub-ordinate themes for all four participants (see Appendix 12).

4.6.3 Group level analysis

Smith et al (2009) emphasize the importance of measuring recurrence of themes across cases to enhance the validity of the study's findings. Thus the themes elicited from the last four transcripts were used to orientate to the analysis for cases 1, 2, 3, 4, and 6. This involved noticing any replication of themes in terms of convergences and divergences in the data, whilst being mindful of remaining open to new emerging themes for these five participants. After all the transcripts had been analysed, the themes were re-examined and a more refined, master list of themes, with their corresponding subordinate themes for the group as a whole, was developed (See Appendix 12).

4.7 Writing up

The master list of themes developed in the final stage of analysis was used as the basis for writing up of the results. Verbatim extracts from the transcripts were used to illustrate and explain the themes derived from the analysis.

4.7.1 Quality and validity in qualitative research

Barker, Pistrang & Elliott (2002) reflect that traditional criteria for evaluating the reliability and validity in quantitative research may not easily transfer onto qualitative methods. Instead, it has been useful to utilise specifically produced guidelines for evaluating qualitative research (Elliott, Fischer, & Rennie, 1999) to consider issues of quality and rigour (Yardley, 2000; 2008), and establishing 'trustworthiness' (Lincoln and Guba, 1985). The guidelines proposed by Elliot et al (1999) for qualitative studies were used to adhere to standards of quality and validity for qualitative research. These include 'Owning one's perspective'; 'Situating the sample'; 'Grounding in examples'; 'Providing credibility checks'; 'Coherence'; 'Accomplishing general vs specific research tasks'; and

'Resonating with readers'. These will be discussed in more detail in relation to the critique of methodology in the Discussion Chapter.

Triangulation is considered to be an important way of establishing credibility and transferability in IPA research, in which one of the main aims is to generate findings that are meaningful to readers (Smith and Osborn, 2003). Triangulation proposes that convergence of data from multiple perspectives is an indication of the validity of research findings. Although triangulation often refers to the convergences of data across different data sources or methods, it can also be used to describe convergences across raters or perspectives (Yardley, 2008). Triangulation occurred through the use of supervision and peer review.

Emerging themes were discussed in supervision as the analytic process developed, and the coherence and comprehensibility of the analysis reflected on. One of my field supervisors, an experienced IPA researcher, audited the 7th and 8th interviews, and the related audit documentation. In addition, sections of analysis from both these interviews were examined by my principle supervisor, the Lead Research Tutor at the University of Hertfordshire, to assess the validity of the themes elicited. My supervisors agreed that the themes elicited could be justified and appeared to be grounded in the text, thus demonstrating credibility and sound trustworthiness of the data.

An IPA group was formed consisting of a Consultant Clinical Psychologist who is an experienced IPA researcher, and seven other colleagues who were conducting IPA studies. A section of transcript from Participant 7's interview was read through by the group to identify themes, which were then compared with my analysis, to see if similar or corresponding themes had been produced. There was agreement with the themes that I had derived from the transcripts, and therefore the analyses appeared to be an acceptable reflection of the interviews. Triangulation has been criticized as relying on positivist assumption that there is a singular, fixed truth to which results can be compared (Angen, 2000). However, from a Social Constructionist perspective, which proposes that there are multiple realities and understanding is co-created, the multiple

perspectives that might emerge through Triangulation can lead to a richer understanding and are hence welcomed (Smith, 1996).

Finally, throughout the research process a reflective journal was kept (Smith, 1996), in which I wrote about my ideas, influences, interests, biases, personal development, worries and emotions that the research evoked. Supervision was also used to reflect on the process notes to aid reflexivity and interpretations. These issues will be considered in the discussion section.

4.8 Reflexivity

Reflexivity refers to awareness of how the researcher and the research process may have influenced the analysis and data (Spencer *et al.* 2006). Reflexivity takes account of how the professional, personal, cultural and political beliefs, values, assumptions and experiences of the researcher may affect the whole research process, from the gathering of data to the analytic process. At the outset of the introduction chapter, I talked about how I came to be personally interested in this project. Further background information about my assumptions, beliefs and experiences as a person from a Black and Minority Ethnic background are presented below, so that their interaction with the research process can be reflected on.

I am a 31 year old female who was born and grew up in Kenya as an East African Asian. I was part of an ethnic minority group that held high social class status in comparison to the majority of the Black East Africans. I was constantly aware of the power, privileges, but also the feeling of difference that came with this position. With my family still in Kenya, I moved to the UK at the age of 18 to study undergraduate Psychology. Moving to the UK brought many challenges, such as difficulties in fitting in, and I had to develop the ability to adapt to and integrate myself into a way of life very different from what I was familiar with. I gradually acquired a finely-tuned sensitivity to the expectations and values that are socially and culturally upheld in various different contexts in British society.

I am a final year clinical psychologist in training and am undertaking this research as part of a Doctorate program. Prior to starting my training, I worked in the area of psychology and related mental health professions for the past 10 years. I have worked in various inner-city deprived areas, which brought home to me how discrimination, oppression, poverty and social isolation makes people vulnerable to mental health difficulties. Whilst I am attracted to psychological approaches that emphasize individual meaning making, my own experience of feeling alienated, as well as my experiences of Clinical Psychology training and working in the NHS, have influenced my tendency to side with and give a voice to the 'underdog', and commit to redress the power imbalance inherent in the system. Thus, in terms of theoretical and philosophical positions, I affiliate myself with 'light' social constructionist, systemic and narrative ideas, both in research and clinical practice, due to the emphasis on multiplicity of constructions and the importance of the social context. However, in line with IPA, I also operate from a 'critical realist' perspective – i.e. there is an underlying essence of reality as experienced that can be shared. By adopting both 'filters' I hope to give credence to the reality of individual lived experience but also emphasize how the socio-political context shapes and informs how this is experienced and expressed.

I have been struck by how Clinical Psychology as a profession gives insufficient importance to issues of difference and diversity, and I have come across Black and minority ethnic service users and professionals who find this inappropriate and unacceptable. I believe that issues of diversity should be recognised and addressed, both in clinical practice and research. It has been both personally and professionally important for me to do this research on the needs, perspectives and experiences of trainees from Black and minority ethnic groups, in the hope that it will help bring about organisational change.

The combination of my interests and my own life experiences will inevitably have shaped my contribution to co-constructing meaning with the participants in this study. However, practices such as keeping a journal and personal reflections throughout the

research process have increased my awareness and reflexivity. I will discuss these issues more in the Discussion chapter.

5.0 RESULTS

The following section will present the findings of my Interpretative Phenomenological Analysis (IPA) of the experiences of trainee clinical psychologists from BME backgrounds. I aim to provide the reader with a rich account of the lived experience and how they made sense of their experience of being a BME trainee.

Five key superordinate themes will form the basis of the following account:

- *The hardship of not being White*
- *The challenge of negotiating multiple identities*
- *Challenges and dilemmas of highlighting 'race' and culture issues*
- *The versatility that comes with being a BME trainee*
- *Finding connections and safe places*

My Interpretative Phenomenological Analysis is one possible construction of the phenomenon of being a BME trainee clinical psychologist for a particular group of participants. It is acknowledged that the double hermeneutic, influenced by my 'own perspective (Elliot Fischer, & Rennie, 1999), may have led to the emergence of different themes for another researcher. However, I have attempted to present a systematic and rigorous account of the analysis.

All nine participants provided rich accounts of their experiences. Word restrictions mean that it will not be possible to cover every aspect of participants' experiences in this chapter. I have attempted to negotiate the overlap, divergence, convergence, commonality and individuality that are present between and within the themes. To illustrate my themes, verbatim quotes¹ from the interviewees will be presented (refer to

¹ Verbatim extracts: The extracts included in the following sections have been amended to facilitate readability. Parts of extracts which have been deleted for readability have been denoted by brackets (...). Repeated words, minor hesitations and words such as 'umm' have been deleted. Pauses have been indicated by All identifying information has been deleted. All names have been replaced with aliases.

footnotes about verbatim quotes). Please refer Appendix 12 for a more comprehensive illustration of how each theme has been represented across the nine participants. The five super-ordinate themes and their associated sub-themes will now be explored (See Table 3: Superordinate themes). The reporting of results has been interspersed with my personal reflections, to convey the contribution of personal reflexivity to the research process.

SUPERORDINATE THEME TABLE
<p>THE HARDSHIP OF NOT BEING WHITE</p> <p>Sub-themes</p> <ul style="list-style-type: none"> • Standing out as different • The struggle to conform or not • The handicap of not being White • Looking through a 'racial' lens- clarifying or obscuring?
<p>THE CHALLENGE OF NEGOTIATING MULTIPLE IDENTITIES</p> <p>Sub-themes</p> <ul style="list-style-type: none"> • The complexity and contextual nature of cultural identity • Dilemmas about moving away from culturally conventional roles • Grappling with multiple truths and value systems • Holding onto cultural identity
<p>CHALLENGES AND DILEMMAS OF HIGHLIGHTING 'RACE' AND CULTURE ISSUES</p> <p>Sub-themes</p> <ul style="list-style-type: none"> • Encountering avoidance of meaningful dialogue around difference • A resigned lack of expectation • Being confronted with the dilemma of carrying the burden • Feeling powerless to speak out • Fear of being marginalized
<p>THE VERSATILITY THAT COMES WITH BEING A BME TRAINEE</p> <p>Sub-theme</p> <ul style="list-style-type: none"> • Becoming a cultural chameleon • Using personal experience to connect with clients
<p>FINDING CONNECTIONS AND SAFE PLACES</p> <p>Sub-theme</p> <ul style="list-style-type: none"> • What helps me feel safe • Creating a space for meaningful dialogue around difference • Valuing family pride and emotional support

Table 3: Superordinate themes

5.1 THE HARDSHIP OF NOT BEING WHITE

Overview

The first superordinate theme describes the experience of not being White and the deep level, effortful and complex emotional work that many of the participants have to engage in to manage this experience. For many of the participants, being BME was associated with a visible and permanent difference that felt acutely isolating, and thus they felt torn between conforming to the 'image of the course', or not conforming and thus risking feeling disconnected to their peers and lonely. The status of being BME for many participants seemed to be value laden, carrying with it a history of oppression and negative connotations. There was a sense that these participants believed that there is an 'inherent challenge' that comes with the position of being BME, and they thus expected that they would have to work harder than their White counterparts to overcome this 'handicap'. Much emotional hard work also went into struggling with trying to determine whether or not an interaction had 'racial' connotations, and not wanting to be seen to be 'playing the 'race' card'. Whether or not these interactions were perceived to be racist or not, they were characterized by painful emotions, which again required hard work to manage. Participant 1's account identified an exception to the negative experiences and struggles associated with not being White described by the rest of the participants.

5.1.1 Standing out as different

...being Black is not something that you can hide. It's not something that's... that you can choose to disclose if you feel like it. It's there as soon as you walk into a room (Chelsea)

The above excerpt captures the visible and permanent nature of 'Blackness' that was present for six of the participants. Chelsea reflected that it is not something that one can choose not to disclose, perhaps inferring that it invites other people to interact with her as a Black person. One could wonder what values she places on being Black, what her beliefs are about what it might

mean to other people, and whether or not, if she had a choice, she would disclose it. The permanence of this difference was echoed by Isabelle.

...I always stood out (...) so that's been hard at times, because I didn't, didn't want to stand out really. I wanted to just blend in with everybody else. (...) you're still going to be singled out if you're different, if you don't fit in (Isabelle)

Isabelle's experience of always 'standing out' invokes a sense of how hard this was for her. She did not expect to be able to fit in with her cohort, because she expected to be singled out on the basis of colour by her peers, which makes one wonder to what extent she feels they are open to difference, and what she needed to do in order to fit in. I wondered about what else made it 'hard' for her to 'stand out', as, in another part of her account she reflects on how

...it's important to not shine out as somebody that has those stereotypes attached to them (Isabelle)

Perhaps standing out on the basis of colour made her uncomfortable about being associated with negative stereotypes. It was apparent across many of the participants' accounts that the difficulties in fitting in that come with being BME made it harder to connect with people, as Adila showed in her account.

because I'd be fasting and they'd be like a whole discussion of why aren't you eating, oh you're fasting, oh what, what's that, and that sort of thing and I was really nervous about that over the summer, cos I knew obviously Ramadan's coming up and how that's gonna affect things, so I think that added to my anxieties and that kind of need for connection (Adila)

For Adila, it was her cultural practices that made her stand out as different. Underlying her anxiety about not being able to connect with other trainees seemed to be a fear about being judged because she was fasting. In contrast to the above experiences, there were trainees who did not experience a sense of feeling like an outsider.

if you were gonna group people who identified either as from a BME background or don't speak English as their first language or were born in a different country, I think you'd be looking at close to half the cohort (....) So it kind of feels like, it feels like a really comfortable place to be (Keisha)

Compared to the above accounts of loneliness and not fitting in, Keisha seemed to feel comfortable in her cohort, indicating the cohort's openness and receptiveness to difference. Keisha's positive experience of being in a diverse cohort was shared by Meera and Pavan, emphasizing the importance of it, and also how difficult it might be to stand out. However, Daniel, despite being in a cohort where the majority of the trainees were White, did not appear to experience standing out as different.

....my moment to moment, day to day experience I don't really notice, because (...) I don't really notice on a, a conscious level (Daniel)

5.1.2 The struggle to conform or not

This struggle, characterized by the hard emotional work involved around conforming to a normative cohort image, was a theme shared by a few of the participants. The theme is illustrated by the following extract, where Sonia talked about how it requires more than simply adapting and being flexible, implying that there are significant compromises to selfhood that need to be made in order to fit in.

There's definitely a feeling of more....me fitting to them, than them fitting to me. If that makes sense (...) I think actually that's quite relevant across the context of placement as well. It's kind of you....in a different way to then kind of just being an adaptable, flexible person, more... more, beyond that (Sonia)

Again, there is no expectation that others will make the effort to fit in with her, or tolerate the difference she brings. The experience of feeling the pressure to conform was also felt by Lee:

I have to sort of force myself a little bit to adopt a different way to be and speak a little bit differently than I would normally do, in order just to feel comfortable in the social environment and kind of ... to know people a bit better (Lee)

There is a lack of expectation around others making the effort to fit in with him, as perhaps the assumption was that people find it hard to connect with the Chinese aspects of his identity. In short, perhaps difference is not tolerated or is undesirable in the cohort. The onus thus fell on Lee to conform to a 'more desirable image' or risk being rejected and isolated. Lee reflected on the exhausting experience of making the extra effort to fit in:

Interviewer:...What does that feel like?

Lee: ...it's quite exhausting actually. Actually it's quite knacker and... it's very effortful. Sometimes it's a little bit artificial

There was also a restrictive impact of conforming, as some participants worried about not being able to bring in meaningful aspects of themselves into the training arena, and thus risking losing these. For example, Chelsea experienced the dilemma of sacrificing her Black identity in order to fit in, implying that she perceived that difference is not tolerated in the group. Also, there was a risk that her cultural identity could be used to diminish her professional status, as this would not fit with the 'image of the course'. The trainee is thus left with a fragmented, compartmentalized sense of self.

...at times I felt quite a strong sense of pressure to conform and to adopt a particular identity um that perhaps wasn't one that I would consider to be my own. Something about fitting into the group. So fitting into the cohort. Fitting into the image of the course. Um... and I think there were times where perhaps I felt like I was in a little bit of a crisis, where I felt like I had to sacrifice and throw away everything of my identity. Everything of my Blackness... (Chelsea)

In contrast to the above experiences, Meera reflected on how being in a diverse cohort has meant that there is no aspiration towards a 'White middle class image', and there is thus openness to difference:

our cohort is so diverse it is not a typically the sort of popular White middle class, I think it's made our cohort very diverse and very receptive to accepting difference and different points of views (Meera)

5.1.3 The handicap of not being White

Many participants identified an inherent challenge that comes with not being White.

sometimes I wonder whether people see me as an Asian woman and whether that creates a difference in their eyes- whether they think... you know whether they have any prejudice or discrimination or whether they wonder about 'am I still as competent as..'. I think they're just my own fears (Adila)

Adila talked about how being an Asian woman might expose her to 'racial' discrimination or stereotypes, including doubts about her competency. This was echoed by Isabelle, who struggled with the extra effort to prove her abilities to others:

I make sure I do speak out. But maybe, it's like, at the back of my mind I'm thinking if I don't, then they're not gonna think I've got ability, because I've spent a lot of time being told that I haven't got ability, or that I wouldn't amount to anything at school. So, I'm genuinely enthusiastic and keen, and always got something to say, but I wonder if part of that is because I don't wanna be just perceived as someone...you feel you have to prove yourself more than someone else in a way. And that's a struggle, and that does, it does make training anxiety provoking (Isabelle)

Training thus became anxiety-provoking, as there was a constant fear of being exposed as someone who is not as competent as her White

counterparts. This is also reflected in a few of participants' trainees' fears of being selected for training through positive discrimination, and not because of true ability:

I said to my supervisor, "I don't want to play the 'race' card. I don't wanna think that I'd got on the course, because the course was looking for boosting up their ethnic minority numbers." (Pavan)

Thus Pavan was reluctant to include details about her cultural background in her clinical psychology training application form, as she would then be left wondering if her academic merits and clinical experience were sufficient to get her through Clinical Psychology training. Other trainees expressed fears about the barriers to opportunities that disclosing their ethnicity might present:

my mum, quite often when I was growing up would tell me that I was Black and that meant that I was gonna have to work ten times harder than everybody else and if I went for an interview, and a White person went for an interview, that the White person would get the job, even if I had more qualifications. So essentially, that put a sense in me that being Black was... was a bad thing. Being Black was not the preferred colour, was not the preferred 'race' to be. So obviously when... when I get a form and it asks me to... to define and justify myself in terms of ethnicity or 'race' or culture, that triggers difficult feelings in me of... of those associations... for the negative associations, cause it feels like I'm disclosing the fact that I'm the lesser 'race' (Chelsea)

For Chelsea, there is a certainty to her anticipation of being discriminated against on the basis of colour. Disclosing that she is Black automatically puts her in a one-down position, and thus she has to work hard to prove herself. There is also a sense of having internalized the view that being Black is a 'bad thing'.

Being BME also presented as a handicap to connecting with others. Having migrated to Britain, Lee felt isolated as a result of not having the shared

cultural experience of being brought up in the UK, and the visible difference created by his Chinese appearance, which makes it hard to blend in, and consequently connect with others. There was a sense that Lee had to subjugate his Chinese identity, as this was not an 'interesting' characteristic that would help with fitting in, and that he had to go the 'extra mile' to become more interesting in other ways, to compensate for being Chinese:

....by being sort of the only Chinese looking person on the course you sometimes feel that you're kind of... bit... well isolated.(...) I don't have a lot of shared cultural experience or experience that... that they most probably have as most of them were being brought up here, so I... In that sense, I do have to sort of go the extra mile to try to learn and try to be more interesting in some other way to compensate for that as well. (Lee)

Meera again presented a contrasting experience to the above, as she did not seem to be negatively affected by some of the barriers that being non-White can present:

I think there are times when they've been curious about me or my background, have sort of questioned who I am or what I am and do I really understand them, like, 'yeah course I do cos I understand your problems, I'm here to understand your story' (Meera)

When clients expressed doubts about her ability to help them, Meera did not seem to internalize these doubts, and instead took the opportunity to reassure her clients. Perhaps, being accepted onto the training course increased her confidence in herself as a professional and thus she was able to use her professional identity status to manage the situation.

5.1.4 Looking through a 'racial' lens: clarifying or obscuring?

This theme describes the complex emotional struggle participants experienced when using a 'racial' lens to help them make sense of interactions. For Chelsea, this helped clarify an interaction by seeing it clearly

as racism, although this was accompanied by overwhelmingly painful emotions and disbelief, and a sense of shouldering the responsibility of experiencing the outrage by herself without anyone's support:

this psychiatrist said, in the meeting of about eleven people, that this client was dressing like a Black drug dealer. Oh my God. I could not believe it. I wanted the ground to open up and swallow me. Again, you know as is quite often the case, I was the only Black person in the room. My manager was in the room at the time and I looked at her and she looked at me and she just looked down. And I thought okay, and she was White, so I thought okay, she's not gonna say anything. Cause I was... I wasn't the senior psychologist... she was the senior psychologist.... I just couldn't believe it. I was so shocked and she carried on talking and I... I don't know what she said, cos I couldn't focus. I couldn't listen to what she was saying at the time, this psychiatrist. (Chelsea)

The combination of power associated with 'race' and status difference between the psychiatrist, and herself as a trainee psychologist, left her unable to think or speak. Chelsea talked about how she had to work hard to bring herself from an emotional response to an intellectual place in order to credibly and professionally challenge the speaker delivering the insult as a professional. Thus, the assumption is that feelings are perhaps dangerous and not seen as professional, and could thus be used to further diminish someone.

Even to think about what can I say in the situation, because you can't turn round and say to people... like what I honestly might like to say is, "How fucking racist is that?" But I can't say that in a meeting, because then I look like the stereotypical aggressive Black person. So... and because it... it's not a intellectual response that comes up immediately, it's an emotional response and then I have to spend time working through that emotional response to bring myself back to an intellectual place where I can then challenge or express my views or opinions about the prejudice (Chelsea)

Other participants struggled with the subtlety of the interactions, wondering whether they were being paranoid, or whether the interaction actually did have 'racial' connotations.

maybe my tutor doesn't know what language to use. I don't know, It's all very subtle. And I still don't know what to do with that information that she's given me about being excessive, about being perceived as bold, about finding out from other people what I should. I mean I wonder if I experience discrimination after being invited into her office. I don't really know what, like I said, to do with that. I didn't feel comfortable. But I don't think she's being, directly trying to harm me in any way. (Isabelle)

Because of the subtlety of the interaction, it is hard to know whether or not to interpret it as 'racial' discrimination. This then made Isabelle question her own reactions to the experience: is she overreacting? There is a sense that one can never know whether or not it is racism or not in these type of interactions, because the other person either unintentionally communicates it, or is unlikely to acknowledge any 'racial' connotations. Also, due to the subtlety of the interaction, it was difficult to confide in others, as she might then be labelled as an 'Ali-G' (Isabelle), that is, someone who only sees through 'racial' filters and makes accusations of racist motives. This left her feeling alone with her difficult emotions and powerless to speak out.

I'm walking around with that. I've not told a single person on my course. That feels really hard (Isabelle)

Participants also spoke about interactions in which they were left wondering whether or not they were being discriminated against in terms of how their abilities were being judged.

people have this overvalued idea of being a BME and that it's... 'it's great because you get positive discrimination and that'- oh my God it's not (...) it's a very patronising kind of way of looking at it (Sonia)

Sonia was thus left feeling patronized by people implying that she is at an advantage because of her colour, and that her credentials are not the first thing that she is evaluated by. The uncertainty and subtlety of the interaction was powerful, as it left the trainee feeling singled out on the basis of 'race'/culture. Furthermore, it was a difficult position from which to challenge, as it is hard to know whether the other person is innocently trying to be helpful or putting her down.

In contrast to the difficult emotions experienced by most of the participants, Daniel talked about how he tended not to use the 'racial' lens to make sense of a situation, perhaps as a coping mechanism to armour himself against the potential pain of racism:

maybe as a coping mechanism, that I'm quite optimistic. So if someone says something and I'm, and I, can think that can be taken two ways, I will tr, think well actually it'll serve me no purpose to think about it that way, so I'm just going to [coughs] you know, to take the kind of like, the optimistic kind of like route. (Daniel)

5.2 THE CHALLENGE OF NEGOTIATING MULTIPLE IDENTITIES

Overview

This superordinate theme describes the complex, hard work trainees engaged in to negotiate their multiple identities. In terms of cultural identity, everyone talked about having been influenced by both the western, British culture as well as their own culture of origin. Cultural identity was experienced as complex and contextual in nature. Thus, depending on where and who the participants were with, certain aspects of identities were emphasized more, while others were more subjugated. Training added a further dimension to the complex work involved in negotiating multiple identities through introducing different truths and value systems. Thus many trainees faced dilemmas about re-negotiating their traditionally established roles, as well as where they positioned themselves in relation to multiple and often complementary truths. Although many of the trainees felt pressured to conform to fit the 'image of the

course', they also held onto their cultural identities as important and valued parts of themselves.

5.2.1 The complexity and contextual nature of 'racial'/cultural identity

A number of trainees talked about how Britishness constituted a strong part of their identity. Adila gave the following example:

We're Asian. I guess you see the colour of your skin first- but because we're kind of born and bred, here I think that comes first and then for me kind of religion is a very, very close and [inaudible] with that and then culture's just the bit on top (Adila)

Adila emphasized that she is British first and then Asian and Muslim. Perhaps this was her way of communicating the strong influence of having been born and bred in Britain, and hence her loyalties to the UK. Maybe it was a way of decreasing the distance between herself and the rest of her cohort, highlighting the need for connection to peers. The connection to the British identity was echoed by Isabelle:

*when I go to the Caribbean, where my grandparents are from, I'm seen as English, they don't even say British, cos I, I would never call myself English...but they, they call me English. So I don't, don't really fit in there, and I don't honestly fit in here. But I would guess that I'm more, I more fit in here. Um...and...that might have changed over time. ...because I've sort learnt to...learnt what is socially acceptable here, and I have to conform here (...)
So, I suppose, I've kind of been shaped over time to being more, maybe more British. (Isabelle)*

Isabelle reflected on how she was neither fully Caribbean, nor fully British, but having been brought up in Britain, she has conformed to the social norms in Britain. The use of the word 'conform' implied that she was forced to compromise on certain aspects of her identity. She later describes how she had to dampen down on mannerisms typically associated with the Caribbean

culture in order to fit in to the British culture, giving a sense of the contextual nature of cultural identity :

Caribbean communities are way more emotionally expressive, and British people are like emotionally repressed in a way. So when I was little, I was like, you know, I'd say everything that came to my mind, and I was very kind of gregarious, and you know, extrovert, and just got myself into so much trouble, just, you know, expressing exactly what they don't want you to. And then, gradually had just to limit that (Isabelle)

Thus one gets a sense of the constant emotional hard work that goes into everyday interactions to just stay out of 'trouble'. Other participants also reflected on the complexity and contextual nature of 'racial'/cultural identity:

I think it's constantly changing actually. It sort of never really... never really a fixed percentage, but it's kind of... cause I mean actually it kind of... I guess it can vary. Depends upon what you draw upon it will vary as well in terms of who you're with and... and where you are (Sonia)

Thus Sonia brought in certain aspects of her identity depending on the context. Upon listening to her reflect on her 'racial'/cultural identity, I was left wondering what makes it easier to bring in certain aspects of her 'racial'/cultural identity and subjugate others? In which contexts is she more Indian, or British?

5.2.2 Dilemmas about moving away from culturally conventional roles

The demands of training caused some of the participants to re-evaluate themselves in terms of culturally established roles. For example, Pavan reflected on how her family struggled with the idea of prioritizing a career over following the conventional route of arranged marriage:

the way I think my family would have liked things to have gone, would be to after I left uni, a couple of years think about having uh, an arranged marriage

and that obviously will involve still kind of living at home (...) the timing and those kinds of issues were what they struggled with (Pavan)

There was a sense that the journey of getting onto training and then completing it takes over, and, for an indeterminate period, pushes aside other culturally established roles, which may be perceived as important within the family of origin. I wondered about the implications of this in terms of how Pavan viewed her 'racial'/cultural and relational identities, and also, how it affected how she is perceived by her family and community by choosing to follow a different, more westernized life trajectory. Keisha also gave an account of how training has meant that she has had to opt out of cultural expectations and obligations:

...I've been put on pause and I've been given the time to do my course and then when my course is finished I can press the resume button and kind of be more part of the family if you like. (...) I think there is definitely something. There's some ideas about duties or things that you should be doing and things, and I definitely, I'm definitely aware that I've opted out of that (Keisha)

For Keisha, there seemed to be an expectation, perhaps both from her family and herself, that once she has completed her training, she will be required to resume her normal established duties. I wondered about her feelings around opting out, for example guilt for not fulfilling her roles, or relief at having a valid reason for being 'on pause', and whether, if she had a choice, what her preference would be. Sonia seemed torn over working out her priorities:

You know I should be doing a lot more for my family, but actually I'm prioritising my kind of needs to get into this career first and you know family kind of always come first and I still kind of believe that (Sonia)

The internal struggle created by the demands of training meant re-evaluating her relational identity, introducing feelings of guilt over not being able to fulfill her traditional role. Sonia added that prioritizing her own needs did not feel

'natural', suggesting that this is not in keeping with her core construct of how she sees herself and also conveying a strong moral tome

5.2.3 Grappling with multiple truths and value systems

Some trainees grappled with where to position themselves in relation to multiple and complementary truths. Adila's account reflected the complex work engaged in to decide where she positioned herself in relation to religion and a secular profession:

I don't think psychology thinks about God at all. Or what to do with religious beliefs because if someone's saying to you nothing can help me but God, I think it's really hard to work with that (Adila)

This presented Adila with an agonizing choice between her own religious beliefs and a psychological understanding. If she were to choose religion to help give meaning, would she be perceived as being less professional? And, if she chose a psychological formulation, would she be seen as betraying her religious roots? I wondered about the implications of being in such a position in terms of how she would view her 'racial'/cultural identity. The struggle of positioning oneself in relation to multiple truths was echoed by Lee:

when you're training you get so immersed into this... this kind of value that I... you read and learn about and sometimes you can lose sight of, you know how true other views can be (Lee)

Lee caught himself becoming so immersed in training that he privileged this knowledge over other truths. This reflected his process of working out how to negotiate multiple truths and his own position in relation to these.

perhaps the two of them can... can coexist in... in certain ways. It doesn't mean necessarily you have to be uh either one or the other. I know it is very tempting (Lee)

Although Meera also juggled with multiple perspectives, it seemed that for her, it was less of an internal conflict. For Meera, being able to hold multiple truths introduced different perspectives and hence a resource for her clinical work, thus making her a more credible clinician.

There's times when I, I think from a very, very Indian perspective about things and sometimes I think from a very Western perspective and there's times when I'm trying to balance the two view points in my own decision making or my own thoughts (...) allow you as a clinician to always be considering a range of different things and not overlooking anything and not making assumptions about anything (Meera)

5.2.4 Holding onto 'racial'/cultural identity

A number of participants talked about the importance of holding onto their 'racial'/cultural identity since starting clinical psychology training. Meera talked about how bringing in her 'racial'/cultural identity was clinically useful, and saw it as going hand in hand with her professional identity:

I think it's probably made me more appreciative of what matters in terms of my cultural identity and why, why is it important for me and what core values and assumptions come with that and being more mindful of those and just really realising, I do think this and it may not be appropriate to bring it in in all contexts (...), but whilst I'm in a particular context it's ok for me to think this way. (Meera)

Those participants who found it harder to bring in their 'racial'/cultural identities into the professional arena found that it became all the more important to hold onto their 'racial'/cultural identity. For Lee, whilst dampening down the Chinese part of himself helped him to connect to his peers, it came with the risk of him losing the core part of his identity:

...integration is good and especially when you're uh living in a foreign country. Serves lots of functional purpose. But, the last thing I want is... is to lose who I actually am (Lee)

Whilst in other parts of his account Lee referred to being Chinese as a 'handicap', he still saw it as part of his 'originality' and also helping him to not be a 'foreigner' when he goes to his home country. Thus, he resisted becoming completely assimilated into the UK. Lee managed to hold onto his Chinese identity whilst also becoming more westernized by compartmentalizing himself:

.... that does detract me sort of socially into... how able I am to sort of interact with people freely sometimes, because ... I find myself having to be quite compartmentalised sometimes (Lee)

However, this was accompanied with the cost of not being able to freely interact with others, because of the considerable effort required.

For Isabelle and Chelsea, holding onto their 'racial'/cultural identity was also a way of communicating to others the principle of acknowledging 'race' and culture:

It is almost like they forget and I think she was shocked, because it was like she'd realised that I was Black. I'm not White kind of thing. So, yeah I think there are lots of experiences that can affect... affect identity, but I think for me I'm a bit of a rebel. So [laughs], I kind of put it out there, you know... and it's hard (Chelsea)

As Chelsea illustrated, the professional identity status can almost make the 'racial'/cultural identity invisible, and perhaps also serves to protect White people from being faced with the discomfort of acknowledging White privilege. Thus, by bringing in her 'racial'/cultural identity, she forced other people to acknowledge 'race' and culture. However, this was 'hard' to do, as it came

with the cost of making other people feel irritated and thus the risk of alienation and perhaps also marginalization.

5.3 CHALLENGES AND DILEMMAS OF HIGHLIGHTING ‘RACE’ AND CULTURE ISSUES

Overview

Although trainees felt that it was important and valuable to make issues around ‘race’ and culture more visible, there were clear dilemmas about taking this responsibility. Trainees often encountered a resistance to talking openly about ‘race’ and culture, which often generated frustration and anger, but also a lack of surprise, as there was a resigned lack of expectation around a meaningful consideration of ‘race’ and culture issues. Power featured strongly in this theme as determining whether or not it was safe to raise personal or sensitive issues around ‘race’ and culture, whose responsibility it was to initiate the discussion (generally felt to be the one holding more power, e.g. supervisor), and who had the most power to make issues around ‘race’ and culture more visible. Many trainees also struggled with the dilemma about who should be carrying the burden of issues related to ‘race’ and culture, as they often felt they risked alienation as a result of doing this. Whilst some were more ambivalent about this, others took quite a political position, risking their relationships with their peers and colleagues in doing so. Explicitly aligning themselves with this position meant that there was a risk of being marginalized as a BME, and other narratives about them becoming more subjugated.

5.3.1 Encountering avoidance of meaningful dialogue around difference

Many of the participants talked about the silence around ‘race’ and culture. Meera talked about the lack of reference to ‘race’ and culture within teaching:

Every time they teach us something on a purely academic Western perspective I almost, I almost end up thinking yeah and what about from a BME perspective (...) I think sometimes there's not enough emphasis (Meera)

Meera seemed to feel let down by the lack of meaningful consideration given to difference. The fact that it happened 'every time' gives a sense of the constant disappointment and frustration she might have been feeling.

Chelsea talked about the reasons her White peers gave for avoiding a conversation about 'race' and culture:

Unfortunately, I've had White friends too who've said that they want to say something, but they feel like it's not their place to say something or they feel like they don't know enough about it to be able to say anything. And I... I have basically said to them, "It's very interesting that when it comes to ethnicity you feel that way, but yet you don't feel that way about other aspects of clinical work (...) It's exactly the same, but somehow for colour it seems to be... the rule seems to be different (Chelsea)

Chelsea's anger seemed apparent here, as she frankly questioned why the 'rule seems to be different' 'when it comes to ethnicity'. I wondered about the impact of having such a conversation on her relationships with her peers, as she later went on to talk about how she felt like the 'outsider', 'as a result of being 'the irritant who is always labeling the pink elephant in the room'. Thus Chelsea was constantly being faced with situations where she exposed people to feelings of discomfort as she made a stand against the silence.

