

**EXPLORING BLACK WOMEN'S EXPERIENCES IN UK PSYCHOTHERAPEUTIC TRAINING AND
PRACTICE**

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Abstract

Discussions around racial disparities and social injustice have gained increasing prominence in Western societies. However, psychotherapeutic research is increasingly criticised for its omission of Black women's intersecting experiences, this includes research exploring the experiences of practitioners. This study aimed to explore and centre the experiences of Black women within psychotherapeutic training and practice and how they navigate their intersecting oppressions of sexism and racism within therapeutic training and clinical roles. Using the framework of Black Feminist Thought (Collins, 2000) and Critical Race Theory (Ladson-Billings, 2021) and a qualitative approach, I used interviews, focus groups and qualitative surveys to gather data from 15 Black women who have lived experiences as psychotherapeutic trainees and practitioners. I used reflexive thematic analysis to analyse the interview and focus group transcripts and survey responses and developed six themes. *Thinly veiled racism in psychotherapeutic training and practice* highlighted how racism in psychotherapeutic training and practice can be subtle and hard to recognise and non-Black peers, course leaders, and colleagues may not always acknowledge it. This implicit bias can hinder Black women's career growth, especially when there is no political will from leaders to address it. *Lack of representation cultivates alienation* demonstrated that the low numbers of peers and representatives in leadership left the participants feeling excluded in the profession and learning spaces. This theme raised significant questions about the awareness of organisational and institutional leaders regarding the challenges that impact their marginalised members. In the theme *Power from the margins: the usefulness of sitting on the outskirts*, participants highlighted how their marginalised perspectives allowed them

to critique and improve access to psychotherapeutic services for their communities.

Contradictions in the use of voice - empowering and restricting highlighted ways the participants were able to use their literal and political voices to challenge harmful racial stereotypes or problematic views held by peers and leaders. Their experiences of silencing through victimisation were paradoxical as they frequently encountered victimisation after attempting to self-advocate. *Too visible for the wrong reasons, invisible when it matters* reflected the participants' felt sense of hypervisibility for their differences alongside their experiences of exclusion for the same differences. The study reveals the combined narrative of participants' experiences in psychotherapeutic training and work, offering insights into the factors that educational and professional institutions should consider to foster inclusive training and practice environments for Black women in the field. The data suggest further research is needed that centers the experiences of Black women as service users, therapeutic trainees, and practitioners. Furthermore, research on white privilege in psychotherapeutic training and leadership, examining resistance to current oppressive structures, would benefit future research in counselling psychology and therapeutic training.

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Introduction

The growing trend of African-centered criticism challenges Eurocentric universalism and advocates for the representation of marginalized groups in Western societies (Morely, 2022; Hill, 2023). Afrocentrism is a perspective that examines historical and current racism, colonial resistance, and the reclaiming of a Black identity that is free from colonial oppression and rooted in African traditions (Balakrishnan, 2020; Hill, 2023). Examples of Afrocentrism in action include the Rhodes Must Fall and Black Lives Matter (BLM) movements (Sunnemark & Thörn, 2021). Rhodes Must Fall began as a student-led movement at Cape Town University in 2015 to remove a statue of Cecil Rhodes, a white supremacist whose policies contributed to the Apartheid era (Timalsina, 2021). BLM is a global organisation that seeks to empower Black communities to combat white supremacy and injustices (BlackLivesMatter, n.d.). Although these movements have gained significant media attention and sparked public discussions on race dynamics (Mirza, 2018; Krutrök & Åkerlund, 2022), discussions of Black women's experiences with sexist racism are not as prominent in these discussions (Spates, 2012; Allen et al., 2022).

This research examines the experiences of Black women in psychotherapeutic training and practice based on their personal accounts. These experiences are often overlooked in psychological research, as Black women's unique perspectives, intersecting oppressions, and other differences such as disability, multicultural heritage, faith, and sexuality are not typically reported in the literature (Lassiter et al., 2023).

The psychotherapeutic field is predominantly white, with white men occupying prominent positions of leadership, which results in the marginalisation of Black women and their perspectives and lived experiences (Arday & Mirza, 2018). This research aims to explore Black women's experiences navigating white normativity in the field of psychotherapeutic training and practice. Through reviewing research conducted in the UK and US, I have identified prevailing themes regarding the experiences of Black people and Black women specifically in healthcare settings, including mental health institutions and Higher Education institutions. This introduction begins with a discussion of the theoretical foundations of this research, followed by an examination of the educational and professional settings in which Black women train and practice. A review of existing literature will show a lack of research on Black women therapists, with a focus on their experiences in higher education, particularly in postgraduate studies where most counselling and therapy courses are offered.

Black feminist thought

Collins (1990; 2000) explained that Black feminist thought challenges distorted themes and traditional epistemologies in elite white, western male-controlled forms of knowledge.

Collins (1990, p.381) defined Black feminist thought as 'specialized knowledge created by Black women' to clarify their standpoint and 'encompasses theoretical interpretations of Black women's reality by those who live it'. The stigmatised social status of Black womanhood presupposes a legacy of struggle shared by Black women due to white supremacy and patriarchy (Collins, 1990). This legacy of struggle is marked by Black women's vulnerability to oppression, abuse, and exploitation in daily living through racist and patriarchal dominance (Collins, 1990).

Collins (2000) and Crenshaw (1989) have both expounded on the intersectional paradigms of Black womanhood through theories of 'The matrix of domination' (Collins, 2000, p. 269), and the interlocking systems of power and oppression that shape the subordination of Black women in the legal system (Crenshaw, 1989). The matrix of domination (Collins, 2000) outlines four interrelated domains of power: structural, disciplinary, hegemonic, and interpersonal. The structural domain of power examines how large-scale interlocking institutions reproduce the subjugation of Black women over time. For example, it describes how residential segregation in the US, has prevented Black women from having access to good schools and job opportunities (Collins, 2000). The disciplinary domain focuses on the management of power relations that seeks to regulate the suppression of Black women within organisations and institutions. Regulation in this context refers to mechanisms of surveillance designed to ensure that Black women within institutions and organisations remain non-threatening. Organisations may hire Black women to appear diverse but become hostile towards them if they try to advance (Thomas et al., 2013). According to Showunmi (2023), this is because Black bodies are policed and kept under surveillance, through monitoring tone of voice, emotion, level of ambition and progress, and conformity to white norms of dress and hairstyle. The effects of this level of disciplinary surveillance can be seen in the differences in progression between Black and white employees, the overlooking of Black women for promotion, and the large disparities in senior positions held by Black women compared to their white counterparts in various industries and organisations (e.g., Miller, 2019; Bhopal, 2019; Showunmi, 2023; Williams, 2023).

The meaning of hegemony within the discipline of sociology is the dominance of one group over another. It is pervasive and deeply ingrained in society's daily practices and beliefs,

making it difficult to conceive of alternative ways of thinking and behaving (Collins, 2000; Susen, 2020). The dominant group's tactics to legitimise oppressive practices that maintain the subordination of Black women is referred to as the hegemonic domain of power (Collins, 2000). Collins (2000) also identifies the interpersonal domain of power, which refers to the various ways in which individuals subordinate others based on their intersecting identities, such as religion, disability, race, etc. Examples of this include white feminists advocating for the rights of all women without critically examining their own white privilege.

The crux of the interpersonal domain of power is that each subordinated group across society prioritises their own oppression and subjugates the oppression of other groups. These practices are argued by Collins to form everyday practices that are common and therefore go largely unnoticed. The two domains most relevant to this research are the structural and hegemonic domains of power. The structural domain of power infers the challenges faced by Black women to succeed and progress in careers and within higher education through myriad sexist and racist structural obstacles. This is corroborated by reports like Advance HE (2019) and Rollock (2019) that provide insight into the challenges that Black women face in Higher Education, which are like to occur in psychotherapeutic training and practice. The hegemonic domain can be applied to all issues that concern intersectional social identities because of how entrenched certain ideologies are. For example, the power differential between a white male psychiatrist, compared to a Black woman counselling psychologist – the white male psychiatrist has more power in all aspects of race, gender, and professional status.

Collins' (2000) Black feminist thought explains that the controlling images of Black women, such as the mammy, jezebel, and matriarch, maintain Black women's subjugation in society.

Examples of the docile domestic maid, the overtly promiscuous 'sweet thing,' and the angry, discontented shrew reinforce harmful stereotypes. The impact of these pervasive stereotypes can be seen in measurable social outcomes, such as high numbers of Black women working in domestic servitude (Banks, 2019), media hyper-sexualisation (Matthews, 2018), disproportionate sexual abuse (Wilson, 2016; Davis, 2019, Barlow, 2020) and invalidation of Black women's concerns (Doharty, 2019). Black women must, therefore, define themselves for themselves to challenge the power and process of their group definition by others (Collins, 1990; 2000; Snelgrove & Gardner, 2016). This self-definition process is transformative, moving from silence and subjugation to form language and action (Collins, 1990; 2000; Chapman, 2007).

Self-valuation is the empowerment of Black women to assert their self-definition(s) by creating images of Black womanhood based on their own values and experiences (Collins, 2000). It involves replacing stigmatised images of Black womanhood with self-defined ones that celebrate sisterhood, Afrocentric practices like community and oratory traditions, and creative expression (Hyman et al., 2021). Social media initiatives like the hashtag #Blackgirlmagic, which celebrates stories of Black women and girls excelling in various fields, are examples of this. This research seeks to respond to this call to action by presenting the experiences of Black women psychotherapeutic trainees and practitioners. The participants represent a heterogeneous collectivity of Black women's group experiences that informs a standpoint that resists oppression (Collins, 2000; Mirza & Gunarathnam, 2014).

Black feminist epistemology

Epistemology is the philosophy of the scope and value of knowledge (Steup & Neta, 2020), and Black feminist epistemology prioritises the knowledges of Black women as a criterion

for meaning and Black women as agents of truth (Collins, 2000). This is important because masculinist eurocentric dominant perspectives often ignore or dismiss the perspectives of marginalised groups. Black feminist epistemology seeks to centre the experiences of Black women as a criterion of meaning and to use Black feminist thought as a self-defining concept. This approach recognises the knowledge of Black women outside of academia and aims to challenge the dominant knowledge production processes (Collins, 1990; Kurtis & Adams, 2015; Wijsman & Feagan, 2019; Reddy & Amer, 2022). The research participants are agents of truth, and their experiences contribute to the understanding of Black women's experiences in the context of training and working in the psychotherapeutic field.

Critical Race Theory

Critical race theory (CRT) is complementary to this research and is defined as a cross-examination of how political, social, and legal structures of power distribution inform the lived experiences of Black and racially minoritised people in the US (Edward, 1998; Stefancic & Delgado, 2010; Johnson, 2015) and transnationally (Morley, 2022). Following the height of the US civil rights movement, Black legal scholars were concerned that the civil rights reforms were inadequate in addressing racial equality and racism in US society (Crenshaw, 1988; Johnson, 2015). Consequently, David Bell and other legal scholars came together to conceptualise the issues that surrounded the difference between equal opportunity rhetoric and the pervasive inequality that remained in society (Taylor et al., 2023). Although embedded in the category of law, CRT is a standpoint theory that can be used to conceptualise oppression more broadly (Ladson-Billings, 2021), and in recent years has been utilised in race focused research in numerous fields, including in counselling and psychotherapy (e.g., Taliaferro et al., 2013; Fripp & Adams, 2019; Crossing et al., 2022). CRT has also started to gain some traction in therapeutic assessment and intervention, as it is

viewed as a useful clinical and interpretative lens for understanding the impact of racism on clients (Freeman et al., 2017). The basic tenets of critical race theory are outlined as follows:

- (1) Racism is an ordinary experience for people of colour and is not aberrational. A defining belief for Critical Race Theorists is that racism within US society is not restricted to individual outlier behaviour or contained in certain organisational systems (Stefancic & Delgado, 2010).
- (2) Race is a social construct and not biological or innate. CRT explicitly acknowledges the biological and anthropological agreement that race does not constitute a legitimate divider within the human species (Ladson-Billings, 2021). Instead, through the rise of European conquests and the emergence of Empires during modernity, the subjugation of indigenous and non-European humans has largely been legitimised through categorisations based on phenotypical differences that were othered to Europeans (Smedley, 1998; Ladson-Billings, 2021).
- (3) Interest convergence: The advancement of racial equity for Black people is largely dependent on the benefits it affords white society (Ladson-Billings, 2021).
- (4) Intersectionality: the neatness of social categories is arbitrary; the identities of individuals in society are messy and it is not always possible to distinguish an individual's social category within any specific social interaction. For example, it is not easy to determine the grounds on which a Black disabled lesbian woman was discriminated against, as her intersecting identity consists of multiple social categories. CRT aims to approach lived experience through a non-binary lens, as multiple factors of everyone's identity are always simultaneously occurring. CRT is also critical of the concept of essentialism. Criticism of

essentialism is the rejection that a group of people can be monolithic (Stefancic & Delgado, 2010; Ladson-Billings, 2021).

- (5) The importance of voice or counternarrative to tell and retell stories from the perspective of oppressed people to validate and elucidate their experiences, in opposition to the stories and interpretations told on our behalf (Stefancic & Delgado, 2010; Ladson-Billings, 2021).

CRT is relevant to this research because of its usefulness in highlighting structural disadvantage and racial oppression in institutions, organisations, and society. This research will utilise the tenet of counternarrative and retelling of stories from the perspective of marginalised individuals (Ladson-Billings, 2021) to facilitate critical discussion about racism in white dominated spaces.

Black women in higher education

Upon reviewing literature on Black women's experiences in higher education (HE), I found that US perspectives are more prevalent than UK ones. Some UK-based studies have however showed similar themes to those in the US, indicating that aspects of Black women's experiences are shared across western countries. Current research is primarily conducted by Black women researchers, along with a few non-white women and Black men. Black women's experiences are typically explored through qualitative methods, such as interviews, autoethnography, and phenomenological inquiry. The literature reviewed largely remains unchanged in terms of the problems discussed. The lack of representation of Black women in HE institutions and the barriers to their admission and retention have been explored to some degree, and the literature in these areas spans several decades (e.g., Carty, 1992; Mirza, 2008; McKenzie-Mavinga, 2009; Kelly & Greene, 2010; Arday, 2017; Mirza, 2018; Husbands, 2019; Shavers & Moore, 2019; York, 2019; Wallace, 2022). Recent

studies conducted by UK-based researchers (Prajapati, Kadir & King, 2019; Daloye, 2022; Sobogun, 2023; Katsampa, Rachal & Scott, 2024; Sanyal et al., 2024) have focused on the HE experiences of Black women and wider minoritized groups, specifically in doctoral psychology programs. These researchers have reported common experiences among Black women, including feelings of isolation and the lack of resources or mechanisms that actively encourage and support their enrolment and retention. Additionally, they have highlighted Black students' struggle of balancing their cultural identity with their academic and professional identity. For example, Prajapati, Kadir, and King (2019) referred to the work of Adetimole, Afuape, and Vara (2005), which explored the experiences of 3 Black women clinical psychology trainees. They reported that their expertise was often invalidated, and they lacked mentorship and guidance. Furthermore, their positivity as Black women was erased due to the normalization of whiteness as the status quo and the pathologization of Blackness and otherness in HE settings. Recent literature on Black women's experiences has recommended several solutions, including educating core course staff on BME challenges (Daloye, 2022), providing Black women academics with decision-making opportunities (Sanyal et al., 2024), and embedding a space on programs for BME students to discuss racism, placement issues, and the socioeconomic challenges of embarking on doctoral programs (Sobogun, 2023).

HE institutions are often criticised for this low admission and retention of Black women students and the underrepresentation of Black women among teaching staff (Advance HE, 2019; Rollock, 2019; Shavers & Moore, 2019; Wallace, 2022). Stockfelt (2018) described Black women's HE experiences as being a 'minority of minorities,' which is echoed in the Advance HE (2019) report that less than 1% of UK professors in higher education are Black.

As of 2019, there were 90 Black men and 35 Black women professors out of a total of 19,285 professors in the UK (Advance HE, 2019).

Experiences of classism and elitism faced by Black women in predominantly white HE institutions are well-documented in the literature (e.g., Howell, 2014; Arday, 2017; Crumb et al., 2020; Taylor, 2021; Wallace, 2022; Vital et al., 2023). These experiences are particularly pronounced for working-class Black women who encountered gatekeepers who discouraged their attempts to gain entry to postgraduate courses in more elite universities (Arday, 2017; Vital et al., 2023). The educational experiences of working-class Black women in predominantly white HE institutions are ones of marginalisation and feeling not belonging. However, some Black women have reported that their working-class background has equipped them with a strong work ethic, a sense of self-efficacy, and the resilience to persist in their HE programs (Zeligman et al., 2015; Crumb et al., 2020; Wallace, 2022). This persistence and determination to succeed academically reflects Mirza's (2018) argument that the drive and determination of Black women in HE continues despite marginalisation and lack of representation. This contrasts with the cultural deficit model, which asserts that minoritised group members are underrepresented in HE because their culture is significantly deficient in the required qualities compared to the dominant majority group (Salkind & Rasmussen, 2008). HE institutions should demonstrate sufficient interest and commitment in changing the established structures that act as potential barriers to increased interest, admission, and recruitment of marginalised groups, specifically Black women, in doctoral-level courses such as counselling psychology. Arguments such as the cultural deficit model imply that Black women need to change their subjectivities to challenge the status quo, but this disregards the responsibility of HE institutions to dismantle structural barriers.

While the low representation of Black women in HE institutions does not hinder their efforts and determination to strive in academia, it still has some impact on their enjoyment, integration and progression (Ogbe, 2022). Daniel (2009) argued that a role model or mentor was essential for Black women entering academic psychology in earlier times, as the depiction of a Black woman as a research psychologist conveying intellectual prowess, creativity, and effective interpersonal skills did not exist in popular discourse. Although Black women can strive for academic development, they feel alienated in institutions that are not culturally diverse and lack a sense of community (Willig, 2011). This alienation and lack of community can lead to marginalisation, where Black women in HE institutions are relegated to a powerless position compared to the dominant group (Walkington, 2017). HE institutions can be a hostile environment for Black women (Pope & Edwards, 2016) where they feel hyper-visible because they do not fit the white male archetype of an academic (Cartwright et al., 2021). On postgraduate courses in HE, Black women are often tokenised, with their gendered and racialised status as a minoritised member highlighted. The experiences of racial fatigue, isolation, and marginalisation are often recorded as Black women's experiences because of this (Pope & Edwards, 2016; Arday, 2017; Shavers & Moore, 2019; Cartwright et al., 2021; Wilson et al., 2023).

Having role models and adequate representation can aid in the process of socialising into HE culture (Howell, 2014; Bertrand Jones et al., 2015; Patterson-Stephens et al., 2017; Minnett et al., 2019; Gooden et al., 2020), which involves familiarisation with the spoken and unspoken rules of academia (Patterson-Stephens et al., 2017). Black women on HE programmes may face exclusion from the socialisation process due to both sexism and racism (Allen et al., 2022). They may be excluded from the shared interests and social

engagement of men and white members of academic communities, who often provide informal opportunities to network and access information about niche funding streams and tips learned through experiences of members who have been in academia for longer than themselves (Patterson-Stephens et al., 2017; Allen et al., 2022). Furthermore, missing out on the social element of academic culture has also been reported by some Black women as contributing to a lack of enjoyment and satisfaction in their academic experience (Howell, 2014; Bertrand Jones et al., 2015; Patterson-Stephens et al., 2017; Minnett et al., 2019; Gooden et al., 2020). A more nuanced approach is needed when examining the implications of limited Black women representation in HE. Black feminists like hooks (2000), Mirza (2008), McKenzie-Mavinga (2009), and Taylor (2019) have argued that Black women have learned to leverage their marginality in higher education institutions to their advantage as a panacea to exclusion and racial fatigue. They position themselves at the centre of the margins (hooks, 2000) to cultivate a sense of belonging.

Another structural consideration is the presence of aversive racism, which remains largely unchallenged in HE institutions (Clarkson, 2004; Daniel, 2009). Aversive racism is a form of covert racism that is usually perpetrated by white people against Black people (Rodenborg & Boisen, 2013). It involves experiencing Black people as "aversive," evoking feelings of discomfort, fear, or anxiety when in contact with or when thinking deeply about issues related to race (Clarkson, 2004; Dovidio & Gaertner, 2010). The underrepresentation and challenges faced by Black women in HE institutions as students and teaching staff, showcase their determination and perseverance. Despite some improvements, persistent exclusionary practices in doctoral-level courses, including counselling psychology training are hindering change in the status quo.

After discussing Black women's experiences in higher education, I will now address the issue of their poor representation in senior roles within healthcare and the implications of this for health services.

Black women working in healthcare

The experiences of psychotherapeutic training and practice for Black women are primarily shaped by the HE institutions where they train and the healthcare systems in which they work. The UK's National Health Service (NHS) is the most significant healthcare system that Black women are likely to encounter as trainees or qualified practitioners. Therefore, it is important to discuss the challenges faced by Black women in the NHS and similar settings to understand the experiences of the study's participants. Research on healthcare professionals typically focuses on doctors and nurses, not psychologists, making this overview relevant for contextualising this research.

Organisational oppression affects Black women in both the US (Arcaya et al., 2015; Williams & Cooper, 2019; Mehra et al., 2020) and UK (McKenzie-Mavinga, 2009; Arday & Mirza, 2018; Serrant, 2020), with reports of discriminatory barriers being imposed by organisational gatekeepers (Arday & Mirza, 2018). So, there is a growing call for healthcare organisations to take responsibility for ensuring inclusive practices are being implemented (Kingsfund, 2017). The prevalence of racism, discrimination, and sexism in literature about Black women's experiences in healthcare as both patients and practitioners (e.g., McKenzie-Mavinga, 2009; Arday & Mirza, 2018; Serrant, 2020) is overwhelming and negative.

Therefore, I chose to begin by highlighting studies that celebrate Black women's achievements, briefly interrupting the dominant narrative of oppression. Epstein (1973) explored Black women's general professional success in the context of their intersecting

identities, noting that when Black women were successful in their careers, one of their negatively appraised statuses (e.g., Black or female) cancelled out the negative effects of the other. For example, a Black woman's success in a predominantly white profession may offset her lack of perceived feminine qualities, such as wanting a husband or children. Recent research also shows that Black women who excel in white-dominated fields, such as medicine, are often pedestalled because of the significant challenge they face in succeeding despite the structural barriers (Bajaj & Stanford, 2021).

Some not-for-profit community organisations and social media platforms have been created to celebrate and share stories of Black women in healthcare and the science, technology, engineering, and mathematics (STEM) field. Examples include Black Sister in STEM (*Closing the Gender Gap in STEM | Black Sister in STEM*, n.d.), POC Squared (*POC Squared – Putting People of Colour Into The Equation*, n.d.), BAATN (The Black, African and Asian Therapy Network, n.d.) and others. These initiatives show how Black women, and the Black community are creating spaces where they can share their successes and inspire others.

The current state of healthcare in the UK is that Black individuals are overrepresented in the NHS workforce, but they experience disparities in the type and level of employment (Byrne et al., 2020). White doctors who've completed training are more likely to receive first year consultant posts, which support their transition into senior roles, than counterparts from minoritised backgrounds (British Medical Association, 2023). This has been reported as a major factor in job dissatisfaction among minoritised staff in the NHS (Philip et al., 2022). Additionally, there are disparities in promotion to managerial positions, pay, professorial appointments, and pass rates among minoritised medical students (Philip et al., 2022).

Research on Black healthcare professionals in the UK and the US suggests that they face adverse effects on their mental health, barriers to career access and progression, disenfranchisement within their professions, and organisational discrimination (Wilson, 2007; Likupe & Archibong, 2013; Iheduru-Anderson, 2020; McClure et al., 2020; Wilbur et al., 2020; Wingfield & Chavez, 2020; Prasad et al., 2021).

Inequalities in healthcare provision and limited representation of Black and minoritised professionals in senior leadership positions are interconnected issues (West et al., 2011; Kingsfund, 2017). The absence of Black voices in senior leadership contributes to a persistent neglect of the needs of Black and minoritised communities (Kingsfund, 2017). Enhancing diversity in leadership could inspire political will to address structural barriers that perpetuate health inequalities and inequities (Hewlett et al., 2013; Parker, 2017; Poole & Brownlee, 2020). Healthcare professionals of colour possess unique perspectives rooted in their lived experiences that can enrich healthcare services (Sim et al., 2021). Specifically, Black women often have a community-oriented worldview that emphasises solidarity and shared experiences in their career aspirations and educational attainment (Curtis, 2017). This ethos of working hard to give back to or serve their communities (Curtis, 2017) could contribute to improved patient satisfaction, as minoritised groups often report low satisfaction with their healthcare experiences (Magadi & Magadi, 2022).

In the healthcare sector, minoritised groups are disproportionately represented in entry-level patient-facing roles (Wilbur et al., 2020). This is often due to socioeconomic disadvantages that lead to overrepresentation in lower-paid employment with poor working conditions. The COVID-19 pandemic exposed these disparities, with minoritised healthcare workers being at higher risk of infection due to exposure (Stafford, 2023). Increased stress

due to fear of COVID exposure was also reported to be higher in Black healthcare workers (Prasad et al., 2021) and associated with the overrepresentation of Black individuals in COVID-19 deaths and hospitalisations (Prasad et al., 2021). In the UK, 85% of COVID-19 fatalities among doctors were of doctors from minoritised backgrounds (British Medical Association, 2023). Doctors from minoritised backgrounds reported feeling pressured to work without adequate personal protective equipment (PPE) and feeling afraid to voice concerns about safety provisions for fear of recrimination (Blackburn, 2021).