Keisha also communicated her anger at supervisors avoiding bringing in 'race' and culture into the conversation:

I have had situations where I think supervisors have just found it unnecessary or felt perhaps it's been a bit uncomfortable for them and I think because, majority of, of your supervisors are going to be White and middle class, and so I don't know whether that means that there's some anxiety about providing

something that they don't have first-hand experience of, which I think is absolute nonsense (Keisha)

Both Keisha and Chelsea found it difficult to tolerate White people who avoided thinking about or having conversations about 'race' and culture due to feelings of discomfort or lack of 'first-hand experience', thereby avoiding taking the responsibility of doing their own thinking around ethnicity issues.

5.3.3 A resigned lack of expectation

Many of the trainees shared a resigned lack of expectation around meaningful consideration of 'race' and culture issues. Isabelle talked about her lack of expectation even if she did bring up a discussion around 'race' with a White supervisor:

....if there were issues there. I dunno with 'race' or, if that was a dynamic in our, in the client relationship with myself. I would bring it up, but I wouldn't expect a complete understanding of, or a full response (Isabelle)

It seemed as though Isabelle's lack of hope in expecting a complete understanding or response protected her from experiencing disappointment. However, this had a risk of setting her up to not even seek to have a meaningful discussion due to feeling that there would be no point in it. This lack of expectation was shared by Sonia, who predicted that colleagues would avoid a discussion around 'race' and culture by attempting to delay it for a time where it could be given its due consideration.

....that's a kind of avoidance as well I think. Saying, "Oh no, no, we'll do it properly." [Laughs]. It's kind of wondering when that's gonna come around (Sonia)

Sonia laughed wryly as she wondered about the likelihood of a meaningful discussion around 'race' and culture taking place. Once again, she did not express disappointment, rather a resigned attitude which suggested that she did not believe there was any point in even asking for it. Chelsea also did not

expect her peers to want to meaningfully consider issues around 'race' and culture:

as a Black person you might feel that issues are quite actually important to think about and talk about, but perhaps the majority of the group find it difficult and people might feel under pressure not to talk about those things (Chelsea)

5.3.3 Being confronted with the dilemma of carrying the burden

Participants were often expected to carry the burden around issues related to 'race' and culture ranging from raising them in class discussion to being expected to work with clients from BME backgrounds, as Daniel pointed out:

the social worker said 'you know, I've got this client who's 40, Jamaican ethnicity and he's going to be really pleased if I take you along, and you might possibly be working with him, because he's kind of like inferred quite a lot in the past that I wouldn't understand what he's going through'. So that's quite interesting. (Daniel)

For Daniel, this presented a dilemma, as he did not want to give the idea that he was able to understand BME clients better than a White professional could.

'as I'm aware though that in that I have to be careful about my position including with that idea that, 'oh I can understand you more than somebody else'

I wondered how Daniel felt about the assumption that he was better equipped to work with BME clients, and being given the responsibility of working with them.

Chelsea talked about her lonely struggle of being the flag bearer:

I feel like it's partly my responsibility to... to inform people and to educate people, but at the same time it's a very lonely place and to do that on your own or to feel like you're doing that on your own is really, really, really tricky (...) why am I in the cohort where I'm the only Black person? And felt quite angry about that, because it is a very lonely place and... and me having this fantasy that if there was another Black person in my year group that would ease the burden (Chelsea)

She experienced a range of emotions, including deep anger, loneliness and sadness, in her position as flag bearer, which no one seems prepared to share the responsibility of with her. Chelsea was sacrificing fitting in and being the outsider for the principle of standing up for BME people. Meera also struggled with the dilemma of carrying the burden, as on the one hand she was enthusiastic about taking the responsibility of carrying the burden:

I'm so passionate about things and I do put myself forward I almost, I almost do wanna make a mark (Meera)

However on the other hand, she didn't want to be perceived as a 'weirdo' who was unsupported by her peers:

I think the more people don't want to join in and turn it into a discussion the more that makes you want to retreat and feel like well I don't want to be the only voice that says this because that makes you feel like you're a bit of a weirdo who just constantly has to voice something and no one else is collaborating on that point of view. Umh, see I think it can be frustrating (Meera)

Thus, by carrying the burden, she gained recognition, but also had to contend with the two-fold consequences of being seen as a 'weirdo' and of having to shoulder the responsibility of carrying the burden because nobody else wanted to.

Being expected to know all the answers in relation to 'race' and culture issues acted to discourage some trainees from raising them in lectures or in supervision:

I wouldn't feel comfortable talking about academic teaching and ethnicity issues, because, maybe I'd feel like they'd expect me to know all the answers (Isabelle)

I wondered about the potential implications of not knowing the answers in relation to 'race' and culture in terms of Isabelle's cultural identity (i.e. did she feel that she should know the answers in order to be able to call herself Black), and also her fear of how she might be perceived by those around her (would she be seen as someone who is not 'Black enough'?).

5.3.4 Feeling powerless to speak out

The interacting status of being a both a trainee and BME rendered trainees feeling powerless to speak out. For example Chelsea talked about how the combined status of being a trainee and also from a BME group made her feel disempowered. Chelsea felt like the only way she could gain any power was with the backing of someone who, as a member of staff and the White majority group, was in a position to give Chelsea some power:

.... So it's something about power and obviously she's a White person, but she's arguing this case and she has power to drive it... to drive it forward. Um, which is interesting that even, not only as trainees, but as people from BME backgrounds we don't have the power even as a collective. The power has to come from, not only a member of staff as opposed to a trainee, but also someone who is White and not Black or Asian or Chinese. (Chelsea)

Power issues related to the interacting status of being a trainee and BME also played out in situations which had more personal implications. For example, Isabelle reflected how the subtlety of situations, where it was difficult to

pinpoint any 'racial' associations, left her feeling powerless to do anything about it.

...it feels like, in a way, she's got away with doing that, and, there's nothing I can do about the future if she wants to do the same thing. (Isabelle)

The power dynamic in supervision left Sonia feeling unsafe in bringing in her 'race' and culture, as she was not sure what the implications are, and how the information would be used to evaluate her.

being prepared for whatever, wherever that might go and not being sure if... that's safe yet. (Sonia)

Sonia talked about how she would prefer it if her supervisor took the initiative to raise it first, as this would make it safe and communicate to her that her supervisor was open and receptive to such discussions:

definitely sort of from the supervisor [laughs], I think. Sort of just you know... I wouldn't feel... I wouldn't feel threatened by that at all. I just kind of... cos it is very exposing for yourself to kind of bring it up (Sonia)

In contrast, Meera did not seem to feel disempowered at all. In being forthright, she spent less time worrying about the implications of raising these issues. Perhaps the positive responses she experienced from her cohort and colleagues gave her the strength and confidence to be quite forthright:

cos I'm quite direct about feeling passionate about those things, I'm quite vocal, and I think when I'm quite excited at something it does come across and I think, I think I've had that support and those reactions cos I've been quite forthright. (Meera)

5.3.5 Fear of being marginalized

...there is this mindset that sort of like if you're a BME trainee then you should be interested in BME issues (Keisha)

A few of the participants echoed Keisha's frustrations about being marginalized into only pursuing BME related issues. This was talked about in relation to research as well as jobs. For example, Daniel felt that there are certain jobs that he would be encouraged to apply for:

...maybe as a Black male you might be more welcomed or encouraged to uh, apply for certain jobs in certain services, like forensics or young offenders and uh, things like that (Daniel)

This created a dilemma for him, as it was equally important for him to work in positions he wanted to, rather than positions he felt pressured into applying for to meet the needs of services.

... I suppose [sighs], you, I mean you can't, there are pressures on you wherever you go in life, I suppose its just being aware of it...just making sure you do want you want rather than what you feel you should be doing. (Daniel)

Thus, BME trainees felt the pressure to help services to be more representative of the client populations they serve, which could sometimes clash with their personal interests.

Being marginalized was also restrictive, as there was the risk of the dominant narrative about the trainee as a BME, with the rest of their identities being subjugated:

...the last thing I want is for other people to start looking at me only from a cultural end and think of me, oh that is the Chinese guy on the course. As opposed to me being a person. So that... I think that makes also the internal conflict (Lee)

5.4 THE VERSATILITY THAT COMES WITH BEING A BME TRAINEE

Overview

This superordinate theme reflects the strengths, skills and resources that BME trainees draw on in the training arena. Many of the trainees coped with the pressure to conform to a 'White middle class' image of the course by becoming 'cultural chameleons'. Being a 'chameleon' enabled trainees to be culturally attuned in their interactions, and at the same time hold onto their cultural identities and not feel the need to assimilate completely into a professional identity. However, this also required the hard and complex mental effort that has been mentioned previously. In addition, adopting a professional identity for many meant that they had to subjugate their cultural identity, which was not perceived to be professional enough. Interestingly, many trainees also found that there was less pressure on them to become a 'chameleon' in their interactions with clients (both BME and White), and that they could bring in their cultural identity to help them connect and use the difference to create new meanings. However, a number of trainees continued to struggle with establishing professional boundaries in doing this.

5.4.1 Becoming a cultural chameleon

*I almost started to feel like I was becoming kind of two different people.
(Pavan)*

Many of the participants described adopting different postures to become more culturally attuned with different contexts. Thus Chelsea talked about adopting a 'White' professional identity when in the room with a White client:

if I am sitting down in a room with a middle class White person, I can interact with them in a way that's gonna be more suitable for them and then will turn up the heat on my vocabulary for example. So that way I'm more versatile and... and feel... I feel that that's a strength (Chelsea)

Chelsea saw this versatility as a strength rather than a compromise, as she was able to hold onto her cultural identity and make that more visible in interactions with BME clients:

if they talk using for example patois, like Jamaican patois, then I'll be able to understand them. If they talk using street language then I'll be able to understand them. (Chelsea)

By 'turning up the heat' on the English, it doesn't mean that she lost her 'Blackness'. Rather, she seemed comfortable with this position and in fact appeared to clearly value it as a professional skill. There was also a sense that becoming a 'cultural chameleon' involved more than just adopting a different language, it was a different way of being:

There's more to being who you are than sort of the words that you speak. It's kind of how you look; sort of the little mannerisms and... and things like that. (Sonia)

For Sonia, becoming a 'cultural chameleon' enabled her to portray a more professional image that she felt was more formal:

I think it's quite a formal profession. It sort of has a very um... it's quite distinctly formal. Um, I'm well spoken and very articulate and perhaps that doesn't marry up very well with what... the kind of almost um... I don't know, the looseness that that I kind of associate with, the kind of free type of language in the way of talking that's Indian... Although even if I'm talking in English the kind of being Indian talking English, um um you kind of restrain that a bit more and make it a bit formal. So, that's I guess an example. Um... Yeah. I guess it's changing. It can be quite... I think you have to be quite chameleon as well (Sonia)

This indicates that she was able to move between these identities rather than completely assimilating into them, thus enabling her to hold onto her cultural identity. Nevertheless, there seemed to be an assumption, as discussed

before, that one needs to subjugate the cultural identity in the training arena, as it is perhaps not seen to be 'professional' enough.

5.4.2 Using personal experience to connect with clients

Whilst many of the trainees talked about how they felt pressured to subjugate their cultural identity in many contexts within the training arena, I was struck by how many were able to bring it in and use it as a resource in their interactions with clients:

It is probably where I've incurred the least kind of turmoil [laughs], because people... you know I bring it with me physically. (...) people who do ask, yeah it's always been very positive and it's always been inquisitive. (...) And it can be quite a useful thing, because you can use that to highlight the things that they've identified in you, in them. Like the difference for example (Sonia)

Thus Sonia did not feel the need to hide her cultural identity in interactions with White clients, and in fact seemed to feel comfortable with the visible difference, using it as a resource to connect with clients and to start a conversation about difference.

Personal experience of being from a BME background was also used to empathize and connect with BME clients:

the experience of stigmatization, discrimination, being from a group that maybe has a lot of negative stereotypes, from, but are embedded in lots of truths you know, about the difficulties that the community have you know. So, I think that is helpful experience, for empathizing with people (Isabelle)

Participants were also able to draw on their abilities to speak different languages as a resource:

I can speak Urdu and there's been two clients I've worked on (Adila)

Being able to speak the client's language was not always seen as a strength. Pavan reflected on how bringing in her cultural identity led to difficulties in negotiating professional and personal boundaries:

he did try and like talk to me in his language. one, I didn't understand very well, but two, I felt that was kind of over-familiar. Like yeah, I... that was hazy to me. Like... if I had understood, would that have been okay, to kind of have the sessions in that?(Pavan)

Thus, while Pavan had previously talked about the positive value of shared experience with clients, she also grappled with trying to determine to what extent one could use it without blurring professional boundaries. It seems that there was an assumption that anything other than speaking and being English was not perceived to be professional. Thus she coped with this by creating distance through speaking English, so as not to appear to collude with her client and appear 'over-familiar'.

In contrast to the other participants' views, Adila did not feel that having a shared cultural background to her client would in any way be a strength or a resource:

I wouldn't think that I have an upper hand compared to say Laura who's a, you know a White English trainee who's the same age (Adila)

Perhaps this was an attempt to not collude with an impression that White professionals do not have the skills or experience to work with BME clients, and that only BME professionals qualify to work with them.

5.5 FINDING CONNECTIONS: SAFE AND SUPPORTIVE CONTEXTS

Overview

This theme describes the contexts in which BME trainees feel safe and supported in relation to their training experience. Many of the trainees generally felt more comfortable with other BME people (peers and

supervisors) in raising issues related to 'race' and culture, as there was an assumption about a shared understanding, and thus less fear of being misunderstood. Participants seemed to be constantly scanning for signs of being misunderstood and judged, in order to determine whether or not it was safe to raise 'racial' and cultural issues. The course's commitment to creating a space for meaningful dialogue around difference meant for many trainees that this was a serious acknowledgement of these issues and themselves. Family support and recognition was described as important in providing the trainee security and freedom to pursue the training.

5.5.1 What helps me feel safe

This theme describes the contexts which enable trainees to feel safe in bringing up 'race' and culture. Some trainees talked about how the shared status of being BME helps make it safer to discuss 'race' and culture. For example, Isabelle reflected that having a BME supervisor made it more comfortable to bring up these issues:

I felt relaxed. I felt I could bring up any issues that I might have to do with 'race' in the future if I needed to. I feel really comfortable talking to her about issues of 'race'. Whereas, I wouldn't, I would have been less comfortable talking with umm a White supervisor about, about 'racial' issues that come up even in my work, or personal issues I guess. Just cos you feel like they don't understand you. (Isabelle)

It seems that feeling understood is key, and the assumption was that someone who was BME would be better able to understand by virtue of a shared minority status. I wondered how the interaction of power dynamics in relation to the supervisor belonging to a White majority and also being an assessor influenced how comfortable the trainee felt in bringing up 'race' and culture issues, and in light of that, what the feared consequences were of being misunderstood. The importance of feeling understood also extended to relationships within the cohort:

the comforting bit is just, I think, them asking less questions about it perhaps to them kind of knowing and accepting that and being more aware of it, so for example they wouldn't ask if I'm fasting, they'd understand a bit more around kind of the arranged marriages and those sorts of things (Adila)

Thus, Adila could talk about personal issues related to culture with other BME trainees, because she felt safe in the comfort of knowing that they would have an implicit understanding. Again, there is a fear of being negatively judged by non-BME people and not being accepted as who she is. For Chelsea, a lot of thought went into choosing the training courses known to be supportive with respect to diversity, highlighting the importance for the course to openly and actively commit to address issues of difference and diversity:

I was very thoughtful and very careful about where I applied and was very nervous about courses who perhaps had less of an experience of having trainees from Black and Minority Ethnic backgrounds and how they support their trainees or their capacity to do so (Chelsea)

5.5.2 Creating a space for meaningful dialogue about difference

Making 'race' and culture issues more visible was clearly important to the trainees, and it was felt that those responsible for providing training should be responsible for creating the space to have a meaningful dialogue around difference. Meera reflected on how she appreciated the overarching philosophy of her course as being open to diversity:

the fact that (course) has a very open (...) a range of ways in which it looks at clinical psychology it looks at a range of different clients and different contexts and has, looks at diversity in such a broad, broad way, I guess in a way that's quite positive and maybe I'm acknowledging really how that is a positive thing (Meera)

Supervision was a context which came up a number of times as a place where it was felt vital to address process issues around 'race' and culture.

Sonia implied that discussions around 'race' and culture have the potential to be very sensitive 'egg-shell' moments, but indicated that, for her, it didn't have to be, and that in fact it would be a validation of who she is:

if that was brought up by the course or the supervisor I think, yeah, that would be great. That would be... and it doesn't need to be this kind of eggshell type thing, you know it can be really positive and it can be really... can be a serious acknowledge of... of kind of who you are. Otherwise it's like... it can feel like the elephant in the room (Sonia)

Because being non-White makes difference so visible, it became the 'elephant in the room' that is not being talked about, as she, perhaps due to the power difference, did not feel safe in raising it herself. The importance of it needing to be raised was echoed by Keisha:

in supervision I find it really useful to talk about things like culture and my cultural experiences and how that informs how I'm, what I make of people's experiences in, and I think some supervisors really jump onboard and they're really willing to do that (Keisha)

The experience of some participants around teaching on diversity was highly positive and reflected the course's serious acknowledgement of these issues. Chelsea talked about a particular tutor who made the teaching on diversity rich.

we're very fortunate to have a lecturer who... and... and tutor who... whose specialist interest is in diversity. Particularly ethnicity and class I think she's absolutely brilliant and she is White and I feel that if it wasn't for her that my teaching experience would have been very, very different (Chelsea)

5.5.3 Valuing family pride and emotional support

Many of the participants appreciated the support they got from their families. Daniel talked about how there were no set expectations from his mum in terms of a career, which freed him up to pursue Clinical Psychology:

my mum brought us up, me and my brother, to do what we wanted. (Daniel)

Pavan also talked about feeling supported in choosing to do the training, about how proud they were of her, and how much they valued and recognized the profession:

they're so happy that I got on the course and they're so supportive and have a... a great recognition for the hard work and... and dedication to the... to the occupation (Pavan)

Although Pavan had previously mentioned how prioritizing training has meant that she had to temporarily opt out of certain cultural expectations, the family support signified the importance of achievement in her family, and how they too are dedicated to her career. Thus, for Pavan, it meant that she can pursue training with less guilt about not meeting family expectations and needs, and can depend on their support if training were to become tougher.

In contrast, Isabelle experienced a lack of understanding and recognition from her family:

....on the whole, not have much confidence in psychology's ability to do anything. And I know that people from bme groups have more trouble accessing services and probably maybe more suspicious of services or whatever. and I think maybe that is echoed in my family a bit. I don't think many of them would go to a psychologist (nervous laughter). ... I don't think they see it as like a core profession really

Isabelle's experience of the family not seeing clinical psychology as a 'core' profession reflected the relationship between BME groups and services. I wondered about the implications of this in terms of how she is then perceived by her community- is she seen to be betraying the Black community, and undermining the history of oppression? How does it affect her own cultural identity? If they are not very supportive about her choice of profession, is she able to access support from them when training becomes hard?

6.0 DISCUSSION

The study's findings will now be considered in the context of my research questions, followed by a critique of the methodology, and ending with potential implications arising from the research.

Revisiting the research question

As previously indicated, the primary research question was:

- How do BME trainee clinical psychologists experience clinical psychology training?

This question was explored via further subsidiary questions, viz.:

- What are the issues of difference in the academic arena (e.g. classroom experiences) and on placement (e.g. interactions with supervisors and clients)?
- How has training influenced the trainee's cultural identity?
- What are the available and desired support systems?

6.1 Issues of Difference:

What are the issues of difference in the academic arena (e.g. classroom experiences) and on placement (e.g. interactions with supervisors and clients)

6.1.1 Standing out as different

For the majority of participants, the difference associated with being BME was acutely felt as highly visible and permanent. Standing out as different due to 'race', ethnicity or culture was generally perceived as undesirable, carrying connotations of being a 'handicap', along with negative perceptions about being seen as the devalued 'Other' (Griffin, 1981). These experiences correspond to those described by Adetimole et al (2005) and Goodbody (2009). That is, trainees anticipated being judged by negative stereotypes,

which they see as diminishing their professional status. The concept of meta-stereotypes may explain this to some extent, i.e. people are influenced by assumptions that they have about stereotypes other social groups are perceived to have regarding the social groups they belong to (Sigelman & Tuch (1997). Additionally, the concept of internalized 'racial' oppression (e.g. Alleyne, 2004; Akbar, 1996; Lipsky, 1987; Lorde, 1984) also sheds light on how some of the trainees felt as though they had to compensate for the 'handicap' that comes inherently with being BME, in order to enhance their status. Positive accounts of belonging to an ethnically diverse cohort, where there was an openness and receptiveness to difference, add support to the notion of how difficult it is to be in a cohort where one feels like the 'Other' in relation to the White, middle-class norm that characterises the profession (McInnis, 2002; Fatimilehin & Coleman, 1998). Positive accounts related to perceiving difference as positive were highlighted in relation to interactions with clients. These will be discussed below in relation to how trainees were able to bring in their own difference to inform their clinical work.

Standing out as different also resulted in trainees experiencing 'rejection sensitivity' (e.g. Downey, Feldman, Khuri, & Friedman, 1994), inducing pressure to conform to the group image of the cohort in order to fit in. This illustrates that wider minority-majority power relations are being reproduced in the training arena to maintain the status quo of White as being of more intrinsic value, as well as being implicitly normative and hierarchically super-ordinate in terms of power.(Patel, 2004). These findings correspond to those reported by Rajan & Shaw (2008) and Adetimole et al(2005).

However, the present research adds to the knowledge by describing the pervasive sense of the deep level, effortful and complex emotional work that many of the participants engaged in to manage the experience of being 'different' and not White. Trainees struggled with the dilemma about whether or not to assimilate into the cohort (e.g. Ruiz, 1981; Gordon, 1978), as difference led to them feeling disconnected from others and potentially isolated, while conforming and fitting in was associated with the hard and effortful work adapting to a norm perceived as more desirable. LaFromboise,

Coleman and Gerton (1993) have identified that the process of assimilating, i.e. learning new ways of being whilst shedding inoperable behaviours linked with the culture of origin, can result in excessive stress. Certainly, findings from this study suggest negotiating issues of difference within a training cohort is largely a fraught and taxing emotional experience.

The issue of gender needs mentioning, as the voices of male BME participants have previously been absent in studies on the experience of clinical psychology training. Both male participants' accounts differed from each other, as Lee expressed concerns about standing out and a desire to fit in, while these did not feature as much in Daniel's narrative. Lee did not reflect on his experience of being a male in a female-dominated profession, emphasising much more the impact of culture and ethnicity (thus lending support to Zimmer's [1988] claim that power and privilege based on bigger structural relations have more impact). In contrast, Daniel gave an example of being positioned as a double-minority (being a male and Black), and the barriers that this might present in certain context (e.g. being excluded from certain career paths). Thus, there seemed to be an interaction between his experience of gender, culture and ethnicity, which is not quite captured by cultural identity models. A more meaningful way of understanding Daniel's experience would be through the conceptualization of identity as the process of construction and negotiation between multiple identities of gender, 'race', ethnicity, sexuality and class (Frable 1997).

6.1.2 Difference and racism

Alleyne's (2004) concept of the 'internal oppressor' seemed to manifest in the way some trainees always seemed to be vigilant for signs of racism when communicating with others. Much emotional hard work went into struggling with trying to determine whether or not an interaction had 'racial' connotations. In some instances, looking through a 'racial' lens served to obscure the meaning of the interaction, as participants struggled with the subtlety of it, wondering whether they were being paranoid, or whether the interaction actually did have underlying racist or 'racial' intent. There is a sense that one can never know whether or not it is racism or not, because the other person

either unintentionally communicates it, or is unlikely to acknowledge any 'racial' connotations. These interactions may correspond to the notion of 'racial' microaggressions as described by Sue et al, (2007).

Due to the subtlety of the interaction, participants found it difficult to confide in others without appearing as someone who only sees things through 'racial' filters, thus feeling powerless to speak out. This echoes Adetimole et al's (2005) difficulties in challenging insidious racism. The psychological impact of perceived 'racial' microaggressions was experienced as lingering and isolating, highlighting long-term emotional impacts as well. Constantine and Sue (2007) report how participants spent considerable time and energy processing the enduring emotional after-effects of 'racial' micro-aggressions. A sense of how difficult it might be to manage the emotional impact of racism emerges in Daniel's account, where he chooses to avoid naming an incident as racist in order to protect himself from psychological pain, and also maybe as a way of avoiding conflict. This fits in with the 'race-avoidant' behaviours that Black trainee counsellors adopted in Watson's (2004) study.

While most participants were more hesitant about ascribing 'racial' motives to an incident, 'looking through the 'racial' lens' helped to clarify an interaction as racist for Chelsea, and this recognition brought up deep and overwhelmingly painful emotions, which she was left to manage by herself. The combination of power associated with both 'race' and status difference at times left Chelsea unable to think or speak, and it also silenced the rest of the team members, who were hierarchically subordinate to the speaker (psychiatrist) delivering the insult. Chelsea goes on to talk about how she has to work hard to bring herself from an emotional response to an intellectual place in order to credibly challenge the psychiatrist through her professional identity, which seemed to give her invisibility as a Black woman as well as power. Historically, there has been an assumption that being professional means not experiencing the same difficulties as others (Winslade, 2002). Thus, the assumption is that feelings are perhaps dangerous and not seen as professional, and could thus be used to further diminish her professional status, as she might be perceived as a stereotypical Black person. The

complex emotional work that goes into bringing herself back to an intellectual level can be captured by the concept of 'emotional labour' (Hochschild, 2003). Hochschild (2003) describes the 'hard, skilled work' (pg. 261) that goes into 'managing negative feelings in a way that results in a neutral or positive outcome' (pg 261). Thus the hard, emotional work enables Chelsea to don a professional identity, a resource which she can use to challenge others from a position of power.

6.1.3 Speaking out

Making issues around 'race' and culture more overt comes with certain challenges and dilemmas. The findings show that although some trainees felt strongly about meaningfully considering issues around 'race' and culture, they often encountered avoidance and resistance, both in supervision (which will be discussed in a later section) and in the classroom. The participants referred to the Eurocentric bias in teaching and the resistance to talking openly about 'race' and culture issues, which is supported by Rajan and Shaw (2008). Whilst Rajan and Shaw's (2008, pg 13) participants talked more about being 'misunderstood, pigeon-holed and labelled', the current participants reflected more on facing the risk of being the '*group irritant*' if they did try and challenge Eurocentric teaching.

Nolte (2007; pg 382) has discussed how, for White trainees to think about 'race' and culture issues, they need to reflect on 'what it means to be part of a dominant group and to acknowledge the privilege, power and assumed superiority, discrimination and racism against others that have come with this position (McIntosh, 1998; Patel et al., 2000)'. Nolte (2007, pg 382) goes on to add that this process can leave White trainees 'feeling ashamed, guilty and uncomfortable in a way that makes them shy away from confronting issues of ethnicity and culture'. Thus, BME trainees risk exposing White trainees to feelings of discomfort if they choose to make a stand against the silence, leaving themselves vulnerable to possible resentment from their cohorts. While some trainees frequently chose to take a more political stand against the silence around 'race' and culture issues, thus risking being the 'group irritant', other trainees were more ambivalent about confronting these issues.

The silence, as well as White trainees expressing a lack of confidence around working with ethnicity and culture, meant that BME trainees were often left with the responsibility of *'carrying the burden'*. These findings provide further experiential evidence for what others have noted (Nolte, 2007; Patel, 2000; Mckenzie-Mavinga, 2005). *'Carrying the burden'* generated considerable frustration and anger, as questions rose as to why the burden was not being shared, and why the *'rule seems to be different' 'when it comes to ethnicity'*. Trainees did not seem to be sympathetic towards individuals who avoided sharing the burden due to feelings of discomfort or not having *'first-hand experience'*. This was because carrying the burden came with significant risks around being the *'group irritant'*, becoming isolated and deeply lonely, as well as perhaps having other aspects of identity being subjugated as the BME identity became more contextually in demand. Furthermore, some trainees were sceptical about necessarily being more competent around issues of *'race'* and ethnicity than their White counterparts. Rajan and Shaw (2008, pg 14) note for example their findings around BME trainees feeling *'non-expert'*. This current study also showed that being in an ethnically diverse cohort may enable trainees to feel as though the burden is being shared, which was a positive experience.

6.2 How does training influence cultural identity?

In terms of cultural identity, everyone talked about having been influenced by both the western, British culture as well as their own culture of origin. Rather than being fixed in a particular stage, *'racial'/cultural identity* was generally experienced as being more fluid and contextual in nature. Thus, depending on where and who the participants were with, certain aspects of identities were emphasized more, while others were more subjugated or less expressed. Group models (e.g. Tajfel, 1978) can shed light on how dominant groups' values and norms influenced how trainees presented themselves. For example, participants presented and identified with different aspects of themselves when interacting with people from their own culture of origin, compared to when they were with their White peers.

Training added a further dimension to the complex work involved in negotiating multiple identities through introducing different value systems. Thus many trainees faced dilemmas about re-negotiating their traditionally established roles (often based on more collectivist values) to more individualistic roles to accommodate demands from training. These findings are in line with those in Nel's (2006) study, where increased self-awareness led to participants re-defining themselves in relation to their families. The re-negotiation seemed to have a temporary feel to it for some, due to external and personal expectations that the previous roles would be resumed at the end of training.

While some trainees struggled with negotiating different discourses and the value systems attached to these, trying to position themselves with either/or (Burnham, 1992), Meera was able to hold a both/and position (Burnham, 1992). Abbey and Falmagne (2008) suggest that individuals can negotiate moments of contradiction without leading to a fragmented sense of self by using different styles of tension work, including making inclusive exceptions, self-moderating, destabilizing, and making inclusive exceptions to create cohesion in the midst of multiplicity.

Conforming (Sue & Sue, 2003) to dominant group values and norms in the training arena was experienced as restrictive, as some participants made significant compromises in sacrificing their cultural identity. Thus, these trainees, in trying to assimilate into the cohort, at some point in their training, experienced a fragmented, compartmentalized sense of self, as they subjugated their cultural identity, without fully acquiring the 'White, middle-class' identity. There were exceptions to this, characterised by trainees being able to move between identities without becoming fragmented by being skilled in bicultural capabilities. These trainees may have developed a form of hybrid and/or 'curdled' self (Lugones, 1994/1996 c.f. Abbey & Farlemagne, 2008), which is able to identify with both the dominant and marginalised groups. Fragmentation is defied through a 'curdled impurity' that does not rely on homogeneity. Functioning effectively biculturally seems to require more than

just adapting language, it involves adopting an alternative stance or posture, highlighting how adapting to a different culture requires being familiar with the visible as well as the invisible aspects of culture that form its foundation (Iceberg model of culture, c.f. Lago, 2006).

The versatility that may come with being bicultural was most striking when some trainees talked about their interactions with clients. This helped them to be culturally attuned to the therapeutic relationship, and in turn, use their cultural identity as a therapeutic tool in rich and interesting ways when appropriate. This contradicts earlier research by Patel (1998), where the therapists tended to subsume their Black/BME identities in favour of conforming to the White institution. This may be due to Patel's (1998) study emanating within the context of racism from clients, whereas accounts in the current research describe interactions with White and BME clients in which racism did not always seem to feature. Perhaps, the power associated with their professional status enabled trainees to feel more confident and comfortable in bringing in their 'racial'/cultural identities without fearing that they would not be considered to be professional enough. These findings correspond to those in Nolte's study (2000), where therapists used their personal experiences to inform their clinical work.

Nevertheless, there were also accounts of trainees feeling unsure about using their cultural selves to inform their clinical work, for fear of blurring professional boundaries. Rober (1999) proposes that using the self of the therapist as a resource in the therapeutic conversation can help open up the space for the 'not yet said' (pg 12) and subjugated narratives. He recommends that therapists use aspects of their experiences in constructive and respectful ways, and adds that this can be enabled with the help of colleagues and supervisors. This highlights the need for trainees to be able to reflect on their personal experiences in supervision.

6.3 What are the available and desired support systems?

There were clearly some courses committed to making 'race' and culture issues more visible, which was a highly positive experience for those trainees. Courses whose overarching philosophy reflected a serious acknowledgement of these issues made it easier to create the space to have a meaningful dialogue around difference within teaching, and in some cases generated an openness and respectful stance towards diversity in the other trainees, a form of 'sharing the burden'. As the findings show, trainees emphasised their preferences for courses known to be supportive with respect to diversity, highlighting the importance for the course to openly and actively commit to address issues of difference and diversity. This has implications for current initiatives to attract more BME individuals into the profession. These findings support those of Meredith and Baker (2007) that show that potential applicants were often 'reluctant to join such a White profession' (pg 485).

While some supervisors clearly create a space for meaningful dialogue around 'race' and culture, others avoid discussing power relations or cultural differences (Gatmon et al., 2001). Trainees responded with frustration, anger, but also with a resigned attitude, owing to a felt lack of expectation around meaningful consideration of cultural factors. This seemed to protect them from feeling overly disappointed. However, this risked perpetuating the silence around 'race' and culture issues in both the teaching context and the supervisory relationship, which, as shown below, could potentially impact on the experience and efficacy of the trainee's clinical work.

The power differential around status and majority-minority dynamics between trainees and supervisors resulted in some trainees feeling a sense of unsafe uncertainty (Mason, 1993) around how they would be evaluated if they initiated conversations around 'race' and culture. Some trainees expressed their preference for supervisors to initiate these discussions, as this would feel safer. Isabelle referred to appreciating her BME supervisors, with whom she had felt comfortable having these conversations. Perhaps this was because,

as Hird, Tao, & Gloria, (2005) found, BME supervisors are more likely to spend time talking about multicultural issues in supervision than White supervisors. Also, there seemed to be an assumption that someone from a BME background would be better able to understand by virtue of a shared minority status. However, Gatmon et al (2001) found that, although supervisees may prefer to work with BME supervisors, cultural match does not significantly predict level of supervision satisfaction or therapeutic alliance. This perhaps explains why the other participants did not raise this as a significant factor in terms of supervision. Rather, it seemed that participants were more concerned about what helps them feel safe in supervision generally, key aspects being feeling understood and not dismissed. This fits in with findings from Hird et al (2005) where supervisors' addressing of White privilege and the power differential in supervisory relationships was experienced as helpful.