Black doctors and nurses have experienced structural and organisational discrimination in the past and continue to do so post-pandemic (Wilson, 2007; Likupe & Archibong, 2013; Filut et al., 2020; Iheduru-Anderson, 2020; Wingfield & Chavez, 2020; Iacobucci, 2022).

Reports of structural and organisational racial discrimination, individual incidents of racism and discrimination, and gendered discrimination alongside racial discrimination have been documented (e.g., Filut et al., 2020; Iacobucci, 2022). Experiences of structural and organisational racial discrimination are mainly observed in the hiring practices of white employers and the networking culture among doctors (Wingfield & Chavez, 2020). These practices create difficulties for minoritised groups, resulting in access and progression barriers in health and medical professions (Sheffield et al., 1999; Woodhead et al., 2021). Bullying and harassment is also used to maintain hierarchy, directly and indirectly affecting minoritised individuals who may feel intimidated or burnt out and fatigued to the point of resignation (Woodhead et al., 2021).

Structural and organisational discrimination also occurs in the educational pipeline of becoming a doctor, as Black medical students face difficulties and low numbers in the profession (Wingfield & Chavez, 2020). In the US, only 5% of physicians are Black, despite

Black people comprising 13% of the population, and in 2019, 1,626 out of 21,863 medical students were Black (Rice, 2021). This lack of representation impacts occupational mobility for Black physicians, as they have fewer mentors and role models who understand the importance of race in healthcare. There is also a shortage of physicians engaged in research on racial disparities, as discussing problematic hegemonic structures can harm career advancement (Wingfield & Chavez, 2020). Nurses also experience discrimination in their roles due to organisational hierarchy, which deems nursing as a feminised job or women's work (Clayton-Hathway et al., 2020; Wingfield & Chavez, 2020). Black nurses face barriers in seeking leadership and faculty positions, including mechanisms that maintain white comfort, distrust, and devaluation of the quality of Black nurses' work and experience, lack of representation, and Black nurses' low expectations for leadership roles (Wingfield & Chavez, 2020). Black nurse experiences include white nurses and colleagues vouching for their work, while expressing discomfort with them as managers. Thus, white nurses accept Black nurses at the same level as them, but not in leadership positions. Black nurses in management face heavy surveillance and are more easily dismissed (Wilson, 2007; Likupe & Archibong, 2013; Iheduru-Anderson, 2020).

Black women's invisibility in research on psychotherapeutic training and practice

Existing research on racially and ethnically minoritised groups within psychotherapeutic training and practice often conflates the experiences of people from different racial and ethnic backgrounds and does not differentiate between the experiences of women and men (e.g., Sesko & Biernat, 2010). As a result, the experiences of Black women in psychotherapeutic training and practice are largely unknown, as they are often grouped with either the Black population that includes men or the population of women that includes white and women from other ethnicities (May, 2022) like in Hunter et al. (2021).

Out of 30 studies I found in my broad search using terms such as 'psychotherapeutic training', 'counsellor training', 'counselling psychology trainee experience', and 'psychologist training experience', only two reported the racial demographic of their participants, and the rest did not differentiate between the ethnicities of the women and men who participated. These studies span decades, but there are broad similarities in the problems they have highlighted, such as exploring the experiences of trainee therapists without accounting for the numerous experiences of Black women that are distinct from their male or white counterparts (Grafanaki, 2010; Hunt, 2019; Mjelve et al., 2018). Other research on the experiences of psychotherapeutic trainees (Hunt 2018; Folkes-Skinner et al., 2010; Cartright et al., 2020) has reported the racial demographic of their participants, but all the participants were reported to be white and from the US, Europe, or UK. These studies also differ in geographical locations providing perspectives from the UK (Hunt, 2019), mainland Europe (Mjelve et al., 2018), and the US (Cartright et al., 2020). This is an indication that there is a deficit in specific reporting of Black women's experiences in psychotherapeutic training and practice.

Racism and structural oppression are commonly cited in the psychotherapeutic literature as affecting the experiences of Black people as psychotherapeutic trainees and practitioners (Tang & Gardner, 1999; McKenzie-Mavinga, 2005; Allen & Joseph, 2018; Hyman et al., 2020; Smith et al., 2021; Denyer et al., 2022). These experiences impact their personal and professional development, academic identity, and therapeutic relationships with clients (Goode-Cross & Grim, 2016). Research from two decades ago (Tang & Gardner, 1999; McKenzie-Mavinga, 2005) and more recent studies (Hyman et al., 2020; Smith et al., 2021; Denyer et al., 2022) all highlight the ineffective management of racial dynamics in

psychotherapeutic training. There is also a focus on developing trainees' understanding of how to practice therapeutically while holding the social narratives of race in mind (Denyer et al., 2022). The mismanagement of oppressive structural practices and racism are discussed as a common occurrence for Black trainees, often accompanied by perceived resistance from white leadership in institutional structures to address the problem (e.g. Arday & Mirza, 2018). As a result, Black women as psychotherapeutic trainees and practitioners are often dissatisfied with their learning experiences (Arredondo et al., 1996; McKenzie-Mavinga, 2005; Husbands, 2019).

The challenges of psychotherapeutic training and practicing

The therapeutic relationship between a therapist and client is essential for successful psychotherapy of any kind (Li, 2021). However, this relationship involves the exchange of factors that impact the construction of meaning in therapeutic interactions (May, 2022). Social and cultural constructs, such as race and gender, can influence this meaning-making process and may pose difficulties when therapist and client come from different backgrounds (Kelly & Greene, 2010). Research has shown that Black women trainees and practitioners in the US and UK context experience racial and gendered issues in the therapeutic process, both within the same race/culture therapeutic dyads and cross-cultural dyads (Kelly & Greene, 2010; Goode-Cross, 2011; 2016; Baker, 2018). Black women trainee and qualified therapists' meaning-constructions within therapeutic relationships, specifically with white male clients (Kelly & Greene, 2010; Goode-Cross, 2011, 2016) is an example of this. The power differential in the therapeutic relationship favours white male clients due to their privileged status in society. Furthermore, Black women face additional complex nuanced issues as trainees and supervisees in therapeutic practitioner roles. As a socially gendered woman, there are powerful axiomatic visions that arise in the woman to woman

and man to woman dynamic in understanding transference behaviours within therapy (Kelly & Greene, 2010); for example, the accepted understanding of mother, wife or lover (Kelly & Greene, 2010) is easily re-enacted in therapeutic interactions (May, 2022).

While Black women trainees and practitioners may encounter challenges in their therapeutic relationships with men from the dominant group, race-related issues are more commonly addressed in literature than gender-related ones (HCPC, 2021). These issues include feelings of difference, inferiority, fear of rejection, and sensitivity to power dynamics (Baker, 2018). Racial identity can impact social status and privilege (Williams & Lewis, 2019; May, 2022), which can influence therapeutic processes such as openness, transference, and therapeutic change (Helms & Cook, 1999; May, 2022). Differences in physical appearance and backgrounds of therapists also elicit distinct and varied responses from clients (Kelly & Greene, 2010; Baker, 2018). Although similarities in appearance can foster positive therapeutic relationships, they can also lead to harmful reactions that undermine the therapeutic alliance (Goode-Cross, 2011). Black female therapists may face client guilt or hostility from their Black clients due to their elevated socioeconomic status, enact internalised biases, or overidentify with their Black clients, all of which can hinder the therapeutic process (King & Furgeson, 1997; Goode-Cross, 2011).

Research on Black women's racial and gender identity development reveals that they cycle through stages of assimilation, internalisation of stereotypes, or rejection of stereotypes to demonstrate self-love and self-definition (Collins, 2000; Williams & Lewis, 2019). These stages are not linear, and Black women may cycle through various internalised ideologies during client interactions (May, 2022). Therefore, considering the influence of race and gender on the therapeutic process is crucial for effective psychotherapeutic training and

practice (McKenzie-Mavinga, 2005; 2009; Kelly & Greene, 2010; Goode-Cross, 2011; Lewis et al., 2016; Stockfelt, 2018; Baker, 2018; Husbands, 2019; Hyman et al., 2020; Williams & Lewis, 2019; May, 2022).

Coping with gender and race in the therapeutic relationship

Personal therapy, faith, and religion, learning on the job reflexively, and seeking advice from other Black therapists have been identified as ways that Black therapists cope with issues related to cultural norms and stereotypes (McKenzie-Mavinga, 2009; Ade-Serrano, 2017). US research on Black women psychotherapeutic practitioners provides valuable insights into experiences of cross-cultural therapeutic dyads, therapeutic dynamics involving Black women as clients, therapists, and supervisors, and same-race therapeutic dyads (Goode-Cross, 2011; 2016). In these environments, Black women must adopt coping strategies such as code switching to protect themselves against negative stereotypes (William & Lewis, 2021; Spencer et al., 2022). However, there is a dearth of research focused solely on the experiences of Black women working in the psychotherapeutic field, particularly from their perspectives (May, 2022). There is limited understanding of how Black women navigate power dynamics in therapeutic relationships with white people or men in general, or their experiences being supervised by white supervisors (Proctor, 2008).

Psychotherapeutic training programs have a long way to go in examining how Black women address issues of race and gender oppression in relation to the white male dominant group (Stockfelt, 2018) and in managing other intersecting identities that occur in same race therapeutic dyads (Goode-Cross, 2011;2016). There is a need for institutions to utilise cultural competencies frameworks like Arredondo et al. (1996) to ensure that counselling courses are culturally appropriate to meet the diverse needs of their trainees and

subsequent client groups. Trainers in counselling should also be equipped to impart the appropriate level of cultural competency required for counsellors to deliver culturally appropriate interventions (Watson, 2004). While cultural and multicultural competencies have been laid out with strategies to meet these competencies, it is currently left to the goodwill of trainers and institutions to implement these competencies in their training content. The depth to which these competencies are being implemented and measured varies across institutions, therefore, there is no consistency in how cultural competence is being taught and assessed across institutions (Watson, 2004).

Arredondo et al. (1996) and Watson (2004) both emphasised the importance of addressing structural barriers in psychotherapeutic training and practices that hinder the development of cultural competence. Despite the decade-long gap between them, both scholars stressed the need for institutions to improve their cultural competence for better learning and practice outcomes. Although cultural competence training primarily focuses on helping white therapists work effectively with minoritised groups, cultural competence frameworks could also consider how Black women can address power differentials generated by white male privilege and Black women's social subordination.

The current research

This research aims to elevate the voices of Black women trainees and practitioners within the psychotherapeutic field through a Black feminist lens (Collins, 2000) that practises self-definition of Black women's experiences to problematise hegemonic research and take the stance of expert on our lived experiences. Therefore, the research questions explore:

- (i) How do Black women experience training programmes to become a psychotherapeutic practitioner?

- (ii) How do Black women experience the intersecting marginalised positions of Black womanhood in psychotherapeutic training and practice?

The purpose of this research is to address the sparsity of literature that prioritises the voices and lived experiences of Black women training and working in the psychotherapeutic field.

This research also serves as a counternarrative (Ladson-Billings, 2021) to the research available within psychotherapeutic literature, that is largely written from a white normative perspective (Hargons et al., 2017).

Methodology

I used reflexive thematic analysis (RTA) (Braun & Clarke, 2022) to analyse qualitative survey, interview, and focus group data from 15 Black women. The theoretical assumptions guiding my research and the rationale for using RTA are explained, along with the reasoning behind my multi-method approach to generating the data. I also detail the procedures used to conduct the research.

Theoretical assumptions – epistemology and ontology

To prioritise Black women's voices, I use an experiential qualitative approach (Elliot et al., 1999; Reicher, 2000), that involves getting close to how people make sense of their realities within a particular context through the researcher's interpretation of their accounts (Shaw, 2010). This approach assumes that social reality takes its form from the experiences and beliefs of the people involved (Silverman, 2021; Braun & Clarke, 2013). The meanings made by the participants throughout the dataset form the basis of my analysis and interpretation (Braun & Clarke, 2013). These theoretical assumptions are consistent with the Black feminist

epistemological stance adopted for this research (e.g., Collins, 2000), which is concerned with Black women's autonomy in knowledge production, self-empowerment, and collective consciousness (Collins, 2000). The purpose of Black feminist epistemology in this research is to provide an oppositional stance to hegemony from which an oppressed group like Black women can independently create, define, and interpret their own basis for knowledge production and validation (Collins, 2000).

Ontology examines the nature of existence and the structure of reality, such as what is considered real (Denzin & Lincoln, 2011). This research adopts a constructivist ontological stance that focuses on individuals' personal accounts and construction of their lived experiences (Guba & Lincoln, 1989; Shannon-Baker, 2023). It asserts that individuals create their own reality through their experiences, resulting in multiple realities (Lincoln & Guba, 1985). The aim of this research is to generate new ideas, offer suggestions, and highlight implications of experiences. This perspective ties in with Collins' (2000) explanation of Black feminist thought, in that Black women can use it as a standpoint to articulate their experiences and offer valuable insight into their realities.

Reflexivity is an essential process in experiential research (Unger, 2021; Braun & Clarke, 2022). Through reflexivity, I can maintain open communication about my role in the data generation process and to the audience. As a Black woman conducting research on Black women, my ontological and epistemological beliefs are aligned because I believe that we co-constructed the data. I prioritised retelling the stories of Black women due to our shared experiences of Black womanhood, which are beneficial in the research process. For example, my lived experience as the sole Black woman in my counselling psychology cohort enables me to offer a credible claim to understanding my participants' experiences. This can

encourage participants to reflect deeper. The frameworks of Black feminism (Collins, 2000) and Critical Race Theory (Stefancic & Delgado, 2010) are important to this endeavour. Generating stories of and by Black women, is a self-defining process that allows us to validate and conceptualise oppression, and raise collective consciousness (Collins, 2000). Critical Race Theory provides a critical angle to deconstruct systems of oppression using the perspectives of marginalised groups (Stefancic & Delgado, 2010).

RTA is a theoretically flexible method for developing, interpreting, and analysing patterns across a dataset (Braun & Clarke, 2022). My use of RTA was informed by critical race theory, Black feminism, Black feminist epistemology and constructivist ontology. RTA involves the researcher's subjectivity as a primary tool in the process, recognising that analysis and interpretation cannot be considered objective, but rather, are situated in context and influenced by theoretical assumptions. The process involves deliberate choices made by the researcher. RTA has been used in existing research exploring Black women's experiences. Harris (2013) used RTA to explore the experiences of Black women in the Black church, finding that a healthy spiritual life was synonymous with a healthy existence and the importance of developing a spiritual identity through the Black church. Zahid et al. (2022) also used RTA to examine help-seeking behaviours for postnatal depression in South Asian communities, concluding that further training that centres the needs and challenges of minoritised groups could address some of these issues.

RTA allows for a range of theoretical influences and bodies of literature to be incorporated into the research (Braun & Clarke, 2014), including Black feminist and Critical Race Theory frameworks. Thematic analysis is a method for analysing data, rather than a specific methodology, which provides flexibility to fit with many different types of research

questions (Braun & Clarke 2013). This allowed for themes of Black women's intersectionality to be analysed while centring Black women's lived experiences as the basis of knowledge production. The theoretical flexibility of the RTA process allowed me to prioritise the data (Braun & Clarke, 2014), which is the participants' voices.

Multi-method design

This research used a multi-method design, incorporating focus groups, interviews, and online surveys. The multi-method design allowed for a broader scope to reach participants within the target population and capture multiple angles and features from their social worlds (Mays & Pope, 2000). It also provided participants with the flexibility to choose how they wanted to participate, making the study more accessible. This resulted in a larger participant group than might have been reached with only one method, which facilitated a better representation of the multiple contexts participants are situated in, adding depth to the data generation and analysis process. The research's emphasis on participants' contexts aligns with the constructivist perspective (Mik-Meyer, 2020) that informed the analytic process. No single viewpoint was privileged; instead, the dataset was continuously compared for similarities and differences between each participant's account and focus group interaction to develop common themes (Birks, 2014).

Attempting multi-method design projects as a novice researcher can be challenging. The researcher needs to demonstrate a solid understanding of each method and be aware of potential pitfalls, such as remaining consistent within the qualitative paradigm and avoiding conflating conflicting frameworks (Mik-Meyer, 2020). As an example, I made assumptions about qualitative online surveys that were more aligned with the positivist approach to quantitative questionnaires. The survey questions mostly asked about past experiences

instead of the how or why of the experience. I assumed participants would provide definite answers in a linear process, which neglected the sensitive nature of the topic and the need for participants to formulate their answers. As a result, the survey responses were not as rich as the interview and focus group data and were less prominent in the overall analysis.

Interviews, focus groups, and qualitative surveys

Interviews

Online one-to-one interviews involved an open-ended question-and-answer conversation between me and a participant (Edwards & Holland, 2013). I used a pre-defined set of questions and prompts to guide the conversation and allow the participant to elaborate on their ideas and experiences (Adedoyin, 2020). The interview schedule (Appendix 3) included an introduction to the topic areas, a list of questions, probes, and prompts, and a closing statement with an offer for the participant to ask me for clarification where needed (Edwards & Holland, 2013; Adedoyin, 2020; Wilson, 2014).

Interviews allow for the exploration of complex topics in a way that participants can explain in their own terms (Walton et al., 2022). They are a popular method for research with Black women, as they offer a safe and autonomous environment for participants (Walton et al., 2022). Black women have historically been underrepresented in qualitative research, so the opportunity to centre their views and voices in interviews is beneficial for both the participant and the researcher (Walton et al., 2022). This approach enables a broad comparison across interviews, covering a range of experiences and expressions for a richer analysis. Although I reject the hierarchical approach, I agree with Salmons (2014) that my role as an interviewer in this research required an inherently hierarchical stance. This is due to the activities I performed prior to engaging with participants, such as identifying the

research question, planning the research design and analysis, and the steps involved in conducting and concluding the interview. To align with the experiential qualitative paradigm, I made sure the research process was reflexive and open, while being sensitive to the power dynamic inherent in research. I achieved this by being self-aware, fair, and respectful to the participants (Salmons, 2014). Despite my hierarchical position as the researcher in the interview process, participants were still able to maintain autonomy by stopping the interview if they wished, withdrawing their responses, or simply answering my questions based on their understanding or interpretation.

Focus groups

A focus group is an informal group interview (Appendix 4) or discussion between a pre-existing group of people (like flatmates or family members) or a selected group of individuals who share demographic and/or experiential similarities (Wilkinson, 1999). There needs to be a group moderator, whose role is to present and guide a specific topic of discussion via a set of questions, in the case of this research, or a vignette or a game to play. Focus groups are characteristically small (5 to 8 participants), and the aim of the group discussion in this research was to capture and analyse the interaction between the group members and with the moderator (Wilkinson, 1999; Morgan, 1996). The focus on group interactions and shared sense-making is the distinguishing factor between a focus group and a one-to-one interview (Wilkinson, 1999).

Focus groups are useful in multimethod research designs and were particularly useful to achieve the purpose and aim of this research. This is because they facilitate an implicit challenge to some of the issues usually associated with single method designs and traditional research methods in psychology. These issues include decontextualisation and

exploitative power dynamics (Wilkinson, 1999). De-contextualisation occurs through an excessive focus on the individual, without consideration of how they interact with others in their social contexts (Wilkinson, 1999). Considering the social context of individuals is essential to capturing the process of interrelatedness that occurs in making meaning. This is consistent with the constructivist philosophy of the research, emphasising the importance of human relationships in the construction of meaning (Mahoney & Granvold, 2005). As a trainee counselling psychologist, I have come to value the nuance of complexity in human experience and subjectivity. I believe that people do not tend to experience reality as a closed system of individualism, but instead experience the world through a network of meaning-making, influenced by their social, economic, political, and ideological positions (Jones & Harris, 2019).

The participants were able to exercise some control about the interaction, because once the topic was introduced, they were free to discuss and respond to each other. Their characteristic similarities added the advantage of providing a shared social reference from which they could draw symbolic meaning for further discussion. The participants' voices were the focus of the data because the direction of the discussions was decided by the group members. It was an additional advantage that as the researcher/moderator, I was an insider, because the interests and concerns raised were in line with my own concerns, and so reduced the potential for subordination of the group's interests in favour of my own (Wilkinson, 1999). Some examples of research that explores Black women's experiences using the focus group method are Ingram et al. (2008) and Jones et al. (2015).

Qualitative surveys

Qualitative surveys (Appendix 5) consist of a series of open-ended questions designed by the researcher to capture participants' subjective accounts of their experiences about a specific topic (Terry & Braun, 2017). Qualitative survey questions are presented to all participants in a fixed order (Braun et al., 2021). The aim is to maintain the qualitative research ethos of gathering data that explores the meanings and perspectives of participants, using their language and frames of reference (Braun et al., 2021) to collect rich data for a plausible analysis (Stefnors et al., 2020).

An advantage of using qualitative surveys that benefits a time and resource constrained researcher, is that the method can easily and cheaply reach small and geographically dispersed participant populations (Braun et al., 2021). Qualitative surveys also facilitate access to a wide range of participant voices from a marginalised or under explored participant population (Braun et al., 2021). Qualitative online surveys offered the opportunity for participants who may be time poor to participate in the study, if they were unable to take part in an interview or focus group (Braun et al., 2021). Using online qualitative surveys also provided an anonymous and flexible form of participation, which was an important as it is likely that people from such a small and specific population would be easily identifiable, and some may be reluctant to participate in less anonymous methods for that reason.

Reflexivity

Reflexivity is a crucial aspect of qualitative research (Braun & Clarke, 2019; 2021), and it is important for me to disclose my position and context as the researcher to readers.

Reflexivity in qualitative research enables reflexive openness in the research process (Jacobs et al., 2021), which can lead to a credible analysis (Stefnors et al., 2020). As a Black

Caribbean woman training as a counselling psychologist, I approached this research with my personal experiences in the psychotherapeutic field. These experiences qualify me as an insider researcher, which comes with advantages and challenges (Hayfield & Huxley, 2015). My position as a Black woman was clearly communicated in the research materials (see Appendix 2). From this insider perspective, I was able to establish trust with participants due to their assumptions about my familiarity with the topics (Gilovich et al., 2002). For example, participants in my study acknowledged my connection to the ingroup, recognising the importance of the research for people like "us". My insider position also facilitated comfortable focus group and interview interactions, allowing for in-depth responses to my questions and probes. As a Black woman, I have a unique perspective on the social norms and expressions used by Black women. This allowed me to better understand their responses in the context of their meanings (Atkins & Wallace, 2012). Although there were differences in our political mindedness, socio-economic standing, and background, there were enough commonalities within our shared experience as Black women to enable a general sense of understanding (Collins, 2000). The responsibility to represent my participants' collective story weighed heavily on me. As an insider, I felt that I had earned their trust. However, I often questioned if I was equipped with the necessary skills to present their experiences in a way that preserved the emotions they had shared with me. I saw myself as a bridge between their experiences and the broader field of Black women's experiential literature in psychotherapeutic studies. However, at times, my analytical process was hindered by the fear of misrepresenting the participants or their experiences, and the uncertainty of how they would be received by those outside of the community. By using reflective practice throughout the research and analysis process, I was able to openly consider and communicate my own role and position within the project (Braun &

Clarke, 2013), as well as documenting my personal affiliations to the project in a research journal to gain clarity and distance between my opinions and motivations and those of the participants' (Atkins & Wallace, 2012).

During my data generation and analysis, I aimed to maintain reflexive practice by being mindful of both big and small issues. A big issue was distinguishing my role identity as a researcher from my own identity as a Black woman training as a counselling psychologist (Atkin & Wallace, 2012). To avoid superimposing my thoughts and assumptions onto the participants' experiences, I used my position as a researcher to be an intermediary and convey the meaning made by participants through my shared lens of lived experience (Atkins & Wallace, 2012). This aligns with the constructivist perspective of this research, where meaning is co-constructed and context-dependent (Denzin & Lincoln, 2011). During interactions with participants, I held the context of the interactions as a frame, like the therapeutic relationship. My subjectivity was part of the process, but I prioritised the meaning the participants were trying to convey. In this sense, I was more of a holder and facilitator of the space, using my experiences as a reference to provide understanding and cues to prompt curiosity, rather than being the driver of the interaction to meet a predetermined personal agenda.

I was also attuned to my and the participants' reactions, to avoid overidentification or subordination of their experiences (Dodgson, 2019). This was critical to ensuring that the collective voice of the dataset was not overlooked. I was also mindful of the social setting and physical distance between us during online interviews and focus groups, as all participants were in their homes due to the global COVID-19 pandemic. This online setting was a widely accepted mode of communication at the time (Osler & Zahavi, 2022).