Gatmon et al (2001) emphasize the supervisor's responsibility in providing an atmosphere of safety in order to facilitate in-depth dialogues regarding cultural issues. The concept of cultural safety (Ramsden, 1996), which moves beyond cultural sensitivity (being accepting of difference) to analyzing power imbalances, institutional racism, own attitudes and beliefs etc, offers one way for supervisors to communicate with trainees. However, not all trainees waited for supervisors to initiate discussions or create a safe place. E.g. Meera was quite forthright about raising issues related to 'race' and culture. Perhaps the openness and receptivity from her cohort, as well as her passion and motivation meant that she was less worried about being evaluated negatively by her supervisors. Trainees' different preferences make it difficult for supervisors to gauge how to approach the conversation. Nevertheless, Patel (2004) emphasizes the need for supervisors to give permission and demonstrate a willingness to talk about 'race' and culture issues, taking care not to be dismissive or attacking.

The importance of feeling understood also extended to relationships within the cohort. In order to determine whether or not it was safe to raise 'racial' and cultural issues, and personal experiences, trainees appeared to be constantly

scanning for signs of being misunderstood and judged. Goffman's (1967) concept of the 'traffic rules of interaction' provides a useful way of understanding the hard work that goes into this. Goffman proposes that individuals not only constantly monitor their own conduct but also monitor the conduct of others, reflexively adjusting their performances accordingly as a means of saving face. Thus it seems to be a relief to find safety and connection in the presence of other BME trainees, with whom it is assumed that there is an implicit and non-judgemental understanding around 'race' and culture issues. Trainees could relax from the hard, complex work they had to put in being vigilant for signs that they were being judged.

Many participants in the current study mentioned the support they received from their families in terms of encouraging them to do the training. Meredith and Baker (2007) have highlighted the 'inner turmoil' (pg 486) that BME trainee psychologists face in considering clinical psychology as a profession, because of the struggle between being drawn towards success and fearing rejection by their communities. It seems for these trainees, family support freed them up to pursue clinical psychology, and also helped them to manage their dilemmas about moving away from culturally conventional roles. In contrast, Isabelle's family's lack of recognition of clinical psychology as a 'core' profession reflects the relationship between some BME groups and services (The Sainsbury Centre for Mental Health; 2002). There are implications of this in terms of how Isabelle is perceived by her own community and family support. As mentioned before, BME people may feel mistrustful of and resent other BME people who are seen to be seeking 'to be' White (Thomas; 1992). These positions reflect differences in the way cultural identity is constructed relative to or in reaction to racism, whiteness, 'westernness', and community (Lago, 2006).

6.4 Methodological Considerations

This section will present a critical review of methodological issues within the study. The current qualitative study adopted IPA as its analytic method (Smith et al, 2009; Smith, Jarman, & Osborn, 1999) to explore the experiences of

BME trainee clinical psychologists. I will use the guidelines for assessing quality proposed by Elliot et al. (1999), to critique the methodology and its findings:

6.4.1 'Owning one's own perspective'

I have explicitly owned my 'own perspective' (Elliot et al. (1999), describing my affiliations with constructionist and constructivist ideas and the theoretical framework guiding the research. In addition, I have described my own experience as a BME trainee clinical psychologist and acknowledge how this has led me to conduct this research. I have engaged in self-reflexivity throughout the research process, to try and 'bracket' my own values and assumptions to, as far as possible, 'understand and represent' the experiences of the participants (Elliott *et al*, 1999). Thus, self-reflexivity was incorporated into the analysis, reflective journal and discussions with supervisors.

As part of the reflective process, I became aware of the experiences that emotionally resonated with me. A few participants had not had the opportunity to explore their experiences in-depth prior to the interview. New meanings emerged through previously unexplored areas, which were accompanied by much sadness and a sense of loneliness and despondency about their training experience. I felt very moved by these accounts and found myself ruminating afterwards about my own experience of first being given the opportunity to reflect on my experience of difference as a trainee, and how powerful it had been. I experienced a sense of personal responsibility towards these trainees in ensuring that their voices are heard through the research. I was aware of the danger of privileging those accounts that resonated with me, and it may be that I was encouraging or discouraging, through my line of questioning and non-verbal communications, particular voices. Practicing reflection-on-action and reflection-in-action (Schon, 1983) hopefully helped me to be open to and hence curious about multiple perspectives during the interviews.

Some of the participants' experiences heightened my emotional response during the interviews, perhaps making me less exploratory around areas which I sensed were emotionally vulnerable for them and making me more vigilant to cues about their level of comfort and readiness to talk. As Smith et al (2009, pg 66) advise, researchers have 'ethical responsibilities towards the participant', and thus, at times it seemed inappropriate to pursue a certain line of questioning.

Conducting the interviews as a BME trainee clinical psychologist came with both strengths and limitations. In terms of advantages, shared experience can lead to better access to and a stronger rapport with participants, as well as a deeper, readily accessible shared frame of reference (Mercer, 2007). I found that the shared experience of being from a BME background and also being a trainee helped me to develop good rapport and trust. Many participants also mentioned how this shared experience was important in enabling them to feel more free and safe in talking about their challenging personal experiences. I also believe that my shared experience with BME peers facilitated recruitment, as they all seemed very supportive of this research.

From a critical perspective, the shared experience may have also meant that there was a degree of assumed knowledge within the interviews. As Platt (1981, pg 82) has reflected, 'to ask for an explanation is to define oneself as not a member of the community and could disturb a personal relationship'. Perhaps I missed the opportunity to ask certain questions due to not wanting to lose rapport. Although I feel that the interviews have generated rich data, I also wonder whether I might have asked different questions or explored different areas from an 'outsider' position. Nevertheless, there were opportunities to reflect on the potential areas for exploration and questions to ask before starting the research, e.g. in discussions with supervisors and in the research group, thus helping raise my awareness and curiosity about areas I might not have necessarily thought about exploring.

6.4.2 'Situating the sample'

The sample was described with contextual information provided, to create 'meaning in context' (Willig, 2008; pg 149). The representation of male voices in the current research was a strength, as there appears to be a lack of systematic and detailed studies focusing on the experiences of BME male clinical psychology trainees in the UK.

IPA's requirement for a homogenous sample was complied with by recruiting trainees who classified as coming under a Black and minority ethnic group according to the criteria used in the 2007 Commission for 'racial' Equality fact file (Commission for 'racial' Equality, 2007). These criteria exclude White ethnic minorities, and it was felt that this would increase chances of recruiting participants who share the experience of being positioned as racially different to the 'White Majority'.

From a critical perspective, it is claimed that "BME" is a blanket term used to categorize people who are quite diverse in terms of migration history, culture, language, religion etc. (Gill, Kai, Bhopal & Wild, 2007). Another aspect of diversity that was not accounted for in the current research was the issue of class, and the implication of this in terms of similarity in backgrounds with regards to social opportunities, perceptions of education and achievement etc. Goodbody (2009) found that low social class was a major constitutor of minority experience. This draws attention to the homogeneity of the current sample and this should be held in mind when reading the findings of this study. Whilst there was diversity in positions and experiences within the sample, there were also many common experiences from which the themes have been elicited. This indicated a shared experience of difference in relation to the dominant, White majority, despite other ways in which the sample might have been diverse.

This raises questions as to the homogeneity of the current sample and thus the transferability of findings to all BME trainees. Thus, the choice of IPA as the method of data analysis may be a limitation of the current research. However, whilst there was diversity in positions and experiences within the

sample, there were also many common experiences from which the themes have been elicited. This indicated a shared experience of difference in relation to the dominant, White majority, despite other ways in which the sample might have been diverse. Furthermore, recruiting trainees from specific ethnic groups may have led to problems in obtaining a large enough sample to carry out the research, given the time restrictions for doctoral research.

It is also worth considering the implications of the participants who volunteered for this study. It may be that the current sample may have been affected to a greater degree by their experience of being a BME trainee, thought more about it, or felt more comfortable about it in comparison to those who chose not to. Also, the study's focus on a particular geographical area means that some voices will not have been heard.

6.4.3 'Grounding in examples'

IPA allowed me to gain rich and detailed descriptions and base analysis in the experience of participants.

It is important to highlight that my analysis and conclusions represent one possible interpretation. All nine accounts were multilayered and rich. However, word restrictions meant that it was not possible to represent all of the participants' views and experiences equally. Verbatim quotations were used to illustrate the themes, to provide a justification for my interpretations, and to let participants' voices speak directly to the reader.

6.4.4 'Providing credibility checks'

To increase the validity of the findings, the analysis followed a rigorous and transparent IPA procedure (See Appendix 11; Audit trail: Elliott et al, 1999; Smith, Flowers & Larkin, 2009 and method section).

As mentioned in the method section, sections of my analysis were examined by all three of my supervisors, while one of my field supervisors audited the 7th and 8th interviews and the related audit documentation, following the analysis through to the generation of master themes. All three supervisors

reported being able to follow my analysis, whilst identifying similar themes to my own, thus authenticating my analytic process. Each supervisor also added richness to the analytic process with their own opinions and ideas, whilst acknowledging the double hermeneutic inherent in IPA i.e. findings are reflective of the researcher's interpretation of their participant's interpretation of a phenomenon. These led to small adjustments but did not lead to significant changes to the overall findings.

Trainee Clinical Psychologists at the University of Hertfordshire, who belonged to the IPA special interest group, also checked sections of my analysis. My participation in this group allowed for a further context for reflection. Feedback from participants was not sought as Smith (2004) contests the validity of respondent validation in its purest sense due to the double hermeneutic within IPA.

6.4.5 'Coherence'

I have tried to achieve coherence by checking whether themes hang together whilst trying to preserve the richness in the data by also presenting the individual divergent positions within them. This process was facilitated by having the themes checked by my supervisors, to ensure that the analysis remained close to the data.

Coherence also refers to the extent to which the research fits with the underlying theoretical and epistemological assumptions of the implemented approach (Yardley, 2000). It could be argued that, due to the emphasis on power relations, the current research could have utilised discourse analysis as a method for analysis. As Smith et al (2009) assert, meaning making uses language as a resource, and as such, both Discourse analysis and IPA share a commitment to the importance of language. However, the two approaches differ with regards to the significance given to the 'chain of connection' between cognition, and the experience of self and body (Crossley, 2000; Smith, *et al.* 1997). The chain of connection between language and the experiencing self is questioned and 'bracketed out' in discursive approaches, thus taking away emphasis from how the person subjectively thinks or feels

about a given phenomenon (Abraham and Hampson, 1996). IPA is more concerned with the experiential and suggests that 'lived life with its vicissitudes is much more than historically situated linguistic interactions between people' (Eatough and Smith, 2006; pg 485). It was important to me to explore how people feel about and attach meaning to their experiences, and through using IPA, I was able to get a sense of the richness and complexity of participants' lived experiences, e.g. the hard, emotional and complex work that participants engaged in.

An alternative analytical tool might have been the narrative approach. Narrative approaches, which also focus on the lived experience of the individual (Crossley, 2000), are often used when exploring identity renegotiation, and are concerned with giving voice to those absent from mainstream discourse (Collie, Bottorff & Long, 2006). Although sharing similarities with IPA, narrative analysis is less focused on what accounts may tell us directly about subjective experience. Furthermore, as a relatively novice qualitative researcher, the structure offered by IPA was appealing and helpful (see Smith et al, 2009). Accordingly I concluded IPA provided the best methodological fit with the research question.

6.4.6 'Accomplishing general vs specific research tasks'

Although one needs to remain cautious about claims of transferability due to the nature and size of the sample, having a large data set for a qualitative study broadens the claims that can be made from the findings. The diversity of the sample and the fact that common themes were found perhaps also increases transferability.

Working with data from nine interviews has been challenging. The rich data set led to dilemmas about which themes to privilege over others. To address this I have been careful in following recommendations for systematically managing larger samples and ongoing dialogue with my supervisors (Smith, Flowers, & Larkin, 2009). In the future, however, it may be interesting to select one of the participant's interviews or a particular superordinate theme for further analysis, in order to illuminate general versus specific issues in relation

to the experience of being a trainee clinical psychologist from a BME background.

6.4.7 'Resonating with readers'

I hope my understandings and account of the rich and interesting experiences of the participants has resonated with and stimulated readers. However, the degree to which I was able to meet this criterion can only be evaluated by the reader.

6.5 Areas For Further Research

It would be useful to replicate this research with trainee clinical psychologists to enhance the validity of the findings. In addition, it would be useful to consider how the interaction of class and BME status impact on one's training experience. Furthermore, it might be worth considering whether the year of training influences the trainee's experience, and how, if at all, the experience might change through the course of training. More research also needs to be conducted focusing specifically on the experiences of male BME clinical psychology trainees.

The findings of the current research can tell us about the experiences of BME trainees. However, it cannot specify which of these experiences converge or diverge with those of trainees from other marginalised groups e.g. Lesbian, Gay and Bisexual individuals or those who are committed to a particular religion or spiritual beliefs. No published studies were identified exploring specifically the experiences of trainee clinical psychologists from other marginalised groups. However, a literature search revealed studies conducted on the experiences of clinical psychologists and psychotherapists who are committed to religion (e.g. Cohen, 1994; Myers and Baker, 1998; Baker and Wang, 2004; Martinez and Baker, 2010). These revealed that psychotherapists tended to compartmentalise their religious experience from their clinical work. However, clinical psychologists' affinity for religion helped them to gain a fuller recognition of relevant material from clients, and added to their formulations of their problems. Religious commitment was also seen as

giving them personal energy in their clinical work. These findings are similar to the experiences of trainees from the current research, where some felt they had to compartmentalise their cultural and professional identities, and also in terms of how they used their 'racial'/cultural identities acted as a therapeutic tool.

The literature search also uncovered articles about psychotherapists and Clinical Psychologists exploring their experiences of working with a minority (LGB) sexual orientation. Callie (1994) has written about her own painful struggles of working in a heterosexual dominated environment and Daiches (1998) described her sexual identity as 'cloaked' from many of her colleagues. These findings resonate with those from the current research with regards to dilemmas about bringing in their sexual identities (as opposed to cultural) into the workplace and the handicap of not self-identifying as heterosexual. Thus, these findings indicate that there is a degree of overlap between the experiences of BME trainees and other marginalised groups.

Through studying the themes from the current research, one could speculate about areas of convergence and divergence with those of trainee clinical psychologists from other marginalised groups. On the face of it, it would seem that the experience of 'standing out as different' might apply more to BME trainees due to the differences in physical appearance, although, as indicated previously, this may not be a clear marker of difference. In addition, an individual's affiliation with a marginalised group may become more visible by what they choose to reveal about themselves. For example, by wearing a Christian Cross, a trainee might be leaving themselves open to others assuming that S/he is a Christian.

In addition, the experience of racism, being vigilant for signs of racism, and experiencing the 'handicap of not being White' may relate more to BME trainees. Nevertheless, trainees may feel handicapped in other ways, e.g. trainees who would identify themselves as coming from a lower SES group may experience a handicap in comparison to others who come from a Middle Class background. In addition, although people from BME backgrounds are

more likely to experience racism (Office of National Statistics, 2002) White people are also vulnerable to experience racism in this country.

Whilst the 'challenges and dilemmas in highlighting 'race' and culture issues' may apply more specifically to BME trainees, once again, one should not assume that these experiences are not shared by White trainees.

Furthermore, trainees from other marginalized groups may, in all likelihood, find it challenging to highlight other areas of diversity, for example sexuality, religion or physical disability.

The other themes that emerged from this research, namely 'the challenge of negotiating multiple identities', 'the versatility that comes with being a BME trainee' and 'finding connections: safe and supportive contexts' could all apply to trainees from other marginalised groups. Given the paucity of literature comparing convergences and/or divergences in the experiences of BME trainees and other those from other marginalized groups, this may be a fruitful area for future research. One could start, for example, by adjusting the interview schedule employed in the current research and carry out an IPA study on the various minority groups within clinical psychology training. Alternatively, one could analyse trainees' experiences from a variety of methodological perspectives, such as the narratives they produce or the discourses they use to articulate their experiences.

The findings show that experiences of joining the profession raises identity issues and may influence the use of the cultural self in therapeutic practice. The current research could lead to further studies exploring the area of the cultural self of the therapist. This could provide useful information about the rich and creative ways in which therapists use similarity and difference therapeutically and also add to theoretical approaches with alternative ideas, allowing them to be more accessible to Black and minority ethnic people.

The operation of 'race', gender and class within supervision has been fairly well researched (e.g. Gatmon et al, 2001). However, further research into the extent to which supervisors' openness and receptiveness to issues of 'race'

and culture affects how trainees use their cultural self to inform their clinical work would be useful.

The findings on overt racism and 'racial' microaggressions could be explored further to identify coping strategies that could be used to protect BME trainees and educate those responsible for providing training.

Research into how effective the different philosophies and cultures of courses are in addressing issues of difference is also needed to gauge what the elements of successful trainings/stances might be. Effectiveness of training and awareness raising also is an area for potential exploration.

6.6 Implications For Clinical Psychology Training

Although some implications for the training experience of BME clinical psychology trainees have been noted in the discussion above, I will present some further implications here for UK training courses. Current initiatives to attract more applicants from BME groups need to be considered in terms of the profession's expectations of what this might achieve, given that wider structural experiences of power and difference in relation to 'race', ethnicity and culture operate in the training arena. I have listed below some ideas for recommendations based on the current findings:

- Courses need to explicitly state their commitment to supporting trainees from BME groups with regards to their experiences of 'race', ethnicity and culture.
- Emphasis should be placed on personal and professional development including work on privilege, social disadvantage, racism and the psychological impact of racism. This could incorporate experiential workshops around issues of difference and diversity.
- Programmes should also undertake a commitment to training the course staff in relation to 'race' issues in context of training, e.g. power relations, experience of racism and a minority, issues in groups, and using reflective and reflexive practice on these issues. Placement

supervisors should receive training specifically on the importance of raising these issues in supervision

- As Pewewardy (2004) points out, White therapists need to take the responsibility to do their own thinking when it comes to issues around 'race' and culture. Courses need to support White trainees to work on risk taking and deconstructing Whiteness (see Nolte, 2007)
- While many trainees found comfort and safety with other BME trainees, they were reluctant to only share the cultural aspects of themselves with them. Some expressed a desire to have an open-to-all group for reflecting on diversity issues as a way of finding connections with White trainees, which would help BME trainees to feel safe in bringing up issues around 'race' and culture, and their own personal experiences.
- BME trainees' 'racial'/cultural identities should be acknowledged and reflected on in the context of therapeutic work and professional identity
- Programmes should place importance on systemic training, as these approaches pay attention to issues of power and the social context. This could potentially help enhance perspectives of majority trainees.

6.7 Conclusions

This paper presents a qualitative study, using IPA methodology, which facilitated the exploration of the experiences of BME trainee clinical psychologists. It is important to highlight that the accounts of the participants in this study do not necessarily speak for all BME trainee clinical psychologists. However, these findings give a rich and meaningful window into participants' experiences of training.

There was a pervasive sense of the deep level, effortful and complex emotional work that many of the participants have to engage in to manage their experience of difference, characterised by isolation and disconnection, a struggle to conform to the image of the course and a sense of an inherent challenge that comes with the position of being a BME trainee. Much emotional hard work also went into struggling with trying to determine whether or not an interaction had 'racial' connotations and managing the sometimes

painful emotions. These accounts contrasted with participants who felt accepted within their course and cohort and this reported positive experiences of being a BME.

Trainees often encountered avoidance and resistance, both in supervision and in the classroom. The participants referred to the Eurocentric bias in teaching and the resistance to talking openly about 'race' and culture issues. Participants faced risks in being the '*group irritant*' if they did try and challenge Eurocentric teaching. While some trainees chose to take a more political stand against the silence around 'race' and culture issues, thus risking being the 'group irritant', other trainees were more ambivalent about confronting these issues. BME trainees were often left with the responsibility of '*carrying the burden*', which came with significant risks around being the 'group irritant', becoming isolated, struggling with being positioned as an expert with their own feelings of perceiving themselves as 'non-expert', and being marginalised.

Cultural identity was experienced as complex and contextual in nature. Many trainees faced dilemmas about re-negotiating their traditionally established roles, as well as where they positioned themselves in relation to multiple and often complementary truths. While some trainees struggled to hold a Both/And position (Burnham, 1992), others were able to maintain this position through bicultural capabilities. The versatility that may come with being bicultural helped trainees to be culturally attuned to the therapeutic relationship, and in turn, use their cultural identity as a therapeutic tool in rich and interesting ways when appropriate. Nevertheless, trainees also feared blurring professional boundaries through using their cultural selves to inform their clinical work.

While some supervisors clearly create a space for meaningful dialogue around 'race' and culture, others avoid discussing power relations or cultural differences. Participants voiced concerns about what helps them feel safe in supervision generally, key aspects being feeling understood and not dismissed.

The research highlights the need for those providing training to validate experience of difference and discrimination and how these impact on the training experience of BME trainee clinical psychologists. Limitations, areas of future research as well as implications have been discussed.

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8.0 APPENDIXES

APPENDIX 1: INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

- 1) How would you describe your ethnicity? And, how would you describe your cultural background ?

Prompt: Has this changed over time? If so, why might this be?

Influences of clinical psychology training experiences on BME identity

- 2) How does your family view your training?
- 3) Can you tell me about any challenges and dilemmas you might have faced in making a choice to do clinical psychology training? [e.g. family commitments and obligations, cultural beliefs about women working, family's view of psychological distress or working with certain client groups e.g. PWLD]
- 4) How do you think your training has influenced your identity as a person from a BME group?
- 5) How has training influenced your beliefs or behaviour in your personal life?

Influences of BME status on clinical psychology training experiences

- 6) What has been your experience of being from a BME background on your course?
- 7) In what way has being ethnically or racially different impacted on your relationships with
 - i. Supervisors
 - ii. Service users
 - iii. Peers
 - iv. Other colleagues

Prompt: do you have any specific examples you could share with me?

- 8) Since joining the course, have you had to make any sacrifices to manage your training experience?

Prompt: do you have any specific examples you could share with me?

Strengths and limitations

- 9) Can you tell me about any specific strengths/resources that come with the position of being a BME trainee?
- 10) Can you tell me about any specific limitations/dilemmas that come with the position of being a BME trainee?

Support

- 11) Can you tell me about ways in which you tend to manage any difficulties or dilemmas related to ethnicity that might arise in relation to issues of
 - a. identity
 - b. academic teaching
 - c. placement experiences
- 12) Are you aware of any relevant support structures available to you e.g. via university, workplace, other organisations?
- 13) What kind of support structures do you think would be helpful for Trainee Clinical Psychologists from BME backgrounds?

Experience of interview

- 14) What has the experience of being interviewed for this research been like for you?

Final question

- 15) As we are coming to the end of our interview, is there anything else that you feel would be important for me to know about your experience?

APPENDIX 2: EMAIL AND LETTER TO COURSE DIRECTORS

Dear (Course Directors),

My name is Snehal Shah and I am currently a second year Doctor of Clinical Psychology trainee at the University of Hertfordshire under Programme Director Professor David Winter.

I am writing to you today to ask if you would consider granting me permission to contact your current Clinical Psychology trainees to request their participation in my doctoral research project.

My project wishes to explore how the experience of being a Black and Minority Ethnic Clinical Psychology trainee in the UK impacts on her/his experience of training. I am hoping that this study will help those who provide training courses, clinical supervisors and other psychologists to make sense of, and gain a more in-depth understanding of the needs, perspectives and experiences of Black and Minority Ethnic Trainees, thus potentially helping facilitate support systems for managing their experiences.

I am attempting to recruit 6 to 8 Clinical Psychology trainees from Black and Minority Ethnic backgrounds to participate in this study. All will be asked to take part in a semi-structured interview of approximately 1-1 ½ hours in length at a location convenient to them. Prior to recruitment I will have gained NHS National Research Ethics Service (NRES) approval and following this my project will be closely supervised by the University of Hertfordshire.

Participation would take place on a confidential basis and I would be unable to inform each course of the personal details of participants in this project. Confidentiality may only be breached in accordance with the British Psychological Societies 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 researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

If you consent I will not request any personal details of your trainees . Instead I will email an initial contact message to you which can be forwarded on to potential participants for their consideration via email.

I hope you will consider your course's participation in this project.

Please do not hesitate to contact me on the below email or telephone numbers should you have any questions.

Thank you for your time,

Kind regards,

Ms Snehal Shah
Trainee Clinical Psychologist
Research Tutor
University of Hertfordshire.
s.4.shah@herts.ac.uk
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APPENDIX 3: INITIAL EMAIL TO POTENTIAL PARTICIPANTS**Initial email to potential participants**

Dear,

My name is Snehal Shah and I am a second year Clinical Psychologist in training at the University of Hertfordshire. I am beginning to recruit participants for my major research project and I am writing to you today to invite you to participate in this project.

I am currently exploring how the experience of being a Black and Minority Ethnic Clinical Psychology trainee in the UK impacts on her/his experience of training. My project will aim to develop some understanding of how this experience is interpreted from an individual and systemic perspective. I am hoping that this study will help those who provide training courses, clinical supervisors and other psychologists to make sense of, and gain a more in-depth understanding of the needs, perspectives and experiences of Black and Minority Ethnic Trainees, thus potentially helping facilitate support systems for managing their experiences. For my project, I am looking to recruit 6-8 Black and Minority Ethnic Clinical Psychology trainees.

To participate, you would be asked to take part in one audio-recorded meeting lasting around 1 - 1½ hours in a comfortable setting, which could be your own home. The meeting will involve talking to me about your experiences of training. It is fully acknowledged that telling your story 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 the study 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 Societies 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 my project 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 contact me on the email address below or telephone me on 01707 286322 / 079976577251, for further discussion and information about this project.

This study has been approved by the NHS National Research Ethics Service (NRES) who have raised no objections on ethical grounds. However, if you wish to complain or have concerns relating to this investigation please do not hesitate to contact my project supervisor.

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

Kind Regards,

Ms Snehal Shah
Trainee Clinical Psychologist
University of Hertfordshire.

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Tel: 01707 286322

s.4.shah@herts.ac.uk

Supervisor: Dr Nicholas Wood

Consultant Clinical Psychologist & Lead Research Tutor

Tel: 01707 286322

University of Hertfordshire

n.1.wood@herts.ac.uk

APPENDIX 4: INFORMATION PACK

INFORMATION SHEET:

Study title: The Experience of Being a Trainee Clinical Psychologist from a Black and Minority Ethnic Group: A Qualitative Study.

Dear

We would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully.

Please do ask us if there is anything which is not clear, or if you would like more information, and take time to decide whether you would like to participate or not.

What is the purpose of the study?

My name is Snehal Shah and I am a second year Clinical Psychologist in training at the University of Hertfordshire and I am conducting this research for my 3rd year Doctoral research project.

I am currently exploring how the experience of being a Black and Minority Ethnic Clinical Psychology trainee in the UK impacts on her/his experience of training. My project will aim to develop some understanding of how this experience is interpreted from an individual and systemic perspective. I am hoping that this study will help those who provide training courses, clinical supervisors and other psychologists to make sense of, and gain a more in-depth understanding of the needs, perspectives and experiences of Black and Minority Ethnic Trainees, thus potentially helping facilitate support systems for managing their experiences. For my project, I am looking to recruit 6-8 Black and Minority Ethnic Clinical Psychology trainees.

Why have I been invited?

Your Clinical Psychology Training course has consented to their trainees being involved with this project should you so wish.

And

You have expressed an interest in my project via contact by email or by telephone.

Do I have to take part?

It is wholly your choice as to whether you decide to participate or not. If you do decide to participate you will be asked to sign a form recording your consent.

If you do decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

To participate, you would be asked to take part in one audio-recorded interview lasting around 1 - 1½ hours in a comfortable setting, which could be your own home. The meeting will involve talking to the researcher about how you have experienced Clinical Psychology training as a Black and Minority Ethnic Clinical Psychology trainee .

If you consent, you may be contacted at a later date to ask if you wish to comment on our research findings. You are able to decline this offer without giving a reason.

What are the possible disadvantages of taking part?

It is fully acknowledged that telling your story may be a difficult process. 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.

What are the possible benefits of taking part?

We can not promise that the study will help you. However, the research project will allow you to have time and space to reflect on your often unheard experience. Potentially this research may help to help those who provide training courses, clinical supervisors and other Clinical Psychologists to make sense of, and gain a deeper understanding of the experience, perspectives and needs of Black and Minority Ethnic trainees. In turn this may facilitate support systems to help Trainee Clinical Psychologists from BME backgrounds manage their experiences.

What if there is a problem?

Any complaint about the way you have been dealt with during the study or any harm you might suffer will be addressed.

If you have any concern about any aspect of this study you should ask to speak to the researcher who will do her best to answer your questions (Telephone number: 01707 286322). If you remain unhappy and wish to complain formally you can do so by contacting the project's Research Supervisor, Dr Nicholas Wood (Telephone number: 01707 286322).

Will my taking part in the study be kept confidential?

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.

Some parts of the data collected by this research will be looked at by authorised persons from the University of Hertfordshire (Sponsoring organisation).

Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to you as a research participant.

Your audio recordings will be destroyed as soon as the chief researcher's degree has been conferred. Any anonymised data relating to your participation will be kept for 5 years post research project submission (June 2015) according to the University of Hertfordshire's 'Good practice in research' guidelines, after which it will be destroyed by the chief researcher.

Are there any reasons where confidentiality may be breached?

As all participants will be regulated by the British Psychological Society due to your professional status, the following code of conduct will be followed with regards to confidentiality:

British Psychological Society: Code of Conduct.

1. If you disclose information during the interview which leads to sufficient concern about your safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.
2. Prior to this occurrence the researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

What will happen to the results of this research study?

Due to the time constraints on this project an approved transcription service may be used to transcribe your interview. In this case your recording will be labelled A, B, C etc. to protect identity. The service will sign a non-disclosure, confidentiality agreement.

The results will be written up in the form of a thesis for the purposes of gaining a Doctoral qualification in Clinical Psychology.

I will ask you if you would like to comment on the analysis of your interview to help with the accuracy of the results. You can decline your involvement.

The findings may be shared via academic publication and/or presentations. Participants will not be identified in any report or publication. Any quotes used will be fully anonymised. You have the right to decline the use of your interview quotes.

Who has reviewed the study?

All research in the NHS is looked at by an independent group of people called a Research Ethics Committee to protect your safety, rights, dignity and well-being. This study has been reviewed and given a favourable opinion by the Hertfordshire Research Ethics Committee who have raised no objections on ethical grounds.

Due to the academic nature of the research this project has also been subjected to both a formal and a peer review by the University of Hertfordshire 's Doctoral Programme in Clinical Psychology.

Further information and contact details

Should you have any further questions or any concerns during the study please do not hesitate to

contact the researcher or her research supervisor on the contact numbers provided below.

If you are interested in potentially participating in this study please fill in the reply slip included with this information sheet and return to Snehal Shah (Chief Investigator) via the email address provided.

Should you wish to complain about this study the Independent Complaints Advocacy Service (ICAS) supports individuals wishing to pursue a complaint about the NHS. (See <http://www.dh.gov.uk>)

The contact details for the areas covered by this study are as follows:

- ICAS North Central London Tel: 0845 120 3784
- ICAS North East London Tel: 0845 337 3059
- ICAS North West London Tel: 0845 337 3065
- ICAS South East London Tel: 0845 337 3061
- ICAS South West London Tel: 0845 337 3063
- ICAS Surrey Tel: 0845 600 8616

Thank you for taking time to read this information.

Kind Regards,

Ms Snehal Shah

Chief Investigator

Trainee Clinical Psychologist

Research Tutor

University of Hertfordshire.

s.4.shah@herts.ac.uk

Tel: 01707 286322

Reply Slip Attached.

Dr Nicholas Wood

Research supervisor

Consultant Clinical Psychologist & Lead

University of Hertfordshire

n.1.wood@herts.ac.uk

Tel:01707 286322

Reply Slip.

**(Please tick the appropriate boxes and return by email to the researcher:
s.4.shah@herts.ac.uk).**

1. I am not interested in participating in this project.

2. I may be interested in participating in this project
but would like further information.

I consent to you contacting me on the telephone number
below/email address at the specified suitable times and days of week**.

3. I am interested in participating in this project.

I consent to you contacting me on the telephone number
below/ email address at the specified suitable times and days of week**.

My Details (Please Supply if you tick statement 2, or 3):

Name:.....

Signed:.....

**** Please Supply if Statement 2 or 3 have been ticked**:**

Telephone number :.....

Email address:.....

Suitable days for contact (Delete as appropriate):

Mon / Tues / Weds / Thurs / Fri / Sat / Sunday.

Suitable times for contact (E.G. Mondays 12-2pm):

Day: Times:

Day: Times:

Day: Times:

APPENDIX 5: PARTICIPANT SCREENING**STRICTLY CONFIDENTIAL:****Participant Screening.**

All participants will be asked the following questions to screen for inclusion and exclusion criteria of the study. Please complete questions 1 - 5.

Was verbal consent obtained from the potential participant before asking the questions below?

Yes/No

1) What is your ethnic group?

Choose *ONE* section from A to E, then ✓ the appropriate box to indicate your ethnic group.

A White

- British
 - Any Other White background, *please write in*
-

B Mixed

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any Other Mixed background, *please write in*
-

C Asian or Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Any Other Asian background, *please write in*
-

D Black or Black British

- Caribbean
 - African
 - Any Other Black background, *please write in*
-

E Chinese or other ethnic group

- Chinese
 - Any Other, *please write in*
-

1) What is your country of birth?

- England
 - Wales
 - Scotland
 - Northern Ireland
 - Republic of Ireland
 - Elsewhere, *please write in the present name of the country*
-

2) How would you describe your gender?

- Female
 - Male
 - Transgender
-

3) Age: _____

4) What year of training are you in? _____

Thank you for your time

APPENDIX 6: CONSENT FORM**Consent and Screening form****Centre number:****Study Number:****Participant identification number:****CONSENT FORM**

Title of Project: *The Experience of Being a Trainee Clinical Psychologist from a Black and Minority Ethnic Group: A Qualitative Study.*

Name of researcher: *Snehal Shah, Trainee Clinical Psychologist.*

To be completed by participant (Please initial each box):

1. I confirm that I have read and understand the information sheet dated 6 th August 2009 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that I am free to decline entry into the study and I am able to leave the study at any time without giving a reason.	
3. I consent to the audio recording of my interview	
4. I understand that relevant sections of the data collected by this research will be looked at by authorised persons from the University of Hertfordshire (Sponsoring organisation). Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to you as a research participant	
5. I agree to take part in the above study.	
6. I agree to be contacted for my comments on the findings of the study. I am aware I can decline my involvement at any time.	
7. I agree that anonymised quotes from my interview may be used in any publications.	

Signature:**Date:****Name:****Participant****Signature:****Date:****Name:****Person taking consent**

APPENDIX 7: PRE-INTERVIEW BRIEFING AND DE-BRIEF

PRE-INTERVIEW BRIEFING.

1. Aims of investigation.
 - To explore the experiences of Black and Minority Ethnic trainee Clinical Psychologists of Clinical Psychology training.
 - To ensure personal experience is heard.
 - Long term goal: to disseminate information about trainees' experiences for other psychologists, clinical supervisors and educational institutions.