Conducting research on the experiences of Black women during the pandemic posed several challenges, including modes of communication. The pandemic shed light on social and economic disparities that disproportionately affected Black women and minoritized communities, and the global fallout from the murder of George Floyd by a white police officer in May 2020 coincided with the peak of my data collection process. This incident sparked widespread protests and a global debate on police brutality and institutional racism, against which backdrop my focus groups and interviews were conducted. The constant feed of information from the news or social media, depicting brutal violence against Black men, and some marginal coverage on the violence against women, was uncomfortable- eliciting frustration, anger and hopelessness. The conversation about the incidents of racism and Floyd's execution cropped up in the focus group discussions, with a shared sentiment of "u"s against "them." Them being recognised as anyone who wasn't Black. At the time, I was experiencing general anxiety, hypervigilance, and burnout due to the complex demands on my psychological and physical well-being. I had to assume the role of providing additional income as a frontline domiciliary carer, in addition to acting as my children's teacher, dinner lady, playmate, doctor, and mother. I also had to fulfill my roles as my husband's friend, therapist, and confidant through his difficult period of loss of income, all while being a student, trainee psychologist, and researcher. The issue of gender and racial inequality was a constant companion in all my roles, both within and outside of my home. Recognising that many other Black women in the psychotherapeutic field may have been going through similar demands on their time, energy, and general well-being, I had to reframe my approach to data collection to make the research more accessible to as many people in this demographic as possible. This is one of the reasons I broadened my participant to the whole psychotherapeutic field rather than only counselling psychologists

and broadened the data generation methods to multi method instead of solely focus groups. At that time, I was under immense pressure, but I was unaware of the extent to which it was affecting me. In my personal context and that of a researcher, I was stretched to my limit. In retrospect, I appreciate the level of dedication and perseverance I demonstrated, but I also recognise that many other Black women may have faced similar challenges. These external stressors may have contributed to the difficulties I encountered in obtaining positive responses to my participant invitation.

I kept the discussions focused on Black women's experiences in the psychotherapeutic field rather than broader social issues of racism and sexism or higher education. To keep the research questions and probes relevant, I had supervisory conversations where my supervisor guided me to reflect on the research's purpose and target audience. As a student researcher, supervision was crucial in shaping the research process from design to analysis. My supervisor, who is white British and Irish, middle class, disabled, queer cisgender woman, and an academic rather than practitioner-researcher, has personal experience with social marginalisation but is an outsider when it comes to race/ethnicity and therapeutic training.

At times during the analytical process, I sometimes encountered tension due to assumptions I made about how my supervisor would relate to certain data. Specifically, in instances where participants shared their vulnerability and pain caused by racist abuse from white members of their institutions and workplaces, I felt the need to protect, nurture, and validate their emotions. I was concerned that these emotions might not be understood through my supervisor's white lens, and I felt powerless to translate Black women's feelings into the white academic written language. I assumed this was necessary for effective

communication with my supervisor. I also sensed a risk of erasure or invalidation of these powerful emotions due to my assumptions that the data would be interpreted through my supervisor's lived experience of white womanhood. However, we managed this collaboratively. My supervisor has extensive research experience related to issues faced by marginalised groups, and she asked questions that centered my perspective and experience in conducting the research. She was also curious about aspects of the data that I did not discuss much in supervision. Although uncomfortable, I shared my discomfort with my supervisor, and we had supervisory meetings where open and compassionate discussions helped me utilise my connection to the depth of emotion conveyed in the data as a resource for knowledge production (Braun & Clarke, 2019).

Ethics

Before initiating this research project, I obtained full ethical approval from the Health and Applied Sciences Faculty Research Ethics Committee (FREC) of UWE. Bond (2004) and the British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2021) (Appendix 6) emphasized the importance of integrating ethical principles such as integrity, rigor, trustworthiness, and responsibility throughout the entire research process.

These ethical principles form the foundation of the 'basic ethical toolkit for research' (Bond, 2004: 108). The toolkit includes completing a health and safety risk assessment (Appendix 1), providing participants with a detailed information sheet outlining the research content and context, their participation remit, rights as voluntary participants, and socio-demographic descriptions of the research team (Appendix 2), obtaining consent through a consent form (Appendix 2), and requesting participants to complete a demographic survey (Appendix 2).

As one of the data generation methods in the project was using focus group discussions, there was an additional risk to confidentiality, as members of the group would potentially discuss information shared in the focus group with their own personal circles. This could have been problematic as the participants came from similar settings (educational institutions and placements for trainee counselling psychologists) and would mean the anonymity of group members may be compromised. This risk was mitigated by reiterating the need for confidentiality at the start of each focus group discussion.

Difficulties in recruitment

My participant group is considered a hard-to-reach group, as defined by Flanagan and Hancock (2010). This group includes marginalised individuals such as Black and minoritised people, who are challenging to locate and engage in activities, including research. The small number of Black women in therapeutic professions made recruitment difficult (Ravagan, 2018). Elwell-Sutton et al. (2020) highlighted that Black and minoritised groups were disproportionately affected by the pandemic, citing causes such as socioeconomic challenges, loss of support networks, loss of income, and struggles with single parenthood, childcare, and paid work. These additional social stressors may have contributed to the challenges I faced in getting positive responses to my participant invitation. As with my personal experience of the complex dynamics introduced to my lifestyle due to the pandemic, I recognise that many other Black women may have had experiences similar to mine- where they were faced with circumstances that meant they were fulfilling multiple roles within and outside of their households. Participating in research may have been low on their agenda in terms of how they prioritised their daily lives. Despite the difficulties in recruitment, those who participated shared rich and detailed accounts of their experiences, resulting in intimate and explosive data.

Participants and recruitment

The study's participants were Black heritage women in the UK who were either training or working in psychotherapeutic professions. I employed a combination of purposive and snowball sampling (Braun & Clarke, 2013) to recruit participants for the survey, interviews, and focus groups. Purposive sampling involves selecting individuals with experience or knowledge of the research topic (Patton, 2002), while snowball sampling involves participants recommending others who fit the criteria (Luborsky & Rubinstein, 1995). Participants could be invited by the researcher or other participants (Braun & Clarke, 2013), and recruitment continued until the desired participant group size was achieved. To access student participants, my DOS emailed course leaders of psychotherapeutic training with a prewritten script detailing the research and ethical approval. We also used social media networks, including Twitter, Facebook, and the Black African Asian Therapy Network (BAATN) to share details of the study and call for participants. To access a wider practitioner base, I contacted potential participants through Black professional networks and social media groups associated with Black psychotherapeutic professionals. A recruitment advertisement with basic details about the study and ethical approval was disseminated through professional networks, including the UWE counselling psychology professional doctorate programme, the UWE Health and Social Care Widening Participation team, and the British Psychological Society (BAME in Psychiatry and Psychology network [BIPP]). An extended effort was made to access participants via LinkedIn by individually sourcing and sharing the call for participants with 59 Black women who were self-reported to be working or training in the psychotherapeutic field. My wider social and community networks, such as Church members, friends, placement contacts, and old work colleagues, were also used to access participants.

The study advertisements and emails included an anonymous link to the online qualitative survey generated by Qualtrics (<<https://uwe.eu.qualtrics.com>>). The link was accompanied by a poster providing brief details about the project, including contact information and confirmation of ethics approval. The distribution data for the surveys showed that there was 1 response from social media, 4 previews, and 19 responses, 7 of which provided usable data.

The size of the participant group in qualitative research depends on the researcher's objectives, the purpose of the research, and the resources available. According to Braun and Clarke (2013), 10 to 20 interviews, 3 to 6 focus groups with 5 participants each, and 50 to 100 qualitative surveys are recommended for a medium project like a doctoral thesis. However, I used a narrow study aim within a specific target group, so 15 knowledgeable participants were considered adequate based on the information power concept (Malterud et al., 2016), which asserts that the richness and relevance of the participants' knowledge decrease the required number of participants for the study. Following discussions with my DOS, we reviewed the data and decided that the depth and richness of the data was enough for a rich and complex analysis. The judgement we made was therefore based on the content and the quality of the data. See Table 1 for a breakdown of the participants' self-reported demographic data.

Table 1: Participants' Demographic Data

Heritage	Age range	Practitioner/Trainee status	Method of data generation
African n= 8	22-69	Practitioner n= 4	Interview n= 3

Caribbean n=6		Trainee n= 11	Focus group 1 n=3
Indo Caribbean mixed heritage n=1			Focus group 2 n=2
			Online qualitative survey n= 7

Data generation question design

Before delving into the research procedures, it's important to note that the interview, focus group, and survey questions were derived from a single initial set of questions. Drawing upon examples from the literature of similar experiential research, such as Graham and Clarke (2021), as well as consulting the literature on formulating interview questions (Roulston & Myungweon, 2018), helped inform the development of the initial set of interview questions. To encourage deeper reflection on the answers provided, prompts were added to the questions. The questions were organised into sections covering topics like the application process, experiences as a student, the wider profession, and widening participation. There was a total of twenty-one open-ended questions for the interviews and focus group, and these were condensed into a twelve-question survey. The survey covered 4 topic areas, which is in line with the recommended length of 4 to 16 questions in the literature (Braun et al., 2021). My DOS and relevant literature (e.g., Braun et al., 2021) provided guidance on best practices for qualitative online surveys. The survey included an

additional thirteenth question that allowed participants to share their contact details for a follow-up interview. Prior to conducting the interviews and focus groups, my DOS screened the questions, and I practiced on friends and family to ensure clarity (see Appendix 4 for the full interview guide and the survey questions).

Procedures

Conducting the interviews and focus groups

Microsoft Teams, a web conferencing platform, was utilised for online interviews and focus groups. The online format allowed for participants from any location, providing convenience for both parties. This platform also preserved non-verbal and verbal cues, pauses, hesitations, pace, pitch, emphasis, and emotion, which are essential for building rapport in communication (Fauville et al., 2023). According to media richness theory, the level of social presence in mediated communication is directly influenced by the degree and immediacy of perceiving others' sensitivity, personality, or warmth (Bergin, 2016; Ishii et al., 2019). Access to these nuances allowed for a more intuitive interaction between the interviewer and participants, enhancing the social presence of both parties.

Before starting the virtual meetings, I tested the Microsoft Teams software and my internet connection to ensure stability. Before virtual meetings, I tested Microsoft Teams and my internet. After participants joined, I introduced myself and the project and asked if they had questions. We played an ice breaker game during focus groups to facilitate familiarity and distinguish voices for transcription. Scheduling the interviews was relatively straightforward but coordinating availability for multiple focus group participants was more challenging. I used the find time feature on Microsoft Outlook calendar to schedule the sessions, but last-minute dropouts and scheduling issues still occurred. During one focus group discussion,

some participants experienced internet connectivity and technical difficulties, such as freezing while talking or mishearing, which caused brief disruptions to the discussion (Greenspan et al., 2021; Almuji et al., 2022). However, these issues were momentary and easily resolved.

Conducting the online qualitative survey

I utilised the Qualtrics (<https://uwe.eu.qualtrics.com>) online survey platform for creating, distributing, and storing survey responses. Some participants who did not complete the full survey seem to have spent some time reviewing the survey before disengaging. Like the interview and focus group participants, the survey participants were allocated pseudonyms.

Transcription of the focus group and interview data

All focus group and interview data were transcribed using Microsoft Teams automated transcription. There were, however, many inconsistencies between the recordings and the automated transcriptions. Therefore, I re-listened to each data item and corrected the inconsistencies. Orthographic transcription was used applying the Braun and Clarke (2013) notation system. I edited some of the data extracts presented below (for a notation symbols key, see Appendix 7) to remove any superfluous material.

Data analysis

In the spirit suggested by Braun and Clarke (2022), I used the 6 phases of reflexive TA as guidance for my analysis rather than using it as a rigid or prescribed linear method of analysis. I approached the analysis with a level of flexibility that allowed me to move back and forth between phases whilst working across the dataset. For example, I adopted the perspective that one phase was never really finalised and always held in mind that as I interacted with the dataset, there would always be opportunities to revisit and review any of the phases in a non-linear order (Braun & Clarke, 2022).

In Phase 1, I got familiar with the transcribed dataset and surveys by listening to the recordings while reading the transcripts and surveys in hard copy. I read each data item thoroughly to immerse myself in the participants' stories. The volume of data was overwhelming, so I worked with it on two screens, highlighting and commenting on various aspects in a Word document. I compiled my comments in a single document for easy tracking. Below is an excerpt from my journal following immersion and familiarisation of the dataset:

The overall dataset feels rich so far. I feel that most of the interviewed participants (Individual and FG) provided a ready-made analysis. The 'woke' mantra felt strong in all the data (surveys included) and the energy whilst conducting the interviews, especially the focus groups is conveyed in the transcripts. I'm excited for the potential (14/07/2022).

Phase 2 involved coding, which included reviewing the data and identifying relevant areas that related to the research question. I organised the relevant data extracts in a tabular format and labelled them with 'code labels' (Braun & Clarke, 2022, p. 35) that indicated their analytical significance in addressing the research question. I also considered my personal affiliation to the topics discussed and reflected on the participants' language use. I made notes of the non-verbal communication, such as body language and laughter, that occurred during the interviews and focus groups. These unarticulated instances played a role in making some interactions more resonant than others whilst I was reading the data. Moreover, I consulted literature to understand the participants' meanings using Black feminist theory.

I tried to be equally curious about data that I was initially uninterested in or sceptical about. For instance, the qualitative surveys had short responses and seemed like dry text. Although the responses were valuable as they represented the knowledge of Black women (Collins, 2000), I didn't have the same level of engagement and emotional connection with the survey participants as I did with the interview and focus group participants. The way the data were generated influenced the way I interacted with the dataset while coding it. To ensure that I didn't subordinate or invalidate the contributions of the data I felt no emotional pull towards, I maintained a level of curiosity about it. I systematically coded the entire dataset, using a combination of inductive and deductive coding (Braun & Clarke, 2019). Inductive coding involved accepting the surface level or semantic meanings of the extracts, while deductive coding captured the more conceptual or implicit meanings that I made sense of in the extracts (Braun & Clarke, 2022), often through the lens of Black feminist theory and CRT.

In Phase 3, I generated initial themes by clustering the codes and exploring potential themes that captured a central and plausible concept (Braun & Clarke, 2022). I organised the coded data according to their relevance to the potential theme while grappling with the responsibility of representing the participants' voices. I felt overwhelmed by the enormity of the task and at times, incapacitated under the pressure. However, I found solace in a dream I had around the same time, which conveyed a sense of prestige and pride in being trusted to carry the message. This helped me to stay motivated and connected to the dataset while continuing with the analytical process.

Phase 4 involved developing and reviewing the themes and involved reviewing, checking, and adjusting the themes (Braun & Clarke, 2022) to help me gain clarity around how closely

the themes were aligned to what the dataset was conveying. A part of this process was to check that the themes that I generated were also addressing the research question. The main task in this phase was to 'assess the initial fit of provisional candidate themes to the data' (Braun & Clarke, 2022, p. 35). The outcome of this review process was that some of the themes were too broad and encompassed too many subthemes with no central organising concept (Braun & Clarke, 2022). For example, I initially had a theme named 'stereotypes' that was too broad a concept so was developed into 'thinly veiled racism'.

Phase 5 centred on refining, defining, and naming themes. At this stage, I reviewed the whole dataset to refamiliarise myself with the individual data items, then again with a more focused perspective based on the generated themes.

Each theme was fine-tuned to ensure they had a clearly defined concept that was convincingly evident throughout the dataset (Braun & Clarke, 2022). Throughout this phase, I consulted my supervisor to discuss the content and definitions of the themes. Moving on to naming the themes was fun and allowed creative freedom because a theme name is ideally short and catchy whilst succinctly conveying the central concept of the theme (Braun & Clarke, 2022).

Phase 6 centres on writing up the analysis and is a process of telling the story of the research process and analysis (Braun & Clarke, 2022). I approached this phase by creating a table briefly summarising each theme, then analysing each theme using rich and compelling extracts in the body of the text. In structuring the analysis, I used an integrated approach for my results and discussion. I found that as my results were more interpretative it was better to integrate the discussion and results to avoid repetition (Braun & Clarke, 2022).

Analysis

This study aims to address the sparsity of research centring Black women's experiences in the psychotherapeutic profession. The participants' narratives will challenge existing literature dominated by white perspectives. According to Stefancic and Delgado (2010), counternarratives are crucial for promoting inclusivity and challenging dominant worldviews. Typically, white normative literature prioritises the perspectives of European, heterosexual, Christian cisgender men as the standard for knowledge and existence (Ward, 2008; Morris, 2016). By using a Black feminist lens (Collins, 2000) and an experiential qualitative approach (Elliot et al., 1999; Reicher, 2000), I sought to explore and interpret the participants' perspectives and experiences, providing insight for those who may not have shared these experiences.

Table 1. Overview of themes

Theme title	Summary
Thinly veiled racism in psychotherapeutic training and practice	The racism experienced by the participants is unnoticed and not spoken about by non-Black peers and leaders. In my view, this will not change unless there is political will to adopt alternative and more critical conceptual frameworks like CRT or feminist theory throughout the profession to enable non-Black peers and leadership to understand and be conscious about racism. The participants

	<p>themselves also do not explicitly name the racism they experience because it is so normative.</p>
<p>Lack of representation cultivates alienation</p>	<p>Social and cultural representations of psychotherapeutic professionals are predominantly of middle-class white people, leaving Black women to feel alienated within the profession. The participants expressed happiness and satisfaction on encounters with Black students and staff, often from other schools within their HE settings. They also expressed loneliness and a sense of not being understood in white dominated spaces, where their peers did not understand their world views.</p>
<p>Power from the margins: the usefulness of sitting on the outskirts</p>	<p>The participants are positioned as outsiders within a majority white profession from which they are self-empowered to define and articulate their experiences of structural oppression. They resist oppression by challenging their institutions and organisations through discussions with other Black women and in circumstances where they can be critical of the difference in treatment they experience in their training and practice, as well as in their experiences in the world more broadly. Their resistance highlights problems not automatically noticed by those in positions of power like course leaders, non-Black peers, and management.</p>
<p>Power imbalance – navigating white</p>	<p>Although attempts are made to resist oppression, the participants reported ultimately feeling powerless to change the white</p>

<p>dominance from the margins</p>	<p>normativity that underpins clinical treatment of distress, problematic racism, and prejudice in career and academic progression in psychotherapeutic training and practice. Their experiences demonstrated wisdom from experience but that they lacked institutional power to make meaningful changes (Aleman, 2017).</p>
<p>Contradictions in the use of voice - empowering and restricting</p>	<p>For Black woman, speaking out and challenging racist, problematic or oppressive views and actions in psychotherapeutic training, literature or practices can be activism but this can also make them a target for victimisation and bullying. There was contention between use of voice and being silenced as a result, and the self-empowerment of resisting oppression by highlighting problematic behaviours of the dominant group who are in positions of power.</p>
<p>Too visible for the wrong reasons, invisible when it matters</p>	<p>Visibility of racial and ethnic difference in the psychotherapeutic profession is used by leaders for political exploitation such as meeting diversity quotas. The participants felt invisible in the wider psychotherapeutic profession regarding how racial and ethnic differences interact with white normativity and how to address this in classrooms and workplaces.</p>

Thinly veiled racism in psychotherapeutic training and practice

Participants in the dataset rarely used the word 'racism', indicating the difficulty in recognising subtle forms of racism they often encounter. Critical race theorists suggest that racism, though common for people of colour, often takes implicit and subtle forms instead of overt and explicit ones (Taylor et al., 2023). The theme of thinly veiled racism explores a central issue that was expressed throughout the dataset - the Black women in this research were consciously aware of racism but struggled to articulate what they were experiencing, especially to those without personal insight into or lived experience of racism. The core idea captured by this theme is that as Black women, oppressive treatment within wider society was replicated in their psychotherapeutic training and practice environments (see also Mirza, 2009). However, the problematic and oppressive treatment they described was elusive and this made it almost impossible to formally challenge. Arday (2017), a UK-based Black male professor of sociology, detailed his experiences of subtle racism in an autoethnography. He described recurrent patterns of his professionalism being trivialised and subordinated, as well as a felt sense of being treated differently as the only academic of colour in his HE institution. He discussed the difficulty and fear involved in contemplation of challenging the systematic racial discrimination due to its insidious subtlety, which was used to discredit his professionalism over time. The following extract from Amarie was in response to a survey question regarding the taught content about race and racism on her training course. Her response alludes to a discussion in her classroom environment being problematic, especially in her observation of comments by other trainees, and her perception that the trainees' comments warranted scrutiny but received none:

Amarie (SP): it was a weird day because it seemed as though it was rushed, and questionable thoughts from some older white cohorts were not challenged but rather looked over.

In this extract, Amarie describes the effects of the older white trainees' comments and the limited time allocated to the subject of racism on her learning experience. She highlights the need for further examination of her peers' thoughts, without explicitly labelling them as racially motivated. Her perspective on 'questionable' comments by older white trainees reflects her acceptance of subtle racism in predominantly white spaces, and the ambiguity of the comments emphasises the need for explicit addressing of racism in the learning environment (Reid & Foels, 2010). Amarie was aware of the racial tension in the comments but did not feel comfortable expressing her concerns. If the session leader had challenged the older white trainees' comments, it might have confirmed Amarie's suspicions and alleviated her felt sense of responsibility to address the issue alone. The white trainees' comments caused racial discomfort for Amarie, and whether this was intentional or not remains unclear. Existing literature on subtle racism differentiates between types of subtle racism based on the perpetrators conscious intentions, regardless of any discomfort or offence caused to the target (Ozturk & Berber, 2022).

Although many people believe they understand what racism is, contemporary forms of racism may not be widely recognised (Dovidio et al., 2010). Symbolic and aversive racism are examples of contemporary racism (Dovidio et al., 2010). Symbolic racism refers to a set of beliefs held by some people that minoritised groups, particularly Black people, are inherently inferior to white people (Dovidio et al., 2010). This belief may lead to the assumption that Black people's failure to succeed is due to their lack of hard work (Dovidio

et al., 2010; Ozturk & Berber, 2022). Aversive racism is a nonconscious form of social categorisation that is based on negative beliefs about Black people (Clarkson, 2004). Individuals who exhibit aversive racism may genuinely support racial equality and consciously avoid prejudiced thoughts and behaviours (Clarkson, 2004; Leonard, 2020; Ozturk & Berber, 2022). However, they may express racism in subtle ways, such as being ambivalent towards racial injustice, and justify their unconscious biases by referring to socially acceptable beliefs, such as being colour evasive (Leonard, 2020; Ozturk & Berber, 2022).

Amarie's experience demonstrates the challenge in addressing racism in white dominant spaces because the unspoken and subtle nuances of racism are not easy to articulate and manage, especially if there is an ambivalence to racism in such spaces (Jones & Harris, 2019). In spaces where the effects of 'questionable thoughts' are not felt by most of the inhabitants of the space, like in Amarie's cohort, there may be an inevitable collusion between non-Black members of that space, or at least those who do not share the same sensitivities to racism. This type of 'questionable' commenting was also evident in several of the explicit and implicit comments made by the participants throughout the dataset. For example, Nicola questions the intentions of a presumably white interviewer's line of questioning in an interview for a work placement in her survey response:

Nicola (SP): during my first interview for this placement- had to be interviewed twice - I was given feedback by the interviewer that I came across really strong and directive - she said it was because I am used to CBT rather than person-centred approaches in my work, but I was never really sure why she mentioned that in my interview.

Nicola's response indicates uncertainty about the line of questioning posed by a presumably white interviewer. This uncertainty centres on concerns about being perceived as strong and directive, which could evoke racially motivated tropes such as the 'angry Black woman' and the 'strong Black woman' (Sacks, 2017). These stereotypes have historically opposed Black women to white ideals of femininity and civility (Carter & Rossi, 2019). They are racist stereotypes that connote images of a discontented shrew (angry Black woman) or a beast of burden (strong Black woman) with an extraordinary psychological and physical propensity for struggle (Doharty, 2020; Graham & Clarke, 2021). The 'strong Black woman' myth negatively impacts Black women's mental health and sense of empowerment (e.g., Collins, 2000; Jones & Harris, 2019; Graham & Clarke, 2021). Being subjected to myths like the strong or angry Black woman can affect Black women's interactions with clients, colleagues, and peers (Ashley, 2014). Black feminist approaches argue that white normative therapeutic practice and teaching invalidate Black women's experiences, as they omit the influence of social, economic, and political factors on their subjective distress (Jones & Harris, 2019). This omission perpetuates the oppression and disempowerment of Black women in these spaces.

Nicola does not mention her suspicion that the comment was racially charged but indicates an assumption that the interviewer may have alluded to her clinical modality. This type of interaction is common in the theme of elusive racism in psychotherapy training and practice. The problem is evident to the women, but it is elusive in that there is an implicit racist undertone that neither Nicola nor the interviewer explicitly acknowledge. Nicola questions the racial intent of the comments in her reflection. White employers and educators often make potentially racist remarks that are not explicitly racist and are not

held accountable. In the following focus group interaction with Jasmine, Harmony, and Grace, they discuss their experiences of unnamed racism while applying for a counselling psychology course:

Jasmine (FP): I got in first attempt, it was quite smooth for me but [...] I had that built in my mind that I just I couldn't do it, I was going to get rejected but then that's also kind of been my experience growing up like both of you have said about school, um when I did well in school- I got one of the highest grades in my class, and they were all surprised you know, the the students were telling me how I need to get my tests remarked because it must be a mistake, 'how could you get more than?' [white girl's name] [...] that's just one example, I've had several examples like that so to kind of put myself out there and apply it was quite hard actually [...] for me to kind of move past that stigma in my mind, it's like I've internalised that and I was doing it to myself, and I don't need them to say those kinds of things to me anymore it was already all in my head.

Harmony (FP): yeah, I, ummm... I did quite intense research [...] during the application process going to open days, and I remember an experience that one open day they looked at me, cos I went to ask questions after they spoke, and said 'I think you need more experience', without me actually telling the person my experience [...] I didn't apply for that university in the end, but I was really discouraged, and I was thinking like so many questions - is it because of this? or race? or age? or? there were so many questions, and I couldn't really get that experience out of my mind.

Grace (FP): I think that body language is a big thing, umm, like for example when you start talking about race and someone roll their eyes but it's not something that is tangible, it's not something that you can record it's not something that you can be sure about your own intuition.

Jasmine, Harmony, and Grace infer the nature of subtle racism in their interaction as they discussed experiences of having exchanges where they've had a felt sense of racism with no evidence of racism having occurred. Jasmine and Harmony faced doubts about their academic abilities, leading to self-doubt and affecting their mental health and sense of self. Jasmine and Harmony's experiences align with the findings of Williams and Etkins (2021), who conducted a review of literature and meta-analyses on discrimination and health between 2013 to 2019, finding that experiences of discrimination were associated with major mental health disorders and an increased risk of acquiring mental health problems. Smith et al. (2021) found that white psychotherapy students view themselves as 'good white people', which can be a defence against acknowledging problematic aspects of whiteness. Jones and Harris (2019) also noted that white practitioners tend to lack willingness to validate and understand the racism and discrimination experienced by Black women. Grace's extract also demonstrated subtle racism, leaving her feeling doubtful about interactions charged with racial tension, further highlighting the intangibility of subtle racism. She emphasises the barrier to reporting this as the lack of tangible evidence to record and report. Being solely reliant on intuition as evidence for racism in an interaction is dubious in Grace's opinion, as she expresses uncertainty and doubt about relying on her own intuition.

In the following extract, Jasmine discusses an experience of being overlooked for a promotion by a white male manager despite being the sole person in her team that met the requirements for a promotion, and it taking a new manager to identify her work as being eligible for promotion to senior level in her role as a wellbeing practitioner:

Jasmine (FP): At work for example, I was probably one of the only people who was doing everything that I should be doing and I had a white male manager who didn't want to promote me. It took somebody else to come in and examine my work and apologise to me and say "I'm so sorry that you've been going through this because you know, you've been working at this promoted level for a very long time, and I just don't know why he couldn't see it [...] I'm very sorry that you had to go through that"- which was helpful but, I was also kind of like what do you mean you don't know why he couldn't see it? of course you know why he couldn't see it.

This extract is another example of the elusive racism, as Jasmine indirectly expresses her and the manager's implicit acknowledgement that racism had played a role in the obstruction of her promotion. The incidents reported in Jasmine's extract are commonplace across the dataset and make challenging racism in Jasmine's job role almost impossible. The participants in focus group two provided a "deviant case" of explicitly naming racism. The slippery and intangible nature of most of the participants' encounters with racism was not the same for Effie and Vanessa. They were instead very explicit and political in their articulation of how they perceived racism in the psychotherapeutic field:

Effie (FP): There's this insidious kind of racist undertones mixed in with kind of privilege that comes through and that's something that you're going to have to navigate which your lecturers may not understand and may not be able to support

you with. I hated that clearly, because I feel like there's been effectuated with wider participation schemes that you see if it's like come to psychology this is great you're gonna love it and there's no reality to the fact that actually everybody didn't come from privileged backgrounds and that actually it's gonna be a lot harder for you as a Black person than it is for them [white people from privileged backgrounds] [...] I also tell people 'cause I don't think it's fair to set people up for failing, also another thing is that we look at the statistics that you can't really see because it's more hidden if you look at all the people who fail or who had to drop out or who had to take a year out, most of it is Black people and I think even that as well is another issue but I I couldn't agree with you more I just think it's so sinister and it's so insidious and then you got the friggin' audacity of it essentially receiving lectures reading stuff like the framework that tells us all about it, but you're not even, you're not even acting on all this stuff.

Vanessa (FP): yeah, and the only lecturer I knew that called it, called it out. When I did a diploma in REBT CBT at [university] in [city] that must be the only institution where I haven't experienced racism from a lecturer, that lecturer from there was just hardcore, they would actually call people out in the classroom and make people feel more uncomfortable.

Moderator: when you say call it out Van, what are you saying they called out?

Vanessa (FP): So basically I'm not really someone that will walk into a classroom and sit with my own, I walk in the classroom sit on my arse on the chair, I don't need to go to you because you're the Black woman, I sit there and I observe and I watched everybody, but what he did he called it out so when people walked in, you had

Eastern European sitting in one side, Asian women sitting on one side, Muslim women sitting on one side, I was I was the only Black, and then you had the white but the whites even categorise themselves, you had the white middle class ones and you had the working class ones and they wanted to form the group so that when they did a triage then they will sit and do triads amongst one another, he called it out, he'd be like you're not doing that, so ABC ABCD all the As go here, Bs go here, Cs go here and then you got that uncomfortable, that kind of Englishman smile like you're constipated, because people know, they didn't know what to do, because maybe that Muslim woman hasn't mixed with that white middle class or the Eastern Europeans and he left he he kind of said that you know when you go into the field of whatever psychology or clinical psychology you can't just solely work with your culture you have to be able to adapt and know about um like culture awareness culture difference so he was training people from from the diploma. The thing is you can't really, you can't really criticise, cause he's at the top of his game, he's H, right and his supervisor is W, you can't get any better than that, you know? That's what I mean by he kept it real and he would, he he would observe and he will call people out

The conversation between Effie and Vanessa in their focus group demonstrated their understanding of implicit racism. They discussed their experiences through an analysis of their observations. A particular incident that sparked their discussion was a retrospective call-out of implicit bias brought to light by a white male lecturer. Their political views on unspoken and unacknowledged racism are reflected in their discussion. They were able to articulate and conceptualize racism from their own perspectives, with Effie referring to

institutional racism by mentioning the problem of disproportionality of Black psychology trainees' progression to full registration as therapeutic practitioners. The statistics support this, with only 3% of registered practitioner psychologists in the UK being Black (HCPC, 2021) despite 8% of psychology undergraduates being Black (Palmer, 2021) and 4% of the British population being Black (ONS, 2021). Vanessa contributed to Effie's observations of structural and institutional racism by sharing her observations of racial prejudice on her training courses. She observed race, class and religious segregation in her classroom and evaluated the white lecturer's management of it. This demonstrates the importance of recognising, naming, and challenging prejudiced behaviours, especially among those in positions of power and leadership.

The core idea of this theme is that the elusiveness of the racism experienced by the participants will remain embedded in the profession unless the political will to challenge racism is adopted by those in power. The subsequent impact on the Black women in the field will continue to be missed, not articulated and unnoticed by everyone involved.

Lack of representation cultivates alienation

This theme is about a lack of representation of Black women in counselling and psychotherapeutic courses and places of work. There are two distinct elements to the lack of representation that was articulated by the participants. Firstly, they identified an obvious disparity in numbers of Black trainees and lecturers on their psychotherapeutic courses and in their places of work. Secondly, the participants acknowledged that the low numbers of Black trainees, practitioners, lecturers, and placement supervisors challenged their sense of belonging on their courses, places of work and ultimately to the profession. Interview

participant Amy and survey respondent Estelle highlight the first aspect of this theme, which is the lack of other Black people on their respective courses:

Amy (IP): I didn't see many Black people at all until I saw some students who were doing something else ((haha!)). I was like, where are the Black people? I was the only Black person in my cohort.

Estelle (SP): It feels lonely as there are few of us. There are issues of misperceptions from the majority culture and other minorities. It is expensive to train which precludes lots of Black women.

The comparison Amy makes between the higher numbers of Black people on other courses in the university and that of her counselling psychology course, highlights a key problem in the psychotherapy training literature, that Black and minoritised groups are underrepresented in the profession (Allison et al., 1996; McKenzie-Mavinga, 2009; Haizlip, 2012; Shavers & Moore, 2019; York, 2019). Estelle also makes a salient point that the high cost of training is a barrier for Black women to access training, and in addition to her point about feeling isolated, this could be a contributory factor to Black women feeling unable to aspire to training as a psychotherapeutic practitioner (Lindo, 2023). The following extracts captures some participants' reflections on the impact that the absence of other Black women had on their sense of belonging on their course:

Jackie (IP): if you don't see yourself there, how can you think it's for you?

Mandy (IP): I thought therapists were, they were Frasier [white male psychiatrist television character], and they were just like this whole kind of like someone that I wouldn't necessarily identify with or someone that I would be able to talk to if I saw

them out. It was these kinda white bald men, you know like Freud, like that's what I thought therapists were at first, you know what I mean like?

Nicola (SP): I have never had a Black woman tutor, programme leader nor research/clinical/placement supervisor. I really noticed this difference in my first placement, [...] I did feel self-conscious at times and questioned whether they had ever supervised a Black trainee.

Effie (FP): I've seen someone recently who wants to apply to be a psychologist and I said, look it is really expensive! because what I find problematic is that when considering when people are white middle class - they have no understanding and it causes a bit of a disconnect, because of the actual reality of things, like actually of how expensive that you need and how much you need to kind of save for it, and also, also, to keep it real, like what you said in terms of actually you know- you might be one or two and therefore even just when you're in the class with people who might not understand your experience, might not understand your lens, which you are coming in at. And also, you know there's this insidious kind of racist undertones mixed in with kind of privilege that comes through, and that, and that's something that you're going to have to navigate which your lecturers may not understand and may not be able to support you with.

Amarie (SP): the challenges I've faced is how I relate to supervisors & my cohorts in how I express myself, thoughts and feelings.

These extracts from Jackie, Mandy, Nicola, Effie, and Amarie express a feeling of not belonging to the profession due to their previous understanding of what being a therapist

meant or their inability to relate to white trainees and trainers in the psychotherapeutic learning space. They highlighted the lack of representation of Black women in their courses and the wider therapeutic profession, which negatively affected their sense of belonging. According to Webb (2015), the concepts of recognition and trust are crucial in forming a sense of belonging to the in-group of a profession. While Webb's claims are specific to social workers professional identity, they are applicable to the experiences of Jackie, Mandy, and Nicola, who felt self-conscious about the impact of their race on their professional identity due to the absence of Black individuals in the role of therapists or trainees in their personal experiences and media representation. Nicola expressed feeling self-conscious about holding her own awareness of racial differences for her supervisor, because of uncertainty about the supervisor's experiences with navigating racial difference. This has implications for the quality of the clinical supervisory relationship because one aspect of clinical supervision is collaboration (Anderson & Swim, 1995).

The collaboration between a Black trainee therapist and white supervisor is already diminished from the outset because the trainee must acknowledge, keep in mind, and negotiate her Blackness in relation to the supervisor's whiteness (McKenzie-Mavinga, 2020). Nicola questions her white supervisor's ability to understand her Blackness, suggesting skepticism about their capacity to comprehend her worldview and references (McKenzie-Mavinga, 2020). Effie's extract similarly conveys the notion that white trainers might not be equipped to support Black trainees with unique challenges that differ from their white middle-class counterparts. Her comment underscores the theme's premise by emphasising the absence of Black women's experiential representation in the learning space, hindering

their full participation in conversations requiring general contextual understanding. Effie also highlights the financial implications, racism, and lack of understanding from white middle-class peer groups and lecturers, urging caution when entering counselling psychology training. Mandy emphasises the significance of representation, describing her initial perception of a therapist as an older, affluent white man, like the character Fraser Crane on television. She illustrates the profession's initial unapproachability due to the lack of identifying features.

Both Jackie's and Mandy's comments show the challenge of having an interest in a profession that is not relatable. Amarie's response to a question about challenges she faced as a Black woman psychotherapy trainee also highlights the lack of cohesion between herself and her presumably white supervisors and peers. Although not explicit, Amarie implies that she faces a communication barrier with her white colleagues due to their different socialisation experiences. The difficulty in finding common ground suggests that Amarie may not feel that her supervisors and peers understand her, posing a challenge to her ability to relate to them. This highlights the difference in socialisation between marginalised and dominant groups, where the latter takes their position of privilege for granted (Combs, 2019). Amarie cannot do the same, as she is forced to confront what the others have freedom to ignore (Combs, 2019).

Participants in the dataset noted the advantages of social and cultural capital (Throsby, 1999; Cartwright, 2022) that their white colleagues enjoyed, both explicitly and implicitly. Cultural capital refers to the embodied, material, and institutional resources that individuals from higher socioeconomic backgrounds possess (Cartwright, 2022). Social capital, on the other hand, is associated with a positive impact on group performance and efficacy,

resulting from shared values, a sense of identity, and access to spaces and platforms for networking and connectivity (Häuberer, 2011). Obtaining cultural capital involves acquiring knowledge and skills through socialisation, developing dispositions shaped by environmental factors like family composition and social status, and owning objects that can be exchanged for economic gain. For example, using professional qualifications to exchange skills and knowledge for payment is a form of cultural capital. Knowledge and expertise are valuable cultural capital, as they provide access to social benefits through networking and socialisation to fit into a specific culture or tradition (Throsby, 1999).

Amarie's extract reveals the consequences of her lack of cultural capital. She described feeling unable to relate to the culture or tradition of her presumably white supervisors and peers. In contrast, social capital can have a negative impact on those who do not belong to the particular social group that benefits from it. The comments of Jackie, Mandy, Nicola, and Amarie suggest that they all felt excluded from the social and cultural capital associated with psychotherapeutic training and practice that was available to their white counterparts. Mandy's extract demonstrates a sense of Black women's alienation from the profession when she describes not being 'that white man in office with a couch and you're there telling them your problems'. The cultural capital afforded to non-Black colleagues on their courses and in their jobs highlighted a gap between the participants and how they perceived their non-Black colleagues.

A contrasting feeling to the alienation and unbelonging described by participants was the positive impact and validation that was experienced when the participants encountered other Black people in their institutions or course. In the following extract, Ashley's response

highlighted the supportive environment that was engendered by having more Black women in her class. Miranda also described the positive impact of seeing another Black woman in the year above her. Similarly, Harmony and Grace discussed the happiness they experienced when encountering other Black people on their course and work interviews:

Ashley (SP): this year there are a lot more people from the Global majority on the course, but also more Black female trainees. This helps to have other people who can provide support to you when you experience difficult days on the course/ placement pertaining to being a racialised individual. It helps to have people who get where you are coming from without having to explain.

Miranda (SP): there were no other Black women on my course, in my year. There was one Black woman who was in her final year, and I was in the foundation year, although we did not have the opportunity to interact. I was happy to see that there were Black women before me.

Focus group 1 discussion

Moderator: [...] how about your actual experience at the interview, like were any of your interviewers' Black women?

ALL: No

Harmony (FP): I had group interviews and one of the other applicants was a Black man, which I was really like happy to see and even though it was an interview process I was like 'hi are you ok?' I was just trying to make conversation and try to align myself with something but yeah no one none of the interviewers were Black women.

Grace (FP): yeah, none of mine, I had one interview in [geographical area] I was so happy there was two Black women on the panel out of three people, I was incredibly happy - I didn't get a job ((laugh)) but for this job it was just a white male and female ((laugh)).

Jasmine (FP): I had one Black woman on my course with me and it was it was really nice to have her there and someone who fully gets it but she's studying part time so I don't have lectures with her anymore and when I realised it wasn't until I kind of sat there in class and I was looking for her in class, and I was like 'oh my God it's just me now I feel so alone, I feel so sad' but we still message and still in contact.

Ashley's and Miranda's comments suggest that the presence of other Black people in psychotherapeutic training courses is crucial. This is because it provides a sense of belonging and the confidence to participate in discussions, knowing that other Black members of the group will understand their experiences. According to White (2011), whole class discussions and participation are common in university settings, but cultural conflicts are inevitable when minoritised students are underrepresented. This is because these students often feel that their views, contexts, and ideas may not be accepted by white instructors and peers.

The experience of seeing another Black woman on the course brought a sense of validation and legitimisation for Miranda, highlighting the potential unhappiness and disconnection that Black women can feel when they do not see others with similar experiences in their academic or work environments. According to Walkington (2017), Black women in higher education have employed multiple strategies to resist social exclusion and isolation, such as forming alliances with other Black women students within the same institution or seeking mentorship from Black women in positions of power. This desire for greater affiliation with

one's marginalised group, as noted by Hutchison et al. (2007), is a natural response to feelings of personal exclusion and a quest for inclusion and protection.

During their focus group discussion about their course selection interviews for psychology postgraduate studies, Grace and Harmony expressed their delight with upbeat expressions while making similar comments about seeing other Black people. Their voices indicated a lively sense of happiness, and this may be an indication of the sense of protection and belonging mentioned by Hutchison et al. (2007), also evident in Ashley and Miranda's extracts. Jasmine's comment, however, contrasted this happiness, as she felt sadness at the loss of another Black student in her classroom. Reflecting on once having another Black woman in her class and then losing her presence, Jasmine demonstrated the positive impact of having another person present who she felt could understand her perspective and lived experience. The poignancy of her comment, "it's just me," highlights the felt sense of alienation in being in a room of other people yet simultaneously feeling alone. The participants in this focus group discussion also expressed anxiety about being rejected as a Black working-class woman by a profession that is dominated by white middle-class trainees and practitioners:

Grace (FP): I wanted to be accepted you know? I showed my true self and if I'm not accepted then maybe I'm just not for this field maybe there's an element of that, I didn't consciously think about that I guess I took a lot of risks because I did turn up the way I am with my 'fro.

Harmony (FP): I was really nervous in the interview I didn't know how I should present myself, usually I wouldn't have my hair in the natural state and I didn't notice that until doing this course and getting into it and having therapy on my own,

umm, why do I need to present myself in a certain way to feel accepted, now I don't care about that which is -I'm really proud of that.

The underrepresentation of Black women in training courses and clinical settings has influenced Grace's perception of who belongs to the profession and who doesn't. She also hinted at feeling like she might not be accepted for her authentic self if she didn't conform to white appearance norms. Specifically, Grace described the internal conflict she experienced in wanting to be authentic as a Black woman but also wanting to work in an environment that might reject her for that. In the same focus group discussion, Harmony shared her experience of feeling the need to present herself in a way that was closer to white normative standards of appearance during job interviews, to avoid potential rejection. Grace and Harmony's extracts specifically mention their hair being unmanipulated and in its natural state. Presenting themselves to the predominantly white profession in a way that doesn't conform to white norms leaves them both feeling vulnerable to rejection by the profession. The fears of Grace and Harmony are supported by research that highlights the denial of employment to Black women because of their hair (Roberson, 2021). Roberson (2021) discussed the two choices Black women face in employment, either manipulating their natural hair state to a style more closely related to whiteness or maintaining their natural texture and risking rejection or being overlooked for promotions. Grace chose the latter option but experienced tension about the possibility of rejection because of it.

In another focus group interaction centred on the work environment - Effie and Vanessa discussed the lack of Black representation amongst the clinical staff and client group in a particular specialist mental health setting. They evaluate the implications for the wider Black

community rather than on an individual level. In this sense, their rich interaction is important in highlighting the variety of positions that Black women can take from the same or similar experiences:

Effie (FP): I worked in [mental health service] and I worked in duty [mental health service] service, so very specialist, and this was a specialist service so we technically get everyone from the UK, but what I found very alarming, was the staff that I worked with, like you'd get out from the train station and you'd see Black people everywhere, then you walk into the building, I feel like I was, I feel like I'd gone into a time capsule because it was all white, and it was like one or two like Black or Asian, but it was like white, and I was like... How?! And then even the young people that we saw, again like most of them, like not even a third were from ethnic minority backgrounds, so I'm just thinking how can you have a service in [city area]

Vanessa (FP): wouldn't they have difficulty relating to the young people then? if the majority of the young people are Black or B A M E

Effie: The majority of them weren't, so they have a few so that was during Black lives matter so basically I said let's do some research on this and so I kind of led on the interviews of that, because I was like, this is a problem, this is a problem, this is a actual problem, because A, you're not getting people from a BAME background into your service and then how are you working with these individuals with very very very complex circumstances, and at the time I was like the only Black clinician, I was just like ((sigh)) you know what I mean like it's just such a problem, and I feel like even with services, it's just like lip service like 'ohh, yea we want more diverse people, we want more diverse people', but you're not actually doing anything actively to work

on that, like properly, don't, don't just give me lip service, don't just give me policy, what are you actually doing to work on it?

Effie's reflection on the practices of the mental health service she worked in highlights several key points about the low numbers of Black therapeutic practitioners and trainees. She notes the scarcity of Black practitioners and Black clients in a predominantly Black geographical area. Although Effie's experience does not suggest a feeling of not belonging in her role or practice environment, she does argue for the need for the mental health service, situated in a Black community, to ensure that Black people are represented within the service, both as practitioners and clients. Effie's perspective differs from the previous responses that illustrate this theme, as she places the responsibility of providing representative services to the Black community on the service. Vanessa misinterpreted Effie's point about young people accessing the service, believing there were high numbers of Black or minoritised youth being served by predominantly white practitioners. This misunderstanding would have been reasonable, given that Effie described the area as predominantly Black. The exchange is informative and thought-provoking, demonstrating a curiosity about the service's structure that is often lacking in privileged white practitioners or heads of service (Combs, 2019). Their critical curiosity also prioritises the needs of the Black community, presenting a contrasting viewpoint.

The participants demonstrated in this theme that they experienced learning and working environments that do not have a Black presence that sufficiently represents their lived experience or worldviews. This impacts them in various ways, such as feeling conscious about their belonging to and feeling alienated within the profession. Questions were also

raised in this theme about the level of awareness that institutional organisational leaders have around the challenges and impact faced by communities that are underrepresented in their services and institutions.

Power from the margins: the usefulness of sitting on the outskirts

Black feminists emphasise the importance of self-definition, intersectionality, and Black women's experiences as a source of knowledge to highlight the unique perspectives that Black women can bring to understanding power and oppression (Collins, 2000; hooks, 2000).

This theme captures the way participants felt marginalised in psychotherapeutic training and practice but were able to evaluate and define their experiences from their marginalised position, gaining a sense of self-empowerment. Participants shared instances of feeling marginalised when their organisations and institutions did not support the needs of Black trainees or client groups. However, they used their unique vantage point to challenge and critique the white normativity that is often taken for granted in their field, turning their marginalisation into an opportunity to contribute to the betterment of their communities and the experiences of future Black women trainees.

In a focus group discussion, Grace reflects on the experience of having what felt to be an appropriate emotional response that was pathologised by a white psychologist. She described the period when George Floyd was publicly killed whilst in custody by a white police officer. This murder sparked a worldwide resurgence of BLM:

Grace (FP): during the BLM [Black lives matter] stuff, I basically spent a lot of time talking about it during supervision and stuff, and I got recommended to go to

therapy by a white psychologist, but I was actually so offended because I was like, woah, this is a normal reaction I'm actually really upset that people are dying and this all this is going on there's all these microaggressions and stuff it took me time but I think in that space, I just didn't feel safe and I'm not sure that the profession recognises when our responses and sort of push back is valid, and that's what really annoys me, they just push it back to you and then they just cause more harm, so just not understanding that the way we react is actually quite normal?

In her statement, Grace alludes to the marginalisation of her distress by her supervisor when she perceived her reaction as a normal response to a distressing incident. Black feminist theorists write about marginality and mattering as fundamental concepts that describe how people in marginalised positions relate to dominant groups (Johnson, 2012). People in marginalised positions often feel that they do not matter (Johnson, 2012). Grace emphasises her marginalised position when she drew attention to the supervisor's action of invalidating her response. In sharing her annoyance of the situation with the focus group, Grace was able to validate and normalise her experience from the marginalised vantage point.

In her interview, Jackie reflected on her observation on how mental health services marginalise whole communities through their westernised prioritisation of individuality over community-based support. She makes comments pertaining to Black professionals and Black clients' negative perceptions of mental health services by stating:

Jackie (IP): To then, willingly sort of come and join a service where I guess you've maybe or potentially heard that hasn't been positive experiences for people and also, you're not quite sure or in terms of how they would service someone like yourself or someone in your family or someone in your community. I think that uncertainty would be a reason to think why you would think, actually I don't, I don't know why I would see it as is viable [...] my training, a lot of its very sort of focused on one-to-one intervention, which obviously can obviously be, very enjoyable and valuable and transformative. And it's why I sort of do what I do, but also that's only part, the small part of what helps or what's part of a person's sort of health system and making someone stay well. So a lot of that again is part of like community engagement and involvement a lot to do with education and being informed and not just, I guess, formal education, but other types of experience and people learn about experience since they're learning how to care for one another and feel responsible to, I guess not just their family but community members that that doesn't necessarily need to be formalized types of training, and people probably more readily recognize themselves as being able to do that. For instance, if they belonged to a parent group or if they belong to a church group, people can readily see themselves involved in that and we don't really see psychology in those spaces. It's always traditionally seen as, is somewhere where people have to go to. It's not so integrative of in terms of, it's been a part of everything that people are which it should be.

Jackie reflects on working in and accessing mental health services from an alternative perspective to the one that prioritises individuality in caring for people. She reflects on the concepts that are not valued in western health care settings, such as the important role that

community plays in a non-westernised cultural understanding of wellbeing and care (Wilson, 2001; Illingworth, 2021). Collins (2009) explained the concept of being an outsider-within that specifically highlights how the historical context of Black women's race, gender and class inequity influences their worldview. Jackie's reflection can be likened to being in an outsider-within location, as she demonstrates that she can foster new angles from which she can understand oppression. hooks (2000) margin from the centre theory explains that using the uniqueness of a marginalised vantage point can challenge power and oppression by taking what is learned from that vantage point to reframe and redefine the central position. As demonstrated in Jackie's account, she could use her vantage point to acknowledge that a community care model of support may be more suitable for marginalised groups who may not prioritise the western individualistic methods of care and health. Grace further demonstrates this unique vantage point when she described speaking back to power in an interview with an all-white panel (mentioned in theme 1):

Grace (FP): that was the first interview where I actually spoke about race and sort of asked them, you know what you actually do to protect you know - and in a weird way because it changes the dynamics, and I ended up feeling actually quite empowered.