2. Procedure of interview.
 - Interview will last for approximately 1 hour.
 - The interview will be audio-recorded.
 - All participants will be asked similar questions during the interview.
 - The questions will act as a guide for the interview.
 - The aim is to hear your experience.

3. During the interview.
 - If at any time you wish to stop the interview you may do so without reason.
 - You are in no way obliged to answer the questions provided by the researcher.

4. Confidentiality.
 - Your participation in this project will remain strictly confidential.
 - Your personal details will only be known by the researcher.
 - Your personal details and audio recordings will be kept separately in a secure filing cabinet at the researchers premises.

5. British Psychological Society: Code of Conduct.
 - If you disclose information during the interview which leads to sufficient concern about your safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.
 - Prior to this occurrence the researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

6. Provision after interview.
 - Following the interview you will be given further opportunities to ask questions regarding the project and any concerns you may have. If the researcher is unable to provide you with the correct answers for your questions she will endeavour to provide you with appropriate source of professional advice.
 - You will be provided with a list of support services you may be interested in contacting if you feel you may wish to talk about your experience further.

7. Questions.
 - Please ask any further questions you may have about the investigation.

Debriefing schedule

1. Recap on purpose of study
 - To explore the experiences of Black and Minority Ethnic trainee Clinical Psychologists of Clinical Psychology training.
 - To ensure personal experience is heard.
 - Long term goal: to disseminate information about trainees' experiences for other psychologists, clinical supervisors and educational institutions.

2. Review of interview
 - You will be asked how you found the interview.
 - You will be asked if you would have preferred anything to be done differently.
 - You will be asked if there are any recommendations for the researcher to aid improvement of the investigation.

3. Unresolved issues
 - The researcher will ask you if you feel that any issues have been raised during the interview which may have concerned you.
 - It is the researcher's duty to ensure any questions you ask are answered sufficiently. This may involve directing you towards the correct professional resources.

4. Professional Services
 - You will be provided with a list of support services.
 - If you require information about further support services in different localities this can be arranged.

5. Future concerns and contact with researcher.

- If you have any concerns or further questions about this research please do not hesitate to contact the researcher or the project supervisor.
- The researcher and supervisor will be available for contact up to 6 months after participation.

Ms Snehal Shah
Trainee Clinical Psychologist
Research Tutor
University of Hertfordshire.
s.4.shah@herts.ac.uk

Supervisor: Dr Nicholas Wood
Consultant Clinical Psychologist & Lead
University of Hertfordshire
n.1.wood@herts.ac.uk

APPENDIX 8: POTENTIAL SOURCES OF SUPPORT FOR TRAINEES

Potential sources of support for trainees

If you would like any support around issues related to being a trainee from a BME background, you may wish to speak to your course tutors, personal advisor and/or director(s). Other external sources of support have been listed below.

1. 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.

2. 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.

3. OASIS: Camden and Islington Mental Health and Social Care Trust

This is a free confidential short term service which is available to all staff

OASIS

60 Gower st

London

WC1E6EB

They have other sites across London. For more information or an appointment, call 020 7380 9800

4. 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.

5. 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.

6. NAFSIYAT- intercultural therapy centre

www.nafsiyat.org.uk

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

7. The London Therapy Centre

www.lcp-psychotherapy.org.uk

reduced fee scheme for therapy with trainees

8. The Guild of Psychotherapists

www.guildofpsychotherapists.org.uk

The Guild offers a private referral service, a reduced fee service and a community based reduced fee clinic at its headquarters.

9. **Metanoia- Psychotherapy Training Unit**

www.metanoia.ac.uk

Offers T.A., Gestalt & client-centred therapy- fee paying

10. **K.C.C. Foundation**

www.kcc-international.com

systemic therapy & counselling service available. Fees worked out on a scale according to income.

11. **Pink Practice**

www.pinkpractice.co.uk

provides counselling and psychotherapy to lesbians and gay men. Primarily within a systemic orientation with a particular interest in social constructionist thinking and narrative therapy.

APPENDIX 9: ETHICAL AND R&D APPROVALS

Ethical Approval

APPENDIX 10: TRANSCRIPTION AGREEMENT

APPENDIX 11: AUDIT TRAIL: INTERVIEW 7: CHELSEA**Initial themes from interview 7:**

Being pigeon holed as black
Complexity of cultural identity
Being confronted with racism
Negative connotations as a black woman
Interaction between being black and female
Struggle to override negative connotations of being black
Being black is not the preferred race to be
Painful experience of looking through a 'racial' lens
Being surrounded by negative stereotypes of Black people
Black is the lesser race
Fear of being discriminated against
Struggle of being Black
Overriding the negative connotations of being black
Re-traumatising effects of being pigeon-holed as black
Anger
Fear
Wariness and anger at being pigeon-holed as black
Being both idolised and mocked for achieving
Being the lone achiever
Threatening aspects of achievement
Balancing different cultural values
Self-doubt
Low expectations from others
Lack of support
Others' lack of awareness
Fear of not fitting in
Choosing supportive courses
Pressure to conform
Identity in flux
Visible and permanent difference

Standing out as different
The pain of being othered
Group irritant
Taking stand against silence
Outsider positions
Pain of being othered
Risking speaking out
Process of negotiating identity
Integrating different truths/discourses
Never fitting in
Moving towards acceptance
Stand against silence
Feeling isolated
Being positioned as the flag bearer
It really hurts
Having to work extra hard to prove yourself (pg 14)
Desire to share burden
Never fully belonging
Choosing not to conform
Fantasy of sharing the burden
It's a very lonely place- pg 15
Irritation at other who have conformed
When Courses are supportive
Onus on self to seek support
Inherent challenge as a black trainee
Being singled out
Experience of being stereotyped
Being stereotyped as a lower ranking professional
Carrying the burden
Making blackness less visible to be heard
Increasing confidence in challenging racism
Professional status making blackness less visible
Acting white
Feeling let down by course

Lack of available support
Importance of influence and power
Feeling powerless
Using psychological theory to manage emotions
Fear of being negatively evaluated
Experience of openness and encouragement from BME supervisors
Encountering avoidance of talking about race and cultures
Onus on Chelsea to bring in race and culture
The difference in experience of difference with clients
Being rejected by black clients
Sacrificing thorough sense of belonging
Betraying black community
Versatility and adaptability as a black trainee
Turning up the heat on language
Determination to succeed
Anxiety about needing to prove self
Black trainees as a position of authority
Pressure to work extra hard
Importance of courses incorporating difference meaningfully
Fear of being re-traumatised
Feeling isolated and unsupported
Driven to seek support
Pressure to be the 'know all'- 34
Importance of culturally sensitive personal therapy
Support from peers
Risks about opening up about personal self
Lack of support from supervisors
Protective nature of shared experiences
It is harder for black professionals
Being silenced about race and culture
Encountering secrecy around race and racism
Risk of segregating self
Encountering simplistic and tokenistic approach to diversity
Importance of making BME issues more mainstream

Positive and helpful support from course

Having a space to meaningfully reflect on bme issues

Experience of being able to talk freely about BME issues

Assumption of shared understanding and receptiveness

Table of themes for Chelsea. Notes are included to illustrate initial thoughts and theoretical links around the themes and extracts to help make analytical process more transparent

Superordinate theme	theme	Extract	Notes
<p><u>The painful experience of racism</u></p>	<p><i>Being confronted with racism</i></p> <p>Being confronted with racism</p> <p>Experience of being stereotyped</p> <p>Being stereotyped as a lower ranking professional</p> <p>The difference in experience of difference with clients</p> <p>Being stereotyped as a lower ranking professional</p> <p>Experience of being</p>	<p>I mean I've had experiences where [sighs] I've sat down in a meeting and people haven't known who I am. People haven't know, yeah who I am and um I've had people, white people, ask me questions like, "Oh sorry, are you supposed to be here? Who are you?" And say things to me like, "Oh um... Oh, I've not seen you before. Are you a student nurse?" Now stereotypically when we look at that, there's a lot of... there's a lot of black student nurses. Now me as a Caribbean person can identify with the fact that there are a lot of African student nurses, but... or nurses, but also this... it's... it's just a stereotype. This idea that I... that I... as a black person I must be a nurse. I couldn't possibly be anything else, is again a manifestation of my anxieties and the beliefs that people have. This kind of... when I tell people I'm a trainee clinical psychologist they often almost fall off their chairs with disbelief kind of... and shock. And you know and saying to these people in these meetings, "No actually, I'm a trainee clinical psychologist and the case that we're meeting to talk about I... I... I'm the</p>	<p>Sense of anger, frustration, indignant, shock. Where do these emotions go? How do these emotions get played out in the interaction, and how does it affect her relationship with these people?</p>

	<p>preferred race to be</p> <p>Being surrounded by negative stereotypes of Black people</p> <p>Black is the lesser race</p> <p>Struggle of being Black</p> <p>Overriding the negative connotations of being black</p> <p>Self-doubt</p> <p>Low expectations from others</p> <p>Inherent challenge as a It is harder for black professionals</p> <p>Negative connotations as a black woman</p> <p>Being surrounded by negative stereotypes of Black people</p> <p>Self-doubt</p>	<p>get a form and it asks me to... to define and justify myself in terms of ethnicity or race or culture, that triggers difficult feelings in me of... of those associations... for the negative associations, cause it feels like I'm disclosing the fact that I'm the lesser race and what implications is that gonna have for me when, for example, in a job application when that gets handed in, how is that gonna be received? How is it gonna be looked upon? (3)</p> <p>“You know we're in the third year.” Um and they said to me, “You know ever... if ever you get stuck with anything. If ever there's anything that you're not sure about or that you need or that you're finding difficult, come and find us. Let us know and um we'll help you.” And then... I was like, “Okay, cool.” And then they was like, “Um and also you might find that there are particular circumstances or situations that become particularly challenging for you, um and if that happens then you can always come and talk to us if you want. Come and talk to us, let us know, cause obviously we've come through it and whatever ever.” Now when this was said they're looking at me in a particular way. Communicating to me with their eyes and with their body language. Now obviously all the rest of my cohort is wal... walking past at this point and I knew what they meant. I knew that they meant</p>	<p>people knew she is black, she is automatically on a one-down position, already she has more to prove.</p> <p>Internalized view that being black is a 'bad thing'. Has affected her self confidence- doubt her own ability- but she has a choice- either adopt a defeatist position or prove them wrong- she has taken option 2 (channeling her anger and pain) and has thus determined to work harder to prove herself- but she is still at times plagued by doubts that she is not good enough- still feels like a struggle and the armour she has built to protect her crumbles sometimes.</p>
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	<p>Having to work extra hard to prove yourself (pg 14)</p> <p>Inherent challenge as a black trainee</p> <p>Anxiety about needing to prove self</p> <p>Pressure to work extra hard</p> <p>It is harder for black professionals</p> <p>Fear of being negatively evaluated</p> <p>Determination to succeed</p>	<p>that because you're black there's gonna be things that you're gonna find difficult and you're gonna have challenges along the way (28)</p> <p>my personal view is that for black people it... it will split. It will either be people adopt a defeatist position and don't make an effort to make change or to um make alterations to their life, so that their life is more preferable to them or you know the history of their experience gives them drive and ambition and makes them more determined and more likely to achieve and succeed. And I think that I've taken option number two. So I think because of my history, um my heritage as a black person, that I'm much more likely to... I've heard this message that I need to work harder, so I do and I will um and I think that's... that's a strength in some sense, cause it means um that I'm more likely to succeed. I do think though on a flip side that can be... also be a negative thing, because as I discovered in my first year looking back that I was much more... I... I worked extra hard almost to prove my worth, to prove that I deserve to have a place. To prove that I was worthy to be on clinical psychology training and often have a sense of feeling like somebody was gonna tell that there's been this big mistake and I'm not actually meant to be there and that I'm gonna have to go home and</p>	
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	<p><i>The pain and rage inflicted by racism</i></p> <p>Painful experience of looking through a 'racial'</p>	<p>never come back again (53)</p> <p>We have pre-placement visits. You go and meet your supervisor before you actually start working there. And I am aware that there's been times where... where I walk into the room and there's a bit of a surprise. Like, "Oh, you're black," kind of thing and where I have a sense that there's some... How can I say? There's some... there's some uncertainty about my... I guess what I'm gonna be like as a trainee. What my capabilities are gonna be like. How I'm gonna be as a clinician. Now I could imagine that supervisors probably feel that way about any supervisee that they get, but for me there is a sense, not with all supervisors, but with some of them, there's been a sense of that... that sort of feeling has been in the room alongside the shock of, "Oh, you're black," kind of thing (41)</p> <p>and this psychiatrist said, in the meeting of about eleven people, that this client was dressing like a black drug dealer. Oh my God. I could not believe it. I wanted the ground to open up and swallow me. Again, you know as is quite often the case, I was the only black person in the room. My manager was in the room at the time and I looked</p>	<p>Shock at people being openly/unconsciously prejudiced-like adding salt to raw wounds-just makes her more angry and pained, and the emotions she experiences are so overwhelming, she just 'wants the ground to open up and</p>
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	<p>lens</p> <p>Wariness and anger at being pigeon-holed as black</p> <p>Re-traumatising effects of being pigeon-holed as black</p> <p>Anger</p> <p>Fear</p> <p>Pain of being othered</p> <p>The pain of being othered</p> <p><i>Being pigeon holed as black</i></p> <p>Fear of being re-traumatised</p> <p>Using psychological theory to manage emotions</p>	<p>at her and she looked at me and she just looked down. And I thought okay, and she was white, so I thought okay, she's not gonna say anything. Cause I was... I wasn't the senior psychologist... she was the senior psychologist. Um and [laughs] I just couldn't believe it. I was so shocked and she carried on talking and I... I don't know what she said, cause I couldn't focus. I couldn't listen to what she was saying at the time this psychiatrist. (31)</p> <p>Even to think about what can I say in the situation, because you can't turn round and say to people... like what I honestly might like to say is, "How fucking racist is that?" But I can't say that in a meeting, because then I look like the stereotypical aggressive black person. So... and because it... it's not a intellectual response that comes up immediately, it's an emotional response and then I have to spend time working through that emotional response to bring myself back to an intellectual place where I can then challenge or express my views or opinions about the prejudice that's been expressed in a way that isn't gonna be offensive to everybody. And in a way that it means that people are gonna be able to... to hear it, which is very hard and I think is something that training doesn't teach you, it doesn't encompass at all. Um</p>	<p>swallow her'</p> <p>Even though they might not see their comments as racist or derogatory- it is seen as referring to all Black people, including her- she is carrying the pain of all black people. And through Othering of Black people, it confirms her belief that Black people are seen as the inferior race, and thus not good enough- her core belief about herself.</p> <p>Also, overwhelming sense that, as the only black person in the room, she is the only one experiencing it- there is no one to share it with- profound sense of being alone. And it seems as though there is little anybody is prepared to do to support her with it- hard emotional work to bring herself back to a place where she can professionally challenge those in power- double minority situation- trainee as well as Black</p>
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		<p>and I think that that's a particular area where it falls down in terms of um BME trainees (33)</p> <p>this lecturer was white male and said that other people were much more likely to be put into mental health hospital. So, this is an example of a time where for me when that kind of thing happens that my heart starts beating and I get really anxious and I feel quite angry and furious and feel the rage just run through me and I have to work very hard to manage those [laughs] feelings, but still have the courage, and when I say courage, in not knowing whether or not my year group are gonna support me, because I'm the only black person in my year group, with what I say. So I challenged him and I said to him, "Oh I think it's interesting that you used the term 'Other' and I was just wondering what you meant by that?" And he, even at that point, he didn't click. It didn't register to him... how he had used the language and what that was implying. So the idea that he was perhaps a superior race and anything... any race other to himself was other and was, you know by default less [unintelligible 0:22:48]. Um and he missed the point and said something else and then I said... and then I said, "Yeah, I understand that aspect of what you're saying...", I said, "... but my interest is in your use of the word 'Other' and what</p>	<p>It's almost as if her own Blackness is masked by her professional identity- as if people forget she is Black and therefore become careless with what they say- they might not even realize that what they are saying might be perceived as racist.</p> <p>Self-awareness and qualifications have helped her build an armour around her, so that things don't get to her so much- to an extent, these help override the negative connotations of being black that she has internalized and thus form beliefs about not being good enough. But the armour still crumbles from time to time</p>
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	<p>The question of</p>	<p>you meant by that?" And then I think it clicked and he registered (16)</p> <p>when I get a form and it asks me to... to define and justify myself in terms of ethnicity or race or culture, that triggers difficult feelings in me of... of those associations... for the negative associations, cause it feels like I'm disclosing the fact that I'm the lesser race and what implications is that gonna have for me when, for example, in a job application when that gets handed in, how is that gonna be received? How is it gonna be looked upon? So... Yeah. I mean I think now being the age that I am, having the self-awareness that I have and obviously being at this stage of training um that I... I... I... I look upon the situation a lot differently and I don't feel so much now that... I feel that my qualifications and my experiences can, to a certain extent, override the kind of... the connotations of being black that can exist. Um, but at the same time it doesn't change the fact that when I'm required to tick a box that it still generate... generates frustration for me and... And anger I guess, because I don't see what that's about (3)</p> <p>I mean it's quite interesting, because when I did my undergraduate degree I was told by my tutor that I</p>	<p>Initially the trainee automatically takes the default position of this is because I'm black- viewing all</p>
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	<p>whether or not it is racism</p> <p>Fear of being discriminated against</p> <p>Low expectations from others</p> <p>Fear of being negatively evaluated</p>	<p>was never ever gonna be a clinical psychologist, so I should think more about what I want to do with my psychology degree (...) I found that absolutely traumatising, it was just horrific and of course she had no idea that what she was doing was tapping into my exact anxiety and my exact kind of low self-esteem and low self-worth (.....) and obviously... Well not obviously, but at that time I thought that she was saying that because I was black. I didn't think that she was saying that, because of my abilities, or because of my intellect or what was required. And obviously now, I'm sitting here talking to you as a final year trainee, so she was very, very wrong. So, either she had a misunderstanding of my capabilities and wasn't very clear or perhaps it was something to do with me [laughs] being black. I mean to be honest, at the time... I mean the main point is at the time, that's what I... that's the reason that I attributed to it and that significantly affected my confidence and sense of worth in view of applying for training. (10)</p> <p>a big contributing factor is personal therapy, because again by strengthening my sense of self, my self-worth, my self-esteem, by default you're much more... less likely to attribute negative experiences to it being about you. You're much</p>	<p>experience through a cultural lens. And there's a good reason for it- racism is still occurring, and it is still painful, and race is used to organize society. Attributing experiences to being black has a powerful effect on her sense of self, her confidence.</p> <p>She is deeply affected by it- overwhelming emotions</p> <p>Her journey through training (enabling her to use psychological formulation) and personal therapy has allowed her to take multiple positions, and thus takes things less personally,</p>
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		<p>more likely to be able to say, “No, that’s something to do with that person.” So I think it’s... Again, I think it’s a combination, but I do think the formulation aspect of our training has helped me to generate more reasons as to why something might happen. Um, like for example that... that tutor that I talked about, who said to me I was never gonna be a clinical psychologist. At the time I thought it was just cause I was black, but now when I look back on it I’m able to formulate. For example, I know that she was health psychologist and not a clinical psychologist herself. Not only was only a health psychologist, but she wasn’t practicing. She was working as a lecturer in an undergraduate university or in a university teaching on an undergraduate course. Um, so actually I can look at that and say that maybe that was a projection on her part. She was someone who hadn’t made it, in inverted commas, herself and perhaps she was having a bad day and decided she... that she’d like to chuck that onto me. So... but at that time there was no way that I would have been able to think about it in that way. It was just automatically oh it’s cause I’m black and actually she’s probably right, which I think is the damaging... the damaging element to it, but yeah (39)</p>	<p>and become less emotionally affected by it.</p>
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		<p>A lot of black people have had the experience of prejudice, experiences of racism. I know people who've been beaten up by the police. Um, so I would... from that basis, I would assume that there are a lot of people who feel quite sensitive about their blackness and about what the negative experiences that that... that that brings, but what I would say is that I feel like when I was younger and less experienced um with life and with psychology and training, that if... if I had a negative experience with somebody I would be more likely to attribute it to being black. So, the reason for it would be because I was black. So, um in society we hear about people talking about black people having a chip on their shoulder. Um, well I think stereotypically that this is quite true actually, but I think there's a [laughs] bloody well good reason for it. But I think that as a trainee, having come through the process um that my training has helped me to be able to think about multiple possible hypotheses or reasons as to why something has occurred as opposed to automatically um going to the default position of saying, "This has happened because I am black." (38)</p> <p>I worked... also worked somewhere where um many of the... many of the... it was an inpatient</p>	
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		unit, many of the patients were um described as racist, because they would engage in... make use of... of derogatory prejudicial language um and there was a lot of talk with that supervisor about how I... how... whether or not I wanted to do the work and how... and... and I was given a choice and with one particular person I opted to do the work, because I felt that... that... that the... the... what was termed as racist kind of language was... was learned behaviour. It was a learning disability unit as well. So I think it was behaviour that had been learned. I think it was more about people kind of... the people that were patients there kind of being very sensitive to what was painful to staff members (43)	
Superordinate theme	Theme	Extract	Notes
<u>Outsider positions</u>	<i>Blackness makes difference visible and permanent</i> Fear of not fitting in Visible and permanent difference	...being black is not something that you can hide. It's not something that's... that you can choose to disclose if you feel like it. It's there as soon as you walk into a room. You know, it's quite clear that I'm not whi... I am black and as much as people... Some people say, "Oh, I don't see colour, I just see a person." And I just think that's a load of rubbish. You can't not see colour, unless you're literally blind um and I think that's something that people	Blackness makes difference visible and permanent. That difference in colour is value laden and carries with it a history of oppression. People who choose to not 'see' colour are in a way invalidating all of that?

	<p>Standing out as different Never fully belonging Being singled out Never fitting in Outsider positions</p> <p>Never fitting in Irritation at other who have conformed Never fully belonging Being singled out</p> <p>Pressure to conform Process of negotiating</p>	<p>say in order to try and make non-white people feel better, but it doesn't make me feel better, I just think that's unrealistic (pause) (13)</p> <p>I guess some uncertainties and some doubt about whether or not I would fit in um in recognising my difference. I don't come from um a middle class background. I come from a working class background and I, as a black person... I... there are certain... I mean a lot of street language comes I think from a combination of America and the Caribbean. So being from the Caribbean a lot of the talk that happens on the street and in people's houses, in my family's houses, you know it's something that's familiar to me. And it's something that is an inherent part of my identity. And I think there was an awareness of going into this environment where street talk isn't the norm actually. Um, [laughs] and wondering about that and wondering who... who do I need to... to be? Will I be accepted as me in going into these... these... these... these institutions (11)</p> <p>I think that at times I felt quite a strong sense of pressure to conform and to adopt a particular identity um that perhaps wasn't one that I would</p>	<p>The pressure to conform starts even before training starts- the trainee has a fear of not fitting in and not being accepted for who she is. Will she have to hide parts of her identity to fit in? is she prepared to do that?</p> <p>The pressure to conform invalidates her cultural identity- she is faced with a dilemma of</p>
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	<p>identity</p> <p>Integrating different truths/discourses</p> <p>Pressure to conform</p> <p>Fear of not fitting in</p> <p>Identity in flux</p> <p>Choosing not to conform</p>	<p>consider to be my own. Something about fitting into the group. So fitting into the cohort. Fitting into the image of the course. Um... and I think there were times where perhaps I felt like I was in a little bit of a crisis, where I felt like I had to sacrifice and throw away everything of my identity. Everything of my blackness um, because it felt like it didn't um and sometimes still does (13)</p> <p>On the one hand, I felt quite protected and quite well looked after um and thought it was really nice that they were looking out for me, but on the other hand, I felt really angry with them and really frustrated, because I felt like by pulling me to one side and them being black that they were singling me out. And also they weren't necessarily talking discretely either. So, again there was a shame, like I felt like... I guess I felt like, oh we should be whispering about this. This is not something we should be talking about out loud. So I felt quite angry, like they'd already... maybe I was wanting to blend in and not have everyone notice that I was black, but they were doing this thing on the stairway meant that it was clear to everyone that I was black, which obviously as I'd said at the beginning of the interview [laughs] it's quite clear that I'm black, cause everyone can see that kind of thing (29)</p>	<p>sacrificing her blackness to fit in. there's a sense that difference is not tolerated well in the group</p> <p>Initially she chose to conform, to be accepted and feel included- so there is anger towards people who try to single her out, thereby making the difference more visible.</p>
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		<p>white people sometimes, where they've been a colleague they... it's like they... they almost forget that you're black, because they've come to a place where they respect you as a clinician and you know when you talk you can use an extended vocabulary that matches um the vocabulary of a standardised white, middle class person. It is almost like they forget and I think she was shocked, because it was like she'd realised that I was black. I'm not white kind of thing. So, yeah I think there are lots of experiences that can affect... affect identity, but I think for me I'm a bit of a rebel. So [laughs], I kind of put it out there, you know... and it's hard (33)</p> <p>How do I fit in with the group? I think I've spent most of my time on training feeling like one of the group irritants. Now I am also aware that a lot of... a lot of this... um these feelings may not be true for a lot of people in my year group, but that's how I felt. I felt like the irritant who is always labelling the pink elephant in the room. Um, so I guess as the group irritant, I think to a certain extent I felt like an outsider. I felt like I wasn't part of the group. I was part of the group, but I was different. Um, different visually and different in the way...</p>	<p>Externally, it might appear that she has conformed, because she chooses to adopt a professional identity that also fits with adopting a white, middle-class identity in certain contexts- 'turning the heat on the vocab'. Thus people forget she is black, because her professional identity becomes more visible. However, internally, she is still Black, and doesn't let people forget. It is about negotiating multiple identities- she is trying to be both/and.</p> <p>But, in the group, she has clearly chosen not to conform to the course's image- and she is willing to be the group irritant, if it means that she is able to stick by her values- it has involved a process of identifying what is important to her- fitting in or standing up for herself and Black people generally. Thus she accentuates her visible difference</p>
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	<p><i>Moving towards a both/and position</i></p> <p>Complexity of cultural</p>	<p>not necessarily... Yeah, in the way I expressed my views perhaps or opinions and what I choose to express. Um, so it's hard and there is obviously we know, in terms of group dynamics, people want to feel a part of, people want to belong. People don't want to stand out and in order to do that one needs to conform, but clearly I wasn't conforming. So by default that then puts you as an outsider I guess. Um, which is pain, I think and really hard, but at the same time it's not surprising, because that's what I expected and I got exactly what I expected, but rather than be... um... rather than be restricted and confined and have my thoughts and feeling suppressed, rather than sit in a lecture and have lecturers make prejudice comments and not say anything, I... I... For me I would feel like I was doing myself a disservice. I... I feel like I'm doing black people a disservice. I feel like I'm doing people from a minority ethnic background a disservice and that's what I mean about carrying the burden (14)</p> <p>I have other friends who, because of conflicts of identity, have actually not made it through the course.</p> <p>So, I think it's... it's a huge... a huge, huge factor and a huge issue, but I think... I think it is</p>	<p>by bringing into the room the values that go with the difference, rather than toning down the difference by accentuating her professional identity and not giving a voice to her opinions- but this is very HARD for her- sense of being the only one.</p> <p>she has to some extent also been accepted into the cohort for staying in that position.</p>
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	<p>identity</p> <p>Interaction between being black and female</p> <p>Balancing different cultural values</p> <p>Identity in flux</p> <p>Process of negotiating identity</p> <p>Integrating different truths/discourses</p> <p>Moving towards acceptance</p> <p>Balancing different cultural values</p>	<p>something that has... I guess what I'm trying to say, is something that has the potential to influence heavy on one's identity um and I think... I also have other friends who... For example, other black people who might be described as street, would meet these... these colleagues, these peers and say, "They're not black. They're a white/black person. They're black, but they've turned into a white person." Um, because perhaps those people have adopted an identity of... of what fits. So this middle class, white, female identity um, but with black skin. But for me, I feel like I've worked quite hard to hold onto my identity and I'm quite thankful to say that I found that to be quite fruitful. So for example, if I'm talking to someone, one of my peers, or I'm... I'm expressing an opinion or a view or asking a question in a lecture and then I get a response back and I might say, "Okay, cool," or, "Safe." And initially people might say, "Oh, what does that mean?" And then I'll explain to them and then you know a couple of weeks down the line they're using the same terminology themselves. So, in that way I think it's been quite positive, cause I feel I'm being accepted by my cohort (18)</p> <p>I think there is a risk of having a confused identity and not knowing who you are in... in the struggle</p>	
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		to... to strike a balance between yourself as a BME trainee and yourself as a psychologist. Um, I think that's a risk and I think it's really sad, because ultimately the... it's the difference that breeds knowledge and experience that's gonna be important for our client group. So if people from BME backgrounds come into the profession and feel that they have to be something else. Feel that they have to aspire to behave, act, talk, breathe like the stereotypical middle class white person then that defeats the object. So there's something important about courses being able to... to incorporate difference positively so... and truthfully. So not incorporate differences if say right, "You can come in, but we expect you to be like this," because that's defeat... that defeats the object. You just... and then people will be losing themselves and they will be losing the part of themselves (55)	
Superordinate theme	Theme	Extract	Notes
<i>The significance of achievement</i>	Being both idolised and mocked for achieving Being the lone achiever	I'm going to be the only person in my family who is... has a doctor title. Um, which means lots of things really and I think it's quite split. So... Um [sighs], it can mean, on the one hand, the family putting me on a pedestal and seeing me as some	Profound sense of being the only one- this makes it difficult for her to connect with anyone who has had similar experiences to her- she is sacrificing potential to be

	<p>Threatening aspects of achievement</p> <p>Black trainees as a position of authority</p> <p>Being rejected by black clients</p> <p>Sacrificing thorough sense of belonging</p> <p>Betraying black community</p>	<p>type of angel, which clearly isn't correct, but... and this idea of being the only one whose achieved to this educational level, this attainment level and that can be seen as quite positive, um from my... the older members of my family. So my aunts and my uncles. But that makes it difficult for my cousins and... and my family members who are more... of a similar generation to me, for not having achieved (6)</p> <p>I think at the time I could recognise that perhaps the idea of me doing this training is quite threatening to my family um and that perhaps there's a sense of envy and jealousy, even though they wanted me to achieve highly, at a higher level of educational attainment. At the same time it generates perhaps feelings of envy and... and jealousy for those family members who... who weren't able to... to educate themselves to... to this sort of level. Um, I think now though things have changed more and um they're more likely... I feel like my family have a lot of respect for me um and I seem to be heard more, but I have to say I don't think that that's just to do with going through the course itself. I think that that's to do with me having personal therapy and to do with me separating emotionally from my... my mum and my stepdad (7)</p>	<p>accepted by the Black community- pressure to conform to stereotypes of black professions to be accepted? Isolating, painful?</p> <p>Interaction of being Black and female- threatening power relations in terms of race as well as sex by succeeding academically</p>
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		<p>contradiction in terms, cause people talk about the importance of doing well. The importance of getting a good education. The importance of ensuring that you can be financially stable, but when you actually do that you sacrifice something else, which is your thorough um... your thorough sense of belonging. The extent to which you are welcome or accepted, because by doing all of those things, by achieving, you become different to the group. Um and also it means that you think differently. So... so it means for me that I'm not able to relate to lots of... to lots of black men on their level, because I think completely differently. So it feels like um to some extent I've... I've sacrificed the potential for me to find a black male partner (51)</p> <p>And then they might ask me, "Oh are you a nurse?" And I've had times where I've lied and just said, "Yes," because the judgement that is around being a psychologist and the judgement that surrounds being a black person whose training to be a psychologist, which is pri... primarily thought to be, you know a white middle class role. There's something about um the notion of betrayal that comes out, where people think you're not black enough. You're not real enough, you're... you know people have said to me things like, "Oh, you</p>	<p>threatening to them- it seems to be easier for her to bring in her blackness into training rather than vice-versa?</p>
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		<p>always use... why do you always have to use those big words?" Like, "I don't know. I don't know what you mean. What does that?" And kind of... or I might say something that's a little bit psychological and people will say things like, "Oh God, here we go," or, "Oh, here she goes with her psychobabble again." So actually, it's construed within working class communities and... and black communities as being something... something negative um and... and it's something that's... that's mocked and criticised. A bit like I talked about me and my family, but ultimately I don't think it is really seen as negative. I think it's more threatening, but the way that people manage it... is their... their feelings is to criticise it and kind of put it down (50)</p> <p>within Caribbean culture it's not... Psychology... the world of psychology is not... is not, for want of a better word, a normal one. It's not something that's typical.... there isn't a mental health system as such and also I think historically there was a notion of mental health difficulties being related to people being possessed or some kind of paranormal activity, as opposed to the way we might conceptualise it here in the Western World. So because of that I think initially there was a sense for my family of, you know, "Psychology. What is</p>	<p>Psychology- a white western construct? How does it fit in with her identity as a black person?</p> <p>Being rejected by a black client even more painful? Lost opportunity to make a difference? But is able to make sense of it using psychological approaches</p>
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		<p>this? What does it mean? What do you do?" um and that kind of thing (7&8)</p> <p>the client, the referred client was black and it was interesting [laughs], because I was sat down waiting in the room and the therapist went to get the client and the... when the therapist got to the door she, you know gestured for the client to come into the room and the client went to come into the room, saw me and completely backed off and was like... and the therapist was like, you know, "This is (trainee's name), you know she's here to kind of sit on, whatever ever. Is that okay?" And the woman was like, "No. No, I don't want her here. I don't wanna talk in front of her," and I had to leave. Now that's the first ever time that that's ever happened um and it's interesting that it happened with another black woman. Now for me that was really painful, cause that was like, oh my God. Not only am I in a position where I typically feel rejected by white people, now I'm begin rejected by someone from my own culture, like... well not culture necessarily, but someone of the same colour, another black person. And I had to reflect on this a lot, as you can imagine [laughs], but I... I thought about that in terms of, if I had been the therapist and there'd been no trainee. She wouldn't have had any choice. Um, but also I was</p>	
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		<p>younger than her and also thinking about the cultural aspects. So A, psychology as I was saying earlier, is not typically the norm, you know within Caribbean culture and black culture. So including African culture, um, but also what does it mean as in you know a middle aged black woman to sit having a trainee who could be your daughter sat in the room listening to you express all of your, you know woes and troubles and feelings and experiences. So, again it's about me, as I talked about I guess formulating and thinking about different ways of understanding what happened, but that doesn't change the fact that it's... that it can be difficult and it can be hard</p>	
Superordinate Theme	theme	Extract	Notes
<u>Carrying the burden</u>	<p><i>Being the flag carrier</i></p> <p>Taking stand against silence</p> <p>Being positioned as the flag bearer</p> <p>Carrying the burden</p> <p>Pressure to be the 'know</p>	<p>rather than be restricted and confined and have my thoughts and feeling suppressed, rather than sit in a lecture and have lecturers make prejudice comments and not say anything, I... I... For me I would feel like I was doing myself a disservice. I... I feel like I'm doing black people a disservice. I feel like I'm doing people from a minority ethnic background a disservice and that's what I mean about carrying the burden, carrying the flag (14)</p>	<p>She is holding all the discomfort for the group- what would it be like if someone did take the burden from her? She is sacrificing fitting in, being the outsider for her values, her core sense of who she is</p>