Grace demonstrates how she exercised the vantage point gained from being in a marginalised position to challenge white normativity in the psychotherapeutic role she was entering. She posed the challenge by questioning her presumably all white interview panel about their processes of protecting people from discrimination and racial abuse. She mentions feeling empowered and, in this context, Grace demonstrates self-empowerment

by bringing the implications of race and discrimination into the conscious awareness of a white interview panel. In the following focus group extract, Jasmine comments on her experience of using her own experience of belonging to a marginalised group, to empathise with how a member of another marginalised group would feel about a comment made by one of her clients:

Jasmine (FP): I had a session with a client where she said something that sounded racist, so it wasn't towards Black people, but it was towards Jewish people and I know someone who is mixed basically, she's Black and Jewish and I know that these things can be quite offensive, so I just sort of like mentioned you know some people could find that's offensive in the session and then I brought that to supervision and my supervisor basically said you don't have to say that, and I was like why not? Isn't it our role to challenge discrimination?

Jasmine's experience of talking back to power was like Grace's experience because she also challenged and disrupted the white privileged position of power - a position that does not recognise issues outside of the status quo of white normativity and privilege (Combs, 2019). Jasmine takes her lived experience of awareness of racialised conflict into account to firstly notice that a comment made by a client was potentially racist, and secondly to bring this to the attention of her presumably white supervisor. She directly challenged the client's racism and brought the topic to supervision, in both instances bringing conscious awareness to racism.

The participants spoke of Black women's issues not being considered by employers and trainers in the psychotherapeutic profession, both for themselves as trainees and practitioners and for the Black client groups that they served. For example, what counts as psychological distress and the methods of intervention deemed to be best practice, particularly by The National Institute for Health and Care Excellence (NICE), is not always compatible with the way that Black women experience distress or are able to respond to treatment (Jones & Harris, 2019). However, they also articulated aspects of empowerment from this marginalised position. One of the key skills they developed as a response to being in the margins of the profession, was the ability to develop communities through networking, generating, and sharing stories that challenge the taken for granted structures of therapy and training. They used these communities to encourage conversations with their colleagues and trainers that could potentially influence and inform change in their colleagues' and peers' taken for granted positions. Jackie reflected on her experience of providing support for another Black trainee who found it difficult to facilitate a therapeutic ending in the context of her race. She highlights the importance of being supportive to another Black trainee, as other groups may not be able to connect with the importance of the racialised aspect of the therapeutic relationship:

Jackie (IP): In my first year, I think when one of the other Black trainees when she was talking about working with the client and it, I guess it didn't go well 'cause the client didn't want her to go and she was facilitating ending. I think she was sort of conscious of her identity as a Black female therapist and what that meant to her. So, in that moment I felt was important to comment on that and be encouraging. So, I

guess there are moments where you can connect with people. But I guess in relation to the group I feel as though because there are other people there probably two or three other people from other minority ethnic groups, so I guess it's a sense of business as usual. I don't think people think about it or raise it as much. I think just speaking to other of my colleagues that are Black that are doing their own research projects, a lot of them are looking into the Black experience, whether it's from service users or whether it's from trainees as well. So, I know that's something that's important to them, but for some reason it's not reflected in the course, and I don't know if the course sees it is that important.

Jackie spoke about the connection between racial identity and the therapeutic role not being something that appeared important to other racially minoritised groups in her cohort and course in general. She highlights her experience of discussing racialised concerns with other colleagues and having a felt sense that race is an important topic amongst her Black peers, something that is isolated from the wider course material. These are examples of the ways the participants used and responded to their marginalised positions. In focus group 2, Vanessa shared her thoughts about how best to pose a challenge to the profession. In speaking directly to the other focus group participant, Vanessa comments on the younger participant's passion and political energy to tackle the problematic structures in psychotherapeutic training and practice:

Vanessa (FP): that's why you got so much fire, fire, when you go through and you keep battling battling you're gonna hold onto that, you're gonna be formalising your emotions man, it will emotionally drain you, you know, you know what you need to

do, you need to get that qualification and then when you do you need to set something up and bring the fight.

Vanessa refers to a fight between white oppression and Black women in psychotherapeutic professional training and practice. In this fight, Black women take the opportunity to support other Black people from a collective standpoint that resists the ways in which white dominant services operate as a system (Collins, 2000). She refers to the fire of the other focus group participant. Her comment alludes to the challenges experienced on the psychotherapeutic training course that angered the other focus group participant and encouraged her to hold on to the anger and use it productively against the problematic system. In their exchange, Effie and Vanessa reflect on utilising anger at the system productively:

Effie (FG): hmm... yeah I think you're right I don't I think I could ever survive in the NHS to be honest, 'cos I I feel like it's just like I just meant to some extent, again I think it depends on the service, 'cos like I've worked for some brilliant services but I think I've had like problematic services, and I've, I think like the NHS is very hierarchical, it's very much everyone should stay in your place, and there's also a lot of undertones of racism so there's too much of that so I don't think I would survive, like you said I've got too much fire, they'd kick me out.

Vanessa (FG): so, you'd channel that, that's what you need to do you need to set something up for yourself and try and kind of equip yourself and the Black community with knowledge of mental health and and things like that, that's what you need to do, otherwise what's the point? What's the purpose of you doing your

qualification? We was all like that at one time but after a while it does it does drain you. You know an' when you fight the system, it is it's draining.

Vanessa's comments were an encouragement to Effie to take knowledge from her course to serve herself and her community. This speaks to the practice of being at the centre of the margin (hooks, 2000). For example, Effie alludes to being uncontainable by services where the hierarchical structures and racist undertones are problematic. Vanessa goes on to expand on the lack of understanding of Black distress.

In the following extract, Vanessa reflects on a time when the children of the Windrush generation were seen as educationally "subnormal", when the problem was that they were being tested against cultural norms that were not familiar to them. Vanessa uses her unique outsider within perspective to conceptualise and deconstruct the way that the white normative education system invalidates minoritised groups. She states:

Vanessa: I had to read Darwin, when I did my psychology degree and I had to read Freud who I can't stand, and it's in this it's all the same, you know, and then I think maybe that also kind of aided the fact that children that were either brought over or raised here in in the times of the sixties and seventies were then labelled subnormal yeah you know and they were put into a PRU [pupil referral unit] of some sort, it's a whole kind of process you know like what's subnormal? A student acting out? Well, why's the student acting out? Because they're not familiar with the surroundings you don't understand the culture difference, you know and obviously back then it it that was quite rife you know?

She also discussed her experience as a teacher for present day students from inner cities who are treated as challenging in mainstream education when their precipitating problems are predominantly socioeconomic in nature:

Vanessa: so when you have young Black men and Black women coming in from inner city to try and get away from gang affiliation and that kind of that kind of that kind of environment they would always put the bad behaved sixteen plus in my class, because obviously I'm a Black woman, so I can control them, and to be, an' for real, I did control them, because a lot of them who were written off in school, you know excluded put into hubs and all that crap they came into my classroom and that class was, but it was contained 100% so if I had twenty learners at least sixteen of them would go onto university to do nursing, social work, youth work you know, because somebody believed and that's what they needed, you know.

In her exchange with Effie in the dialogue above, Vanessa speaks about getting a qualification then “set something up and bring the fight”, referring to the idea of taking from the dominant knowledge base to bring back to margins for wider empowerment of the people in the margins. She demonstrates her commitment to this belief in her comments where her position as a Black woman was utilised in supporting young Black students who she states were “written off” to get into positions otherwise untenable given their socioeconomic backgrounds. Participants across the dataset expressed their determination to develop their careers to fill these gaps in knowledge production, to challenge white normative structures in psychotherapeutic training and clinical practices with their expertise coming from a Black perspective. The survey response from Nicola reflects on her experience of conversing with other Black trainees about therapeutic practices:

Nicola (SP): I also really enjoyed the discussions I had with other Black female students about our experiences as Black therapists in delivering westernised models of therapy. I definitely found it encouraging.

Nicola highlights the practice of sharing knowledge and experiences with other Black female trainees - a practice emphasised by hooks (2000). The enjoyment and encouragement in Nicola's experience of peer discussions with other Black trainees reflects the importance of community support for marginalised groups.

In her interview, Mandy made a similar point about using the knowledge acquired from psychotherapeutic courses to further support Black clients. Mandy demonstrated how she conceptualised the marginalised position of Black girls with an Autism Spectrum Disorder (ASD) diagnosis and how she used the knowledge she gained from the white dominant profession to use in the context of supporting a young Black girl:

Mandy (IP): I am trying to work with especially young girls that have ASD and even the assessments for that are so bad because you got a young girl who might be on the high level area of the spectrum and because she is coming across like for them it just looks like this is just an ignorant Black girl and you know deep down they have the unconscious bias of maybe cause the way she is presenting herself is 'oh she looks like she just don't wanna be here' [...] but because they have that image of what a Black woman, person, girl looks like she might look like with her hair gelled

and all of that kind of stuff they are seeing her as that role rather than seeing that young girl.

Mandy is highlighting the need for mental health professionals to have insight into the marginalised perspective, specifically pertaining to young Black girls. She demonstrates that her lived experience of being a Black woman affords her the opportunity to recognise the young Black girl's neurodivergence that is misconstrued as poor behaviour - a result of racialised preconceptions. She uses her knowledge and experience in the field, in a way that a white person may not be able to do. She demonstrates here how white normativity can have a negative impact on the diagnosis and treatment of people in the Black community due to white practitioners' sometimes limited knowledge of stigmatised behaviours. Mandy brings attention to problematic opinions about young Black girls, for example, their mannerisms and behaviours that can be misconstrued by non-Black people as behaviours typical of Black people, rather than as indicators of distress. Both Mandy and Vanessa share their thoughts around gaining qualifications in the field to utilise as a tool to recognise and treat distress for Black women and girls or the Black community more broadly. In the following extract, Jackie reflects on her concern around how some psychological treatment modalities may not take different cultures into consideration:

Jackie (IP): my next course will be CAT [Cognitive Analytical Therapy] training, so it's interesting 'cause I did like an introductory course last week and a lot of it's to do with language and representation of language and I I did say to him I'm a bit worried

about culturally, how accessible it is when you're speaking in terms of these metaphors and where people may, I may even myself, I understand it, but I'm not well versed. I don't usually use those metaphors and those language. Then how can I then apply in practice, which isn't even really authentic or accessible to me. So, then I think it was through people's conversations in terms of actually, using it with the person, it's actually much more adaptable and integrative of, to what, what the person wants and what it is that you're doing. So that made me feel a bit more relaxed about.

Cognitive Analytical Therapy (CAT) is an integration of relational and cognitive behavioral therapy (Ryle & Kerr, 2020). Metaphors are utilized in this model to express issues addressed in therapy (Turner, 2011), however, Jackie questions the effectiveness of this approach for Black/global majority cultures. European cultural norms can unintentionally influence therapists' interpretation of metaphors used by individuals from these cultures due to the power dynamics present in the therapeutic setting, which typically favour the therapist. Jackie's concern about the applicability of therapeutic modalities to wider cultures is reflected in the literature (e.g., Graham et al., 2013), which scrutinises the efficacy of Cognitive Behavioural Therapy (CBT) and its third wave derivatives for mental health presentations in marginalised groups. This is significant because CBT is widely regarded as the gold standard evidence-based practice in clinical intervention for various distress presentations (David et al., 2018). However, the problem with this gold standard is that the studies conducted do not account for many individual and intersectional differences, such as socio-economic backgrounds, race, or disabilities (Naeem, 2019). In response, culturally

sensitive CBT has been developed, and is currently being implemented in some services (Naz et al., 2019). Jackie and the other participants in the above extracts are generating discussion around how best to utilise their marginalised positions for the benefit of their communities. They are holding their course leaders and workplaces to account by challenging the efficacy of the recognition and treatment of distress in Black communities that is predicated on knowledge generated from research based on predominantly white middle class populations of research participants.

In summary, the extracts from the participants in this theme demonstrate how they have experienced marginalisation, but also their refusal to accept their marginalised positions. They have demonstrated that through using their unique vantage point of being outsiders-within (Collins, 2000; hooks, 2000), they have been able to empower themselves to find alternative ways of re-centering their experiences, either by disrupting and challenging white normative thinking and practices or utilising their acquired experience and knowledge to make changes within their communities.

Power Imbalance – navigating white dominance from the margins

The participants in the dataset ultimately felt powerless to change the oppressive practices resulting from the white dominance in psychotherapeutic training and practice. This theme of powerlessness may seem to contradict the previous theme of empowerment gained from the outsider-within perspective. While the previous theme described the participants' power to define, give voice to, and conceptualise oppression, they were ultimately

powerless to challenge the wider white-dominant culture that pervades psychotherapeutic practice. This contradiction is in line with the dialectics of Black womanhood (Dill, 1979; Collins, 2000; Al-Serhan & Ogbemudia, 2022). The power dynamics between a Black woman and the white-dominated profession of psychological therapy are multifaceted, with racism and sexism posing challenges to Black women. The additional dimension of being a psychotherapeutic trainee further compounds the imbalance where power based on expertise is granted to trainers and supervisors (Jones & Blass, 2019). The central concept of this theme is that the participants experienced an imbalance of power, with limited access to the necessary means or resources controlled by predominantly white leaders in their professions and training institutes to make any meaningful change to the oppressive obstacles (Jones & Harris, 2019).

This interaction between the moderator and 2 participants in focus group 2 is a stand-alone depiction of lived experiences where the dynamic between power and race can be played out in interactions in a classroom or institution;

Moderator: so call it out, if you had to if you had to label this behaviour and like how she acted towards you and the other black people what would you call it if you have to call it

Vanessa: Karen! yeah ((interrupted))

Moderator: that's what you'd call it? Karen? She was being a Karen? ((laugh))

Vanessa: Yea... Karen, yeah....

Effie: ((laugh))

Moderator: So I love the fact we all know what that is,((all laughing)) but for the purpose of this research, can we please ((all laughing)) please elaborate further

Vanessa: whatever you wanna call it man, what I would say, somebody that has power and she has the control and she knows it and that's basically it, power and control and she she's not interested in diversity she not interested in any Multiculturalism she's just there thinking what are you doing here in this institution you shouldn't be here you shouldn't be completing your course because I was I was on track to get a merit overall but obviously because of that that that put me back off track just to get a pass and I don't do pass

Effie: Also I think it's interesting Just the notion that as black women we're not allowed the range of emotion like the thing is that you are justified to be pissed off, yes to some extent you could argue here maybe it's not the right time to blow, but if it was a white person saying that, yeah I I feel like the the "punishment" would not have been as severe as it was for you? It would have been like, ahh I'm so sorry OK I understand that you will be angry but maybe you could have thought about it this

way La La la and that would've been it but actually for black women seems like it's punished to an nth degree, and also find it interesting like these institutions were never built for black people in the first place, like historically if we go back back and back and back, just through time it's like ok we have to let you in and they still hold onto this kind of colonial imperialistic attitude that seeps in through the fabric of it and I think like even just with black lives matter and the amount of institutions that had like statues, like one of our uni buildings was built owned by or named after a slave owner I said what!? then I'm not really surprised, like I'm not surprised, and even what you said about that woman, there's, there is no way that her college did not know that she was problematic, there is no way- What!? OK one one person complaining – they might think (uh)... several people!? and you're all just complicit in it and I think that's part of problem, this complicity that happens alongside staff and just inability to call out the problematic people again and also like some and then I will give example so when black lives matter happen then everyone's like lets talk about it, like one of my lecturers, she was white she decided to send out this paper and we got it beforehand I said let me read it I bet it I said you know maybe it's just me but maybe just me so I said let me send a few of my other friends who're black who're not on the course right, cos I thought, let me get a different perspective, so this paper was written by a psychoanalyst in, America she was talking about experiences from the perspective of a white woman, she gave us one paper, I said OK lemme just wait, when I got there she said I thought we could just use this paper as a start, I thought to myself, this is gonna be a issue because first of all, people tend to conflate different meanings- I'm thinking bout dictionary, this is what racism means, explaining it to them, this is what this means and then I said I said I have a

problem with the paper first of all you gave us one, everything single lecture- you've given us 10, 15 articles from various perspectives, you gave us one! this one, about an American woman who lived during the civil rights movement, to encompass all of black people!? I said it's a no, and then she started to cry then I was like no you need to pass, you need to pass this but when the white woman cries cos she was doing white woman tears, cos when she cries she shifts the focus and the discussion away from racism on to something else but I had to turn away, I though nah Effie that's enough, because it's a, you know, it is a balance innit? you know these people are going to mark your work so I had to balance it cos I know these people are gonna mark my work so I had balance it against how much I was willing to pay, but I was think I'd be damned if your gonna use this one damn article to talk about the whole of black experience, like you know how mad that is!!! Like she gave me one article said this was great to talk about the whole black people I said no

Vanessa: and that's what I'm saying to Effie so she started crying so she flipped it!- Karen! white privilege, white fragility, and that's the shit they'll do, so you can complain that one of your colleagues called you the N word in the class, but yeah if that white colleague turned around now and started crying, forget what they said to you, then there softly stroking stroking that's what I mean and they know how to use it and they know when to use it.

Discussions across the dataset also demonstrated the multiple challenges faced by the Black women participants in achieving any meaningful change to problems like the lack of resources, research, or institutional will or effort to ensure there are ways to recognise and

tackle oppressive racist structures and practices. For example, in her focus group discussion, Effie directs her comments to a HE institution that offers anti-racism groups:

Effie (FP): they have an anti-racism group and I keep going back and forth whether I wanna join it, but part of my annoyance with it is that you know, like for example they said that you know the content is, they're trying to make the content more diverse, so I'm thinkin' in my head, that you guys recognise that through your behaviour you haven't supported Black and ethnic minority students to the best of your ability and therefore you've left them to be marginalised, but you've not taken accountability by apologising to us, so how's this working? How? I don't understand... How can you have an anti-racism, but you haven't taken accountability and apologised in order to move forward? So that's why I go back and forth and that's what I mean like, cos I wanna deal with this stuff but I'm like Effie, these man are doing your VIVA, they're marking your work, do you know what I mean? It's such a fine balance, it's like, I have a lot to say, I feel like you guys are problematic, that's what I really want to say to them. You are problematic. I think you guys don't understand how much you have undertones of racism, I want to be like how? and constantly have no idea about Black individuals, ethnic minorities, how you come from your lens of privilege, white privilege, able bodied privilege, financial privilege, resource privilege, and you don't realise it, and you enact that constantly, throughout in so many ways like it's so problematic and so dire that's what I wanna say to them, but I've still gotta think about whether I want to be penalised for it.

Effie wants to tell the institution (and perhaps those who inhabit decision making positions) about itself and how problematic it is. However, she expresses reservations about feeling able to do so, because of the power white men hold over her academic progression, and their power to penalise her for being critical. Effie cannot overhaul the system of performative racial allyship or point out the reasons it is problematic for fear of repercussions. She also discussed the dilemma she felt about taking part in the anti-racism group. On one hand, she feels that the creation of the group omits what she feels is an important act of validating the marginalisation that has been imposed on Black and minoritised groups through an apology. On the other hand, she wants to be a part of the anti-racism movement to address issues of racism. Effie comments on her annoyance at the paradox between the institution claiming to be anti-racist whilst not addressing and validating the impact of the racism through any meaningful action. The institution's creation of an anti-racism group serves to reinforce the position of white dominance because in Effie's view, the feelings of those impacted by racism have not been meaningfully addressed. White dominance is evident in the omission of responsibility for racism on the part of the institution. The institution appears to have assumed a privileged moral high ground with no remedy to what racism means for those directly impacted by it. The crux of Effie's annoyance is that the university leaders have not demonstrated any level of self-reflection on how their actions have inadvertently maintained racism within their institutions, whilst simultaneously espousing anti-racism.

The participants in this research seem to recognize and accept their powerlessness in the face of systemic racism, while also being critical of their institution's lack of action in fostering an inclusive learning environment. Effie's extract highlights her critical awareness

of her institution's inaction and lack of accountability for maintaining racism. The participants acknowledge that achieving meaningful change in the white normative systems and structures that underpin their field is a significant challenge. Socialisation into the culture of HE has many advantages but is also an area in need of development to support Black women's progress in HE (Howell, 2014; Patterson-Stephens et al., 2017; Gooden et al., 2020). The participants also recognise their lack of control over the means and resources needed to implement change, as demonstrated in the following survey participant's comment about navigating an oppressive system while maintaining her values:

Ashley (SP): We are working within systems which means there are certain structures of oppression embedded in the way we work which oppose my own values and how I would like to work, and the type of psychologist I would like to be. That realisation is the hard thing to sit with and navigate.

This extract captures the participant's recognition of the problem alongside an acceptance that there is very little that can be done to challenge or change the problem. Therapy could be a way for Black women to address some of the injustices they experience in society (Jones & Harris, 2019); however, if the profession does not acknowledge the socio-political injustices faced by Black women both in wider society, and in their reproduction in the profession, there is a risk of maintaining these injustices in therapeutic interventions (Waldegrave et al., 2003). Ashley's extract is very poignant, because she describes negating her personal values to work as a therapist in a system that she finds deeply problematic. Harmony further highlights the problematic hierarchical system of working as a therapist and how she is positioned as a Black woman in her place of work:

Harmony (FG): in the real working world we don't have the same powers of a psychologist who might be white [...] I had experience as a support worker where a psychiatrist would come in to talk about my key clients and I'm answering the psychiatrist, and they'd ask another white man about the case when I'm the one dealing with it?

Harmony names the oppression of Black women in the field being that of not enjoying the same privileges of a white colleague. She states that the authority to comment about the client was incorrectly attributed to a white man although she was the main point of contact for that client. The hierarchy within mental health care is evident in the fact that psychiatrists are the most powerful but often have the least contact with clients, and support workers are the least powerful but often have the most contact with clients. There is also the gendered racial dynamic of a white man dismissing her or not listening to her as a Black woman. Both hierarchies reinforce each other. The development of racial and gendered conditions of worth is argued by Chantler (2010) to be a driving force in how organisations are structured. Chantler (2010) referred to the key concept of conditions of worth from person-centred counselling to highlight that everyone develops an understanding of how they ought to behave in society based on what they are taught to be acceptable and expected from their identified social categorisation. These conditions, such as men being dominant over women and white people being more socially affluent than Black, shape societal expectations (Chantler, 2010). It could be argued that these conditions are reproduced in the microcosm of how power is delineated within professional roles, as evident in Harmony's extract. Vanessa further expands on this racialised hierarchy in her

comments about the disparity in pay between Black and white teachers supporting students with social emotional and mental health (SEMH) needs, where teachers of students with additional needs receive funding for individual cases (Education Funding Agency, 2015):

Vanessa (FP): for example, all the Black teachers got cases where they were paid less so we were getting cases for actually per student it was like maybe 540 pounds all the white teachers were getting cases where per student it was like 870 pounds why you not running your mouth? Yeah, that's a big difference.

This is an explicit example where the imbalance of power within the career field is most visible and tangible. Minoritised groups in the UK collectively earn approximately £3.2 billion per year less than their white counterparts (Topham 2018). Specifically, Black women university graduates earn 9% less per hour than white women graduates (Topham 2018), although the intersection of race and class affects these pay disparities, with differences in the disparity seen in UK born Black women compared to non-UK born Black women, and the types of professional field they work in (CIPD, 2017). More research is needed to understand how the pay gap impacts Black women specifically. The gender pay gap is widely discussed in broader society, but the intersection between the race and gender pay gaps is rarely discussed, particularly in the psychotherapeutic profession. This is especially pertinent in the psychotherapeutic field because there is an expectation that as a profession, more attention is paid to issues surrounding social justice and equality (Sugarman, 2019). In her comments, Effie highlights the hypocrisy of the profession's ethos of equality and social justice, particularly around being anti-racist:

Effie (FP): there's this spiel of- 'Oh my God I don't wanna be racist I don't wanna be racist' other than actually doing the work to be anti-racist and I think that's it and that's why you see all the people in the field and stuff that do nothing, that's why lecturers can say certain things to you and not realise that its problematic not realise it is actually discrimination what they're doing or saying or acting- that's why I think that's like the undertones of it and also there's also this power dynamics.

Effie refers to claims of anti-racism as a 'spiel,' because in her observation, people are merely verbalising a commitment to antiracism without doing anything in practice to meaningfully challenge and dismantle racism. Effie highlights the inference of racism that is inherent in the "colourblind" approach of using anti-racist rhetoric in place of demonstrating actions that are anti-racist (colour evasive as an non-ableist alternative to "colourblind", Leonard, 2020). Hall (2018, p.72) refers to this as the 'stealth appropriation of white supremacy'. Effie describes the people who make problematic and discriminatory comments as the same people who espouse anti-racism rhetoric, therefore controlling the narrative about what is anti-racist whilst simultaneously being racist. As such, the power to control what is and is not racism remains with the dominant group, reinforcing the power imbalance.

In summary, the participants reflected on their limited power in a white dominant profession. They shared their reflections and experiences of imbalanced power dynamics but were powerless to take action to create meaningful change. Their experiences of things like the race and ethnicity pay gap, the inability to progress through their studies and careers unimpeded, and their hypervigilance around penalisation for highlighting oppressive power marks their position of powerlessness. Although the women expressed some level of

empowerment in the previous theme by making use of their marginalised position, an imbalance of power was observed in the current theme and experienced in relation to their capacity to make an impact on the concerns that they noticed from the margins.

Contradictions in the use of voice - empowering and restricting

There was also a thread of contradictions throughout the dataset when the participants tried to articulate when, how, where, and why they could use their voices. Use of voice in this theme refers to the literal use of voice in joining discussions and interacting with peers, and the political use of voice in terms of vocalising their concerns and demands (Karapın, 2017; Lawy, 2017). In both instances of using their voices literally or politically, the participants found that they were restricted or victimised and experienced a sense of voicelessness. Moodley (2009) described the voicelessness of marginalised groups in the context of talking therapies and argued that alongside the question of who speaks is the unspoken question of who hears. For the participants in this research, this question is unavoidable, as there appeared to be a conflict in how and when the participants were able to use their voice. Sometimes using their voices was self-empowering through self-valuation, but this was often met with restriction and silencing, depending on who heard their voice. In Estelle's survey response, she writes about using her literal and political voice to challenge racial stereotypes on her training course:

Estelle (SP): I feel like I have to be the voice for Black issues. I have to challenge racial stereotypes, keep asking how a particular concept or approach applies culturally or to mention it. It can be tiring but if I don't challenge, who will, and stereotypes are perpetuated.

Estelle demonstrates how using her voice was empowering, as she was able to challenge problematic views and a lack of cultural competency on her course. However, using her voice was also restricting, because it meant she became the 'voice for Black issues,' instead of an individual in her own right. She describes the experience as being 'tiring,' and this is reflective of the emotional and mental exertion it takes to hold a position without support or rest. This position should ultimately be held by the institution and those who design and run the course, as well as her fellow trainees. Another demonstration of the dichotomous positions of empowerment and restriction was expressed in Jasmine's description of the risk that using her voice posed to her emotional wellbeing. In her focus group discussion, Jasmine shared her experience of challenging racist views of a white trainee in a shared learning space and the unfortunate consequence of doing so:

Jasmine (FP): at university well I had, I had a situation where I had a white woman and she was just full of racial micro aggressions and I challenged it from the beginning because I said I I don't want to be in this situation where I'm sitting here silent and uncomfortable while she's just talking rubbish, and she made my life hell after that.

Jasmine described challenging racist and problematic comments in a similar way to Estelle. Jasmine's account of not accepting racist comments demonstrates one of the facets of this theme – Black women literally using their voices to challenge racism. However, Jasmine lost her voice under the oppression that ensued from her fellow trainees who were bystanders

and the trainee who she challenged and subsequently victimised her. Her loss of voice is discussed further below and highlights the contradictory nature of both using her literal and political voice to discuss a peer's racism, whilst simultaneously being literally and politically silenced by the onlooking peers and institution leaders. Jasmine shared her experience of feeling unsupported by the other people present in the group space where she was victimised:

Jasmine: recently, she got kicked off the course for many reasons. We had like a experiential group and people sitting there saying how you know, they're sad that she left and how the university didn't give her what she needed to to pass to the second year and I just I was just sitting there and I just really felt like 'wow you lot witnessed everything that I went through with this woman and you're sitting here saying how sad it is that she's gone' I felt like I wasn't there man, I really did and maybe to them, maybe I had become invisible because I just felt like with this woman [...] she weaponised everything that I said. So, I got to a point where it's like I just stopped speaking in group spaces because anything I said was just used against me whether it was about them or not, she just, she really really victimised herself, really made me the aggressor and yeah it was it was a horrible experience.

In Jasmine's account of her experience, she describes a clear divide in how the white trainee who victimised her was treated compared to how she was treated. The irony in the comments that Jasmine reflects on, is that the remaining white trainees were lamenting the lack of support available for the ejected white trainee, whilst the Black trainee who remained in their shared space was being made to feel invisible, silenced, and unsupported.

Jasmine shared that she experienced alienation and a sense of not feeling safe with the white peers who acted as bystanders to her victimisation. In the following exchange between Jasmine and the focus group moderator, Jasmine further expanded that she made a complaint about the victimisation and racism, but only after a Black woman professor supported her to do so. It could be argued that the use of her voice was validated and reinstated by another Black woman, when it was oppressed and invalidated by her white peers:

Moderator: has the university um provided any support, is there any support available in this context?

Jasmine: well one of the lecturers heard what was going on and reached out to a department I think it was called student engagement and she was a Black woman professor and she encouraged me to make the complaint and she supported me through it um but to be honest with you I didn't feel very, I didn't feel supported enough by them in the moment by the lecturers, you know they may have said "oh why do you feel like you can't" umm "you can't work with Black men?" but it didn't really go past that, they didn't really point out how dangerous these views are it was very –*"oh let's think about that some more"*... it wasn't, they didn't challenge her the way that she should have been challenged in those situations, umm, I mean they said that they had concerns, but again that was after I voiced what was happening like whether whether she would have still been on the course if I hadn't said anything- I I don't know, she probably would have to be honest, I mean apparently her placement had concerns as well but if I if I didn't say anything it would have led

to someone else complaining and maybe she would have been out there somewhere harming people in a position of power you know?

Jasmine's reflection on the inadequate support she received from the lecturers in the moment that she used her voice to challenge racist comments reflects more broadly the ways in which using her voice was unsupported by the course and university leadership. The lecturers lack of challenge to the white trainee's racist comments reinforces Jasmine's experience of being alone in her use of voice. Being victimised for using your voice is a form of being silenced and a form of oppression (Cacho, 2016). This experience was described by various participants. In her interview, Mandy spoke about feeling silenced after her experience of misogyny and racism in her workplace, perpetuated by a (presumably white) male manager:

Mandy (IP): I've had to face it within the work environments where I was actually being picked on by a boss once and he actually apologised. At one point I thought I was going crazy; I was actually trying not to say is this because I'm Black. That's the first time, I've ever felt like I was gonna have to use the card and I don't want to say it's a card, but I remember saying is this because I'm Black, is this because I'm a woman? what is going on? He would start shouting at me in meetings like we would have meetings and he would just start shouting. I would give an idea and he would just start shouting at me to the point where I had to go to the men, to my colleagues and I said, you say my idea because I wanted to see what the difference was, and

they would be able to say things in meetings and I couldn't. And then I remember this woman from [mental health service], she came to me one day and she goes "I'm noticing some stuff yea", and I'm like okay, so I'm not going crazy. And she was like "no" and she had a word and he then actually apologised, and I was like cool and then he kept doing it again then I said look I'm moving, I'm leaving. After a meeting he approached me and asked "are you okay?" and I said no and I remember being with him and saying to him I can't work out what this is and I remember crying, I was actually crying and I had to say to him please know these are not tears of sadness, I'm just mad because I don't know how do I communicate how you are treating me without it being that I'm going to come across rude or aggressive, and then he said to me "I'm really sorry, it's because I feel threatened by you" and I said but I don't understand how, and then he goes "it's because you are giving ideas I should be giving" and I was like I don't want your job and he was like "I know, it's that you're saying things I should say" and I said but we're working together and he said "I've never managed a woman before." So, it's not that he never managed a woman, but he has never managed a Black woman, and he felt threatened by me, and I didn't even pull him up on it afterward I just felt so relieved that I was not going crazy [...] that experience stopped me from wanting my voice to be heard for a while afterwards. I would go to meetings, and I wouldn't necessarily talk for a little while after all those experiences.

I felt emotional (sad, defeated, angry and battered), helpless and powerless listening to Mandy's experience of bullying, racism, and misogyny. Bailey (2021) describes this kind of

discrimination as misogynoir. These feelings left me wanting to explore what the organisation did to support her with this experience and made me want to form a protective and encouraging relationship with Mandy. These feelings are directly related to how I made sense of her account, in terms of how she used her voice. However, these feelings also highlighted some dubious thoughts that potentially relate to how others may conceptualise experiences like what Mandy described. My thought processes all centred around placing the onus on Mandy to seek justice and for Mandy to do all the work to ensure a satisfactory outcome was pursued in relation to this male manager's punishment. I thought, for example, did she report this? If not, why not? Will she sue for discrimination? Whilst reasonable to some degree, my thought process negates the emotional impact on Mandy and her capacity to circumvent all the structures of power that impede her ability to act against her manager. Such power structures include her position of being a woman, being Black and being an employee under a white man in a leadership position. Mandy shared her account of using her voice in various ways. Firstly, she used her voice to present her ideas in a professional capacity. Secondly, she used her voice to advocate for herself by seeking confirmation and validation for the racist bullying she was experiencing, and thirdly, she used her voice to confront the racist bully. Like Jasmine's experience, another woman helped Mandy to use her voice. As a result of the experience, however, Mandy had an understandable response of no longer feeling able to talk in the environment where she was mistreated. It could be said that she lost her voice and felt restricted in the ability to talk after using her voice in her own defence. This illustrates the contradiction in the participants' use of voice. Using her voice to self-advocate resulted in a restriction in the wider social hierarchy of her workplace.

Conversely, Harmony and Jasmine in their focus group, made comments at different points in the discussion that highlighted a future-oriented way that they wanted to use their voices:

Harmony (FP): Specifically for counselling psychology, that was a big thing for me, and also wanting to do a lot of work in the community to work towards healing because there's a lot of unprocessed trauma that just gets passed on through generations and I just I really wanna be part of working to speaking out about that.

Jasmine (FP): I really wanted to be able to make a difference I really wanted to be able to be a role model at some point to others to show others that it can be done, and you know you don't have to be just from one demographic.

Harmony and Jasmine articulate feeling motivated to use their voices to make a difference in their communities, although they have both had prior experiences on their training courses of being restricted in their use of voice:

Jasmine: so, I got to a point where it's like I just stopped speaking in group spaces because anything I said was just used against me.

Harmony: I did send an email I think to umm, the director of the course but I didn't mention race and I don't know why I didn't, now that I'm thinking about it, I think it was again thinking 'ahh, she's exaggerating', what they might think of me or how it might impact me on the course.

Jasmine and Harmony demonstrate a paradox between their use of voice for activism and being silenced and restricted whilst trying to speak up against problems that affect them

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personally. Their dialectic position of action and oppression relates to what Collins (2000) refers to as the legacy of Black women's struggle. It is possible to simultaneously be an activist and be oppressed (Charlton, 1998). The different ways and contexts in which Black women can use their literal and political voices is highlighted by this paradox. Lawy (2017, p. 193) explains that in making ourselves (Black women) heard, we also must consider the implications of 'using a voice that relies on dominant structures to legitimise it'. The implication being that effective use of voice is limited depending on who is listening. In the following focus group dialogue between Jasmine, Harmony, and Grace in response to a question about what they would do if they felt discriminated against during their interview process for counselling psychology and clinical psychology doctoral programmes, they all discussed a felt sense of voicelessness:

Jasmine (FP): If I'm being brutally honest, I don't think I would have done a damn thing about it. I think I would have actually told myself 'see ((laugh)), you knew this already', I think I would have colluded with them, with that, which is quite sad to kind of realise that, I had a, I really hadn't found my voice at that stage either so I absolutely wouldn't have done anything.

Harmony (FP): On the course they teach you about how much power you have as the psychologists, and these are the things you can do [...] I think maybe speaking openly about the intersectionalities and race because the things that I was being taught in uni and then going to work and having really awkward situations and realising that my voice is not heard even with title as a trainee psychologist.

Grace (FP): I think for me it wasn't really in this job, but it was like with the situation with the hair thing [earlier reference to white colleague's description of Grace's hair looking wild], because I sort of voiced it and was not even thinking it's going to go anywhere coz it never does but she was white so she was on her – let's fix the world type of mentality- because I don't know, anyway they just have a different way of navigating the world whereas I was just like expecting to sort of voice it, she [white woman supervisor] shared it with another psychologist and all I said was can you just please sort of talk to the person and I don't know, I wasn't even I wasn't advocating for the person to be dismissed or like nothing like major, but I don't know, I don't know how you guys find this, but sometimes I guess in psychology sort of the person that said that was a peer worker, so have lived experience of mental health and I think things are very complicated when you're trying to say that it's racism when the other person [peer worker] has had experiences of mental health, so there was a whole thing on the side of that then even though I don't want to be dismissive [of their mental health experiences], what was the point of even giving me hope [that something would be done after voicing her concerns of the peer worker's racist comments] basically, that was the main thing for me. I guess also more recently when the other person sort of said that, I was anxious about joining [during an initial group check in] the course because I'm Black bla bla, and my colleague I guess said "oh actually guys you know basically racism doesn't really matter", there's not much that was done in that situation yeah just awkward silence we had a lecturer there and I think I tried to go back to this subject because no one spoke it sort of drifted off the topic of race? I don't know, I sort of tried to bring it back, but it sort of, I don't

know I mean I don't know what I could have done but I just, I never had like a resolution if that makes sense.

The extracts discuss a level of inaction and collusion with discrimination by the participants in relation to their voicelessness. Each participant describes a felt sense of either feeling unable to use their voice because they didn't have a sense of what that voice was or how to use it in a context of confronting power, or they felt that using their voice was a fruitless action because they perceive the hearer of their voice to lack the will to act based on what they were voicing. Jasmine talks about using her voice with scepticism. She describes a contradiction between her perception that using her voice held no weight and would lead to no action, versus her perception of her white colleague's political and social beliefs of being a liberal champion for equality with no real connection to what is literally needed to action those beliefs. Jasmine describes being constrained by the intersecting identities of other people, as she herself does not want to be dismissive of someone's difference or silence the needs of others such as those associated with a mental health diagnosis when considering speaking up for herself.

There is also a sadness in the recognition of voicelessness as highlighted by Jasmine. The emotional and humanising aspect of feeling unable to find the words to discuss discrimination, and her own inability to explore these feelings, precedes the sadness she felt, until the moment she recognised her voicelessness and was connected to the emotional dimension of that realisation. Reflecting on her voicelessness in the focus group

space allowed her to connect to and validate her journey of finding a voice and the different stages of that process. Wallace (2022) discussed the temporality in self-discovery and definition, and Black women's journeys to 'unfetter and embolden their voices' (Wallace, 2022, p. 100) in a transformative process fuelled by reflecting on the shared history of older Black women and by claiming the autonomy to define our own present. Jasmine alludes to not having gone through that transformation at the time when she felt voiceless.

Harmony relates her voicelessness to the contradictions of what she is taught on the counselling psychology programme. She finds that her lived experience of voicelessness is in direct contradiction to the power associated with being a trainee psychologist and suggests that her race and gender contributes to this voicelessness. The following conversation between Effie and Vanessa in their focus group discussion, reflects an opposite positioning in the use of voice as Black women in the therapeutic working and training space. Their conversation highlighted the nuances of how and when Black women could use their voices. Unlike Jasmine, Grace and Harmony's discussion about voicelessness and feeling silenced, Effie and Vanessa's discussion centres around the political responsibility that comes with Black women's use of voice and the implications of not maintaining a line of solidarity in that use of voice:

Effie (FP): yeah I don't even get mad with Black people I think like those Black people, because I get it, like if you need to feed yourself because that's the thing isn't we barely get paid enough when you think about it when we look at the pay gap right you have white men, white women, Black men then Black women so to some extent I like I get it they need to feed themselves, I can see why they have you know

what you're right I did see that as well, but I need to stay in this job versus like backing you, I actually get it, but it's also sad that it's like we don't have the capital. And that's part of the system we don't get paid enough that we could have loads of money saved up to be like you know what I'm backing Van cos you know she's right, other people experienced let's go, I'm not mad at them but I feel like we're up between a rock and a hard place because within the system it's like divide and conquer isn't it? Really.

Vanessa (FP): Yea I agree to some extent, but you know if you have that attitude throughout life that's not the only job you know? There's many jobs out there, I think when you take that mindset, you're no, you're no different to how it was with slavery, when you've got field niggaz and you've got your house niggaz, it's the same shit. You know, so I think you do need to stand your ground otherwise it's going back to what you said we don't have a voice and why can't we have a voice and it's that, I think we are kinda manufactured that's how I see it manufactured.

Effie and Vanessa's discussion highlights the importance of having and using their voices from a political standpoint, in terms of exercising their rights and a demonstration of solidarity. However, the use of voice in this way comes with material implications like the financial impact, loss of job and loss of comfort. This conversation is very poignant, as Vanessa draws a direct parallel to house slaves versus field slaves. She highlights that politically, if a Black woman does not use her voice in solidarity with another Black women and instead chooses silence, she is choosing to maintain a level of comfort that is gained on the premise that she does not disrupt the status quo or challenge problematic hegemonic

racist structures. The widely quoted words of Lorde (2017) - your silence will not protect you - is alluded to in Vanessa's statement. In summary, the use of voice can be both empowering and restricting for participants in this research. They experienced a sense of voicelessness when their voices were restricted or silenced, despite their efforts to use their voices to challenge racism and problematic views.

Too visible for the wrong reasons, invisible when it matters

Throughout the dataset, the participants articulated feeling overly visible and othered in relation to their external appearance, whilst feeling unseen and not considered when trying to navigate challenges that were specific to their marginalised positions within a white dominant profession. This theme developed from the participants' implicit and explicit accounts of the reasons attention was given to their race and the issues they felt were not noticed or invisible because of their race. The participants noted that some issues were visible and openly named in discussions in their training and workplace settings, such as matters of othering and noticeable differences that were amplified for instrumental purposes like diversity hires. However, this visibility dissipated in relation to white peers and leaders noticing discrimination or prejudiced practices in decisions made around career progression or the difficulties that surround difference when working or studying in a white normative context. The theme of visibility was marked by the dichotomy of the participants' feeling both seen and unseen (Baker, 2018). Hyman et al. (2022) discussed the topic of the invisibility of Black women in sports psychology. They highlighted that the existence of Black women is largely ignored or nullified in multicultural research by conflating the experience of Black women with the wider experience of all marginalised groups. They also state that

white women's experiences are treated as universal (Clarke, 2023). In her focus group discussion, Grace reflects on her experience of group introductions for her course:

Grace (FP): I remember that one of the first days of the course actually it was all face to face and I think we're talking about, during the big circle, we were talking about some of the anxieties that we faced before I guess attending- meeting everyone for the first time, I think yeah people sort of started talking about difference, and there was like there's only two males on my course and they just said "yea I'm a male", and whatever, not whatever, but like "there's less of us in the profession therefore they feel sort of anxious over meeting clients", and then I said well I'm Black in [predominantly white geographical area] so that's anxiety provoking ((laugh)) so I think people kind of grew, went silent after that and then this one woman on my course she said something like "oh you know just because you're Black it doesn't mean you sort of go through extra things", there was no curiosity about it, and that's what disappoints me about the profession, they go around sort of denying your experience, but they don't have any curiosity about how it affects you [...] I don't feel safe I don't know if something was to happen if somebody was to be racist against me, I just know my supervisor would do nothing about it absolutely nothing.

When Grace explicitly articulates the difficulty she experiences being a Black woman in a predominantly white geographic area, she was met with what she perceived as her experience being denied or nullified (Hyman et al., 2022). The silence she experienced

following her comment, along with the denial of any difficulty existing for a Black woman in a predominantly white area, exacerbated her sense that experiences of racism would be met with the same lack of curiosity she perceived in the group introductions, ultimately making the environment feel unsafe. The lack of curiosity from her peers and the denial of her lived experience is in direct contrast to the amplified visibility in matters relating to the physical difference or appearance of Black women that she went on to describe. Grace and other participants across the dataset like Effie (a participant from the other focus group) shared their experiences of being overly visible due to differences in their physical appearance compared to the white majority:

Grace: I actually had a incident at work where one of the staff members called my hair wild and basically I've had a long journey with my hair, where basically its natural and I'm actually quite proud, but [name of area] is very white so I was you know in the office and people were giving me weird looks but no one said anything except with this person who was like "Oh your hair is quite wild today", I didn't appreciate that, anyway I spoke to my supervisor and basically she was sort of encouraging me to do something about it which led to nothing anyway so I was just a bit frustrated.

Effie (FP): I have to explain extra things, I'll give you an example. In first year, example, livid, so I love to change my hairstyle, I came in minding my business [...] people coming touching my hair whatever... livid! And there's another girl who dyed

her hair another colour and everyone was like, 'ah your hair is nice' and that was it, and I was like, you manz! and that's exactly what I mean, this kind of thing that you just like [...] its baffling to me like, because I think they can just say, 'oh I like your hair' and keep it moving.

Grace and Effie both faced racialised comments about their hair. Grace's colleague's remark about her hair being "wild" evokes problematic racial stereotypes. The term "wild" in this context relates to the 19th century philosophy of the great chain of being, which categorized people and groups in a hierarchical order, with white Europeans closest to God and non-Europeans being the lowest and closest to animals (Encyclopaedia Britannica, 2021). Additionally, the description of wild hair brings to mind the piccaninny caricature of slave children, which was popularized in literature and media like Harriet Beecher's *Uncle Tom's Cabin* (1852) (Pilgrim, 2000). This caricature portrayed slave children as pitiful and unkempt.

A picaninny was depicted as a child with very dark skin, protruding red lips, a wide mouth, to accommodate large wedges of watermelon, unkempt hair, and ragged, dirty clothing (Daniels & Daniels, 2019). This depiction was meant to show the negative effects of slavery, as the parents of these children were unable to provide proper care due to their impoverished economic and moral conditions. Additionally, picaninnies were often portrayed alongside animals or in animal-like postures and behaviours, suggesting they were more animal-like than human-like (Pilgrim, 2000). In contrast, Grace proudly embraces her natural hair, while her colleague's demeaning comment implies that she looks uncivilized and wild, evoking the old piccaninny stereotype.

Effie's account highlights the stereotypical lens through which Black women's hair is often targeted. She contrasts her own dramatised and objectified hair change with a colleague who received a benign and complimentary response. This reinforces the diva stereotype that has evolved from the older jezebel stereotype of a lascivious, flirtatious Black woman. Although the 20th century depiction of a diva differs slightly from the indiscriminately sexual jezebel, both stereotypes view the Black woman as pampered, exotic, and flirtatious (Obrazovic, 2018), giving those who hold the stereotype a justification to objectify the target person. Effie's hair was treated as something touchable and othered, rather than as part of her person.

Physical and observable characteristics of their race were described as creating hyper-visibility, evident in circumstances when Black or minoritised individuals feel they are recruited as “diversity hires” (Portocarrero & Carter, 2022). For example, survey respondents Natalie and Nicola described experiences of feeling that their race and culture were scrutinised when applying for a role. Interview participant Amy experienced hypersensitivity around her race whilst working with white clients:

Natalie (SP): I was the first cultured person to apply. This service did not seem to ask or care about me as a person, but rather just wanted me on board as I could meet this criteria of theirs.

Nicola (SP): One of the questions on the application form was, 'Explain how you think your race impacts your presence in the therapy room?' This made me question

whether the service was actually trying to appeal to or accommodate applicants from a Black or ethnic minority background or whether they were perpetuating standards by assuming more people if not everyone, applying would be white.

Amy (IP): with, you know, clients work you you get some clients who come. When they see you, they see your Blackness. They don't see a person they see your Blackness. Uh, I've had a few clients like this.

Natalie and Nicola shared a sense of not feeling seen as an individual who meets the criteria for the role, but rather seen as a statistic that fits what was needed for the organisation to demonstrate diversity. There can sometimes be a felt sense of tokenism in hiring practices, where interviewees of colour are asked specific questions about race and culture that are not pertinent to the role they have applied for (Ezaydi, 2020). In their investigation of the hiring practices of teachers of colour in a Canadian context, Vettivelu and Acton (2021) discussed how individuals from marginalised groups were often targeted and employed based on their tokenised identities. Furthermore, their employment was subsequently publicised to meet diversity quotas, rather than the organisation focusing on implementing an organisational structure that enabled the development and retention of a diverse workforce.

There is a difference between performative and actual equity, diversity, and inclusion. Ballard et al. (2020) states that there is much rhetoric surrounding inclusivity statements and policies circulated by organisations and institutions which fail to deliver deep and

meaningful action. Nicola questions the motivation behind the applicant questions pertaining to race. She expresses the invisibility she feels as an individual. The extracts from Nicola and Amy illustrates how their race is prioritised over their individuality and roles as therapists, making them feel invisible. According to Stephens (2021, p. 172), Black women face the issue of being 'invisible in their multiple state existence'. This is supported by Crenshaw's (1989) intersectionality theory, which states Black women are forced into categories of race or gender without considering their complex identity between the two. Both Nicola and Amy shared experiences of being identified solely by their race and having their professional identity as therapists subordinated.

In summary, the participants' accounts in this theme reveal a stark contrast between the discriminatory behaviours of their peers in drawing attention to their visible differences and the utilisation of these differences by organisations for administrative purposes. The participants' experiences highlighted several implications, including feelings of hypervisibility in organisational settings, particularly regarding hiring practices, and interpersonal invisibility, especially when interacting with clients or training peers. These experiences have been linked to racial fatigue and feelings of being tokenised and isolated within institutions and organisations (Pope & Edwards, 2016; Arday, 2017; Shavers & Moore, 2019; Cartwright et al., 2021; Wilson et al., 2023).

General discussion

I have analysed Black women's lived experiences in psychotherapeutic training and practice through a Black feminist lens underpinned by critical race theory. The analysis makes meaning of their stories through interpretation of the six main themes that were developed from the dataset. The general discussion to conclude this study includes a summary of the

key results in relation to the research aims and questions, and the contributions they make to the current literature. There is also a reflective evaluation of the study, with suggestions for future research.