	<p>all' - 34 <i>Duty to share experience</i></p>	<p>but still have the courage, and when I say courage, in not knowing whether or not my year group are gonna support me, because I'm the only black person in my year group, with what I say. So I challenged him and I said to him, "Oh I think it's interesting that you used the term other and I was just wondering what you meant by that?" (16)</p> <p>And we've also had discussion about the notion of me being the flag carrier. So, me as a typical black person having to say the thing that can't be said. Having to name and label the pink elephant in the room. (19)</p> <p>I guess the risk there is that you are... you are expected to have knowledge or be the speaker um if the client is from the same background as you or if you're talking about a topic in teaching that relates to your colour or your... your ethnicity. There's a risk that you might be expected to be the person, the know all. (57)</p> <p>Again, you know as is quite often the case, I was the only black person in the room. My manager was in the room at the time and I looked at her and she looked at me and she just looked down. And I thought okay, and she was white, so I thought</p>	
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		<p>okay, she's not gonna say anything. Cause I was... I wasn't the senior psychologist... she was the senior psychologist. Um and [laughs] I just couldn't believe it. I was so shocked and she carried on talking and I... I don't know what she said, cause I couldn't focus. I couldn't listen to what she was saying at the time this psychiatrist. So there was a gap anyway and I said to her, "Sorry, I'm just aware that you said he's dressing like a black drug dealer. I'm just wondering, what does a black drug dealer dress like?" (.....)But that was really hard for me to do, A in front of my manager and B to a psychiatrist. Which again, when we think about the hierarchy and whatever, they sit right at the top, but it had to be done. (32)</p> <p>And I do think there's also a risk of being expected to be the flag carrier. (...) one of my Asian colleagues was asked a specific question about this client. About whether or not she thought that the marriage would have been arranged. Now there was nothing in the material that told you whether or not that was the cause, but because she was Asian she got asked directly what her thoughts were and whether or not she thought that they had had an arranged marriage. (56)</p>	
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	<p><i>Being the group irritant</i></p>	<p>people wouldn't be coming to me and talking to me and saying to me things like, "They don't understand what it's like for us black people. You know they just expect us to come in and to continue to be abused, blah, blah, blah." But they obviously didn't feel able to say that to... to any of their white colleagues, which I think is quite interesting. I guess that's another resource in relation to your question that you asked me earlier, but um... but I think it's also... it's also quite sad, but yeah. So they... they... they seem to... and it's always done in secret. It can never be something that's said in front of other white people or in front of other MDT members, it has to be said in secret. "We're really proud of you. Um, when are you leaving? Oh we don't want you to go. Um, will you come back to us?" Like I've become a potential link into communicating with the team about... about race, about colour and about how that impacts upon people. (62)</p> <p>How do I fit in with the group? I think I've spent most of my time on training feeling like one of the group irritants. Now I am also aware that a lot of... a lot of this... um these feelings may not be true for</p>	<p>Anger at group for putting her in this position- for not sharing the burden with her, but instead becoming irritated at her for</p>
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	<p>Risk of segregating self</p>	<p>a lot of people in my year group, but that's how I felt. I felt like the irritant who is always labelling the pink elephant in the room. Um, so I guess as the group irritant, I think to a certain extent I felt like an outsider. I felt like I wasn't part of the group. I was part of the group, but I was different.</p> <p>And they will have to reflect on what it feels like as a white person to... to hear those things and they're gonna have to manage it. So in... from my point of view, I'm like, well it's gotta happen, but also from my identity I'm not gonna be silenced by the fact that you feel uncomfortable and obviously we could think about power imbalances, in terms of the fact that as a black person I might automatically feel like, oh I should be quiet. I shouldn't really upset the majority superior race or I should be quiet, because it's making them feel uncomfortable and if they feel uncomfortable then it... you know it... it's not okay. But actually, through my own... developing my own sense of ident... identity and self-awareness I feel more confident and more stronger and more able to do that (24)</p> <p>Um, so I did the... the typical thing that I always do and um sort of said, "Well I think it's quite interesting that he's a person who spent his</p>	<p>making them feel uncomfortable</p> <p>Questions why other trainees might find it so difficult to talk about race and culture, when they can step into the shoes of people who have had other different experiences- is there a fear that ethnicity is the baby of BME professionals only?</p> <p>Hostile reaction from cohort- has a paralyzing effect on the group- do they feel paralyzed by her anger? Do people feel that they are not expert enough in front of her? Does she let them have a voice? She experiences complete invalidation from one person on</p>
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	<p><i>The loneliness of carrying the burden</i></p> <p>It really hurts Desire to share burden Fantasy of sharing the burden</p>	<p>whole... a black person who spent his whole... whole life trying to be white,” and conceptualised it within the CAT framework. And as would quite often happen, the whole room just froze and it just seemed to be really paralysing for everybody and there was one particular person, a girl who was white, who, when I said this, huffed and puffed and rolled her eyes and then lay down, face down, on her... on the desk in front of her. So I noticed this and she did this quite overtly in front of everyone and that made me feel really self-conscious and really quite hurt and that’s the kind of experience that... that I... that I’m fearful of. That’s the kind of experience that I find difficult. (21)</p> <p>there are times in teaching where, cause not everybody is... is able to kind of take this onboard and... and support me I guess in this... in this, so I don’t feel so alone and flying the flag (20)</p> <p>I talked about the fact that it’s interesting that she feels frustrated or she said she feels frustrated by the idea that it’s always me that has to say it, but yet she doesn’t take the choice to say it, to ease the burden if she’s so concerned about my burden (23)</p>	<p>cohort: Pg 16 in Gillian Proctor book- whenever our truth is denied, ignored or invalidated, we experience the greatest fear we can ever know: the threat of the annihilation of our self (Rowe 1989, pg 17,)</p> <p><i>Desperate sense of loneliness and isolation.</i></p>
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	<p>It's a very lonely place- pg 15 Carrying the burden Pressure to be the 'know all'- 34</p>	<p>There's one particular person in my year group whose from an Asian background and she... How can I say that without sounding rude? I don't... She to me is someone who has conformed to the stereotypical white, middle class way and... and she is that personified, apart from her brown skin as an Asian woman. So she... it doesn't seem to... it doesn't seem to impact upon her. It just seems to kind of go over her head as if it hasn't even kind of happened and I think I find that quite difficult and quite... quite irritating actually (25)</p> <p>So in some ways I feel like it's partly my responsibility to... to inform people and to educate people, but at the same time it's a very lonely place and to do that on your own or to feel like you're doing that on your own is really, really, really tricky. And I've often felt resentful of the fact that there are people in other cohorts... Well there are other cohorts where they have more than one black person and felt quite angry about this [laughs] and kind of like why... why am I in the cohort where I'm the only black person? And felt quite angry about that, because it is a very lonely place and... and me having this fantasy that if there was another black person in my year group that would ease the burden, I would have more support and I would</p>	<p><i>Irritated at her for not sharing burden- what does it mean that she doesn't choose to do it? Does it invalidate this trainee? Let down bme people?</i></p>
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		<p>feel less of a pressure to speak and say when things are inappropriate or when things are slightly stereotypical, which can also crop up as well. Um, so it's lonely, it's hard (pause) (15)</p> <p>Interviewer: How does it feel to... you know to kind of carry the burden of being like... and not getting the support and actually other people having quite, I don't know, hostile reactions to you kind of doing that?</p> <p>Participant: It feels horrible and it... and it's really challenging and it's really emotionally draining...(pause) (24)</p>	
Superordinate theme	theme	Extract	Notes
<u>Versatility of being Black</u>	<p>Versatility and adaptability as a black trainee</p> <p>Turning up the heat on language</p>	<p>One strength that I have and I think it's not just from being a black trainee, but it's also from coming originally from a working class background, is that I... I am quite versatile and I'm quite adaptable. So if I have a client that sits in front of me whose black then I have an experiential knowledge of... of... of where they're coming from perhaps and also if they talk... if they talk using for</p>	<p>Code-switching: can bring in her experience of difference and racism, language etc when working with bme clients (bringing the self into professional identity) or access professional identity to work with white middle class clients</p>

		<p>example patois, like Jamaican patois, then I'll be able to understand them. If they talk using street language then I'll be able to understand them. Now obviously language is quite important and that people can mean different things by different expressions, which obviously you would clarify in the room, but on the whole there would be a broader sense of... of understanding, which I think is positive and it's something that um white trainees may not have um or Asian trainees might not have. It depends I guess on your experiences of being... and how you were brought up and where. So I find that that's a strength so... but equally if I am sitting down in a room with a middle class white person, I can interact with them in a way that's gonna be more suitable for them and then will turn up the heat on my vocabulary for example. So that way I'm more versatile and... and feel... I feel that that's a strength (53)</p>	
Superordinate Theme	theme	Extract	Notes
<u>The silence around race and culture issues</u>	<p><i>Avoidance of talking about race and culture</i></p> <p>Taking stand against silence</p>	<p>as a black person you might feel that issues are quite actually important to think about and talk about, but perhaps the majority of the group find it difficult and people might feel under pressure not to talk about those things. But then my concern then extends to our client group. I mean there's all</p>	<p>Lack of expectation? Concerns around implications for bme clients</p>

	<p>Being silenced about race and culture</p> <p>Encountering secrecy around race and racism</p> <p>Encountering simplistic and tokenistic approach to diversity</p>	<p>this concern expressed about the fact that black and... people from black and um minority ethnic groups are underrepresented within the psychology service. Well if you're training clinicians who are unable to think about the intricacies and the difficulties that these sorts of people face, then it's not really surprising that they don't want to... to come into services. (23)</p> <p>I think the only time I've ever really thought about that has been with that client that I mentioned earlier who talked about Negroes and Negresses. No other supervisors have encouraged me to think about that, at all and there has been times where there's been referrals for clients who are... have been said overtly to have been racist and then supervisors said, "Okay, well you won't be working with that person." And this is in my earlier stage of training, so there's been no discussion about that and what that means or why and how do I feel about that. How do they feel about that. How did they come to that decision? There's been no discussion, it's just been immediately decided and I think in my earlier stage of training I felt quite comfortable with that, because it meant that I could avoid the potential difficulty, but still I think the avoidance of talking about it is quite interesting (43)</p>	
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		<p>not one group mentioned the fact that he was a black man who spent his life trying to be white, obviously depending on what you believe. But, yeah, so he was someone who... who changed his features. Whose skin got lighter. Not one group in... in the cohort, or one individual, mentioned this. So here I am, sitting there thinking, here we go again. This is a typical scenario where I'm like, "Why is nobody talking about this? Why is nobody... why is it the unspoken thing? Why does it feel so... so... so difficult for people to talk about colour and difference and this particular person's issues?" (21)</p> <p>Unfortunately, I've had white friends too who've said that they want to say something, but they feel like it's not their place to say something or they feel like they don't know enough about it to be able to say anything.</p> <p>And I... I have basically said to them, "It's very interesting that when it comes to ethnicity you feel that way, but yet you don't feel that way about other aspects of clinical work (....) It's exactly the same, but somehow for colour it seems to be... the rule seems to be different (19)</p> <p>"They don't understand what it's like for us black</p>	
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	<p>Lack of available support</p> <p>Lack of support When Courses are supportive Onus on self to seek support Feeling let down by course Lack of available support</p>	<p>people. You know they just expect us to come in and to continue to be abused, blah, blah, blah.” But they obviously didn’t feel able to say that to... to any of their white colleagues, which I think is quite interesting. I guess that’s another resource in relation to your question that you asked me earlier, but um... but I think it’s also... it’s also quite sad, but yeah. So they... they... they seem to... and it’s always done in secret. It can never be something that’s said in front of other white people or in front of other MDT members, it has to be said in secret. (62)</p> <p>this BME reflective group that we have now at (trainee’s university), which is in it’s very early stages, that’s something that’s been set up by the trainees. And something that we requested and something that we highlighted as being important and actually initially we were challenged on it. It wasn’t something that was accepted by the course. We were told, “Well, why should you... essentially why should you have funding for... to think about... to reflect on BME issues, what about other aspects of diversity? What about the underrepresentation of men? What about the underrepresentation of people with disabilities, why... why isn’t there a group for that?” So obviously from our perspectives already there’s a notion of us and</p>	<p>Barriers to seeking support- what reasons would the course have in putting up obstacles in the way? Is it seen as some kind of threat? To whom? Would it rock the boat?</p>
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	<p>Importance of influence and power</p> <p>Feeling powerless</p> <p>Support from peers</p> <p>Lack of support from supervisors</p> <p>Feeling isolated and unsupported</p> <p>Driven to seek support</p> <p>Importance of culturally sensitive personal therapy</p>	<p>them. From our perspective it was kind of like, well we're taking the steps to think about these things and to ask for a space to think about um the issues, but if other people want to do that then nobody's stopping them (36)</p> <p>Even to think about what can I say in the situation, because you can't turn round and say people like what I honestly might like to say is, "How fucking racist is that?" But I can't say that in a meeting, because then I look like the stereotypical aggressive black person. So... and because it... it's not a intellectual response that comes up immediately, it's an emotional response and then I have to spend time working through that emotional response to bring myself back to an intellectual place where I can then challenge or express my views or opinions about the prejudice that's been expressed in a way that isn't gonna be offensive to everybody. And in a way that it means that people are gonna be able to... to hear it, which is very hard and I think is something that training doesn't teach you, it doesn't encompass at all. Um and I think that that's a particular area where it falls down in terms of um BME trainees (33)</p> <p>if I hadn't had personal therapy and I wasn't as self-aware I could have reacted in many different ways</p>	<p>Training lacks in providing cross-cultural training for the bme trainees- focus is always on how to work with bme clients.</p> <p>Lack of attention to the emotional support that may be needed</p> <p>Onus on trainee to learn for themselves, and find support outside of training- it doesn't seem to feel safe enough to access support within the course- fear of being dismissed and invalidated?</p>
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		<p>to that situation and I don't think training thinks about that. Training for me doesn't incorporate... Um, I don't know what you call it, but cross... cross... where... cross cultural work. So where the therapist is a different colour or... or race to the client and yeah and vice versa, it doesn't... it doesn't incorporate that. You've gotta work it out for yourself, which is hard (34)</p> <p>that's where the relationship with the supervisor comes up as quite crucial, because for me I'm fortunate enough to be able to talk about it in therapy and maybe think about, A how that affects me and my sense of self and potentially how I might think about it and then approach with a particular individual, with a client. But if... if you have a supervisor where you don't feel like you've got that type of relationship where you can talk about those kinds of things then that can make the situation difficult. I mean obviously you can always revert to papers and books, but quite often in my experience papers and books about those kinds of things are... typically talk about people's experiences. I mean we know, you can really say, "Right if a client says then you say this." But I think it's quite hard. So yeah the onus is put on you to seek it out or to explore things for yourself and it isn't... it certainly isn't provided (35)</p>	
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		<p>So in that sense I think there's a risk of being re-traumatised, by not just what's happening in the teaching, but also what happens in meetings and what happens with clients. So supervision becomes all the more important, but equally, you know my peer group who I talked about, who find it difficult to hear about difference being talked about in the room, are the people who are gonna go on to supervise other BME trainees who are coming up through the system. So, there's a risk of having people around you who are not able to support you with the difficulties that come or the challenges that come with being a BME trainee. I think that's a risk. And there have been times where I myself have talked with people outside of the course, just because I haven't felt like there's a space to do it on the course, either with supervision or with um course tutors (56)</p> <p>My therapist is white. And interestingly, for anything else that I've taken into therapy and talked about it's been really, really good, but when I first went to her to talk about my... my issues around being black and my experiences she wasn't very receptive and told me that what I was talking about was the same as somebody being Irish or somebody having ginger hair and I was absolutely</p>	<p>Feels undermined by her experience being compared to being Irish- communicates lack of awareness around white privilege? Invalidating?</p>
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	<p><i>Importance of culturally sensitive and meaningful support</i></p> <p>Having a space to meaningfully reflect on bme issues</p> <p>Importance of courses incorporating difference meaningfully</p>	<p>furious and wanted to head but her, but I didn't obviously cause that wouldn't be an appropriate [laughs] thing to do. But that's... that's the urge that I felt inside me. So this is another example of someone whose trained to be a therapist and she's white and I'm a black person trying to talk to her about how it feels to be black and what my experiences are and she undermined me by aligning what I said with someone whose Irish and someone whose got ginger hair. No. So this to me could be one of my peers in a few years time, do you see what I mean? And that's what I have an issue with. (58)</p> <p>another interesting thing I guess that when I did apply I was very thoughtful and very careful about where I applied um and was very nervous about courses who perhaps had less of an experience of having trainees from black and eth... minority ethnic backgrounds and how they support their trainees or their capacity to do so. So I looked on the clearing house website and I looked... when I read um the proformas provided by each course, I wasn't um... I wasn't bowled over by prestige. So for courses like (..) and (..), I was much more looking at how they presented themselves and I noticed that the courses that I was reluctant and did not apply to were the courses that presented</p>	<p>The careful consideration given to how the course might support her- prestige not as important</p>
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	<p>Protective nature of shared experiences</p> <p>Importance of making BME issues more mainstream</p> <p>Positive and helpful support from course</p> <p>Assumption of shared understanding and receptiveness</p>	<p>themselves as these grandiose institutions and this notion of... of whoever... whoever was accepted there having to be grateful that they've been accepted. So instead I chose the courses who were much more keen in finding out who I was and promoting me as an individual and combining that with the course skills that I need, um as a clinical psychologist. I looked at the statistics. So I looked at how many black and ethnic minority trainees each course takes and that was a very significant factor in terms of my application. (11)</p> <p>if fundamentally we're talking about a group of trainees who are quite likely to have issues or difficulties in terms of combining or integrating identities um then it stands to reason that they might be offered some money, some funding towards personal therapy (66)</p> <p>I think for me, because of the group, the notion of acceptance and belonging, I think the group itself, the cohort is very important in terms of supporting BME trainees. And when I say supporting I mean, A allowing people to be able to express their views and say what they think without criticism or without negative reactions. And also for people to be able to acknowledge, recognise and sit with their own feelings about when people from BME</p>	<p>Importance of PT- trainees should be encouraged?</p> <p>How to start these types of conversations?</p>
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		<p>backgrounds do talk about their experiences and what it can be like. But obviously all of that is part of a group process, but I think that if it's not labelled and brought into the room at quite an early stage of training, then there's a potential for it never... never to be thought about, talked about, looked at and I think obviously it depends on each year group whether or not... A whether or not they have anyone from a BME background in it and B whether or not those people are actually in a place where they're able to openly express and say what they really wanna say. Cause not everybody is gonna feel in place where they're able to do that. (66)</p> <p>we're very fortunate to have um a lecturer who... and... and tutor who... whose specialist interest is in diversity. Particularly ethnicity and class I think and um she's absolutely brilliant and she is white and I feel that if it wasn't for her that my teaching experience would have been very, very different. Um, she is somebody who is not afraid to label the difficult tensions and she has done so. We've had some experiential exercises that have been second to none and really generating difficult feelings, but important topics to talk about. Um, so... and yeah, so she's the one who has set up the widening access group, so in line with the BPS drive to</p>	<p>Importance of having a tutor on the team who gets it and is supportive</p>
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		<p>increase the diversity of clinical psychologists. So we have that at (trainee's university), which gives a place where you can feel like ethnicity is thought about and talked about. I mean initially um it stemmed from the uh yearly thing that the BPS does and then (trainee's university) now do their own day um where they invite undergraduates from London courses where they know are highly populated with um students from black and minority ethnic backgrounds. So, I have involvement in that and some of the other trainees in my year group and across the year groups get involved in that. Um, recently we've... we've set up a BME reflective group and applied to our course for funding to have a facilitator for um trainees to talk about the issues that exist for um trainees from a BME background. Now it's not... it's open to everyone. So white... there are white trainees that come along to develop their knowledge and to... I guess to feel really. So it's open to everyone (26)</p> <p>just by virtue of being black in the first place the strength is that... and being in a particular cohort, a strength is that they... that non-black people get to hear about, A my experiences and B my views and opinions about what may or may not be important for somebody from a black of BME background.</p>	
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		<p>That if... if all clinical psychology training courses were all white and didn't have any anybody from a BME background, that's a huge, huge amount of learning and understanding that could be lost. So that's a strength. (54)</p> <p>I enjoyed the opportunity to talk about my thoughts and feelings and experiences. Um, again as I sit here I feel a bit like I'm doing what I've talked about in terms of fly the flag. I feel a responsibility, I feel a duty to... to share my experiences. To convey my thoughts and my ideas about the situation, because someone's got to, kind of thing. Not that it's obviously just me, but again by... by virtue of... of the topic area, there's only gonna be a certain number of trainees who can talk to you about this topic, because numbers are so few and far between. So, in a sense there's kind of sense of pulling together and recognising the importance of this topic and wanting to talk about it. So, yeah I feel like... I feel good [laughs]. I feel good. I feel like it's important yeah (68)</p>	
	<p><i>Needing to feel safe</i></p>	<p>I think that you being from an Asian background yourself has been quite important in terms of what we've talked about. Um... [short pause], in the sense that I... if you had been white, then I would</p>	<p>Interaction between being bme and female? Opportunity to connect on different levels? Importance of feeling safe when</p>

	<p>Risking speaking out Moving towards acceptance</p>	<p>have been scanning to see your reaction and your response to what I was saying, but I think primarily to... to see whether or not... I guess interpreting whether or not I felt that you were able to hear what I was saying, tolerate what I was saying, accept what I was saying as... as a white person I would have been looking for that and that may... may have affected what I... what I would have told you. So, as... as an Asian person who I... I make an assumption that you know what I'm talking about. Although, obviously as a black person we're... we're different in that sense, but I guess my assumption that there would be certain commonalities, certain pos... potential experiences that meant that it would have felt safe for me to just talk to you as opposed to a white person where... I mean admittedly, if you had been white and a trainee clinical psychologist I also may have made an assumption that they were clearly interested in the subject matter and that's why they were asking about it. And to be asking about it might mean that they're more comfortable to do so, but I think that um as an Asian person there's something about feeling freer to talk about these things. Um... [short pause]. I do also wonder about whether it was easier to talk to you because you were a woman, a fellow woman [laughs]. I don't know. I think about if you were a man what</p>	<p>talking about these experiences- knowing that the information is going to be respected.</p>
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		<p>would it... what would it...? [Short pause]. I don't think... if you had been a man, I don't think it necessarily would have changed what I would have said, but I think the overall sort of general level of comfortableness might have been just that little bit less. I guess it depends on the guy, but I think yeah. I think that's made a difference. [Short pause] (69)</p>	
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APPENDIX 12- TABLE OF MASTER THEMES FOR ALL PARTICIPANTS

Analysis of 9 transcripts (themes from participants 9,8,7 & 5 were used to orientate the analysis for remaining participants)

Master theme	Subordiante theme	Extract	Notes
<u>The hardship of not being White</u>	<i>Standing out as different</i>	Participant 9: difference that you can't really... don't really... you can't change, you know because there is a... so much more difference, a lot of difference. (31)	the difference is visible and permanent- it makes it hard to blend in, fit in, be accepted.
		Participant 7:...being black is not something that you can hide. It's not something that's... that you can choose to disclose if you feel like it. It's there as soon as you walk into a room. You know, it's quite clear that I'm not whi... I am black and as much as people... Some people say, "Oh, I don't see colour, I just see a person." And I just think that's a load of rubbish. You can't not see colour, unless you're literally blind um and I think that's something that people say in order to try and make non-white people feel better, but it doesn't make me feel better, I just think that's unrealistic (pause) (13)	Blackness makes difference visible and permanent. <i>That difference in colour is value laden and carries with it a history of oppression. People who choose to not 'see' colour are in a way invalidating all of that?</i>
		Participant 8: But I'm always, I've always been the one that everyone remembered. Everyone remembers my name first, and recognizes me first	People notice the difference first- being Black is such a visible and permanent difference- it makes it hard to blend in, fit

		<p>sort of thing, and I always stood out....Umm, yeah, so that's been hard at times, because I didn't, didn't want to stand out really. I wanted to just blend in with everybody else, but that's all come back. And that's quite hard to deal with. Uhh, cos it draws a lot of attention to me. And, I do, I'm really outspoken anyway, so, I always put myself in it. Um, but I think people, my tutors said to me that people perceive me to be really bold. (15)</p> <p>you're still going to be singled out if you're different, if you don't fit in (19)</p> <p>Umm, and it's a limitation, if you feel like you're singled out and you're on your own. Cos then you don't, you can't really speak to anybody about things that come up. Like I said, you're the first person, well person that, I've told my partner and my friend (35)</p> <hr/> <p>Participant 5: especially when you're interacting with um sort of local British people that would... sort of indicate some sort of what you can call maybe positive discrimination and things like that, but... but they would sometimes treat you differently. Especially when they first know you and meet you. I've noticed this uh more than uh</p>	<p>in, be accepted. Makes it a very isolating and lonely experience- no one there who understands her experience. Profound sense of loneliness and feeling unsupported</p> <p><i>Sense that being outspoken, emotionally expressive and confident= negative connotations of being Black? Serves to amplify difference? Is it difficult/uncomfortable for others to be faced with such difference, even if they don't mean it? Pressure on her to conform to make it less uncomfortable for them? does that mean she can't bring in these aspects of 'her personality', because it will affect how she is perceived professionally?</i></p> <hr/> <p>People make the effort to connect with him by looking for things he might be interested in/ using association that are brought up for them when they see him- i.e. Chinese.</p> <p><i>Sense that they only then see him as</i></p>
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		<p>several times that people try to talk about things sort of Chinese'ish, like uh the film 'Crouching Tiger Hidden Dragon' and stuff like that, that they never really talk about it to anybody else that they just met, cause they're not looking like me. And also I've noticed that they would um... Well... well when... when you sort of start to hang out with friends and stuff like that people would be a little bit wary about you (4)</p> <hr/> <p>Participant 2: Interviewer: what's it like being a trainee from a black background on the course?</p> <p>Respondent: Um, [sniffs], my moment to moment, day to day experience I don't really notice, because I don't [short pause] yeah I don't really notice on a, a conscious level. Um, and, I, and I, yeah, I don't, in most situations I don't really notice. (14)</p> <hr/> <p>Participant 1: my course, there are probably about [pause] there are loads, there, I would say that [pause] if you were gonna group people who identified either as from a BME background or don't speak English as their first language or were born in a different country, I think you'd be looking at close to half the cohort (....) So it kind</p>	<p>Chinese. <i>He is being defined and positioned as different by others- does that make it hard for him to feel connected to them?</i></p> <hr/> <p>Does not appear to feel different on a conscious level</p> <p><i>Is he implying that maybe he is blocking out any experience of difference? Why would he do that? Too painful? Wants to fit in and be accepted? Maybe he just feels comfortable- the difference holds less negative or emotional connotations- therefore it's less likely to impact on him</i></p> <hr/> <p>Diverse cohort- therefore does not stand out as different. Feels comfortable in her group</p> <p><i>What makes it comfortable? That she is ok as she is? No need to conform to a certain image shared by the majority to be accepted? Implication that she would be</i></p>
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		<p>of feels like, it feels like a really comfortable place to be, do you know what I mean (15)</p> <hr/> <p>Participant 6: when you notice when you're different in a room, if you're sat in a department meeting with thirty, forty people in a massive hospital where you work and you're the only coloured person within the room you know you're, even if you don't, you don't acknowledge it initially you're gonna be thinking God, ok, I'm in a profession where you know you hardly see anyone who's ethnically similar to you.</p> <hr/> <p>Participant 4: because I'd be fasting and they'd be like a whole discussion of why aren't you eating, oh your fasting, oh what, what's that, and that sort of thing and I was really nervous about that over the summer cos I knew obviously Ramadan's coming up and how that's gonna affect things umh so I think that added to my anxieties and that kind of need for connection (11)</p> <hr/> <p>Participant 3: I think because I know clinical psychology is quite um... well there's a stereotype of... of a typical clinical sub... like... clinical psychologist being a twenty something white female of middle class. Um, I think I was struck starting the course and seeing a couple of other Asian women on the course um, one Asian male.</p>	<p><i>uncomfortable if the cohort was less diverse?</i></p> <hr/> <p>Visibly different-</p> <p><i>What are the connotations of that? She goes on to say that she wonders whether this is the right profession for her- whether she fits in. it feels like a huge barrier to finding any connections with the people you are working with. Using the term coloured- connotations of inferiority?</i></p> <hr/> <p>Cultural practices highlight the difference- seems torn between wanting to connect and have shared experiences and following religious practices</p> <p><i>Sense that if you're not engaging in shared activities- difficult to connect?</i></p> <hr/> <p>Pleasantly surprised that the cohort is more diverse than she expected- she doesn't stand out. She has a shared experience with someone.</p> <p><i>Highlights how lonely it must feel when</i></p>
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	<p><i>The struggle to conform or not</i></p>	<p>Um, and that was an unusual experience, I think for me, because generally on the psychology course at university, I think out of two hundred people there was maybe one Asian person and um, in all my assistant posts, working in different areas and in different departments, um, very rare to see a... a... someone from an ethnic minority. So actually it was quite... it was different starting the course and kind of seeing that um... and I think it's quite... it... that it is quite nice to be able to kind of talk to people and have those shared experiences (11)</p> <hr/> <p>(divergence) Participant 6: I think cos our cohort is so diverse it is not a typically umh the sort of popular white middle class, I think it's made our cohort very diverse and very receptive to accepting difference and different points of views and we're very interactive bunch. Umh cos we're so diverse and that's been commented on throughout the years by many lecturers. So I think already knowing that about my cohort can almost make you feel quite settled and quite accepted because although I am different in terms of being an Indian, I'm not different in terms of diversity cos there's so many of us that are not white and not seen as middle class who've come from a range of</p>	<p><i>there is not that shared experience- it feels more difficult to connect with someone? That shared experience is about things that seem to be implicitly understood- what is it like explaining things to others? Highlights difference?</i></p> <hr/> <p>No pressure to conform- no set image of course that is preferred above others- free to bring self in- it seems to be received well by cohort</p> <p><i>Message is that difference is accepted, even valued? Makes it easier to bring in the self an focus on both personal and professional development- power of cohort to facilitate that- other than recruiting bme trainees, how else can the course enable cohort to become more receptive and accepting of difference?</i></p>
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		<p>different backgrounds. (10)</p> <p>Participant 5: by being sort of the only Chinese looking person on the course you sometimes feel that you're kind of... bit... well isolated. Not ostracised maybe quite a strong word. Both are quite strong words, but uh that's not really talking on the level of my experience... on social experience, but more of a kind of more deeper feeling. You know that... there's always a... a risk of being isolated if you don't sort of constantly put yourself out there and that's probably why those extra efforts is being... what's been driving me to sort of put those extra effort as well. So... so I guess I... I feel that, to sort of distinguish myself from other people, sort of in a positive way. You know, just to be normal. (43)</p> <p>I don't have a lot of shared cultural experience or experience that... that they most probably have as most of them were being brought up here, so I... In that sense, I do have to sort of go the extra mile to try to learn and try to be more interesting in some other way to compensate for that as well. (5,6)</p> <p>Well when you're uh trying to sort of integrate with mainstream culture it's sometimes it's necessarily means that you have to... is to cut off</p>	<p>Being chinese creates a boundary between him and the others- feels separated and isolated- thus he has to be more like them and become more interesting in other areas to compensate for being Chinese by conforming to the mainstream</p> <p><i>assumption is that people will find it hard to connect with the Chinese part of him, so he has to subjugate it.</i></p> <p>Impact of subjugating- compartmentalized: risk of losing cultural identity,</p> <p><i>feeling disappointed (resentful?) that people don't appreciate or notice the effort he has to make to blend in, exhaustion, conflict with family? Hard emotional work?</i></p> <p><i>Even though he experiences the above, sense that he has to carry on doing it- what choice does he have?</i></p>
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		<p>uh... cut yourself off from a part of yourself that's quite central and learn about something new. Of course you would draw on as much as you can from that other part of you that is more Chinese to help you to get you through the days, but uh... sometimes you just can't... you just have to learn like uh things that are new and that limits me sometimes, because it means that I might be living as only half a person. Like do you see what I mean? That's half a sort of mental being and things, and that's why I... I sort of... I think you have to listen more and sort of learn a bit more and... But uh, yeah, so that does detract me sort of socially into uh how... how able I am to sort of interact with people freely sometimes, because I... I find myself having to be quite compartmentalised sometimes. When I'm spending time with British people then I almost feel sometimes I need to switch into another mode of behaving, which is quite different from what I'm sort of being with my Chinese friends. We talk about things somewhat differently and have different values and attitude. And to marry the two sometimes it quite hard I guess. So when... when you are living in either one of the other ways, because sometimes people are not sort of existing completely.</p>	
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		<p>Interviewer: What's that like? What does that feel like?</p> <p>Participant 5: Uh it's quite exhausting actually. Actually it's quite knacker and... and it's very effortful. Sometimes it's a little bit artificial (38, 39, 40)</p> <p>I do worry about it sometimes you know, I've worried about losing my cultural sort of heritage one day and sometimes I can go on for weeks and weeks without speaking a word in Chinese. When I do start speaking that again it takes me a while to get back into it. Uh, to explain things in... fluently in our..in... in the language again, so... And that... those are the moments when... when it struck me... struck me the most that perhaps I could actually lose it one day and... and that made me feel uncomfortable actually, because I... I... because you know integration is good and especially when you're uh living in a foreign country. Serves lots of functional purpose. But um, the last thing I want is... is to lose who I actually am...(21)</p> <hr/> <p>Participant 9: There's definitely a feeling of more um... me fitting to them, than them fitting to me. If that makes sense (...) Um... I know yeah I think actually that's quite relevant across the context of</p>	<p>a sense of powerlessness and resignation- no expectation that others will make the effort to fit in with her. <i>What does she compromise in order to fit in? unless she</i></p>
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		<p>placement as well. It's kind of you....in a different way to then kind of just being an adaptable, flexible person, more... more beyond that (30)</p> <p>Participant 9: I don't think there's really been a space to talk about that, actually. About sort of how this impacted you as... as an Indian. As kind of being Indian or whatever, that kind of um side of me. Because it's so used to kind of thing, well how is that relevant, but it is relevant, because it's who I am. And it's not being able to articulate that as well. To whoever you're with and it's not because they're dismissive or they don't care, but they need to kind... it's not sort of a standard thing, "So let's talk about you being Indian, and what does that mean for you being on this placement, working with this diverse range of people or not working with this diverse range of people, or whatever." It's not... it's something that you would... I feel I would have to take the initiative to sort of say, "Hey, I'm Indian. Let's talk about it." Um, as open and as fantastic as I think my supervisor is, because he is. He wouldn't sort of say, "Hey you're Indian, let's talk about that." So then yeah, so it's hard to kind of find the space to talk about how that's impacted me. My... that</p>	<p><i>somehow tries to minimize the difference and tries to fit in, will she be isolated? Onus on her to make the effort to fit in- she doesn't expect people to try and fit in with her- she is in the minority position and therefore people don't need to try and fit in with her in order to be accepted into cohort, It is as If difference is not tolerated on course, in cohort: if she were to bring in her cultural identity- would she be rejected and isolated? if she were to bring in her cultural identity- would she be rejected and isolated? She talks about fitting in as being more than just being flexible and adaptable: what is she compromising to fit in? is this ok with her?</i></p>
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		<p>part of my iden... identity. I don't know; if I was to think about it now, I don't quite know how I'd describe... describe that. Sometimes it makes me want to hold on stronger to that almost when you're... when it's not being addressed.</p> <hr/> <p>Participant 7: I think that at times I felt quite a strong sense of pressure to conform and to adopt a particular identity um that perhaps wasn't one that I would consider to be my own. Something about fitting into the group. So fitting into the cohort. Fitting into the image of the course. Um... and I think there were times where perhaps I felt like I was in a little bit of a crisis, where I felt like I had to sacrifice and throw away everything of my identity. Everything of my blackness um, because it felt like it didn't um and sometimes still does (13)</p> <hr/> <p>Participant 4: things like some Islamic principles and things they're often judged and often quite judgmentally and in a biased way and often incorrectly so whether they'll think the same so for example I'm thinking of drinking and explaining to other trainees that you obviously don't mind going to the pub after you know a day</p>	<hr/> <p>The pressure to conform invalidates her cultural identity- she is faced with a dilemma of sacrificing her blackness to fit in.</p> <p><i>there's a sense that difference is not tolerated well in the group</i></p> <hr/> <p>Torn between conforming to course and standing by her religious beliefs and practices and risking feeling separate to course and more seriously, being judged.</p> <p><i>Connection to other trainees is important- to get support etc- but it seems as though</i></p>
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		<p>of lectures or whatever [pause] but for me I wouldn't like to make a regular occurrence of it</p>	<p><i>this is complicated- how can she remain true to her religious faith/hold on to her cultural identity and form connections with other trainees? It seems as though she is also afraid that if she brings in her cultural identity- she is afraid of being judged by negative stereotypes /discourses associated with Islam and women? She doesn't want to be stereotyped. Also, it seems that she has to make the effort to fit in with them more often</i></p>
		<p>Participant 8: But then I didn't feel safe allowing the course to develop me personally. Because... for... it is now about them developing me prof, just me looking at my professional side. (45)</p> <p>What I'm sacrificing maybe is being fully myself! Don't feel comfortable to be myself really, or to say what I think about all those things you know (46)</p>	<p>Training doesn't make space for trainee to being in cultural aspects of self. Fear is that course is only interested in development of professional identity</p> <p><i>if risks are taken to bring in other aspects, then will these be taken as evidence that trainee is not being professional enough? sense is that cultural identity won't be tolerated- will it lead to exclusion and isolation? Feels too risky to bring herself into the training arena. Sense that it is a fragmented, compartmentalised sense of self- only way to survive training?</i></p>
	<p><i>The handicap of not being White</i></p>	<p>Participant 7: my mum, quite often when I was growing up would tell me that I was black and</p>	<p>Anticipation of being discriminated against</p>