Summary of the analysis

The analysis indicates that the Black women in this study experienced direct and indirect racism. Given the white normative context of the psychotherapeutic profession, it is likely that this also reflects the experience of Black women in this profession more broadly. They were often aware that racism was occurring, with no recourse to formally challenge what was felt or perceived. There was a felt sense of invisibility and voicelessness in their experiences that is in accordance with the literature about the erasure of Black women's experiences in professional organisations and HE institutions (Haynes et al., 2020). This erasure was further exacerbated by the racialised discomfort that the Black women are left to hold. The privilege of their white peers and leaders in the white dominant spaces where they trained and worked meant that their white peers had a choice to consciously engage with racialised issues or not (Combs, 2019; Denyer et al., 2022). Racial issues were highlighted in the participants' experiences more so than gender related issues, which could be due to the focus on race in the discussions. A few of the participants explicitly reported on sexist racist encounters, but these were in the minority. However, it should still be noted that even if men are in the minority, sexist and patriarchal ideologies can still be perpetuated by men and sometimes women alike, especially in the form of benevolent sexism, where the ideology of patriarchal protection or femininity being a complement to male dominance is perpetuated (Becker, 2010).

Contradictory experiences of self-empowerment and feeling powerless were also indicated throughout the analysis. The women in this research articulated a sense of empowerment in being able to challenge white normativity in their workplaces and courses, by sharing their worldview where it was not routinely considered. This study therefore provides additional accounts to the canon of existing knowledge about how Black women tend to navigate spaces where they are marginalised (Spates et al., 2019). There was a strong ethos of social justice and learning the foundational tools of providing appropriate mental health services to their communities by adapting what they learned into culturally specific service provision (Evans et al., 2017; Jones & Harris, 2019; Doharty, 2019; Ford, 2020; Philip et al., 2022).

However, they ultimately felt powerless to enact changes because of a lack of institutional resources, such as other Black women in positions of power to champion their perspectives, and a perceived unwillingness for a shift in racial awareness of the white dominant leadership (Patterson-Stephens et al., 2017; Wingfield & Chavez, 2020).

The analysis indicated Black women's experiences of feeling alienated, marginalised, not belonging, and not feeling fully integrated in the learning process and learning environments as reflected in the literature (Howell, 2014; Bertrand Jones et al., 2015; Patterson-Stephens et al., 2017; Minnett et al., 2019; Gooden et al., 2020; Ogbé, 2022).

They also described an awareness of institutional and organisational unwillingness or ambivalence around making relevant changes. Arday and Mirza (2018) and Arday (2021) discussed this problem, stating that gatekeepers or key stakeholders in decision making positions within HE do not prioritise relevant actions in the interest of diversifying white dominated workforces and courses within HE. However, the participants were unwilling to be assimilated, and instead were more likely to find ways and spaces to express and process

their frustration. The women relied on sharing knowledge and encouragement with each other to mitigate their feelings of frustration and powerlessness, which can be corroborated by the successes of initiatives like *sista circles* (Palmer, 2021) and the *sistah network* (Allen & Joseph, 2018), and Black women-led mental wellness tools like the BREATHE model (Evans et al., 2017).

Emotional responses in their experiences were also evident in the results. The Black women in this study articulated both feelings of vulnerability, anger and emotional pain towards their powerlessness, and a spirit of activism in their sense of resistance to the racialised oppression they experienced (Doharty, 2019). This resistance was mainly articulated through their wish to have their voices heard through this study and their own aspirations to challenge current racial issues after acquiring their own qualifications. The process of this analysis also highlighted nuances in Black women's emotional presentation, such as vulnerability and sadness, that is not often associated with stereotypes of Black women - the most visible being the *strong black woman* (Sacks, 2017; Graham & Clarke, 2021) and the *angry Black woman* (Doharty, 2019). This dimension of emotional nuance is especially important and is useful for the self-defining aspects of Black Feminist Thought (Collins, 2000) and the counternarrative of Black womanhood as proscribed by CRT (Stefancic & Delgado, 2010; Ladson-Billings, 2021) as it demonstrates nuance to challenge some harmful stereotypes like the 'strong' (Graham & Clarke, 2021) or 'angry' Black woman (Sacks, 2017).

It was also highlighted that Black women in psychotherapeutic training and practice feel conflicted in the use of therapeutic interventions developed purely from a white normative perspective as demonstrated in the literature (Evans et al., 2017; Jones & Harris, 2019; Williams & Lewis, 2019; Pappas, 2021; May, 2022). They described the services they work

with and the leadership and training they received as being incongruent with their values, and a clear divergence between what was being asked of them as therapeutic practitioners compared to what they felt was needed for themselves and their communities.

Contribution to the literature

There has been some research focusing on the experiences of postgraduate students of colour. For instance, Hipolito-Delgado et al. (2017) emphasised the need for investments to improve Black women's representation in psychotherapeutic training and practice initiatives, such as mentorship programmes. These programmes can enhance cultural competence for all, as diverse cohorts that represent diverse client groups and communities can broaden everyone's understanding of different worldviews. Hipolito-Delgado et al. (2017) highlighted that increased representation of marginalised groups, such as women of colour, in counselling training can improve the cultural competence of all students, ultimately benefiting the profession's ability to serve ethnically diverse communities. My research provides deeper insights into the impact of race and gender on Black women working and training in psychotherapeutic training and practice. This study highlights the potential of experiential qualitative research in counselling psychology to empower marginalised groups, particularly black women. By engaging in focus groups, silenced voices can be amplified and align with the social justice principles of the profession. The findings can contribute to the development of inclusive policies in training and practice. This research also challenges the assumptions that all trainees of counselling or counselling psychology have the same experience based on trainee status. Therapists, trainers, researchers, supervisors, and students alike can use this study as key points of discussion around raising conscious awareness for issues of intersecting oppression and the role of privilege.

This study also extends the limited research that focuses on Black women's experiences of training and working in the psychotherapeutic professions by researchers such as McKenzie-Mavinga (2005; 2009; 2020) and Stephens (2021) who have investigated the experiences of Black women as therapeutic practitioners, revealing that the profession is inadequate in providing them with satisfactory and culturally specific training to become counsellors. This study adds to the existing knowledge by demonstrating how and why Black women are not being nurtured by the profession by reporting their lived experiences of feeling marginalised and not considered by the profession. Therapists, trainers, supervisors and students alike can develop awareness and use the themes raised in the analysis as key points for discussion.

Implications for counselling psychology training and practice

Taken together, the themes from the analysis suggest that it would be useful for efforts to be made to train trainers and organisational leaders to be more explicit in communications about issues pertaining to race. Currently, racial discomfort is being solely managed by minoritised groups like Black women, both as clients and professionals. The participants' reports on feeling marginalised and having experiences of covert and explicit racism coincide with what DeRicco and Sciarra (2005) posited about the fundamental need for multicultural immersion in psychotherapeutic training. They define multicultural immersion as members of a dominant social group interacting with unfamiliar people and environments. The benefits to white trainees and professionals in psychotherapeutic training and practice of integrating into unfamiliar environments with people from different cultures are to broaden the limited perspectives inherently held by their dominant cultures and to challenge some of the basic assumptions they hold about themselves. This would afford them the opportunity to deliberately reposition themselves in an unfamiliar

environment where they are not part of the dominant group, to destabilise the deep-seated self-concept they have developed through the experience of belonging to a dominant culture. To fully utilise the disruption in their self-concept, they would be required to reflect on and evaluate the resultant confrontation of their implicit cultural prejudices (DeRicco & Sciarra, 2005).

Managers and trainers must introduce the practice of multicultural immersion into psychotherapeutic training and practice to ensure that frank, open and conscious conversations, and practices, which uphold the continued awareness of needing to honour the experience of marginalised groups who work in the profession and utilise the services within the profession, are taking place (DeRicco & Sciarra, 2005). The practice of maintaining and upholding conscious awareness of matters pertinent to non-dominant cultures will inform practical actions that are consistent with the current policies in place within psychotherapeutic training and practice, such as accessibility of services to all (Sim et al., 2021).

There are already provisions available within psychotherapeutic training and practice to ensure marginalised individuals are protected from discrimination and marginalisation. For example, the British Psychological Society (BPS), NHS and British Association for Counselling and Psychotherapy (BACP) all have policies and procedures that outline such protections.

The BPS states:

“The Society declares its commitment to promote equality, diversity and inclusion and to challenge prejudice and discrimination. We will actively promote a culture of equality, diversity and inclusion within our discipline in the following ways:

- Actively promote psychology as a profession and discipline that welcomes people from diverse backgrounds and as a profession which reflects the communities it serves” (British Psychological Society, 2020)

The NHS states:

“Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense. Inclusion is about an individual’s experience within the workplace and in wider society and, the extent to which they feel valued and included (National Health Service, 2017)”.

The BACP states:

“Our vision for equality, diversity and inclusion goes beyond establishing processes to achieve change. Through interaction with colleagues, members, and stakeholders we work to embed these responsibilities in our everyday working practices. This allows us to embrace the diversity of all our membership and the clients more effectively they serve” (British Association for Counselling and Psychotherapy, 2023).

Therefore, there is no need to reinvent the wheel; there are policies and procedures widely available in therapeutic training and practice spaces that clearly declare an intent to ensure people from all groups are not marginalised, victimised, or discriminated against. There does appear, however, to be a fundamental incongruence between what the Black women in this research have reported in their experiences, and what the therapeutic profession and its policies espouse. It is recommended that creators of these policies recognise that there are Black women who are currently working and training in the profession who do not feel

protected by these policies that claim to provide protection against racism, gender discrimination, victimisation, and discrimination.

To actively demonstrate a commitment to inclusivity, those in a position to influence policy need to think more critically about what constitutes a policy of diversity and what constitutes action around inclusion, both more broadly and specifically within counselling psychology. There appears to be a lack of cohesion between diversity policy and inclusive practices in action. Diversity in policy should incorporate practices of making the profession more accessible to people of colour, whereas inclusion in action should include practices such as commissioning further research into the experiences of Black women in these spaces to actively ensure that Black women's needs are considered and integrated into the learning and working practices of the profession.

Hipolito-Delado et al. (2017) argued that the lack of trained mental health professionals from non-western communities is driving an interest from these communities to enter the profession, alongside the growing global recognition of talking therapies. In support of the efforts by non-westernised communities to join the profession, it would be beneficial if the lecturers, supervisors, and managers in the profession were also equipped with appropriate knowledge and understanding of how to support non-dominant cultural groups like Black women, to nurture and advance their experiences. Some effort is already being made towards cultural competency frameworks within psychotherapeutic training. For example, Stubbe (2020) and others (Arredondo et al., 1996; Anderson et al., 2003; Handtke et al., 2019; Naeem, 2019) explored the practice of cultural competence and humility in meeting the mental health needs of minoritised groups. Employing more Black supervisors, managers, and course leaders within the psychotherapeutic profession could potentially

increase the number of Black people in the field and help Black trainees and professionals feel less disenfranchised and alienated (Kings Fund, 2017). This could lead to a more dynamic environment where Black trainees and practitioners have more people with whom they can easily relate (Carter & Rossi, 2019; York, 2019; Ogbe, 2022). However, simply employing more Black people may not address the marginalisation they experience in the white dominant culture of the profession. Addressing low representation and increasing training around cultural competence within the psychotherapeutic professions could help address power imbalances (Arredondo et al., 1996; Kings Fund, 2017).

Recommendations for policy makers

Policy makers should commission further research into the experiences of Black women in psychotherapeutic training and working spaces to actively ensure that Black women's needs are considered and integrated into the learning and working practices of the profession.

They also need to create and implement a standardised cultural competency framework that all institutions need to adhere to, to demonstrate a proactive and dynamic approach to inclusivity.

Recommendations for managers and trainers

Managers and trainers must ensure that they implement cultural competency initiatives to develop and upskill **all** trainees with the necessary tools to appropriately meet the needs of marginalised groups that they support and to better relate to their peers from marginalised groups.

It is also important to employ more Black women as managers, supervisors and lecturers where they can demonstrate a variety of skills and knowledges to improve representation.

Reflective evaluation

It was very time consuming and difficult to recruit participants for this study. My initial target population for this study was counselling psychologists, however, during this difficult recruitment process it transpired that this criterion was too limiting, and I had to extend the participant criteria to all therapeutic practitioners. I also had to adjust my data generation method, to also include qualitative interviews and surveys to attract enough participants to make the study viable. This again had implications for my research design which had to be adjusted to a multimethod design. The meeting arrangements for the focus groups were also arduous due to the complexity involved in synchronising the availability of strangers, cancelling focus group meetings due to last minute dropouts, and having to repeat the process of arranging a group.

I also experienced some challenges in analysing the data that I generated with the participants. My lack of research experience was as a constraining factor in completing the analysis. Although the use of the RTA 6 phases of analysis provided a robust set of guidelines, my insight and experience were also essential to how I engaged with the data to generate the analysis. However, some of the challenges in using RTA is that it can be done badly, generating weak, unconvincing and not very insightful data (Braun & Clarke, 2021; Braun & Clarke, 2023). I managed this challenge by relying on my personal experience and training as a counselling psychologist, which entails elements of introspection, reflection, and relational analysis. I also heavily utilised supervision sessions with my DOS for guidance at all the main junctures of the RTA process. As for qualitative analysis generally, doing justice to the RTA process is dependent on the researcher's ability to engage with the process (Braun & Clarke, 2022), and I made attempts to engage with the process through

using journaling and wider discussion about the topics explored with a diverse mix of friends, family, muses, and peers from my training cohort. This was a useful and novel way to engage with the data that kept the liveliness and intrigue alive throughout.

Current considerations around GDPR regulations means that more information must be presented to participants as a prerequisite to participate in the interviews, focus groups and surveys. Although necessary for ethical practice, the additional information does require more time to read before getting to the first main survey question or agreeing to interview or focus group participation, and can be off-putting (Xu et al., 2020). This requirement may alienate some participants who have busy lives or have additional stressors on their available time, like students and marginalised groups who have other sociological stressors and may not prioritise research engagement (Braun et al., 2020).

This may explain why twenty-four individuals participated in the survey and provided consent, but only seven of them completed it. A review of the incomplete surveys revealed that the 17 participants who did not finish their surveys spent about 15 minutes on it, while the 7 participants who completed it spent roughly 30-40 minutes. Although the information sheet indicated that the survey could take 30 minutes, this could suggest that some participants overestimated the time they were willing to spend on the survey. Conducting a pilot study before distributing the surveys might have been helpful in identifying and addressing potential issues, such as the time taken and the number of questions used (Braun et al., 2020). However, due to time and resource constraints and difficulties in recruitment, I opted not to conduct a pilot study. Despite the difficulties in obtaining survey responses, the 7 responses received are valuable because they indicate that the participants who took the time to complete the survey were determined to have their voices heard. The

online surveys provided a different dimension to the data analysis, but the survey responses lacked the relational nuance of emotions and intangible communication found in the focus groups or interviews. The absence of opportunities to check, challenge or probe the survey participants' accounts affected the depth of their experiential accounts. The completion of a survey form onscreen may limit the tacit knowledge and depth of response between the insider researcher (myself) and the participant, which could support their personal disclosure (Laurie & Grealy, 2023). Additionally, my access to the participants' wider frames of reference, such as mannerisms, intonation, and areas of focus, was limited, unlike the participants from the focus groups and interviews. I felt a disconnection with the written responses, as I had no access to the felt sense of a *sista* space (Palmer, 2021). However, despite these limitations, the contributions of the survey participants were valuable and enabled a larger participant group, and hearing the voices of participants who might not have otherwise contributed to the study.

The focus groups provided insight to me as a novice researcher into the emotional depth that can be captured in interactive discussions. They helped deepen the overall analysis of the dataset, as they highlighted nuances in the participants' experiences. Interestingly, although the interviews and qualitative surveys allowed for some exploration of the participants' experiences, the focus groups went into greater depth. The nuance captured in the focus groups may have been missed if not for my involvement, and the witnessing of the charged and lively nature with which some of the experiences were communicated.

Although the groups were small, the discussions were intimate, deep, rich, and dynamic.

They were very alive in a way that could have been overlooked or missed if the groups were

larger with more participants talking. More experiences were shared instead of feedback on contributions or facilitated by a third party.

While I felt very much a part of the focus group discussions, I struggled with maintaining the identity of researcher. I felt the lines were blurred, and at times felt self-conscious about inhabiting the multiple positions of researcher, Black woman and counselling psychologist trainee and practitioner. This experience of double consciousness (Du Bois, 2006) is often cited in Black feminist literature, and is a term that describes a feeling of appraising oneself as an oppressed or marginalised individual, by the standards of the oppressors. This feeling is referred to as the 'the white gaze' (Yancy, 2017). My self-consciousness about my level of participation in the focus group discussion, was characterised by internal criticisms like 'am I doing the researcher role properly?' The assumptions I made around doing the researcher role properly were linked to being uninvolved, distant, and unmoved emotionally or politically by what was being discussed.

The interviews proved to be the most practical and efficient of the three data collection methods employed. They offered a level of depth and nuance comparable to the focus groups, while simultaneously requiring less time and resources to coordinate.

Using a multimethod design for the study felt pragmatic in theory, however, the challenges of using a multimethod design became pronounced whilst engaging in the write up of the study. Some of the challenges included ensuring I was proficient enough in the use of each modality to use them effectively. I partially overcame this challenge by consulting my supervisor and the available literature on how to appropriately execute the methods.

However, on listening back to the focus groups and interviews, I found myself wishing I had

probed further into some responses. I feel the only factor that may have helped with this challenge is research experience which is something I did not have going into the study.

Recommendations for future research

Black women's experiences are not adequately represented in psychological research (Spates, 2012) therapy (McKenzie-Mavinga, 2009), or HE (Mirza, 2018). This lack of representation in the psychotherapeutic profession means that the needs of Black women who enter the workforce or use services are not being met. To address this, further research is needed to centre Black women's experiences as service users, therapeutic trainees, and practitioners. This kind of research will provide insight into their experiences and add nuance to the literature on Black women in psychotherapy, offering a counter-narrative to the marginalization of Black women's voices in a white-dominated profession (Kurtis & Adams, 2015; Reddy & Amer, 2022). Conducting pilot studies focused on exploring Black women's experiences can provide valuable insights into effective research methods for engaging this group and Black women's experiential research should prioritise focus groups for data generation.

As the analysis of this study indicated more racialised issues in the participants' experiences than gender issues, it would be interesting to have a focus group discussion about issues of race in counselling psychology training and practice between Black and white women to potentially highlight any similarities between gendered issues and divergences pertaining to racial issues. A critical examination of the ambivalent stance of white dominant leadership towards racialised issues (Jones & Harris, 2019; Leonard, 2020; Ozturk & Berber, 2022) is essential to determine the barriers, from their perspective, to explicitly addressing racial awareness and racism in institutions and organizations. Additionally, it would be beneficial

to investigate the experiences of white trainers in having one or few Black women in their classrooms. Such an inquiry may shed light on the assumptions made by the participants in this study regarding the reluctance of white lecturers to engage in racialised discussions in the classroom and their ambivalence towards such discourse. Incorporating multicultural competence throughout the learning and practices of the psychotherapeutic profession would ensure that a conscious awareness is maintained that interrogates the white dominance of the profession.

Conclusion

This research explored Black women's experiences of working and training in the psychotherapeutic profession. They shared experiences of racism, marginalisation, and a deficit of power to enact meaningful change to practices by the white dominant leadership that they experienced as oppressive. Managing racialised discomfort is currently left to Black women to navigate without the support of leadership in their working and training environments. They manage these racialised discomforts through self-reliance or sharing knowledge and practice with other Black women. Multicultural competency frameworks and existing policy within the NHS, BPS and BACP already outline practices that can mitigate marginalisation of minoritised groups, but there is a perceived ambivalence and unwillingness for members of the white dominant group in leadership to commit to meaningful actions for change. Further research into white privilege in psychotherapeutic training and practice leadership, that critically interrogates the unwillingness or ambivalence towards the current oppressive structures, would be useful for future research in counselling psychology and therapeutic training and practice more broadly.

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Appendices Draft 0 Journal Article

Image/article redacted for copyright reasons

Appendix 1 Health and safety risk assessment

	GENERAL RISK ASSESSMENT FORM	Ref:
Describe the activity being assessed: Online focus groups conducted via Microsoft Teams or Skype with black women who are practising HCPC accredited counselling psychologists or counselling psychology trainees exploring their experiences of equality, diversity and inclusion in counselling psychology training and practice.		Assessed by: Victoria Clarke (student: Melissa McCallum)
Who might be harmed: Research participants and researcher		Endorsed by: Zoe Thomas
How many exposed to risk: 21		Date of Assessment: 11/12/2020
Review date(s): 11/12/2021		

Hazards Identified <i>(state the potential harm)</i>	Existing Control Measures	S	L	Risk Level	Additional Control Measures	S	L	Risk Level	By whom and by when	Date completed
Participant distress in response to topics/focus group questions, and in response to the comments of other focus group participants	Informed consent, opportunity to ask questions, right to withdraw with no penalty, external resources for further support.	1	1	1						
Researcher distress around the topic and from conducting the focus groups and reading the focus groups transcripts	Discussing distressing focus groups in supervision, keeping a research journal, discussing research, utilising personal therapy transcripts	1	1	1						

Very likely 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Extremely unlikely 1	1	2	3	4	5
Likelihood (L) ↑	Minor injury – No first aid treatment required 1	Minor injury – Requires First Aid Treatment 2	Injury - requires GP treatment or Hospital attendance 3	Major Injury 4	Fatality 5
Severity (S) ↑					

ACTION LEVEL: (To identify what action needs to be taken).

POINTS:	RISK LEVEL:	ACTION:
1 – 2	NEGLIGIBLE	No further action is necessary.
3 – 5	TOLERABLE	Where possible, reduce the risk further
6 – 12	MODERATE	Additional control measures are required
15 – 16	HIGH	Immediate action is necessary
20 – 25	INTOLERABLE	Stop the activity/ do not start the activity

Appendix 2- Research Materials

PARTICIPANT INFORMATION SHEET FOR ONLINE INTERVIEWS

Exploring black women's subjectivities in psychological therapy, counselling and psychotherapy training and practice: A qualitative survey study training and practice

Participant Information Sheet

Who are the researchers and what is the research about?

Thank you for your interest in this research. I am Melissa McCallum, a Professional Doctorate student in counselling psychology at the University of West England, Bristol (UWE). I am a Black woman, specifically of Caribbean heritage. I am collecting data for the purpose of supporting the wider body of research that aims to highlight some of the structural challenges faced by black women in training and practice within psychological therapy, counselling and psychotherapy.

My lead supervisor is Dr Victoria Clarke (see below for her contact details). Victoria is a white, middle class woman with research interests in difference and social justice, she has previously published and supervised research on gay fathers, class in therapy, the 'strong black woman' stereotype and African heritage women's experiences of managing distress, living with alopecia, gender and heterosexual sex. You can access her UWE staff profile [here](#).

What type of data are being collected?

You are invited to participate in an interview – a 'conversation with a purpose' – you will be asked to answer questions in your own words. The questions will cover your experiences

around applying for your chosen course and being a student, available support for issues around racism and discrimination in your place of work or study and issues of representation in your place of work or study. The interview will take place online via Microsoft Teams and will be audio recorded. On the day of the interview, I will ask you to read and sign this consent form. You will also be asked to complete some 'questions about you'. This is for me to gain a sense of who is taking part in the research. I will discuss what is going to happen in the interview and you will be given an opportunity to ask any questions that you might have. You will be given another opportunity to ask questions at the end of the interview. The interview should take around 60minutes, but there is no fixed time limit.

What are the benefits of taking part?

You will have the opportunity to have your 'voice' heard in an area where black women's voices are often muted.

Will I be identifiable?

The interview will be typed up and you will be allocated a fake name or 'pseudonym' and any personally identifying information will be changed or removed from the interview transcript. Nonetheless there is a small chance that people who know you very well may be able to identify you if extracts of you speaking from the interview is quoted in my thesis and in any journal articles, conference presentations and other academic outputs arising from the research and they have access to these.

Are there any risks involved?

I don't anticipate any particular risks to you with participating in this research; however, there is always the potential for research participation to raise uncomfortable and

distressing issues. For this reason, here is some information about some of the different resources which are available to you.

Resources for UWE students

If you are a UWE student you can also use the university counselling service, see:

<http://www1.uwe.ac.uk/students/healthandwellbeing/wellbeingservice.aspx> or email wellbeing@uwe.ac.uk, or telephone 0117 3286268.

Resources for everyone

If you are not a student at UWE or you would prefer an off-campus counselling service, the website of the charity Mind enables you to find free or low-cost counselling in your local area via the Local Mind services. Search for your local mind:

<https://www.mind.org.uk/information-support/local-minds/>

Then, search for low-cost counselling via the website of your Local Mind (e.g. Local Mind for Bristol is: <http://www.bristolmind.org.uk/bsn/counselling.>).

The British Association for Counselling & Psychotherapy (<http://www.bacp.co.uk/>) It's Good to Talk website enables you to search for an accredited counsellor or psychotherapist in your area: <http://www.itsgoodtotalk.org.uk/>

The website of the British Psychological Society enables you to 'find an accredited psychologist' in your area: <https://www.bps.org.uk/public/find-psychologist>

And specifically, to find a psychologist who specialises in psychotherapy:

<https://www.bps.org.uk/lists/ropsip> or IAPT trained members (IAPT is Improving Access to

Psychological Therapies and IAPT trained members will usually be trained in Cognitive Behavioural Therapy): <https://www.bps.org.uk/lists/iapt>.

The Maya Centre Counselling for Women Black Women's Group is a therapeutic group which aims to provide a safe space for black women to come together, explore and dissect the unique experience of being a black woman: <https://www.mayacentre.org.uk/our-services/counselling-groups/black-womens-group/>

How do I withdraw from the research?

If you decide you want to withdraw from the research please contact me via email Melissa2.McCallum@live.uwe.ac.uk . Please note that there are certain points beyond which it will be impossible to withdraw from the research – for instance, when I have submitted my thesis. Therefore, please contact me within a month of participation if you wish to withdraw your data. You do not have to give a reason

How will my personal information be used?

The transcript from your interview, along with the transcripts of interviews with other participants, and the other types of data I'm collecting (survey and focus group data) will be analysed for my research. The aim of the analysis will be to identify common or important themes across the data. Extracts from the interview may be quoted in my thesis and in any publications and conference presentations arising from the research. The demographic information for all of the participants will

be compiled into a table and reported in my thesis and in any publications or presentations arising from the research.

Only I will have access to the consent forms and interview recordings; my supervisors will have access to the anonymized transcripts and the table of demographic data (external examiners may also request access to this, but this is rare). The interview transcripts will be shared with my supervisor through the UWE OneDrive secure cloud storage. Any hard copies will be stored securely (e.g. in a locked filing cabinet). Your contact details will be destroyed a month after data collection has ended.

The data will be held for a period of 5 years or until my research has been accepted for publication, whichever is shorter.

The personal information collected in this research project will be processed in accordance with the relevant data protection legislation (please see the GDPR privacy notice for more information).

The information you provide will be treated confidentially (within the constraints outlined above) and personally identifiable details will be kept separately from the other data.

This research has been approved by the UWE Health and Applied Sciences Faculty Research Ethics Committee, UWE REC REF No: HAS.21.01.073. Please contact the Director of Studies for this research in the first instance for any queries, comments or complaints:

Victoria.Clarke@uwe.ac.uk

Dr Victoria Clarke, Department of Social Sciences, University of the West of England,
Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY. Telephone: (0117) 328 2176

FOCUS GROUP PARTICIPANT INFORMATION SHEET

Exploring black women's subjectivities in psychological therapy, counselling and psychotherapy training and practice

Participant Information Sheet for Focus Groups

Who are the researchers and what is the research about?

Thank you for your interest in this research. I am Melissa McCallum, a Professional Doctorate student in counselling psychology at the University of West England, Bristol (UWE). I am a Black woman, specifically of Caribbean heritage. I am collecting data for the purpose of supporting the wider body of research that aims to highlight some of the structural challenges faced

by black women in training and practice within psychological therapy, counselling and psychotherapy.

My lead supervisor is Dr Victoria Clarke (see below for her contact details). Victoria is a white, middle class woman with research interests in difference and social justice, she has previously published and supervised research on gay fathers, class in therapy, the 'strong black woman' stereotype and African heritage women's experiences of managing distress, living with alopecia, gender and heterosexual sex. You can access her UWE staff profile [here](#).

What type of data are being collected?

I am collecting data using a focus group discussion. A focus group is simply a group discussion 'focused' on a particular topic or theme - in this instance, how certain obstacles inform how you behave or what choices you feel are available to you in your experience as a trainee or registered psychological therapist, counsellor and psychotherapist. You will be asked to share personal experiences with the rest of the group and possibly to elaborate on your reflections on those experiences. One of the purposes of focus groups is to closely replicate how we express views and form opinions in real life. This means that you will be expected to talk to each other, as well as to me, the focus group moderator, and to indicate when you agree and disagree with each other or have similar or different experiences. I am interested in your views and opinions on the topic and would like the focus group to be a lively discussion; there are no right or wrong answers to the questions you will be asked to discuss!

Who is eligible to participate?

Women of Caribbean and African heritage/descent who are aged 18 years and older and are currently training in or practicing psychological therapy, counselling or psychotherapy.

What will participation in the focus group involve?

This particular focus group will involve around five participants and one moderator and will be audio-recorded. It should last around an hour and a half. The focus group will be conducted online using Microsoft Teams. You will be sent a link to join the focus group.

When is the focus group scheduled for?

The focus group will be led by myself and will run on an evening (between 5pm and 7pm) between 27.09.21 and 08.10.21. The focus group will run for around 90 minutes. If these

dates are not suitable for you, but you are still interested in taking part in the research, please get in touch, as I would like to talk to anyone who is willing to participate.

What will happen on the day of the focus group?

Once everyone has arrived, we will carry out an exercise where you will be asked to choose a pseudonym and engage in an icebreaker by answering some simple questions like ‘what is your favourite colour’ etc (helping me to distinguish who was speaking when I am typing up and producing a transcript of the session). You will have been asked to complete this short consent and demographic questionnaire – the demographic questions are for me to gain a sense of who is taking part in the research. I will discuss what is going to happen in the group and you will be given an

opportunity to ask any questions that you might have. I will then ask everyone to agree on some ground rules for the group (e.g., avoiding speaking over other people, being respectful and considerate of other people’s feelings). Once everyone is happy for the group to begin, I will switch on the recording device and ask the first question! You will be given another opportunity to ask questions at the end of the group.

What are the benefits of taking part?

You will have the opportunity to have your ‘voice’ heard in an area where black women’s voices are often muted.

Will I be identifiable?

The focus group will be transcribed by myself and I will make sure the transcript is anonymised so that any personally identifying information has been changed or removed.

Nonetheless there is a small chance that people who know you very well may be able to

identify you if extracts of you speaking from the focus group are quoted in my thesis and in any journal articles, conference presentations and other academic outputs arising from the research and they have access to these.

Are there any risks involved?

I don't anticipate any particular risks to you with participating in this research; however, there is always the potential for research participation to raise uncomfortable and distressing issues. For this reason, here is some information about some of the different resources which are available to you.

Resources for UWE students

If you are a UWE student you can also use the university counselling service, see:

<http://www1.uwe.ac.uk/students/healthandwellbeing/wellbeingservice.aspx> or email wellbeing@uwe.ac.uk, or telephone 0117 3286268.

Resources for everyone

If you are not a student at UWE or you would prefer an off-campus counselling service, the website of the charity Mind enables you to find free or low-cost counselling in your local area via the Local Mind services. Search for your local mind:

<https://www.mind.org.uk/information-support/local-minds/>

Then, search for low-cost counselling via the website of your Local Mind (e.g. Local Mind for Bristol is: <http://www.bristolmind.org.uk/bsn/counselling.>).

The British Association for Counselling & Psychotherapy (<http://www.bacp.co.uk/>) It's Good to Talk website enables you to search for an accredited counsellor or psychotherapist in your area: <http://www.itsgoodtotalk.org.uk/>

The website of the British Psychological Society enables you to 'find an accredited psychologist' in your area: <https://www.bps.org.uk/public/find-psychologist>

And specifically, to find a psychologist who specialises in psychotherapy:

<https://www.bps.org.uk/lists/ropsip> or IAPT trained members (IAPT is Improving Access to Psychological Therapies and IAPT trained members will usually be trained in Cognitive Behavioural Therapy): <https://www.bps.org.uk/lists/iapt>.

The Maya Centre Counselling for black women is a therapeutic group which aims to provide a safe space for black women to come together, explore and dissect the unique experience of being a black woman: <https://www.mayacentre.org.uk/our-services/counselling-groups/black-womens-group/>

If you have any questions about this research please contact my research supervisor: Dr Victoria Clarke, Associate Professor in Qualitative and Critical Psychology, Department of Social Sciences, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY. Email:

Victoria.Clarke@uwe.ac.uk

How do I withdraw from the research?

If you decide you want to withdraw from the research please contact me via email Melissa2.McCallum@live.uwe.ac.uk . Please note that there are certain points beyond which it will be impossible to withdraw from the research – for instance, when I have submitted my thesis. Therefore, please contact me within a month of participation if you

wish to withdraw your data. You do not have to give a reason. It is also important to note that because a focus group is a group form of data collection, withdrawing all data produced by an individual participant from a focus group transcript is not always possible. For instance, it may not be possible to identify and remove every 'yeah' and 'mm' without withdrawing the entire focus group transcript from the research. If you would like to withdraw your data, please e-mail me and we can discuss the various options for facilitating this.

How will my personal information be used?

The anonymised transcripts of the focus groups, will be analysed for my research. The aim of the analysis will be to identify common or important themes across the focus group discussions. Extracts from the focus group transcripts and surveys may be quoted in my thesis and in any publications and conference presentations arising from the research. The responses to the 'questions about you' for all of the participants will be compiled into a table and reported in my thesis and in any publications or presentations arising from the research.

Only I will have access to the consent and 'some questions about you' forms, the audio recordings of the focus groups, the focus group transcripts with identifying information; my supervisors will have access to the anonymised focus group transcripts and the table of demographic data (external examiners may also request access to this, but this is rare).

After each focus group, the audio recording will be download and deleted from the recording device and stored securely on the UWE OneDrive cloud storage; the anonymized focus group will also be shared with my supervisor through OneDrive. Any hard copies will

be stored securely (e.g. in a locked filing cabinet). Your contact details will be destroyed a month after data collection has ended.

The data will be held for a period of 5 years or until my research has been accepted for publication, whichever is shorter.

The personal information collected in this research project will be processed in accordance with the relevant data protection legislation (please see the GDPR privacy notice for more information).

The information you provide will be treated confidentially (within the constraints outlined above) and personally identifiable details will be kept separately from the other data.

Consent form

Exploring black women's subjectivities in psychological therapy, counselling and psychotherapy training and practice

Consent Form

I..... (insert name) am over 18 years of age and agree to participate in this research. I have been informed about the nature of the research project and the nature of my participation in this project. I understand that my participation is voluntary, and I have been informed of my right to withdraw from the research within a month of participation, as specified in the information sheet, without giving a reason. I understand that any information I provide will be kept confidential.

· I agree to participate in a focus group on the topic of the experience of equality diversity and inclusion from the perspective of a black female therapist or trainee therapist.

· I have read the information sheet for this study and my questions have been answered to my satisfaction.

· I know who to contact for all my queries.

· I agree to the focus group being audio-recorded and transcribed for the purposes of research conducted by Melissa McCallum (UWE).

· I understand that anonymised extracts of the focus group may be quoted in Melissa McCallum's thesis and in any journal articles and conference presentations and other academic outputs arising from the research.

· I agree to the collection of demographic data that will be compiled into a table and reported in any publications or presentations arising from the research.

Participant Signature:

Date.....

Researcher Signature.....

Date:

v.1 Melissa McCallum 11.10.2020

NB This sheet will be kept separately from the focus group transcript and audio file and demographic data.

Demographics questionnaire

I am... Female Non binary/ third gender Prefer not to say

How old are you? 18-24 25-34 45+

I am... A student/trainee Course title: A practitioner Job role: Other Please elaborate:

Would you describe yourself as having any disabilities? No Yes, if so, please describe the nature of your disability/ies

How would you describe your racial heritage? Black Black mixed Black Caribbean Black African Other, please specify

How would you describe your social class?

working class middle class no class category Other, please spec

Appendix 3

Interview schedule

The application process

*What inspired you to apply for your chosen course in psychological therapy/
counselling/psychotherapy?*

- How did you feel about applying for your course?*
- What was your understanding of the programme before applying?*
- Why did you choose your institution?*

Tell me about your experience of your entry interview.

- Were any of your interviewers Black women?*
- What impact did your interviewers have on you?*
- What actions could you take if you felt discriminated against at your interview?*

Experiences of training/being a student

Tell me about your experience on your course?

- What do I need to know as a researcher interested in the experiences of Black women
training and working in the field of psychological therapy/counselling/psychotherapy?*

· Can you tell me how you experience/d being a trainee or registered therapist in your field of psychological therapy/counselling/psychotherapy?

Were/Are there any other Black women apart from yourself in your cohort?

· How did/do you feel about the number of Black women in your cohort?

· If yes, what was/is it like being the only Black woman in your cohort?

· Were/Are there other women of colour? Black men? Men of colour? What is that like?

· Were/Are there other Black women on the programme? Have you connected with them?

· Why do you think there were/are not many Black women enrolled on your programme of study/in your profession?

Have you ever had a Black woman tutor, programme leader, or clinical/placement supervisor?

· How do you feel about this?

How did/do you relate to the taught material on your course?

· Have you experienced any teaching on 'race'/ethnicity and racism?

· How was that handled?

· How did you feel during/after the session?

Clinical practice

· Can you tell me about your placement experiences?

· Client work?

· Clinical supervision?

University

What were/are your experiences of being a Black woman student at your institution?

· What support was/is available for Black women on your course at your institution?

Was/Is there support available?

· Were/Are you satisfied with the support available to you?

The wider profession

What do you feel are the challenges for Black women training to become psychological therapists/counsellors/psychotherapists?

· Did/Have you experienced any particular challenges as a psychological therapy/counselling/psychotherapy trainee?

· What kind of person is a psychological therapist/counsellor/psychotherapist?

What are your thoughts on the BPS/BACP or other accrediting bodies in the field of psychological therapy/counselling/psychotherapy?

· In what ways do any of these bodies support you on your training as a Black woman?

Widening participation

What did/does your institution do to facilitate access to your course for underrepresented groups like Black women?

What changes do you feel would impact the low numbers of Black woman applicants that apply and get accepted into the psychological therapy/counselling/psychotherapy training/profession?

Are you aware of any policies or Government guidance that influences how people with protected characteristics like 'race' and gender are recruited onto professional training programmes within psychological therapy/ counselling/psychotherapy?

· If yes, what are your thoughts/feelings on these policies?

Closing

Is there anything else you would like to share with me?

Appendix 4
Focus group guide

Black women's experiences in the fields of psychological therapy, psychotherapy and counselling

Focus group guide

The application process

*What inspired you to apply for your chosen course in psychological therapy/
counselling/psychotherapy?*

- How did you feel about applying for your course?*
- What was your understanding of the programme before applying?*
- Why did you choose your institution?*

Tell me about your experience of your entry interview.

- Were any of your interviewers Black women?*
- What impact did your interviewers have on you?*
- What actions could you take if you felt discriminated against at your interview?*

Experiences of training/being a student

Tell me about your experience on your course?

· What do I need to know as a researcher interested in the experiences of Black women training and working in the field of psychological therapy/counselling/psychotherapy?

· Can you tell me how you experience/d being a trainee or registered therapist in your field of psychological therapy/counselling/psychotherapy?

Were/Are there any other Black women apart from yourself in your cohort?

· How did/do you feel about the number of Black women in your cohort?

· If yes, what was/is it like being the only Black woman in your cohort?

· Were/Are there other women of colour? Black men? Men of colour? What is that like?

· Were/Are there other Black women on the programme? Have you connected with them?

· Why do you think there were/are not many Black women enrolled on your programme of study/in your profession?

Have you ever had a Black woman tutor, programme leader, or clinical/placement supervisor?

· How do you feel about this?

How did/do you relate to the taught material on your course?

· Have you experienced any teaching on 'race'/ethnicity and racism?

· How was that handled?

· How did you feel during/after the session?

Clinical practice

· Can you tell me about your placement experiences?

· Client work?

· Clinical supervision?

University

What were/are your experiences of being a Black woman student at your institution?

· What support was/is available for Black women on your course at your institution?

Was/Is there support available?

· Were/Are you satisfied with the support available to you?

The wider profession

What do you feel are the challenges for Black women training to become psychological therapists/counsellors/psychotherapists?

· Did/Have you experienced any particular challenges as a psychological therapy/counselling/psychotherapy trainee?

· What kind of person is a psychological therapist/counsellor/psychotherapist?

What are your thoughts on the BPS/BACP or other accrediting bodies in the field of psychological therapy/counselling/psychotherapy?

· In what ways do any of these bodies support you on your training as a Black woman?

Widening participation

What did/does your institution do to facilitate access to your course for underrepresented groups like Black women?

What changes do you feel would impact the low numbers of Black woman applicants that apply and get accepted into the psychological therapy/counselling/psychotherapy training/profession?

Are you aware of any policies or Government guidance that influences how people with protected characteristics like 'race' and gender are recruited onto professional training programmes within psychological therapy/ counselling/psychotherapy?

· If yes, what are your thoughts/feelings on these policies?

Closing

Is there anything else you would like to share with me?

Appendix 5

Online qualitative survey

Black women's experiences in the fields of psychological therapy, counselling and psychotherapy: ONLINE QUALITATIVE SURVEY

NB THERE WILL BE TWO PATHWAYS THROUGH THE SURVEY FOR TRAINEES AND REGISTERED PRACTITIONERS – THE QUESTIONS WILL BE THE SAME JUST A DIFFERENT TENSE IN SOME INSTANCES (e.g. were/are)

PARTICIPANT INFORMATION SHEET FOR THE ONLINE QUALITATIVE SURVEY

Exploring black women's subjectivities in psychological therapy, counselling and psychotherapy training and practice: A qualitative survey study

Participant Information Sheet

Who are the researchers and what is the research about?

Thank you for your interest in this research. I am Melissa McCallum, a Professional Doctorate student in counselling psychology at the University of West England, Bristol (UWE). I am a Black woman, specifically of Caribbean heritage. I am collecting data for the purpose of supporting the wider body of research that aims to highlight some of the structural challenges faced by black women in training and practice within psychological therapy, counselling and psychotherapy.

My lead supervisor is Dr Victoria Clarke (see below for her contact details). Victoria is a white, middle class woman with research interests in difference and social justice, she has previously published and supervised research on gay fathers, class in therapy, the 'strong

black woman' stereotype and African heritage women's experiences of managing distress, living with alopecia, gender and heterosexual sex. You can access her UWE staff profile [here](#).

What type of data are being collected?

I am collecting data using an online qualitative survey, where you write the answers to questions in your own words, rather than clicking boxes. You can complete the survey in private, at a time and in a place that is suitable and convenient for you, and you do not need to provide your name or speak with anyone unless you have any specific queries or concerns, in which case you are free to contact me Melissa2.McCallum@live.uwe.ac.uk. The survey is designed to gather information about your experiences in training and practice as a psychological therapist, counsellor or psychotherapist.

The survey should take around 30 minutes to complete. There are no right answers – I am interested in the range of opinions and thoughts that people have. You can write as much as you want, but it would be very helpful for my research if you could provide detailed answers. After you complete the main survey questions, there will also be some 'questions about you' for you to answer (some of these will be click box questions). This is for me to gain a sense of who is taking part in the research.

Before completing the study, you will be asked to click a box to confirm that you agree to participate. Please note that I may decide to use partially completed surveys in my research, so please contact me to withdraw from the study if you do not wish me to use your partially completed survey (see below).

Who is eligible to participate?

Women of Caribbean and African heritage/descent who are aged 18 years and older and are currently training and practicing within the field of psychological therapy, counselling or psychotherapy.

What are the benefits of taking part?

You will also have the opportunity to have your 'voice' heard in an area where black women's voices are often muted.

Will I be identifiable?

Any information that can identify you will be removed from or changed in your survey response. Nonetheless there is a small chance that people who know you very well may be able to identify you if answers from your survey are quoted in my thesis and in any journal articles, conference presentations and other academic outputs arising from the research and they have access to these.

Your responses will only be identifiable by a unique survey code that you will be asked to create before completing the survey.

Are there any risks involved?

I don't anticipate any particular risks to you with participating in this research; however, there is always the potential for research participation to raise uncomfortable and distressing issues. For this reason, here is some information about some of the different resources which are available to you.

Resources for UWE students

If you are a UWE student you can also use the university counselling service, see:

<http://www1.uwe.ac.uk/students/healthandwellbeing/wellbeingservice.aspx> or email wellbeing@uwe.ac.uk , or telephone 0117 3286268.

Resources for everyone

If you are not a student at UWE or you would prefer an off-campus counselling service, the website of the charity Mind enables you to find free or low-cost counselling in your local area via the Local Mind services. Search for your local mind:

<https://www.mind.org.uk/information-support/local-minds/>

Then, search for low-cost counselling via the website of your Local Mind (e.g. Local Mind for Bristol is: <http://www.bristolmind.org.uk/bsn/counselling.>).

The British Association for Counselling & Psychotherapy (<http://www.bacp.co.uk/>) It's Good to Talk website enables you to search for an accredited counsellor or psychotherapist in your area: <http://www.itsgoodtotalk.org.uk/>

The website of the British Psychological Society enables you to 'find an accredited psychologist' in your area: <https://www.bps.org.uk/public/find-psychologist>

And specifically, to find a psychologist who specialises in psychotherapy:

<https://www.bps.org.uk/lists/ropsip> or IAPT trained members (IAPT is Improving Access to Psychological Therapies and IAPT trained members will usually be trained in Cognitive Behavioural Therapy): <https://www.bps.org.uk/lists/iapt>.

The Maya Centre Counselling for Women Black Women's Group is a therapeutic group which aims to provide a safe space for black women to come together, explore and dissect

the unique experience of being a black woman: <https://www.mayacentre.org.uk/our-services/counselling-groups/black-womens-group/>

How do I withdraw from the research?

If you decide you want to withdraw from the research please contact me via email

Melissa2.McCallum@live.uwe.ac.uk quoting the unique participant code you'll be asked to create before completing the survey (don't worry if you can't remember this because I can prompt you on the different elements of the code). Please note that there are certain points beyond which it will be

impossible to withdraw from the research – for instance, when I have submitted my thesis.

Therefore, please contact me within a month of participation if you wish to withdraw your data.

How will my data be used?

The survey responses will be analysed for my research. The aim of the analysis will be to identify common or important themes across the answers from the surveys, and data collected in other ways (e.g. focus groups and interviews); if you're interested in taking part in a focus group or interview, there will be an opportunity to indicate this at the end of the survey. Extracts from the surveys may be quoted in my thesis and in any publications and conference presentations arising from the research. The demographic information for all of the participants will be compiled into a table and reported in my thesis and in any publications or presentations arising from the research.

Only I will have access to the consent forms and the completed surveys; my supervisors will have access to the anonymised survey data and the table of demographic data (external

examiners may also request access to this, but this is rare). The completed surveys will be shared with my supervisors through the UWE OneDrive secure cloud storage. Any hard copies will be stored securely (e.g. in a locked filing cabinet). Your contact details will be destroyed a month after data collection has ended.

The data will be held for a period of 5 years or until my research has been accepted for publication, whichever is shorter.

The personal information collected in this research project will be processed in accordance with the relevant data protection legislation (please see the GDPR privacy notice for more information).

The information you provide will be treated confidentially (within the constraints outlined above) and personally identifiable details will be kept separately from the other data.

This research has been approved by the UWE Health and Applied Sciences Faculty Research Ethics Committee, UWE REC REF No: HAS.21.01.073. Please contact the Director of Studies for this research in the first instance for any queries, comments or complaints:

Victoria.Clarke@uwe.ac.uk

Dr Victoria Clarke, Department of Social Sciences, University of the West of England,
Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY. Telephone: (0117) 328 2176

I am...	Female Non-binary/third gender Prefer not to say
How old are you?	

Would you describe yourself as having any disabilities?	No Yes, if you are comfortable doing so, please describe the nature of your disability/ies _____
How would you describe your racial heritage?	Black Black mixed Black Caribbean Black African Another background, please specify _____
How would you describe your social class?	Working class Middle class No class category Another class category, please specify _____
I am...	A student/trainee What training are you currently undertaking? _____ A registered practitioner What is your current role? _____
Please create a unique participant code. Please write the last two letters of your first name, your month of birth, and the last two letters of the name of the street you currently live on(e.g. my unique code would be SASEPTEMBERVE)	
Application process	
1) How did you feel about the application and interview process for your course? (Please let me know if any staff involved in the interview process were Black women and how you felt about this.)	
2) What actions could you have taken if you felt discriminated against at your interview?	
Experiences of training/being a student	
3) Were/Are there any other Black women apart from yourself in your cohort? Can you share how	

you feel about this and how this has shaped your experience of your course?	
4) Have you ever had a Black woman tutor, programme leader/clinical/placement supervisor? Can you share how you feel about this and how this has shaped your experience of your course?	
5) Have you experienced any teaching on 'race'/ethnicity and racism? How do you feel this was handled?	
Clinical practice	
6) Can you tell me about your placement experiences as a Black woman?	
7) Can you tell me about your experiences in your clinical work as a Black woman?	
University	
8) What were/are your experiences of being a Black woman student at your training institution?	
9) What support, if any, is/was available for Black women on your course at your institution? Were/are you satisfied with the support available to you?	
The wider profession	
10) What do you feel are the challenges, if any, for Black women training in the fields of psychological therapy, counselling or psychotherapy? (Please tell me about any challenges you have experienced?)	
Widening participation	
11) Does your institution have any policies or guidelines that contributes to the recruitment of underrepresented groups like Black women onto your course?	<p>Yes, can you tell me about these? Do you think these policies or guidelines are effective?</p> <p>No, do you think these would be helpful? What would effective policies or guidelines look like?</p>
Closing	
12) Is there anything else you would like to share with me relation to your experiences of training and	

practicing in psychological therapy, counselling or psychotherapy as a Black woman?	
Please provide your contact details if you are willing to take part in either a follow up interview or focus group discussion.	Email: Telephone:

We thank you for your time spent taking this survey.

Your response has been recorded.

Code of Human Research Ethics

British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2021)

(1) Integrity - by conducting the research with a genuine spirit of inquiry.

(2) Rigor - by employing experiential qualitative research methods that prioritised the voices of the participants and used valid data collection techniques.

(3) Trustworthiness - by approaching the project as an insider, which fosters trust and facilitates the development of a relationship with the participants. Trust is essential for maintaining the integrity of research practice (Antes et al., 2019).

(4) Responsibility - I carefully considered how to communicate the research findings, as they may have implications for the well-being of a group of which I am a member (Bond, 2014).

Notation key

Symbol	Explanation
(())	Non-verbal activity or gesture
[...]	Edited parts of extract for brevity
SP	Survey participant
FGP	Focus group participant
IP	Interview participant