		<p>that meant that I was gonna have to work ten times harder than everybody else and if I went for an interview and a white person went for an interview that the white person would get the job, even if I had more qualifications. Um, so essentially that put a sense in me that being black was... was a bad thing. Being black was not the preferred colour, was not the preferred race to be. So obviously when... when I get a form and it asks me to... to define and justify myself in terms of ethnicity or race or culture, that triggers difficult feelings in me of... of those associations... for the negative associations, cause it feels like I'm disclosing the fact that I'm the lesser race and what implications is that gonna have for me when, for example, in a job application when that gets handed in, how is that gonna be received? How is it gonna be looked upon? (3)</p> <p>my personal view is that for black people it... it will split. It will either be people adopt a defeatist position and don't make an effort to make change or to um make alterations to their life, so that their life is more preferable to them or you know the history of their experience gives them drive and ambition and makes them more determined and more likely to achieve and succeed. And I think that I've taken option number two. (53)</p>	<p>on the basis of colour- certainty to it- a given. Also, there's a sense that there's nothing you can do to change it, because it is so powerful.</p> <p>She is suspicious of equality monitoring- what do they do with the info? What are the implications for her? Sense that if people knew she is black, she is automatically on a one-down position, already she has more to prove. but she has a choice- either adopt a defeatist position or prove them wrong- she has taken option 2 (channeling her anger and pain) and has thus determined to work harder to prove herself-</p> <p><i>Internalized view that being black is a 'bad thing'. Has affected her self confidence- doubt her own ability- but she is still at times plagued by doubts that she is not good enough- still feels like a struggle and the armour she has built to protect her crumbles sometimes.</i></p>
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		<p>So clearly there is something inherent. There is a difficulty, there is a challenge that's inherent in being from a black and minority ethnic background. (29)</p> <hr/> <p>Participant 8: Before I got on the course, umm, I felt less, (sighs), I felt... i don't know what the words are really. I found it more difficult being a minority. So, in the work place, or just in general, um, because I wouldn't have felt, that I'd have a good enough kind of status in terms of the job I was doing, cos I was doing like assistant psychologist stuff, research, but I didn't really have, cos I wasn't on the course yet, I didn't have that sort of pride that comes with getting on the course. And so I might have felt more self-conscious and more, umm, sounds really strange, but I want, I think I've always wanted to prove that I could be a psychologist, and that people from my background can achieve good things and you know, can be successful. So, It was really important to get on the course, in order to feel confident about myself fully (8)</p> <p>I make sure I do speak out. But maybe, it's like, at the back of my mind I'm thinking if I don't, then they're not gonna think I've got ability, because</p>	<hr/> <p>Societal pressure on her to conform to stereotypes given to Black people- dominant narrative makes it hard not to give in- but she has fought hard to resist and create an alternative narrative for herself</p> <p>Personal mission to prove that she doesn't conform to a stereotype- she can be more than just a stereotype- she has 'a lot to offer'.</p> <p><i>Is she carrying the burden to prove that people from her c of o can be something other than the stereotype? How does she feel about that?</i></p> <p><i>Does she believe that some of the stereotypes are rooted in truth? Is joining clinical psychology/ becoming British a way of not conforming to stereotypes- a way of distancing herself from stereotypes? Sense</i></p>
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		<p>I've spent a lot of time being told that I haven't got ability, or that I wouldn't amount to anything, um at school. So, I'm genuinely enthusiastic and keen, and always got something to say, but I wonder if part of that is because I don't wanna be just perceived as someone... you feel you have to prove yourself more than someone else in a way. And that's a struggle, and that does, it does make training anxiety provoking (47)</p> <p>it's important to not shine out as somebody that has those stereotypes attached to them (8)</p> <hr/> <p>Participant 5: It's almost like I am... I'm a little bit handicapped and I have to... have to work a bit harder to... to make up for it. (7)</p> <p>That's why I try so hard to sort of play it down, because... because I... you know, I know like maybe it's a personal confidence issue that I... I don't always want to be seen as different. Even though I wanna be different in... in a positive way, maybe to have... show people that I have a special talents and all that, but [laughs]... but not something like that I guess. Yeah. (23)</p> <hr/>	<p><i>that stereotypes make her feel negative about her culture of origin- so she doesn't want to be identified/identify herself with that part of her culture of origin? A la black skin/white masks(Fanon,1967)?</i></p> <p><i>She was prepared to choose a profession that is not seen as a core profession by family, that doesn't fit with family's values. But also, going to a prestigious university and choosing this profession creates physical distance from Black Caribbean people, and so she has less opportunity to connect with those aspects of her ethnic identity.</i></p> <hr/> <p>Handicap- strong word- assumptions is that people will find it hard to connect with the Chinese part of him, so he has to subjugate it.</p> <p><i>He talks about highlighting positive differences that will make him better- assumption that being Chinese is a negative difference that makes him inferior?</i></p> <hr/>
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		<p>Participant 6: I think there are times when they've been curious about me or my background of have sort of umh questioned who I am or what I am and do I really understand them, like yeah course I do cos I understand your problems, I'm here to understand your story and the more you tell me your story the more I understand you (15)</p> <p>I think it can help you with some clients but I don't think it hinders you in any way. (15)</p> <hr/> <p>Participant 4: sometimes I wonder whether people see me as an Asian woman and whether that creates a difference in their eyes whether they think you know whether they have any prejudice or discrimination or whether they wonder about [pause] am I still as competent as... I think they're just my own fears (31)</p> <p>One thing that was a great solace during that time was there was another girl on the course who was also fasting so at lunchtime we would hang out but then we both felt like complete [laughs] social introverts in that we wouldn't be with everyone</p>	<p>When clients have questioned her ability to understand them because she is Asian and not White-</p> <p><i>She does not seem to be negatively affected by this- it does not seem to affect her self-confidence. She confidently explains to client that she is there to understand their story (professional identity helps her hold onto her confidence). Rather she uses it to her advantage- it becomes easier to be curious, you are less likely to make assumptions about the client's experience.</i></p> <hr/> <p>Participant 4 is different to above participant- she fears that clients might be doubting her competence- no indication that this has actually happened</p> <p><i>Internalized oppressor?</i></p> <p>Difference makes it hard to connect with others, fit in, be understood</p> <p><i>Fear of being judged because she is bringing in religion into the training arena? How does</i></p>
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		<p>else and we got so many cafes and things where we are that it just feels like you're not really part of that whole scene if you're umh not eating. So yeah, and it, and it's not great first impressions either umh yeah, so I think that added to my whole oh will they understand won't they understand and the need to feel to be around other people but then yeah having said that my friend was great during that time, it was nice to have her around. (12)</p> <hr/> <p>Participant 2: if you're from a BME background, you're more likely to have gone to uh [sniffs] um, I suppose lower status schools, lower status universities, your parents are less likely to have been to university and apparently, I've read that a lot of the clinical psychologist courses will use that in their selection criteria (19)</p> <p>as a black male trainee, would there be a limitation say working, say in an eating disorder clinic, just in terms of how you're perceived. Or working with small children, would that be weird. I've always wondered that, and I'm thinking well actually there probably wouldn't be. But I, I do wonder, as a black male trainee, or a qualified, going for a job in an eating disorder clinic, if I would ever get the job (36)</p>	<p><i>it affect how she is perceived as a professional?</i></p> <hr/> <p>Difference is a handicap in that there are more barriers to opportunities because of economic and social status</p> <p><i>Implication that courses do not take this into consideration when selecting candidates from more prestigious universities?</i></p> <hr/> <p>Difference as positive- no fear of being judged negatively- more respected because of difference? More focused on strengths of being in a bme position than weaknesses.</p>
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		<p>I suppose you, you stood out as different from other people, but in a position you know that people kind of like respected and liked so, I suppose in that sense I don't mind kind of like standing out and being different. (5)</p> <p>which is why, she gave me my job, who was actively going out and looking from BME candidates because she, one she, I can explain, because its really good for, you know for the service and stuff (26)</p> <p>participant 3: having liked being in psychology departments and they being very interested in your background and be very much, "Ah, so what are they... these Sikh wedding sound amazing and..." and those kind of things. So there is something... you're a bit of a novelty in those circumstances, so... That... that's nice I suppose, but then also it's nice to not be a novelty and kind of be around other people that have kind of shared experiences.(11)</p> <p>I said to my supervisor, "I don't want to play the race card. I don't wanna think that I'd got on the course, because the course was looking for boosting up their ethnic minority numbers." (16)</p> <p>Participant 9 it can just be another... just like another thing to</p>	<p>Difference is a novelty- makes you original- but sometimes also nice to share an experience – struggle between the two positions. Reluctance to play race card</p> <p><i>She wants to be judged on her own merit and not because of positive discrimination- is this because she will always be left wondering whether she is good enough or not?</i></p> <p>– emotional hard work that goes into</p>
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	<p><i>Looking through a 'racial' lens- clarifying or obscuring?</i></p>	<p>kind of um feel a little bit unsteady about amongst a heap of unsteady things that is training. And I guess we've talked about it being it being the first year and just being in the thick of it all. It's like, you're new the course, you're new to the people, you're new to your placement. I've got two split placements, so two... two new teams, two groups of people. You know that's twice I'm gonna have to go through it, "Oh yeah, my name's this." Ha ha, okay you know it's funny, but um, you know you spelt it wrong here and stuff like... you know I'm gonna have to go through it again and lots and lots of stuff. And then new relationships. Um, yeah kind of just trying to fit the best that you can amongst all of that.</p>	<p>trying to fit in to her placement</p>
		<p>Participant 7: it's also in a room with a client. Like I've also had sat with a middle class, very educated client who was older than me who talked about Negros and Negresses. And I'm like, I know for a fact that he knows that that's not appropriate (34)</p> <p>this psychiatrist said, in the meeting of about eleven people, that this client was dressing like a black drug dealer. Oh my God. I could not believe it. I wanted the ground to open up and swallow</p>	<p>Pervasiveness of racism- she encounters it with clients and colleagues- training is not an environment that protects trainee from it. Both interactions are interpreted as clearly racist and trigger significant emotional pain and disbelief.</p> <p><i>she is carrying the pain of all black people. Also, overwhelming sense that, as the only black person in the room, she is the only one experiencing it- there is no one to share it</i></p>

		<p>me. Again, you know as is quite often the case, I was the only black person in the room. My manager was in the room at the time and I looked at her and she looked at me and she just looked down. And I thought okay, and she was white, so I thought okay, she's not gonna say anything. Cause I was... I wasn't the senior psychologist... she was the senior psychologist. Um and [laughs] I just couldn't believe it. I was so shocked and she carried on talking and I... I don't know what she said, cause I couldn't focus. I couldn't listen to what she was saying at the time this psychiatrist. (31)</p> <p>Even to think about what can I say in the situation, because you can't turn round and say to people... like what I honestly might like to say is, "How fucking racist is that?" But I can't say that in a meeting, because then I look like the stereotypical aggressive black person. So... and because it... it's not a intellectual response that comes up immediately, it's an emotional response and then I have to spend time working through that emotional response to bring myself back to an intellectual place where I can then challenge or express my views or opinions about the prejudice (33)</p> <p>Participant 8: what I didn't wanna do was sort of</p>	<p><i>with- profound sense of being alone. And it seems as though there is little anybody is prepared to do to support her with it</i></p> <hr/> <p>'racial' micro-aggression? Because it's not</p>
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		<p>say, you know, the whole Ali G thing, 'is it cos I'm black?' (laughs)...(31)</p> <p>it's hard to explain what that's about really. You just don't, I didn't feel... I don't know whether that's to do with race or not. It could be a whole host of things.(27)</p> <p>And, cos maybe my tutor doesn't know what language to use. I don't know, I don't know. It's all very subtle. And I still don't know what to do with that information that she's given me about being excessive, about being perceived as bold, about finding out from other people what I should umm I mean I wonder if I experience discrimination after being invited into her office. Umm, I don't really know what, like I said, to do with that. I didn't feel comfortable. But I don't think she's being, directly trying to harm me in any way. (31)</p>	<p>overt, it's hard to know what to make of it- to know what it's about. This then makes her question her own reactions to the experience- is she over-reacting? One is left always wondering whether or not it was racism or not</p> <p><i>She hasn't talked to anyone about it- is it because it's difficult to discuss with someone without sounding paranoid, as if you are making an issue out of nothing? Don't want to be seen as an Ali-G. sense that she won't be believed/validated by others if she does confide in someone- what are the consequences of exposing herself? Being even more isolated?</i></p>
		<p>Participant 9: And then you're kind of like told by people: 'Oh no you should be, because you are', because you know people have this overvalued idea of being a BME and that it's... you know oh... 'it's great because you get positive discrimination and that'- oh my God it's not. You know it's actually not</p>	<p>'racial' micro-aggression? Because it's not overt, it's hard to know what to make of it- to know what it's about. This then makes her question her own reactions to the experience- is she over-reacting? You never know whether or not you've been rejected because of race or hired because of it-</p>

		<p>very... it's a very um patronising kind of way of looking at it (40)</p> <p>It's just that you start to get a little bit paranoid after you start to apply and you think, you know that they can see my name and they just think they can't say it. So they're not going to invite me back for an interview, because you know I've seen that. People saying, you know, it's a bit long, so this person's... Let's just... let's just not worry about that. And... you know you just never thought it could come down to that kind of stuff. 'Yeah, it's not great and... bet you wish you didn't hear that, but yeah, because it's easier'. So, that's probably why I get a little bit paranoid and start thinking about everything that it could be about you, that's affecting you not getting that... that job and again another part of you that's being um a BME and is that the reason perhaps why? or a contributing factor? I don't know (40)</p>	<p>either way, your attributes do not appear to be the first thing that people measure you on.</p> <p><i>When it is covert- it's difficult to know how to respond, which makes it even trickier? Does it imply that BME trainees only get onto training because of positive discrimination and not because of their abilities- indirectly implying that they are inferior? Causing her to feel very frustrated and upset. How does this affect her sense of self? Does it affect her confidence in her abilities? As she points out, if courses were positively discriminating, then her abilities would be even less than those expected in BME candidates- how would that affect her self-esteem? It's hard to know whether people are consciously putting her down, or innocently trying to be helpful. The uncertainty and subtlety of the interaction is powerful, as it leaves the trainee doubting themselves, and feeling singled out on the basis of race/culture (martyn baker's paper)</i></p> <p><i>But, how can she validate her feelings if the person delivering the comment/action doesn't see it/themselves as racist or does</i></p>
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		<p>Participant 6: I just wasn't getting on either it was my application form wasn't strong enough perhaps or the way I was coming, the way I was presenting myself at interviews but in my head I almost had a complex about, it's cos I'm not the prototype, it's cos I'm not white middle class is cos I'm seeming not to be academic it's not because I'm coming across academic, I'm not fitting and I think that was a complex I had for a while (18)</p> <hr/> <p>Participant 4: it's just when it's just pub or bar I feel like that's quite limiting and one of the things that I don't like is having to kind of almost justify why you aren't coming along and explain it in that sense and then that's why I'm a bit concerned about how they might perceive me and whether they're seeing me as part of a you know, suppressive culture or whatever (21)</p> <hr/> <p>Participant 2: maybe as a coping mechanism, that I'm quite optimistic. So if someone says something and I'm, and I, can think that can be taken two ways, I will tr, think well actually it'll serve me no purpose to think about it that way, so I'm just going to [coughs] you know, to take the</p>	<p><i>not mean harm in any way?</i></p> <hr/> <p><i>Always wondering whether it is because she doesn't fit the prototype- always feeling that maybe she is not good enough because of her race</i></p> <hr/> <p>Always having to explain herself and justify why it's hard for her to go to pub- where drinking culture goes against Islamic principles-</p> <p><i>Fear of being judged as repressed- implications for connecting with cohort and how she might be perceived in terms of a psychologist?</i></p> <hr/> <p>Will tend to see a situation in a more optimistic light rather than through a 'racial' lens</p> <p><i>What would happen if he did start seeing</i></p>
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		kind of like, the optimistic kind of like route. And I suppose because I've done that for so long it's become a, a habit, so I just want to, maybe I'm not necessarily aware of that (14)	<i>things through the 'racial' lens- too painful? How would it impact on how he then connects with the other trainees?</i>

Master theme	Subordinate theme	Extract	Notes
<u>The challenge of negotiating multiple identities</u>	<i>Complexity and contextual nature of cultural identity</i>	Participant 8: what I know is that when I go to the Caribbean, where my grandparents are from, I'm seen as English, they don't even say British, cos I, I would never call myself English...but they, they call me English. So I don't, don't really fit in there, and I don't honestly fit in here. But I would guess that I'm more, I more fit in here. Um...and...that might have changed over time. ..because I've sort learnt to...learnt what is socially acceptable here, and I have to conform here I suppose, and, uhhh... does that make sense? So, I suppose, I've kind of been shaped over time to being more, maybe more British. (2)	She is neither fully British nor Caribbean, but has conformed to the British way of life <i>Use of word conform- is being British a preferred identity? or did she have to dampen down/ compromise aspects of her identity to fit in, according to what is socially acceptable in British culture? Is it an identity that has been imposed on her- are there aspects she is not comfortable with? What would happen if she chose not to conform?</i>
		Participant 7: I would say um black British, but	Labels don't capture a sense of her- thin

		<p>obviously that misses the Caribbean element, but I think if I... when I look at forms and I tick black Caribbean, I feel like that misses out the British element. So, to be honest I feel more like... I don't know really how I would describe it and that varies from day to day, from time to time and I tend to pigeonhole myself on the basis of whatever pigeonholes I'm given. (1)</p> <hr/> <p>Participant 9: Certainly sort of when I'm... I was younger and I think it was a lot more stronger in terms of more sort of Indianified. And then sort of I guess the... the more time you spend kind of here in... in... you know in sort of London or England and other places in... sort of where majority culture predominates, um it not necessarily becomes weaker, but sort of other parts... sort of the more important stuff you know. Um and then I kind of found more in my early twenties. I kind of wanted to find out more about India and more about where I was from and stuff. So, kind of like a U shape almost and kind of increased a bit more in terms of me wanting to know about where I'm from, my culture, what it's all about... Um, so yeah, I kind of went to India, just generally to find out a bit more about... about that. Sort of where... Yeah, just about the land where my parents are from and stuff. Um, so yes</p>	<p>description. Fluid and changing nature of identity.</p> <p><i>in what contexts and with whom would she call herself Black or British etc? Unease at being asked to categorize self- feels pigeon holed- negative connotations of being labeled?</i></p> <hr/> <p>Constantly changing- fluid nature of identity.</p> <p>u-shaped turn- has recently become more interested in becoming more Indian, her roots. Context- where and who she is with determines what aspect of herself she wants to show.</p> <p><i>She is not fully anything- where/with what does she fit more? Growing up, she was more assimilated into English culture- to fit in? be accepted? What was she missing that prompted her to find more connection with Indian identity again? What does it mean that her Indian identity was more subjugated?</i></p> <p><i>What makes it easier to bring in certain parts of herself and subjugate others? What</i></p>
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		<p>it's definitely changed. It's not sort of... I think it's constantly changing actually. It sort of never really... never really a fixed percentage, but it's kind of... cause I mean actually it kind of... I guess it can vary. Depends upon what you draw upon it will vary as well in terms of who you're with and... and where you are I think.(2)</p> <hr/> <p>Participant 5: people in the city have quite a bit of a culture... identity issues, because they were not encouraged obviously by their colonial education to sort of identify themselves with the Chinese roots, but then at the same time they look and speak the language and look like they're... Uh, the people just cross border. And it's also quite a bit of an international city, but then at the same time it's sort of Chinese dominant. Sort of in terms of populations and culture. So um... so people have a hard time, you know when I was growing up, sort of knowing and telling people what they are. They just tell people they're... they're from Hong Kong and I think it's only after '97 that we slowly started to come to terms with that. So we have tried to make a bit more of an active effort... effort um to... to identify our family roots from our Chinese heritage (1,2)</p> <p>I haven't considered myself any sort of any other</p>	<p><i>are the consequences of doing that? Who does it feel more safe with to bring in Indian side? Has she had experiences which have led her to conclusion to hide certain parts of herself in certain contexts?</i></p> <hr/> <p>Difficult to describe. Definitely chinese-wants to hold onto chinese identity.</p> <p><i>Colonized identity- implications for sense of self and what world view is privileged? Progress vs being oppressed? Menmi (1965)- racism an integral part of colonialism- colonized people naturally inferior- how does that affect his sense of being Chinese in Britain? Nairn (1990)- colonizers took control of land, law, spirituality, language, education, health and family structure- finally culture itself.</i></p> <p><i>Has he had personal experiences which have led him to conclusion to hide Chinese identity? has he found that people are less able to connect with him, keep a distance to him because he is Chinese?</i></p> <p><i>At the heart a Chinese person- has it always been like that? Does he have a strong sense</i></p>
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		<p>cultural uh inclination rather than Chinese culture really. Well, I might have sort of adopted quite a lot of the more western way of living perhaps in... it's just come. You can't avoid it from happening when you're living somewhere else, but uh still you know kind of at the heart of my... I would consider myself a Chinese person. (3)</p> <hr/> <p>Participant 6: I'd say Hindu umh being my underlying culture. however I think being brought up as a British Asian at times makes me feel there are two cultures that are assimilated in my personality and my values, but fundamentally I'd say as a culture and religion, Hindu</p> <hr/> <p>Participant 4: for me, I'd say I'm British first and then Muslim and then everything that goes in with that. So for me ethnicity is just like the cherry on top, I don't think it's at the core of who I am (24)</p> <p>of course we're Asian I guess you see the colour of your skin first umh but because we're kind of born and breed here I think that comes first and then for me kind of religion is a very, very close and [inaudible] with that and then culture's just the bit on top I think, culture and what the actual ethnicity means it's for me the other bit, cos I don't think that's as important to me as religion</p>	<p><i>of his cultural roots?</i> <i>How linked is his Chinese identity to the way he looks and speaks- people would naturally position him as Chinese- so is that the identity he is then assigned?</i></p> <hr/> <p>Roots are Hindu- but also been influenced by western culture</p> <p><i>How easy is it for her to assimilate the two cultures? Does she experience any struggle/conflict? How does she manage that?</i></p> <hr/> <p>British first and then Muslim- tends to see self as British and does not really identify with her own culture of origin- although she is very religious</p> <p><i>Contradiction? How and why does she compartmentalize these different identities? Why does she want to emphasize that she is British? To distance herself from negative portrayal of Muslims in this country through media etc? does she want to communicate that her loyalties lie with Britain rather than Muslim extremists? because this is the factors that highlights</i></p>
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		<p>and being British or living in a Western culture (26)</p> <hr/> <p>participant 2: I've got a strong, I suppose I've got a stronger sense of being black, in terms of the colour, but not black in terms of the culture attached to being West Indian or African(...) I always feel that I haven't, a much less connection to this blackness as a culture, than everyone I meet(...) I suppose I kind of think, should I, why don't I [short pause], you know, why aren't I more kind of like a [sniffs] searching out a kind of like, the black culture kind of thing. Why... [sniffs] I'm interested to know my roots on a kind of like intellectual level, but I was brought up in England and I suppose that's who I see myself, that's who I am.</p> <hr/> <p>Participant 1: I would probably say my cultural background with a hybrid of British culture and Caribbean culture (1)</p> <hr/> <p>Participant 3: we were less immersed in the culture compared to say our cousins who lived</p>	<p><i>the difference between her and rest of cohort?</i></p> <hr/> <p>Is able to identify with history of oppression and being Black: i.e. racially but not culturally</p> <p><i>Is it because he grew up in a predominantly White area and school- therefore not able to identify with the Caribbean culture. While he was growing up, was he forced to deny his c of o to fit in? did he want to be white? What does it feel like for him to tell me that he identifies with being more English than Black culturally? Is there an expectation that he should identify more with c of o? from himself? From me? From Black community?</i></p> <hr/> <p>Less immersed but still brought up with Asian values-</p>
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	<p><i>Dilemmas about moving away from culturally conventional roles</i></p>	<p>around the grandparents, were more kind of involved in that. So we were a bit... a kind of... Yeah, less immersed than our... than our cousins were, but still brought up with those kind of Sikh values and within the kind of uh, Asian society and culture. (2)</p> <p>Participant 3: especially the language thing, me and my brother would get bullied for that. We'd get called coconuts. It's like brown on the outside, white on the inside, because we didn't speak the language, and that was difficult and not being able to speak, you know to our grandparents (22)</p> <hr/> <p>Participant 7: white people sometimes, where they've been a colleague they... it's like they... they almost forget that you're black, because they've come to a place where they respect you as a clinician and you know when you talk you can use an extended vocabulary that matches um the vocabulary of a standardised white, middle class person. It is almost like they forget and I think she was shocked, because it was like she'd realised that I was black. I'm not white kind of thing. So,</p>	<p><i>how did that affect her relationships with her extended family and people at school? Was it ok with her? how does that affect the way she sees herself culturally? Where, with whom did she fit in most?</i></p> <p><i>She is not 'brown' enough if she doesn't speak the language- cultural expectation</i></p> <hr/> <p>Externally, it might appear that she has conformed, because she chooses to adopt a professional identity that also fits with adopting a white, middle-class identity in certain contexts- 'turning the heat on the vocab'. Thus people forget she is black, because her professional identity becomes more visible. However, internally, she is still Black, and doesn't let people forget. It</p>
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		<p>yeah I think there are lots of experiences that can affect... affect identity, but I think for me I'm a bit of a rebel. So [laughs], I kind of put it out there, you know... and it's hard (33)</p>	<p>is about negotiating multiple identities- she is trying to be both/and.</p> <p><i>she has clearly chosen not to conform to the course's image- and she is willing to be the group irritant, if it means that she is able to stick by her values- it has involved a process of identifying what is important to her- fitting in or standing up for herself and Black people generally. Thus she accentuates her visible difference by bringing into the room the values that go with the difference, rather than toning down the difference by accentuating her professional identity and not giving a voice to her opinions</i></p>
		<p>Participant 3: The... the way I think my family would have liked things to have gone, would be to after I left uni, a couple of years think about having uh, an arranged marriage and that obviously will involve still kind of living at home. So in that uh, respect having this career path, which who knows when you get on the course, and then once you're on the course it's another three years. It's... it's a long time um, and I think that was the... the timing and those kinds of</p>	<p><i>Does it worry her that she is perceived in this way? What was this experience like for her? alienated from c of o- does she then fit in more with western society? How does Psychology, as a 'western' profession affect how she is perceived by family?</i></p>

		<p>issues were what they struggled with (4)</p> <p>Participant 5: sometimes when my parents do need me, I do nowadays have sort of qualms and sort of concerns [laughs] about whether I should be doing that as... as opposed to thinking as a more conventional Chinese person would that, this is just what I need to do. So I... I do try to sort of reason with them sometimes and try to sort of get them to think about things from a different view (15)</p> <p>Participant 9: I'm starting to see new patients and I really don't want to be cancelling that. And then gosh... and prioritising. I know they're clients, but prioritising my job over my family and then here's me saying, "Actually, no I value family and they come first." So yeah it's really difficult (9)</p> <p>there's personal kind of feelings about it. You know I should be doing a lot more for my family, but actually I'm prioritising my kind of needs to get into this career first and you know family kind of always come first and I still kind of believe that (7)</p> <p>Interviewer: Does it feel like you're putting your own needs first...?</p>	<p>nature of training changes world view- being more reflective and reflexive creates almost a philosophical shift in relational identity-</p> <p><i>how has his traditional role and relationship changed? Individualistic and collectivistic values? What is expected of him from family and culture? What values is he compromising? What is he gaining?</i></p> <p>Training requires her to prioritise her own needs before or as much as others' needs- thus she is changing in relation to her family in terms of being able to fulfil her established role in the family- providing in the way she used to for her family. Makes her feel guilty and it doesn't feel natural- feels like a constant internal struggle</p> <p><i>- how will it impact on her ability to engage with the course, especially when demands from training increase? With these sets of values, how does she fit in with the rest of the cohort? Can she relate to them? Is it something she can get support with from them?</i></p>
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		<p>Participant: Yeah. Which feels horrible. Doesn't feel very natural. (10)</p> <hr/> <p>Participant 6: I think possibly cos they're worried that I'm getting towards late twenties and they're probably thinking from a cultural point of view a lot of people in their late twenties might be in a different place in their life, they'd like be married or have other commitments, may be they think I'm holding back on other areas of my life by pursuing education (3)</p> <hr/> <p>Participant 4: the only dilemma I had in my own mind was the idea of carrying on, on a kind of professional path and whether that might delay me sort of settling down and getting married cos I guess I wouldn't like to do the two simultaneously so I wouldn't like to train whilst being married umh nor was I thinking about marriage in the beginning but one thing I was thinking about is the fact that I'd be postponing that for three years so would that be ok with my ideas and would that be ok with my family I guess</p> <hr/> <p>Participant 2: you know I've come across sev,</p>	<hr/> <p><i>Negotiating cultural expectations of role of women, life stages etc- is she worried about how she is perceived by her community? How does it affect her cultural identity?</i></p> <hr/> <p><i>Negotiating cultural expectations of role of women, life stages etc- is she worried about how she is perceived by her community? How does it affect her cultural identity?</i></p> <hr/>
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		<p>[short pause] when I've come across kind of say other kind of like black people in any walk of life, um, say in acting or in school, whatever [sniffs], I always feel that I haven't, a much less connection to this blackness as a culture, than everyone I meet.</p> <p>Interviewer: How does it feel to be in that position?</p> <p>Respondent: I suppose I kind of think, should I, why don't I [short pause], you know, why aren't I more kind of like a [sniffs] searching out a kind of like, the black culture kind of thing.</p> <hr/> <p>Participant 1: I think there's definite sort of expectations that sort of you go to Uni, you get a good job and then you help support your family in some way whether that be financially or helping with you know practically, or you're there for support or something and I know that me doing the course had opted me out of that a bit more cos I don't have as much time as I would like and so it does feel like may be I'm not fulfilling it, an obligation or something but I think I've negotiated a space where that's it. It's almost like I've been put on pause and I've been given the time to do my course and then when my course is</p>	<p><i>Does he feel that he should be able to identify more with Black culture? Is he worried that he isn't? does he feel that there is an external expectation for him to be more Black? From me/Other Black people?</i></p> <hr/> <p><i>How does she feel that her responsibilities are on hold while she is on training? In some ways, does training provide a function? She can prioritize her own needs?</i></p>
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	<p>Grappling with multiple truths and value systems</p>	<p>finished I can press the resume button and kind of be more part of the family if you like. So yeah, no, I think there is definitely something there's some ideas about duties or things that you should be doing and things, and I definitely, I'm definitely aware that I've opted out of that (24)</p> <hr/> <p>Participant 5: I've definitely become a lot more introspective or reflective, i guess since i got on the course and start thinking about the importance of sort of... sort of uh challenging things that you've been told and questioning stuff (24)</p> <p>Participant 5: when you're training you get so immersed into this... this kind of value that I... you read and learn about and sometimes you can lose sight of, you know how true other views can be from other people's perspective as well and so there like you know it's a multiple truths and uh. It doesn't matter how much sense it makes for you, what you're learning. I mean for... for another person in a different place and a different background you know, could be complete nonsense [laughs]. So uh I... I do have... you know, I've only sort of come to uh realise that sort of pretty recently and started to learn how to be a little bit more uh practical and accommodating about that and...(16)</p>	<hr/> <p>Struggle of holding multiple and contrasting value systems-</p> <p><i>who is he in relation to all of that? Is it possible to hold everything? He seems to be leaning towards the more western meaning system—is that because he needs to immerse himself in the course, and because he is living here- it is easier and more helpful for him to do that at this moment in time. Does he feel restricted by conventional Chinese understandings? What implications does that have for how he then fits in with his culture of origin, his cultural identity? Western truths as more progressive?</i></p>
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		<p>multiple perspectives in your normal life umh like for example there's times when I, I think from a very, very Indian perspective about things and sometimes I think from a very Western perspective and there's times when I'm trying to balance the two view points in my own, decision making or my own thoughts. I think being able to do that in your personal life and actually thinking, thinking comes from multi perspectives [inaudible] allow you as a clinician to always be considering a range of different things and not overlooking anything and not making assumptions about anything and I think that it always very positive when you're working with clients. (16)</p> <hr/> <p>Participant 3: but if they were to have depression I think it would be kind of just... people would be like, "What's wrong with you? Get on... get on with it." And in that respect it's... it's very difficult. I think there's just no understanding about it. But that is just for depression I would say. Um, but if... if it... I don't know, I can imagine um, self-harm or something like that, it would just be hush, hush. You just couldn't talk about it, because then it... the whole community would know that your family's got problems. Um, and again it comes to that thing of reputation and status (27)</p>	<p>Balancing two different world-views- seen as a strength and resource for being able to remain curious and access to different knowledge</p> <p><i>How easy is it to negotiate it? Does not seem to be very difficult for her to do- is it always simple? How is difference in opinion managed?</i></p> <hr/> <p>Wearing the psychology hat enables her to see depression in a different, more sympathetic light</p> <p><i>How does she manage the conflict? How much voice does she have in her family to bring in difference?</i></p>
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	<p><i>Holding onto cultural identity</i></p>	<p>Participant 4: sometimes or I'd like to go beyond theoretical and sometimes go well actually was that just about fate or [inaudible] those sorts of things and then I kind of [pause] you know think in that terms which obviously [laughs] isn't you know a kind of obviously lots of people don't think like that cos they don't believe in God. Umh so how's it come, I think it's come up in my mind [pause]. Yeah cos I don't think psychology thinks about God at all. Umh or what to do with religious beliefs because if someone's saying to you nothing can help me but God, I think it's really hard to work with that and I equally, may be it's more the religious part of me that doesn't want to challenge that because I kind of may be agree so yeah, so I think I probably struggle a bit with that.</p>	<p>Agonising choice between religion and psychology-</p> <p><i>Is she being less professional if she does believe in God and fate etc? how easy is to talk about this, be open about it? How would she be perceived? How does it affect her cultural identity</i></p>
		<p>Participant 5</p> <p>I do worry about it sometimes you know, I've worried about losing my cultural sort of heritage one day and sometimes I can go on for weeks and weeks without speaking a word in Chinese. When I do start speaking that again it takes me a while to get back into it. Uh, to explain things in... fluently in our..in... in the language again, so... And that... those are the moments when... when it struck me... struck me the most that perhaps I</p>	<p>Fear of losing cultural identity</p>

		<p>could actually lose it one day and... and that made me feel uncomfortable actually, because I... I... because you know integration is good and especially when you're uh living in a foreign country. Serves lots of functional purpose. But um, the last thing I want is... is to lose who I actually am...(21)</p> <hr/> <p>Participant 6: I think it's probably made me more appreciative of what matters in terms of my cultural identity and why, why is it important for me and what core values and assumptions come with that and being more mindful of those and just really realising, I do think this and it may not be appropriate to bring it in in all contexts, but whilst I'm in a particular context it's ok for me to think this way. And actually just know more about myself, I think that's really been useful</p> <hr/> <p>Participant 4: it's not really talked about like I don't think I've talked about the fact with even supervisors, 'oh do you think it's a fact that I'm an Asian girl' or that kind of thing or 'do you think it's my cultural biases coming there', not at all I don't think it's down to lack of being self reflexive at all, but it's just, it hasn't come up really it hasn't come</p>	<hr/> <p>course has increased her reflection and reflexivity- thus rather than denying it/subjugating it, she enthusiastically engages with it</p> <p><i>sees cultural identity as part and parcel of professional identity- does not seem to fear being alienated for being so forthright-</i></p> <hr/> <p><i>Why is not talked about? Not necessary? Uncomfortable for her and others? But it does not seem to be a struggle for her- it's not something that she sees as relevant or difficult for her- not really an issue- not restrictive</i></p>
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		<p>up really, it hasn't come up on their part either so may be that's why I haven't thought about it. (9)</p> <p>Participant 5: through the years it has gotten easier maybe, because I am... I'm more sort of part of society, but uh part of it I think will be always there, I guess. And... and I wouldn't like to um think that one day it won't be there anymore, because that... that... that is the part where I sort of connect with my sort of originality and that... that's the part that will allow me to go home so to speak. Like you know I'd be okay with it as well and not be a foreigner when I get home. (7,8)</p> <p>Participant 8: So like I said, I can't walk out of lectures. It's bloody obvious when I walk out the lecture. I even said that to my friend the other day, she said 'this is rubbish, I'm going to leave', I said 'well, I can't leave!'. We started laughing (laughs). They know it's (unintelligible, 54:22). She's like 'don't say that!'- see that's the response that you get. You get the response from people: 'don't say that!' I say 'people are going to notice when I leave' . so think I've been having more kind of, I think since that interaction with my sup, with my tutor, I've been more blatant about this. I'm obviously black, I'm obviously experiencing this, I'm gonna say it. I'm gonna say it like it is. I can't leave a lecture! (laughs). Not that I want to, and it's just the principle of it. The principle of not</p>	<p>At the heart he is Chinese,</p> <p><i>but he is also a bit western, although he will never fully be western, never let himself fully assimilate.</i></p> <p>Desire to make difference more blatant/obvious (both personally and more globally), despite risk that she might make others feel uncomfortable-</p> <p><i>is she fed up with having to hide it/herself to avoid giving people a reason to stereotype her? Making it obvious validates her experience of being different?</i></p>
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		blending in (30)	
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Master theme	Subordinate theme	Extract	Notes
<u>Challenges and dilemmas of highlighting race and culture issues</u>	<i>A resigned lack of expectation</i>	<p>Participant 8: I: is there anyone who you could talk to?</p> <p>P: there'd be no-one. There wouldn't be anyone in the profession that I could talk to. Unless my... there'd be nobody. (37)</p> <p>I: I was wondering, you know you said in relation to having a white supervisor, it's more difficult to relate to them? They may not understand you? In what way?</p> <p>P: if I came to them with some kind of problem I'd experienced to do with race maybe, on my course, like some of the things we've covered today, I wouldn't feel like I could talk to them. Or, if I was working with a client who, I dunno, if there were issues there. I dunno with race or, if that was a dynamic in our, in the client relationship with myself. I would bring it up, but I wouldn't expect a complete understanding of, or a full response, you know? (23)</p>	<p>Not expecting anything from the courses- no one will understand, so there is no point in trying to change things- so she has now come to the conclusion that she needs to put her armour back up. Also- not expecting to be understood or to meaningfully explore issues with a White supervisor</p> <p><i>How will that impact on her overall training experience, and the assumptions she will carry with her as a qualified person? Her trust and faith in value of psychologists and the profession overall? Will this determine the extent to which she will be inclined to seek support from course/open up?</i></p>

		<p>Participant 5: I can vaguely remember somebody coming into the course, one of the tutors taught from... about that a little bit, but that person doesn't seem to be... to be particularly culturally different from anybody else. I don't see why anybody with a cultural problem would go and see her. Uh... But... and she only sort of mentioned that in passing and very quickly, as if she doesn't want to draw on that very well. So that... that's uh... doesn't come off to be very welcoming and I guess... but that means no... that... he's... he's not like the best person to deal with that. She hasn't got her own... her own department for that. She's probably just had a clause in her job description that... sort of she ticked the box for the course. So I don't think there's any sort of structured support sort of there to support people with this kind of...(45)</p> <hr/> <p>Participant 9: Yeah, because I can see sort of people saying, "Oh, we need to give it justice and do it properly. Therefore, dedicate this time to it," but it's... it's kind of... I don't know, kind of containing it for... a space like that isn't always the best way, cause it's kind of always there. It's all... you know you're always there, so it'll always be there. It's kind of um... and that's a kind of avoidance as well I think. Saying, "Oh no, no, we'll do it properly." [Laughs]. It's kind of wondering</p>	<p>Doesn't feel encouraged to explore BME issues by course</p> <hr/> <p>Anticipating that people would give these kind of reasons for not addressing race and culture</p> <p><i>does that make her less likely to try and address it?</i></p>
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		<p>when that's gonna come around (16)</p> <hr/> <p>Participant 7: as a black person you might feel that issues are quite actually important to think about and talk about, but perhaps the majority of the group find it difficult and people might feel under pressure not to talk about those things. But then my concern then extends to our client group. I mean there's all this concern expressed about the fact that black and... people from black and um minority ethnic groups are underrepresented within the psychology service. Well if you're training clinicians who are unable to think about the intricacies and the difficulties that these sorts of people face, then it's not really surprising that they don't want to... to come into services. (23)</p> <hr/> <p>Participant 6: I think I become less reliant on the course providing opportunity to learn or reflect on those things but becoming more independent and like reading literature myself or umh making contacts with other psychologists or taking part in conferences or open days and fuelling my passion in that way rather than having to explicitly have to do it in class. (8)</p> <hr/> <p>participant 1: as a black woman who wants to be a psychologist, I think there are certain things that I feel that I need to experience that perhaps maybe</p>	<hr/> <p><i>Reasons for why people in cohort might avoid these discussions- guilt by association etc</i></p> <hr/> <p>Course not meeting her needs does not deter her from still passionately engaging with bme issues</p> <p><i>Sense of energy and enthusiasm that is not affected much by lack of input from course- optimistic</i></p> <hr/> <p>Not expecting meaningful consideration around personal development with</p>
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	<p><i>Encountering avoidance of meaningful dialogue around difference</i></p>	<p>other trainees don't- but they're important for me and I've become much more proactive over the years in actually kind of ensuring that that happens. So, but it's taken me a long time and it's taken me a long time because I'm not really sure whether that's what the system thinks training is for, do you know what I mean? (...) So umh, I think I'm quite lucky because at my Uni and I think it really values diversity and culture, and you know, it's really well incorporated academically, but I think in terms of experiences, I think it's definitely been more up to me to make sure what I want to, to experience happens, yeah (6)</p> <hr/> <p>Participant 9: cause in the lectures that we've had so far, I've been quite struck by the absence of that. Sort of even in the... even in the actual kind of difference and diversity type teaching, it actually wasn't... there was no men... there was no kind of um... a big part of the course's orientation and the general flavour of how it is...there's no kind of, "Let's talk about you guys, all twenty eight of you sitting here and... and the impact that you feel it has on you, regar... you know being from one or not being from one. What can... let's think about it in terms of ourselves," and begin that process of um... Yeah and drawing attention to it in... on a personal level, cause it's all very well reading lots of kind of</p>	<p>regards to race and culture- not what training is for?</p> <hr/> <p>Even in teaching, meaningful conversations avoided-</p> <p><i>message to her? agenda and orientation of course not interested in personal self of trainees- paying lip service to personal and professional development? Doesn't encourage her to bring in her cultural identity- thus she can never be fully herself in training arena- always has to be chameleon</i></p>
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		<p>policies and guidelines, but it's very... it's very um... it creates a distance and not once have we kind of being asked as ourselves and on a personal level, as a group (16)</p> <hr/> <p>Participant 8: no lecturers sort of brought up any bme issues, like lectures that we've had on different diagnoses, or different, uh, mental health conditions that I can think of (21)</p> <hr/> <p>Participant 7: not one group mentioned the fact that he was a black man who spent his life trying to be white, obviously depending on what you believe. But, yeah, so he was someone who... who changed his features. Whose skin got lighter. Not one group in... in the cohort, or one individual, mentioned this. So here I am, sitting there thinking, here we go again. This is a typical scenario where I'm like, "Why is nobody talking about this? Why is nobody... why is it the unspoken thing? Why does it feel so... so... so difficult for people to talk about colour and difference and this particular person's issues?" (21)</p> <p>Unfortunately, I've had white friends too who've said that they want to say something, but they feel like it's not their place to say something or they feel like they don't know enough about it to</p>	<hr/> <p><i>Participant goes on to say that it's what she expected, but also that she wouldn't bring it up, because then she feels she would be expected to know the answers</i></p> <hr/> <p>Pervasiveness of avoidance- from cohort to placement.</p> <p><i>Is she intimidating with her knowledge? Does that make it difficult for others to speak up even if they wanted to?</i></p>
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		<p>be able to say anything. And I... I have basically said to them, "It's very interesting that when it comes to ethnicity you feel that way, but yet you don't feel that way about other aspects of clinical work (....) It's exactly the same, but somehow for colour it seems to be... the rule seems to be different (19)</p> <p>I think the only time I've ever really thought about that has been with that client that I mentioned earlier who talked about Negros and Negresses. No other supervisors have encouraged me to think about that, at all and there has been times where there's been referrals for clients who are... have been said overtly to have been racist and then supervisors said, "Okay, well you won't be working with that person." And this is in my earlier stage of training, so there's been no discussion about that and what that means or why and how do I feel about that. How do they feel about that. How did they come to that decision? There's been no discussion, it's just been immediately decided and I think in my earlier stage of training I felt quite comfortable with that, because it meant that I could avoid the potential difficulty, but still I think the avoidance of talking about it is quite interesting (43)</p>	
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		<p>Participant 6: every time they teach us something on a purely academic Western perspective I almost, I almost end up thinking yeah and what about from a BME perspective or how about the role of language or how about powering dynamics or interactions or you know, or the use of control or how controls being put forward or how things are socially constructed and how that fits with one context or one culture but not another and I think sometimes there's not enough emphasis (7)</p> <p>it doesn't feel like we actually have a specific, a more specific part of our training that ever really focuses on core specialist skills and working with different or working with interpreters or working within a different language context or religion context or spirituality and they don't think that doesn't feel like that's really assessed or brought into our training as much which I guess is a shame (23)</p> <hr/> <p>Participant 1: I have had situations where I think supervisors have just found it unnecessary or felt perhaps its been a bit uncomfortable for them and I think because majority of, of your supervisors are going to be white and middle class, and so I don't know whether that means that there's some</p>	<hr/> <p>Disappointment- feeling let down by course. Burden on her to do the work herself- does she resent it?</p> <p><i>How does it affect her relationship with the course? Does she still see it as supportive?</i></p> <hr/>
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		<p>anxiety about providing something that they don't have first hand experience of which I think is absolute nonsense</p> <p>I think that psychology, clinical psychology is set up to be sort of like you know we help people feel better, you know we do assessments, intervention, formulation blah de blah de blah and thinking about things like discrimination and, and racism and experiences of umh BME groups and the kind of raw deal that they get out the system it's seen as kind of like not the main matter, it kind of like a little sub..subset which you can be interested in or you cannot be but actually if you weren't interested in it, you know, it wouldn't detract from the meat and potatoes of clinical psychology so you could still be a psych.. you know you could still be a psychologist as long as you do this and you can chose whether you kind of are interested in the little bit there or not (9)</p> <p>participant 4: supervisors haven't really mentioned it to be honest, they mention gender and age but ethnicity hasn't been one that's come up with them umh which is a bit strange now I that I think about it but then I don't know if it is strange because if it's not something that's come up with the clients and if I haven't sensed it within the process then I don't know if it is umh I guess, I</p>	<p><i>Is it a problem? Does she want to have a conversation around race?</i></p>
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	<p><i>Being confronted with the dilemma of carrying the burden</i></p>	<p>don't know if you're kind of wondering about whether it's something that should be discussed in the sense of developing my own sense of cultural identity I don't know. I don't know if that's necessary really (17)</p> <hr/> <p>Participant 7: there are times in teaching where, cause not everybody is... is able to kind of take this onboard and... and support me I guess in this... in this, so I don't feel so alone and flying the flag (20)</p> <p>I talked about the fact that it's interesting that she feels frustrated or she said she feels frustrated by the idea that it's always me that has to say it, but yet she doesn't take the choice to say it, to ease the burden if she's so concerned about my burden (23)</p> <p>So in some ways I feel like it's partly my responsibility to... to inform people and to educate people, but at the same time it's a very lonely place and to do that on your own or to feel like you're doing that on your own is really, really, really tricky. And I've often felt resentful of the fact that there are people in other cohorts... Well there are other cohorts where they have more</p>	<hr/> <p>Anger at group for putting her in this position- for not sharing the burden with her, but instead becoming irritated at her for making them feel uncomfortable Questions why other trainees might find it so difficult to talk about race and culture, when they can step into the shoes of people who have had other different experiences-</p> <p><i>is there a fear in the group that ethnicity is the baby of BME professionals only?</i></p> <p><i>She seems to be holding all the discomfort for the group- what would it be like if someone did take the burden from her? She is sacrificing fitting in, being the outsider for her values, her core sense of who she is Desperate sense of loneliness and isolation.</i></p>
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		<p>than one black person and felt quite angry about this [laughs] and kind of like why... why am I in the cohort where I'm the only black person? And felt quite angry about that, because it is a very lonely place and... and me having this fantasy that if there was another black person in my year group that would ease the burden, I would have more support and I would feel less of a pressure to speak and say when things are inappropriate or when things are slightly stereotypical, which can also crop up as well. Um, so it's lonely, it's hard (pause) (15)</p> <p>And we've also had discussion about the notion of me being the flag carrier. So, me as a typical black person having to say the thing that can't be said. Having to name and label the pink elephant in the room. (19)</p> <p>I guess the risk there is that you are... you are expected to have knowledge or be the speaker um if the client is from the same background as you or if you're talking about a topic in teaching that relates to your colour or your... your ethnicity. There's a risk that you might be expected to be the person, the know all. (57)</p> <p>I think I've spent most of my time on training</p>	
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		<p>feeling like one of the group irritants. Now I am also aware that a lot of... a lot of this... um these feelings may not be true for a lot of people in my year group, but that's how I felt. I felt like the irritant who is always labelling the pink elephant in the room. Um, so I guess as the group irritant, I think to a certain extent I felt like an outsider. I felt like I wasn't part of the group. I was part of the group, but I was different.</p> <hr/> <p>Participant 8: I don't want to corner myself into only doing research on minority groups. I want it to be more mainstream and more a priority. And just like I said, if you analyse it as part of the data, not to do a whole study. It's a dilemma for me, cos I don't want to, like I said marginalize myself, uhh, cos it can be quite lonely as well I think, even within your community.</p> <p>I wouldn't feel comfortable talking about academic teaching and ethnicity issues, because, maybe I'd feel like they'd expect me to know all the answers (38)</p> <hr/> <p>Participant 9: Interviewer: Is it brought up by anyone?</p>	<hr/> <p>By minorities carrying the burden, it takes responsibility from other professionals to make it more mainstream and a priority- also can be lonely</p> <p>Fear that if she does start speaking out more, she will be expected to know the answers- positioned as cultural expert.</p> <p><i>What about her own training needs? What does it mean to her and others of she didn't know all the answers?</i></p> <hr/>
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		<p>Participant: Not really, no. [Laughs]. I think I've mentioned it, but... informally between people, just in terms of, "Oh actually, they could have really taken time to talk to us... directly at us... um to us... with us, sorry. They tend to talk <u>at us</u> about it. And also kind of quite struck by um the person, who jointly did the um... kind of the diversity thing, was um... I don't know... whose first language wasn't English. So I thought maybe she would have... maybe she would have a contribut... maybe both, not just me (19)</p> <p>we kind of talked about who was psychodynamic not right for... and even just thinking about the language barrier actually if you do... if you don't... if your language doesn't capture the concepts or constructs in that way then maybe it's not gonna be right for you, but that was sort of... That was brought up; I brought that up [laughs]. Um, it was... it needs to be received as well. Cause yeah I kind of agree, kind of structure your own learning where you shape your own learning, but it needs to... it's a two way process and if it's not received then it's hard to keep giving anymore. It's hard to keep trying to stimulate it in a different way. So, yeah, unfortunately I think it's... it's felt limited in</p>	<p>She feels quite strongly about it, but being the only one who speaks up, she appears powerless to change things, and does not want to put herself out there completely- what does she risk losing?</p> <p><i>By continuing to champion the cause, she risks being singled out, rejected and isolated for making the group reflect on difficult things, and also not be so task-focused. Thus the message needs to come from above? That it's ok (and important) to stop and reflect.</i></p> <p><i>Also, if she opens up the dialogue, she will be expected to know the answers- cultural expert? What about her own training needs? What does it mean to her and how she is perceived by her supervisor if she didn't know all the answers? Not reflective enough?</i></p>
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		<p>the teaching and not... it's not really clear why and in terms of the forum to bring it up in... cause I'm thinking now actually, gosh, why isn't this... why don't I bring this up in lectures? Um, it's probably just fear I think. Just not... So in terms of being... being uh... what's it called when you're championing the cause and actually why not, because it's important to be, but it... you do kind... you know can kind of feel quite singled out, but I know I'm not the only one who feels this way, but maybe I'm being..i'm the one who feels quite strongly about it, but then not feeling strong enough to kind of really be explicit in... again in discussing it. And again... again I do think it's about receiving. It needs to be received as well from the people I... who might be saying actually let's address some of these things.(22)</p> <p>it's really hard to talk about, sometimes this kind of thing. So... cause then you might have to provide the answers. Do you know what I mean like, what... okay, so what does it mean to be working in this team? What does that mean and what does it mean to you to be... to be you and I don't know (32)</p> <hr/> <p>Participant 6: I'm so passionate about things and I do put myself forward I almost, I almost do wanna</p>	
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		<p>make a mark and I guess I'm starting to do that by doing an MRP in a domain that's never been done but I do see that as small steps towards really creating something out there or having my name put out there or having findings that never emerged. So I think it's quite ambitious it might not happen but I think it does, [pause] I don't know, I think it, I think it does, it does impact upon how you see your training. I know a lot of friends see it as oh I just want to make things as simple as possible and I just want to get through the course, and it's not just the course, to me it's not just the course, it's a lot more but that's because I've had such a journey to get to it. (18)</p> <p>I do end up being quite critical and I end up sometimes do say things in class and sort of give a very different perspective I think the more people don't want to join in and turn it into a discussion the more that makes you want to retreat and feel like well I don't want to be the only voice that says this because that makes you feel like you're a bit of a weirdo who just constantly has to voice something and no one else is collaborating on that point of view. Umh, see I think it can be frustrating (8)</p> <p>basically the fact that I am a BME and I've been</p>	<p><i>Passion and enthusiasm- Almost political Responsibility towards bme community Training as an opportunity to make change, not just get through and qualify- what does it mean for her identity? she doesn't seem to mind being seen as the BME person- in fact this seems to be her aim.</i></p> <p><i>Even though she is very enthusiastic- even her energy and enthusiasm is affected when class are not receptive- how often does this happen? How does it affect her relationship with the group? How does she fit in? she continues being the one raising things even though people might not be receptive- is she faced with the dilemma of either staying quiet or soldiering on and thus risking her relationships with group?</i></p>
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		<p>quite interested in that, we've been trying to organise a carer's group and we're going to do an open day, create pamphlets and posters and have them translated and do an open day for ethnic families and say you know what would you want from the carer's group and we're gonna try and set it up and we're gonna try and get interpreters, she really wants me to have a lead role in that in helping design and implement this carer's group and she's very passionate about me being a BME who's gonna have that presence within, within the group and potentially also it might also facilitate with the language, language mix there as well umh so it's been, she's been really respectful and really positive and umh I think that's been really good cos something I'm really positive about and I've got really excited about thinking about it. (13)</p> <p>-----</p> <p>Participant 2: a care co-ordinator who's a social worker came up to me and she's kind of like, white, middle class, about 40, 45 [sniffs] said [coughs] um, my supervisor put me onto her because she had a client who I possibly might be doing some work with, and the social worker said you know "I've got this client who's 40, Jamaican</p>	<p>By minorities carrying the burden, it takes responsibility from other professionals to make it more mainstream and a priority</p>
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		<p>ethnicity and he's going to be really pleased if I take you along, and you might possibly be working with him, because he's kind of like inferred quite a lot in the past that I wouldn't understand what he's going through" [sniffs]. So that's quite interesting. So I'm feeling, from talking to people that, people say, its great that you know you're a black, you know trainee clinical psychologist because[sniffs] [short pause] it will be fantastic to have a high representation of um, you know black psychologists out there, so I suppose people in the community can feel that they are understood.</p> <hr/> <p>Participant 1: I think somewhere simmering under there is this idea that it's kind of your responsibility as a black woman or whoever to be more interested, especially if it's something that's problematic. But if it's something that's problematic then it, it's kind of more your responsibility to make it better because obviously as a black woman you'll understand these issues more or you'll be more kind of a tune to what's going on, I'm not sure whether I completely buy that, yeah (10)</p> <p>there aren't very many black woman who are qualified psychologists and so there might be [inaudible] added you've got to make it sort of</p>	<hr/> <p>Anger and annoyance at being expected to carry the burden- implying it should be everyone's responsibility</p> <p>Political interest</p> <p>Cohort are sharing the burden- shared ownership. Responsibility not only on her. active dialogue</p>
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		<p>thing you've got to get through it cos you, you know, it's really needed like I, I personally feel like there aren't enough. I definitely feel that the workforce the current workforce of clinical psychology doesn't at all adequately reflect who comes through the door but umh so that's an added pressure on BME trainees (...) there's some group ownership going on, I'm doing it, it's like one for the team sort of mentality (27)</p> <p>I have a particular interest in sort of umh mental health perspectives from BME groups and I'm able to kind of share that and share why I think it's important and there are loads of other people who feel exactly the same, so it feels more like a network or a family if you like, and that feels really good so I really enjoy that (8)</p> <p>I feel like there are other people who so there are other sort of people from the wider BME sort of perspective but there's other black woman on my cohort as well and I feel like even though I'm a black woman it's really good to have other black woman because I can't speak for all black woman and my experience might be completely different from theirs and if I say something I know that they'll be there to say well I'm a black woman and actually I think something else so, yeah (26)</p>	
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	<p><i>Feeling powerless to speak out</i></p>	<p>Participant 9: even my supervisor said this to me as well, that he... I think he said if he ever had um, an Asian client he would be glad I would be there as the assistant doing the testing and being able to give him that perspective on anything he might be missing. And so in that respect it is quite good that I can think about other things that my supervisors might miss, like thinking about the religious background and thinking about if... they didn't need to be Asian either, they have to be an ethnic minority just having some kind of understanding of... of a different family unit and different things like. So in that respect I think it's fantastic that you can bring that (17)</p> <hr/> <p>Participant 9: Um... Not really, other than that I think if I did um he would be ready for that. It's just a matter of me feeling ok... okay with it as well and being prepared for whatever, wherever that might go and not being sure if that's... that's safe yet.</p> <p>Interviewer: What is it that doesn't feel so safe?</p> <p>Participant: Um, just what it might kind of unveil, cause it's like</p>	<hr/> <p><i>Seems to welcome the responsibility being given to her and the appreciation of her skills- feels valued</i></p> <hr/> <p>Sense of power difference in room- what would supervisor do with the information? sense that she is powerless to change things. It seems to be the rhetoric on a more global level within the profession, but not in her course it seems- profound feeling of sadness and disappointment? Wrestling with feeling that she just needs to get through the next 3 years, and then she can be who she wants to be. Misses out on opportunity for training to be a rich personal journey- impression that she is going to be shaped into what the course considers to be an appropriate professional image.</p>
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		<p>you just don't talk about it really. So, then gosh, what's gonna be lots of years of not talking about it? (32)</p> <p>I knew what I was signing up for, because this particular course, I know kind of I don't really have a choice. If I had to choose, I don't think it would be my first choice, but you know I'm here and... and I know it's not particularly been very reflective and... and open to those sorts of issues. Um, it is quite formal and it is quite CBT orientated, very research focused. Um, scientist practitioner and so... So yeah it's a letdown, but really I shouldn't be too disappointed, because I kind of knew something about what it was like. And it's sad that actually a course can have that reputation (25)</p> <hr/> <p>Participant 8: But, I, I, uhh, it feels like, in a way, she's got away with doing that, and uhh, there's nothing I can do about the future if she wants to do the same thing. But I don't know what, who I can even talk to about that really (sighs) (31)</p> <p>So you just sit there. Like it's not getting validated. So you can't, there's no point bringing it out as a possible, even 10% of the explanation. That's what's hard. Cos you know that if you're gonna bring up race, it's just gonna be like dismissed. So,</p>	<p><i>For the trainee, it can be very exposing- quote from Dorothy Rowe about how if her truth is denied, it is an annihilation to the self- thus if her Indian identity is invalidated or dismissed in any way, then her sense of self will be annihilated.</i></p> <hr/> <p>The uncertainty and subtlety of the interaction is powerful, as it leaves the trainee doubting themselves, re-traumatised and feeling singled out on the basis of race/culture</p> <p><i>But, how can she validate her feelings if the person delivering the comment/action doesn't see it/themselves as racist or does not mean harm in any way?</i></p>
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		<p>there's no point. There's no point talking to people that aren't gonna validate what you're saying. You gotta go to your friends or... (40)</p> <p>Or, that I was being like, I dunno, cos I'm just one. I'm just one person! So it's like, you don't, what you're saying doesn't have weight (38)</p> <hr/> <p>Participant 5: with my supervisor, yes I would love them to be a bit more mindful of that actually. Um, to sort of ask about how... how it feels to be a different... trainee from a different cultural background. But uh, if you ask me whether I want to raise it up, I'd probably say I won't either, which is a little bit self-contradicting [laughs], (33)</p> <hr/> <p>Participant 7: it wasn't something that was promoted by staff. It was something however that was very much supported by uh this lecturer and tutor that I talked about whose specialist interest is diversity. Um and she's been the driving force behind it, but again that's interesting in itself, because if she didn't exist um I don't</p>	<p><i>sense of helplessness and powerlessness- that her tutor has got away with it and can do it again in the future.</i></p> <p><i>She is invested in clinical psychology and believes in its value- thus finds it hard to speak out against it- as a result of the interview, it becomes apparent that she feels a little let down by the profession- the honeymoon period is over. But she still feels powerless to challenge status quo- what are the implications for her as a trainee? And how can she, as a solitary person, do anything to introduce change anyway?</i></p> <hr/> <p>If his supervisor brings it in, then it means it is ok to talk about and he won't be negatively evaluated on basis of race?</p> <p><i>Power difference</i></p> <hr/> <p>Feelings of powerlessness in asking for support around BME issues- even that needs the support from someone senior who is White- also see Louise's comment about power imbalance in relation to</p>
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		<p>know whether the work that now exists in (trainee's university) would have got as far as it had got. So it's something about power and obviously she's a white person, but she's arguing this case and she has power to drive it... to drive it forward. Um, which is interesting that even, not only as trainees, but as people from BME backgrounds we don't have the power even as a collective. The power has to come from, not only a member of staff as opposed to a trainee, but also someone who is white and not black or Asian or Chinese. It's interesting.</p> <p>this psychiatrist said, in the meeting of about eleven people, that this client was dressing like a black drug dealer. Oh my God. I could not believe it. I wanted the ground to open up and swallow me. Again, you know as is quite often the case, I was the only black person in the room. My manager was in the room at the time and I looked at her and she looked at me and she just looked down. And I thought okay, and she was white, so I thought okay, she's not gonna say anything. Cause I was... I wasn't the senior psychologist... she was the senior psychologist. Um and [laughs] I just couldn't believe it. I was so shocked and she carried on talking and I... I don't know what she</p>	<p>other higher status professionals</p> <p><i>reflection of power imbalance in society- power is given to BMEs? Medical discourse has more power than psychological discourse- thus psychiatrists are more powerful than trainee psychs, or any other professional- combination of power difference around race and professional status renders her unable to think or speak. thus she has to control her emotions and come across as highly professional in order to be heard- she cannot come across as a</i></p>
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	<p><i>Fear of being marginalized</i></p>	<p>said, cause I couldn't focus. I couldn't listen to what she was saying at the time this psychiatrist. (31)</p> <hr/> <p>Participant 6: she really sort of let me have my voice and she sort of take a step back and say it's ok you probably know best in this context if you feel that's most appropriate with your client, let's go that way</p> <p>I think may be some of that's cos I'm quite direct about feeling passionate about those things, I'm quite vocal, and I think when I'm quite excited at something it does come across and I think, I think I've had that support and those reactions cos I've been quite forthright. (13)</p> <hr/> <p>Participant 5: I it's kind of sense of insecurity for me I guess. That uh... maybe I'm not brave enough to constantly remind people that I work and study with on a daily basis that I... I am at the root different uh from them. And uh... and I did tell you about sort of uh the extra effort I make to try to sort of integrate and how that sort of makes my life a little bit easier. I suppose you know when I sort of... when I thought about bringing up this kind of cultural issues and a lot of people sort of do think about that, it's... it's kinda scary sometimes that uh... that... because I... the last</p>	<hr/> <p>Does not feel paralysed by power differences- is able to speak out and people seem receptive to it</p> <p><i>What is it that she is doing to facilitate that? Her energy and enthusiasm? Perhaps she has not had past experiences which have led her to be vigilant for signs of people not being receptive to her- i.e. she says it anyways and people's reactions seem to bounce off her?</i></p> <hr/> <p>Fear that if he starts talking about cultural issues, he will be marginalized as only a Chinese person, and people won't relate to him in any other way, and won't see any other strengths in him.</p> <p><i>Also- what are the implications for him being able to connect with others if they only see him as Chinese?</i></p>
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		<p>more (20)</p> <hr/> <p>Participant 2: maybe as a black male you might be more welcomed or encouraged to uh, apply for certain jobs in certain services, like forensics or young offenders and uh, things like that (38)</p> <hr/> <p>Participant 1: there is this mindset that sort of like if you're a BME trainee then you should be interested in BME issues and if you're not, then you're kind of like well.</p>	<hr/> <p>Annoyance, irritation at thought of being marginalized into specific jobs</p> <hr/> <p><i>Who has this mindset? Other BME trainees? White professionals?</i></p>
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Master theme	Subordinate theme	Extract	Notes
<u>The strengths and skills of being a BME trainee</u>	<i>Becoming a cultural chameleon</i>	Participant 5: sometimes you do have... I have found that I have to sort of force myself a little bit to adopt a different way to be and speak a little bit differently than I would normally do, in order just to feel comfortable in the social environment and kind of to... to know people a bit better.(7)	more than language- it's a particular image you have to adopt and portray to others. In a bid to hold onto cultural identity- he resorts to adopting a 'white' identity. the 'racial' difference is visible and permanent- it makes it hard to blend in, fit in, be accepted. Makes it an isolating experience- thus unless he somehow tries to minimize the difference and tries to fit in, will he be isolated? see Communication accommodation theory by Giles.

		<p>Participant 9: There's little things, like you know perhaps even how you speak or sort of the words that you say. You know you're quite... I think it's quite a formal profession. It sort of has a very um... it's quite distinctly formal. Um, I'm well spoken and very articulate and perhaps that doesn't marry up very well with what... the kind of almost um... I don't know, the looseness that that I kind of associate with, the kind of free type of language in the way of talking that's Indian... Although even if I'm talking in English the kind of being Indian talking English, um you kind of restrain that a bit more and make it a bit formal. So, that's I guess an example. Um... Yeah. I guess it's changing. It can be quite... I think it has to be quite chameleon as well in that... in that sense. (3)</p> <p>Negotiate almost. Yeah I... I think so. I think so yeah, definitely. Just being um... I'm trying to think of an example that will help illustrate it, but</p>	<p><i>Hard and complex emotional work- but also a strength? Culture attunement: a competency that White professionals may not have. Is it a professional capability that is of value to him?</i></p> <hr/> <p>The cultural and professional identity are worlds apart- more than language- it's a particular image you have to adopt and portray to others.</p> <p><i>a strength? Culture attunement: a competency that White professionals may not have. Is it a professional capability that is of value to him? Is it a strategy that helps her to hold onto cultural identity</i></p> <p><i>but- restrains being Indian when being professional-Does this mean that she can't bring her personal/cultural self into the training arena? Won't be considered professional enough? What does it mean to be professional? Well-spoken, articulate and formal- White Middle Class? Being Indian means you're not portraying competency?</i></p>
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		<p>the whole there would be a broader sense of... of understanding, which I think is positive and it's something that um white trainees may not have um or Asian trainees might not have. It depends I guess on your experiences of being... and how you were brought up and where. So I find that that's a strength so... but equally if I am sitting down in a room with a middle class white person, I can interact with them in a way that's gonna be more suitable for them and then will turn up the heat on my vocabulary for example. So that way I'm more versatile and... and feel... I feel that that's a strength (53)</p>	
		<p>Participant 6: being a British Asian, I still have a Western outlook in some domains, I still have a Western perspective, I still function within a Western society in a Western context. It's fundamentally my core values in my inner beliefs or me in my home context that's very Indian I think. In other domains including work I can be perhaps seen as someone who is same as perhaps being white, for example.</p>	<p>Is able to adopt a western identity to fit into the western society- about choosing who she wants to be, and what is going to serve her best in that particular context- <i>Does not appear to be distressed by this- it's rather a skill that she uses to her advantage. She has a strong sense of being Indian, and just because she adopts a western posture, it does not mean that she is losing her cultural identity.</i></p>
		<p>Participant 3: I almost started to feel like I was</p>	<p>Only way to cope is to compartmentalize Automatic access to different identities to</p>

	<p><i>Using personal experience to connect with clients</i></p>	<p>becoming kind of two different people. Cause with my friends I would be completely... I mean I would never talk to my cousins about the things I talk about with my friends, because that's... we from two different worlds. (21)</p> <hr/> <p>Participant 7: One strength that I have and I think it's not just from being a black trainee, but it's also from coming originally from a working class background, is that I... I am quite versatile and I'm quite adaptable. So if I have a client that sits in front of me whose black then I have an experiential knowledge of... of... of where they're coming from perhaps and also if they talk... if they talk using for example patois, like Jamaican patois, then I'll be able to understand them. If they talk using street language then I'll be able to understand them. Now obviously language is quite important and that people can mean different things by different expressions, which obviously you would clarify in the room, but on the whole there would be a broader sense of... of understanding, which I think is positive and it's something that um white trainees may not have um or Asian trainees might not have. It depends I guess on your experiences of being... and how you were brought up and where. So I find that that's a strength so... but equally if I am sitting</p>	<p>help her blend in. <i>But, onus on her to blend in with the context and adopt either western or Indian identity- sense that if she brought in both identities in these contexts- she would not fit in</i></p> <hr/> <p>can bring in her experience of difference and racism, language etc when working with bme clients (bringing the self into professional identity) or access professional identity to work with white middle class clients</p>
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		<p>down in a room with a middle class white person, I can interact with them in a way that's gonna be more suitable for them and then will turn up the heat on my vocabulary for example. So that way I'm more versatile and... and feel... I feel that that's a strength (53)</p> <hr/> <p>Participant 8: the experience of stigmatization, discrimination, being from a group that maybe has a lot of negative stereotypes, from, but are embedded in lots of truths you know, about the difficulties that the community have you know. So, I think that is helpful experience, for empathizing with people (32)</p> <p>I think with the client I'm working with schizophrenia, who's from the BME community. I think he's been able to really openly talk about issues of race with me. And I think he's been really relieved, and I think that's really helped with the alliance, definitely with us (7)</p> <hr/> <p>Participant 9: It is probably where I've incurred the least kind of turmoil [laughs], because</p>	<hr/> <p>It seems as though her role as a therapist is the only space where she feels able to bring in her own experience- where she feels it will have a positive impact with all clients.</p> <p><i>Again impact of power- professional identity brings with it the power to make it safe to bring in her cultural identity into the room with the client?</i></p> <p><i>Does she feel that clients would feel more able to connect with her because of assuming that they have a shared experience (of being working class, oppressed, have less privileges etc?)- therefore she will be able to understand them- they can say it how it is without fearing any repercussions or being dismissed?</i></p> <hr/> <p>It seems as though her role as a therapist is the only space where she feels able to</p>
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		<p>people... you know I bring it with me physically. So people will be like, “Oh okay. So, are you Indian or are you... were you born in this country. Oh you have a very good accent,” or something like that [laughs]. I’ve... I’ve been told that once before when I went to the coffee shop. You’ve got a very, very good accent. “Really, I was born here. I should... I should have a good accent.” Um, yeah and it’s kind of... it’s met with a curiosity, which is really nice, and it’s genuine and it’s just a curiosity and depend on... I guess depending on the context and whatever modality you’re using. You know you can either use it to kind of help the situation. “Okay, so what does that mean to you? Are you thinking about your own identity?” or just you know a simple answer of, “Yeah you know, yeah I am Indian. Have you been India?” “That’s great, you know... I think it’s a great place.” “So, good for you.” You know you can use it in those... those sorts of ways and it’s never been... it’s never been... I’ve never felt discriminated against or kind of it being highlighted as a negative thing in my contact with um service users. I don’t know, maybe because I’ve worked and lived in London or I’ve worked in... yeah I’ve worked in London settings and people are just generally used to lots of diversity anyway, but um you know the people who do ask,</p>	<p>bring in her own experience- where she feels it will have a positive impact with all clients. With colleagues- there is a constant fear of being perhaps discriminated against, being on the guard, and a sense of compromising herself. With clients, she can fully bring in her cultural identity-</p> <p><i>is this to do with her professional identity giving her a sense of power and confidence, so maybe she feels on a more equal footing with the clients?</i></p> <p><i>The importance of being able to feel safe in bringing in self and experiences with clients. Also, importance of feeling understood, and not dismissed.</i></p> <p><i>Does she feel that clients would feel more able to connect with her because of assuming that they have a shared experience (of being working class, oppressed, have less privileges etc?)- therefore she will be able to understand them- they can say it how it is without fearing any repercussions or being dismissed?</i></p>
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		<p>yeah it's always been very positive and it's always been inquisitive. It's been curious and um a chance for me to kind of just tell them a little bit more and then kind of I guess... move on yeah. And it can be quite a useful thing, because you can use that to highlight the things that they've identified in you, in them. Like the difference for example (33)</p>	<p>Also, she is able to make sense of broader issues through using her own experience to make sense of experiences- offer multiple perspectives?</p>
		<p>Participant 6: she was a Pakistani lady so although she wasn't the same ethnic culture as me she was still a BME and umh it worked really well, you know work with someone who is of the same colour as you and roughly the same ethnic background as you and my supervisor was brilliant in terms of umh helping me think about the therapeutic alliance I had with this particular lady and umh the impact and you know how similar cultures at least to some respect was helping her build a therapeutic alliance and was building the trust and building the ability to really engage in things that she probably never would engaged with if she'd been with perhaps umh a psychologist that was not a similar background to her. (12)</p>	
		<p>Participant 4: say for example I'm seeing an Asian</p>	<p>Does not see bringing in cultural identity as</p>

		<p>girl and she's the same age as me umh and ok I'm seeing her anxiety or something, I wouldn't think that I have an upper hand compared to say Laura who's a, you know a white English trainee who's the same age [pause]. But it's a tricky one because I guess if someone's gone through anxiety themselves and they've had panic attacks then they might be able to connect more with [pause] you know the client that's sitting across the room who's also describing that, they can kind of understand that more but I don't think ethnicity works in the same way. I don't, I don't think it does for me it might for some people perhaps (30)</p> <p>Participant 2: the last thing I want to do is, [stutters] go into a therapy session and say someone looked like a, this guy who's uh, black man, 40 years old, like from Jamaica [sniffs] and, and get, I suppose kind of like um, where the boundaries get loosened and I'm colluding with this idea that kind of like we're friends, um, what we talk about sort of like, other people can't understand. Because that could also destabilise uh, this client's position with [stutters] you know, all the other professionals that he might meet [sniffs]. Do you, is that, is that more clearer?</p> <p>I suppose I have an awareness that service users</p>	<p>necessary-</p> <p>Why? Are there implications for professional identity? not professional enough?</p> <hr/> <p>Struggle between bringing in the self and not being able to keep professional boundaries- where does this fear come from? Who would disapprove?</p> <p>Hard emotional work in making client feel comfortable with being in a room with a Black man</p>
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		<p>may come to therapy and think, oh my guy, big black guy, [laughs] okay. And because of it I think, I have a tendency to come across as gentler and more nice and much more warmer, and just checking that they feel comfortable, do you know what I mean, to try and get over the perceived stereotype that I think they may have (22)</p> <p>where there are issues around race and ethnicity with clients I'd be in a really good position in that I would have, I suppose, a stronger sense, from someone who's from a minority of kind of like, what was important to the client, than perhaps someone who wasn't from a minority [sniffs]. And in that sense, you know, it'd stronger, and also I suppose I would be able to more readily um, identify some of these issues, when you start formulating (29)</p> <hr/> <p>Participant 1: I was really aware that when I started training someone was referred to psychology they would expect to see a white middle class, probably blond woman sat in the room you know ushering them in and that when I come in I look very different and I got dreads and, do you know what I mean, and so it seems a bit nonsensical to not mention that. So I think in the beginning I normally will make a comment about,</p>	<p>Bringing in cultural identity to introduce difference and make meaning with client</p>
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		<p>it won't be something like yes and I'm a black woman but it will always be something about lots of people having different experiences and as you can see, I'm very different from you but hopefully you know by sharing our pool of experiences we can come up with some things that are gonna be helpful. (18)</p> <hr/> <p>Participant 3: I worked with a Asian male and there was a lot of concern in the team about the family not really understanding and [sighs]... um, not understanding mental illness and things like that and I could certainly relate to that and see where they're coming from, having experienced it myself. Um, so I think that was helpful to offer that perspective for the team. Um, that is the only kind of time so far [laughs], and I think the course I'm on, the area happens to be quite [laughs] white middle class. Um, so it might be a challenge kind of finding uh, clients from different kind of backgrounds, but um, I think when I... when I do on placement or work for them, it... it will help me have that kind of perspective and I will empathise more with those kinds of issues, having gone through them myself. And in that respect it's similar to someone who's had depression before. Someone who uh, comes from the same country or speaks the same</p>	
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		<p>language as... as someone. You... you've got those shared experiences. So hopefully they will warm to you more. Even if you don't self-disclose, just you know some people respond well to coming in seeing another Asian face if they're Asian. Just having that instant rapport has gotta... gotta help. (30)</p> <p>with that same client, um, he did try and like talk to me in his language. Um, one, I didn't understand very well, but two, I felt that was kind of over familiar. Like yeah, I... that was hazy to me. Like... if I had understood, would that have been okay, to kind of have the sessions in that? Or particularly because it was in a forensic setting as well, it's much more about kind of boundaries and things. So that would have been difficult, but I was able to obviously say, "I just don't understand." Um, but also the... again, kind of with the over familiar I think, then it kind of felt that because we were both Asian that I could help him or I'd always be on his side and as a kind of, you know psychologist you are on their side, but also forensics have... you have your own agenda of things that need to be covered and issues of trust and there's certain things that you have to say are completely wrong. You can't... you can't agree with them on those things. So, that was</p>	<p>Struggle between bringing in the self and not being able to keep professional boundaries- where does this fear come from? Who would disapprove?</p>
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		<p>quite difficult, keeping the kind of boundaries (30)</p> <hr/> <p>participant 9: I: What kind of strengths or resources do you think come with the position of being a trainee from a BME background?</p> <p>Participant: The more immediate thing could be language. I think.</p> <hr/> <p>Participant 4: I can speak Urdu and umh there's been two clients I've worked on, one in my first year, one in my second year who spoke Urdu and that was really helpful and so that helped, so that I'd say was a strength</p> <hr/> <p>Participant 5: well first of all I speak sort of two other languages, so that's probably a... a kind of strength (37)</p>	<hr/> <p>Strength of being bi/multilingual</p> <hr/> <hr/>
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Master theme	Subordinate theme	Extract	Notes
<u>Finding connections: safe</u>	<i>What helps me to feel safe</i>	Participant 9: And you know we could be very optimistic and positive and say, "You know every	The context of this quote is around a discussion on the kind of support that

<p><u>and supportive contexts</u></p>	<p>therapist, regardless of their orientation should be aware and be able to handle these issues,” but I don’t know. I don’t know how true that is. I don’t know, maybe I’m being a bit cynical and thinking probably not all of them do. You know, maybe that is quite cynical of me I don’t... you know I don’t think you can trust that everybody will be ready and prepared to... to really... Yeah. I don’t know, maybe that’s me being very cynical and very bad, very generalising... cause, you know some of them are going to be very private, middle class... it is actually linked to class as well... cause actually middle class people... maybe they don’t have... or may not be ready to embrace that perspective. So yeah, I think that would be useful to have kind of a specific um heading for BME... able to work with BMEs [laughs] or kind of attuned, in touch with kind of these sorts of issues if you really want to kind of go for that. Otherwise, you know, yeah, you could go for anything and you know, you just kind of have to go with a trust in them being able to handle you being who you are and what you bring. And for the most part I’m sure they are, but actually it’d be nice to know that. (45)</p> <hr/> <p>Participant 8: I’ve actually got a BME supervisor. Um, so, I have to say I was really relieved that I did. Not because any supervisor, like any</p>	<p>would be helpful. The trainee goes on to say that personal therapy would be helpful, but that it seems important to her that people (not necessarily only bme therapists) explicitly state their interest and openness in the area- would make them better positioned to help her as a Personal Therapist. again, importance of feeling safe and validated.</p> <hr/> <p>The importance of being able to feel safe in bringing in self and experiences with clients. Also, importance of feeling</p>
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		<p>supervisor would be great. Anybody with her temperament or her qualities or her brilliance- that would have been great. But I felt it's really nice. I felt, I felt relaxed. I felt I could bring up any issues that I might have to do with race in the future if I needed to. I feel really comfortable talking to her about issues of race. Whereas, umm, I wouldn't, I would have been less comfortable talking with umm a White supervisor about, about 'racial' issues that come up even in my work, or personal issues I guess. Just cos you feel like they don't understand you. And I think this is what clients go through as well. What I was saying before we started recording about just wanting to know if someone might have had a similar experience to you, that that could be enough. Maybe, maybe I'm making umm massive assumptions. Maybe she's never experienced discrimination or anything. (clears throat). But, it's just nice to know that um, your supervisor is from a minority background as well (22)</p> <p>Participant 7: if I hadn't had personal therapy and I wasn't as self-aware I could have reacted in many different ways to that situation and I don't think training thinks about that. Training for me doesn't incorporate... Um, I don't know what you call it, but cross... cross... where... cross cultural work. So where the therapist is a different colour</p>	<p>understood, and not dismissed.</p> <p>Training lacks in providing cross-cultural training for the bme trainees- focus is always on how to work with bme clients. Lack of attention to the emotional support that may be needed Onus on trainee to learn for themselves, and find support outside of training-</p>
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		<p>or... or race to the client and yeah and vice versa, it doesn't... it doesn't incorporate that. You've gotta work it out for yourself, which is hard (34)</p> <p>Even to think about what can I say in the situation, because you can't turn round and say people like what I honestly might like to say is, "How fucking racist is that?" But I can't say that in a meeting, because then I look like the stereotypical aggressive black person. So... and because it... it's not a intellectual response that comes up immediately, it's an emotional response and then I have to spend time working through that emotional response to bring myself back to an intellectual place where I can then challenge or express my views or opinions about the prejudice that's been expressed in a way that isn't gonna be offensive to everybody. And in a way that it means that people are gonna be able to... to hear it, which is very hard and I think is something that training doesn't teach you, it doesn't encompass at all. Um and I think that that's a particular area where it falls down in terms of um BME trainees (33)</p> <p>So in that sense I think there's a risk of being re-traumatised, by not just what's happening in the teaching, but also what happens in meetings and</p>	<p><i>it doesn't seem to feel safe enough to access support within the course- fear of being dismissed and invalidated?</i></p> <p><i>Hard emotional work</i></p>
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		<p>what happens with clients. So supervision becomes all the more important, but equally, you know my peer group who I talked about, who find it difficult to hear about difference being talked about in the room, are the people who are gonna go on to supervise other BME trainees who are coming up through the system. So, there's a risk of having people around you who are not able to support you with the difficulties that come or the challenges that come with being a BME trainee. I think that's a risk. And there have been times where I myself have talked with people outside of the course, just because I haven't felt like there's a space to do it on the course, either with supervision or with um course tutors (56)</p> <p>another interesting thing I guess that when I did apply I was very thoughtful and very careful about where I applied um and was very nervous about courses who perhaps had less of an experience of having trainees from black and eth... minority ethnic backgrounds and how they support their trainees or their capacity to do so. So I looked on the clearing house website and I looked... when I read um the proformas provided by each course, I wasn't um... I wasn't bowled over by prestige. So for courses like (..) and (..), I was much more looking at how they presented</p>	<p><i>The careful consideration given to how the course might support her- prestige not as important</i></p>
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		<p>themselves and I noticed that the courses that I was reluctant and did not apply to were the courses that presented themselves as these grandiose institutions and this notion of... of whoever... whoever was accepted there having to be grateful that they've been accepted. So instead I chose the courses who were much more keen in finding out who I was and promoting me as an individual and combining that with the course skills that I need, um as a clinical psychologist. (11)</p> <p>I think that you being from an Asian background yourself has been quite important in terms of what we've talked about. Um... [short pause], in the sense that I... if you had been white, then I would have been scanning to see your reaction and your response to what I was saying, but I think primarily to... to see whether or not... I guess interpreting whether or not I felt that you were able to hear what I was saying, tolerate what I was saying, accept what I was saying as... as a white person I would have been looking for that and that may... may have affected what I... what I would have told you. So, as... as an Asian person who I... I make an assumption that you know what I'm talking about. Although, obviously as a black person we're... we're</p>	<p><i>Interaction between being bme and female? Opportunity to connect on different levels? Importance of feeling safe when talking about these experiences- knowing that the information is going to be respected.</i></p>
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		<p>different in that sense, but I guess my assumption that there would be certain commonalities, certain pos... potential experiences that meant that it would have felt safe for me to just talk to you as opposed to a white person where... I mean admittedly, if you had been white and a trainee clinical psychologist I also may have made an assumption that they were clearly interested in the subject matter and that's why they were asking about it. And to be asking about it might mean that they're more comfortable to do so, but I think that um as an Asian person there's something about feeling freer to talk about these things. Um... [short pause]. I do also wonder about whether it was easier to talk to you because you were a woman, a fellow woman [laughs]. I don't know. I think about if you were a man what would it... what would it...? [Short pause]. I don't think... if you had been a man, I don't think it necessarily would have changed what I would have said, but I think the overall sort of general level of comfortableness might have been just that little bit less. I guess it depends on the guy, but I think yeah. I think that's made a difference. [Short pause] (69)</p> <p>Participant 4: The fact that we are good friends</p>	<p>Feels safe to talk about cultural issues with other BME trainees-</p>
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	<p><i>Creating a space for meaningful dialogue about difference</i></p>	<p>you know, as well as colleagues whatever, we really understand each other and we are very close, something that I often wonder is it because of understanding background and understanding things like marriages and religious things and parents and stuff or is it just personality. It's, I think it's hard to say (15)</p> <p>the comforting bit is just, I think, umh them asking less questions about it perhaps to them kind of knowing and accepting that and being more aware of it, so for example they wouldn't ask if I'm fasting umh they'd understand a bit more around kind of the arranged marriages and those sorts of things and they can understand a bit more about families, but again, that could be an assumption on my part cos again I don't know if that, those conversations are any different to non BME groups but what I think is different is umh there is that sense of yeah I know what you mean basically. (19)</p> <hr/> <p>Participant 9: maybe there needs to be somebody... maybe there needs to be more people up there... I don't know people on kind of all levels, kind of championing kind of the... or keeping alive the thread of kind of this awareness</p>	<p><i>Less fear of being evaluated, judged, stereotyped? It just feels comfortable, there is less effort needed to be on the lookout for signs that you are making someone uncomfortable? Or that they might be misunderstanding you?</i></p> <hr/> <p>Maybe if it comes from above, it is given more importance, then if she tried to change things from her own position, as a minority ethnic trainee? She needs the power to back her up?</p>
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		<p>and of the... of the impact of being a BME and stuff like that, training, just alive and refreshed and continuous and maybe one day that will be people like me. I don't know. I'm not really doing it right now, so unless they're... and let's... let's be honest, role models that's what we need, we need role models (36)</p> <p>I wouldn't feel threatened by that at all. I just kind of... cause it is very exposing for yourself to kind of bring it up, but sort of it's part and the parcel of... of kind of... a kind of standard thing, you know, "Let's talk about..." cause it's not just... cause it's about talking about you and you do talk a lot about you. Cause that's what I've noticed actually sort of being on placement. There's... there's lots of focus on you kind of in the one-to-one way and in terms of being observed. In terms of who you're turning into in terms of a psychologist and part and parcel of that you is, you know something about me, is being Indian. So... so yeah, so if that was brought up by the course or the supervisor I think, yeah, that would be great. That would be... and it doesn't need to be this kind of um eggshell type thing, you know it can be really positive and it can be really... can be a serious acknowledge of... of kind of who you are. Otherwise it's like... it can</p>	<p>Feeling that course itself needs to be less task-focused and more reflective</p> <p><i>If supervisor initiated conversation, then it would be ok- conveys to her that he is interested and finds it important to talk about- it will be safe with him?</i></p> <p><i>Something about it not feeling safe if she brings it up first- very exposing- power difference</i></p>
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		<p>feel like the elephant in the room (15)</p> <p>We live in such a PC world these days and I can imagine you know some of that... maybe there's some flavour of that sort of stuff. You know and psychology's very, very professional and very formal. It's kind of you know... it's not... and some of the stuff that we're talking about isn't... is quite abstract. It isn't formal, it isn't, you know this looseness about it. This um kind of softness about it as well. You kind of feel... you know particularly the teaching element. The teaching side of it and guess in the course as well, that's not... kind of clashes with the... the timetable, the kind of structure, the agenda, all those sorts of things kind of are incompatible with that. Um and yeah and people not... maybe not wanting to say the right thing and also actually you know I'm kind of sure it must be um to do with peoples interests. People... you know, the lecturers interests and if it's their interest, you know I'm sure it would be a part of... yeah a part of their kind of communication to us within a lecture, whether it's on substance abuse or whatever. Um, cause we have a tick box on the evaluation forms about sort of how difference and diversity is being acknowledged or....I don't think I gave high ratings, at all. It's out of four. I'm sure it's</p>	
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		<p>average out to like two or something. I can't really remember being quite impressed or struck or about discussions of that in respect to identity (18)</p> <hr/> <p>Participant 7: we're very fortunate to have um a lecturer who... and... and tutor who... whose specialist interest is in diversity. Particularly ethnicity and class I think and um she's absolutely brilliant and she is white and I feel that if it wasn't for her that my teaching experience would have been very, very different. Um, she is somebody who is not afraid to label the difficult tensions and she has done so. We've had some experiential exercises that have been second to none and really generating difficult feelings, but important topics to talk about. (26)</p> <p>we've set up a BME reflective group and applied to our course for funding to have a facilitator for um trainees to talk about the issues that exist for um trainees from a BME background. Now it's not... it's open to everyone. So white... there are white trainees that come along to develop their knowledge and to... I guess to feel really. So it's open to everyone</p> <hr/>	<hr/> <p>Opening up a reflective group to everyone opens space for connecting with other trainees and prevents marginalization/segregation.</p> <p><i>Need the support of someone more senior- makes a difference in how receptive the cohort is to exploring difficult issues?</i></p> <hr/>
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		<p>bringing my identity as a psychologist into the, into our supervision space umh and she was real, really encouraging about me reflecting on culture (12)</p> <p>that the people that I've got on well with umh can appreciate the fact that I will have a BME perspective and I will say it and I'd be passionate about it and they'll appreciate that added dimension. I think in that way the friendships not only are based on friendliness and likeability they're based on sort of admiration and respect for each other cos you all bring something to the course and I think that people that truly understand you, actually will value the fact that I might say something which is completely just random and relevant to BME, domain (11)</p> <hr/> <p>Participant 2: it might be good if uh [sniffs] for courses to actually [sniffs] speak directly to BME people on the course and just get, you know actually ask their experience or feedback about their selection, application, do you know what I mean, just from a, um what's the word, kind of like an individual experience type of, type of thing. That would probably be helpful yeah.[short pause] But you, yeah, its funny isn't it, cause you, in the background I get the sense that</p>	
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		<p>the course is kind of, we kind of want more BME candidates to represent the uh, um, the clinical population. We'll do something about it in a general sense, but you think actually, if you really wanted to [laughs] do you know what I mean, you probably could get much more information than, than you're actually getting. And it wouldn't have taken you, quite a number of years to think about, sort of the BPS recommendations, about how they target, you know BME, widening access to BME and male and disabled kind of like uh applicants. (42)</p> <hr/> <p>Participant 1: in supervision I find it really useful to talk about things like culture and my cultural experiences and how that informs how I'm, what I make of people's experiences in, and I think some supervisors are really jump onboard and they're really willing to do that (6)</p> <p>Participant 1: I've been quite lucky to end up where I did end up because I feel like cos I don't know what it's like on other courses but I definitely feel like there's been lots of space to talk about cultural issues etc that I think are really important. Like I don't feel like there is sort of a taboo sort of thing, actually I feel like quite the opposite it's really value and it's definitely wanted</p>	
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	<p><i>Valuing family pride and emotional support</i></p>	<p>umh from sort of clinical tutors and stuff (12)</p> <hr/> <p>Participant 2: My mum brought me up and my mum brought us up, me and my brother, to do what we wanted. So she wasn't the mother who ever said, do your homework and all that kind of stuff.</p> <hr/> <p>Participant 3: the actual career itself and the training, I mean they're so happy that I got on the course and they're so supportive and um, have a... a great recognition for the uh, hard work and... and dedication to the... to the occupation (5)</p> <hr/> <p>Participant 6: she sees training as something positive and something that she thinks is going to give me status and recognition and a good career path and almost feels like, she feels quite proud of clinical training and has been quite supportive about it even though it's taken me seven years to [inaudible] she's continued to be supportive which</p>	<hr/> <p>The importance of being validated and given the go-ahead to do training-</p> <p><i>he doesn't need to worry about letting him family down- they are very proud of him- lack of expectation around suitable career paths to follow- makes it easier to pursue training- would it be different for him if he didn't get the support?</i></p> <hr/> <p>support and pride from family-</p> <p><i>thus can pursue training in a 'guilt-free' way important for when she might need them as a source of support</i></p> <hr/> <p>the significance of achievement- status and recognition thus clinical psychology is viewed as an important profession. Family is also a good source of support support from family seems to be an important factor in feeling free to do</p>
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		<p>is quite nice. So yeah, this is it between my parents' I think, but no, I think they understand the stresses of it as well umh and I still live at home so mum's quite umh responsive to my stresses and my moods and umh I think she realises how much of a challenge clinical training is. Umh but no, they primarily see it as something quite positive. (2)</p>	<p>clinical training- it means a lot to trainees that it is valued and respected.</p> <p><i>How would it be if family didn't support it- would she have chosen a different career path?</i></p>
		<p>Participant 1: my family are immensely proud of me. I'm not entirely sure whether they actually know what I'm doing so umh I mean my mum knows that I talk to people and I help them with problems and she, she's really proud of me but umh I think, they, to be honest I've got really easy going parents and I think they would have been happy whatever I did to be honest</p>	<p>The importance of being validated and given the go-ahead to do training-</p> <p><i>She doesn't need to worry about letting her family down- they are very proud of her- lack of expectation around suitable career paths to follow</i></p>
		<p>Participant 9; So um... so she views it positively. She views it um as something that's important to me, so it's important to her. Um, she doesn't... she wouldn't really get a sense of the struggles I think, that perhaps sort of... you know I'm kind of talking about say in terms of your identity. Um and yeah my brothers and sisters yeah. They kind of know that it's... it's important to me and they kind of guess that it's been quite a struggle.(6)</p>	<p>The importance of training is accepted without being questioned- despite the uncertainty, the struggle and reorganizing of priorities.</p> <p><i>But if they don't fully understand the struggles- is she able to get support from them for issues related to training?</i></p>

		<p>Participant 5: there has been a few times when they were even expressing sort of uh pretty positive things about what I'm doing as well. Sort of... and my dad is an engineer and I remember he said once to me that, "Oh actually you know what like I think what you do is... is a bit more meaningful than what I do, because you're actually working with people." (...) on the whole, they... they've never been very... very against what I do. And even if... at times when they didn't really understand they just sort of silently accept and so for that I'm... I'm quite happy and uh... quite sort of grateful, thankful I suppose. (11)</p> <hr/> <p>Participant 8: on the whole, not have much confidence in psychology's ability to do anything. And I know that people from bme groups have more trouble accessing services and probably maybe more suspicious of services or whatever. Umm, and I think maybe that is echoed in my family a bit. I don't think many of them would go to a psychologist (nervous laughter). Ummm... I don't think they see it as like a core profession really, in a sense, although they do know that I'm going to be a doctor one day, so I think that helps them see that, you know, they know I'm very academic, and I work in mental health, so I</p>	<p>It seems to mean a lot to him that they accept the training, even value it.</p> <p><i>Does it mean a lot, because culturally, he might have been expected to have a different career path, one that is recognized as respectable etc- as they don't understand much about it, perhaps they don't understand to what extent it is a respectable career path to take. Also, it might lead him to question cultural values etc- despite that, they still accept the path he has chosen. His language is understated but communicates depth of meaning</i></p> <hr/> <p>Family does not see psychology as a core profession- cynical about usefulness- previous negative experiences with services</p> <p><i>How does that affect her relationships with them? If they are not very supportive about her choice of profession, is she able to access support from them when training becomes hard? how does it affect the way she is perceived by her community in terms of choosing a profession that is 'White, Middle Class'? Is she seen to be betraying the Black</i></p>
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		<p>suppose that makes a bit more sense to them than in the beginning, but I don't, yeah I don't think they view it as, they would think of like law and medicine, or nursing, or something else, as more of a core profession to do. Umm, but over the years they've grown to understand what I do a bit more of what I do I think, I suppose, so they've a bit more of an understanding of that. Yeah, I don't think, like I said, I think they're a bit, umm, cynical about the evidence, or the usefulness maybe?</p> <hr/> <p>Participant 7: on the one hand, the family putting me on a pedestal and seeing me as some type of angel, which clearly isn't correct, but... and this idea of being the only one whose achieved to this educational level, this attainment level and that can be seen as quite positive, um from my... the older members of my family. So my aunts and my uncles. But that makes it difficult for my cousins and... and my family members who are more... of a similar generation to me, for not having achieved. But on the flip side, there are also times when I think my family find it quite difficult actually and can be quite mocking. Particularly in the early stages. (6)</p> <p>I think at the time I could recognise that perhaps</p>	<p><i>community, and undermining the history or oppression? How does it affect her own cultural identity?</i></p> <hr/> <p>Profound sense of being the only one- this makes it difficult for her to connect with anyone who has had similar experiences to her- she is sacrificing potential to be accepted by the Black community- pressure to conform to stereotypes of black professions to be accepted? Isolating, painful?</p> <p>Interaction of being Black and female- threatening power relations in terms of race as well as sex by succeeding academically</p>
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		<p>the idea of me doing this training is quite threatening to my family um and that perhaps there's a sense of envy and jealousy, even though they wanted me to achieve highly, at a higher level of educational attainment. At the same time it generates perhaps feelings of envy and... and jealousy for those family members who... who weren't able to... to educate themselves to... to this sort of level. Um, I think now though things have changed more and um they're more likely... I feel like my family have a lot of respect for me um and I seem to be heard more, but I have to say I don't think that that's just to do with going through the course itself. I think that that's to do with me having personal therapy and to do with me separating emotionally from my... my mum and my stepdad (7)</p>	
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Appendix 13- Table of recurrence of themes

Themes	Participants								
	1	2	3	4	5	6	7	8	9
The hardship of not being White									
Standing out as different	X	X	X	X	X	X	X	X	X
The struggle to conform or not					X	X	X	X	X
The handicap of not being White		X	X	X	X	X	X	X	X
Looking through a 'racial' lens: clarifying or obscuring?		X		X		X	X	X	X
The challenge of negotiating multiple identities									
Complexity and contextual nature of cultural identity	X	X	X	X	X	X	X	X	X
Dilemmas about moving away from culturally conventional roles	X	X	X	X	X	X	X		X
Grappling with multiple truths and value systems			X	X	X	X			X
Holding onto cultural identity				X	X	X	X	X	
Challenges and dilemmas in highlighting race and culture issues									
Encountering avoidance of meaningful dialogue around BME issues	X				X	X	X	X	X
A resigned lack of expectation	X			X		X	X	X	X
Being confronted with the dilemma of carrying the burden	X	X				X	X	X	X
Feeling powerless to speak out					X	X	X	X	X
Fear of being marginalized	X	X			X		X		
The versatility that comes with being a BME trainee									
Becoming a cultural chameleon					X	X	X		X
Using personal experience to connect with clients	X	X	X	X	X	X	X	X	X
Finding connections: safe and supportive contexts									
What helps me feel safe				X			X	X	X
Creating a space for meaningful dialogue about difference	X	X				X	X		X
Valuing family pride and emotional support		X	X		X	X	X	X	X