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# Exploring Black Women's Experiences in Psychotherapeutic Training and Practice in the UK

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## ABSTRACT

**Background:** Discussions around racial disparities and injustice have gained increasing prominence in psychotherapy and counselling research. However, research in this area has been criticised for its omission of Black women's experiences, including as counsellors and psychotherapeutic practitioners.

**Aims:** This study explored and centred the experiences of Black women within therapeutic training and practice and particularly their navigation of gendered racism within training and clinical roles.

**Materials & Methods:** Informed by the frameworks of critical race theory and Black feminist thought, this qualitative study used interviews, focus groups, and qualitative surveys to capture the experiences of 15 Black women (11 trainee and 4 qualified therapeutic practitioners).

**Results:** We found that there is subtle racism in psychotherapeutic training and practice that hinders Black women's sense of belonging and professional development. The women's accounts highlighted how marginalised perspectives can be used to critique psychotherapeutic training and services, but participants faced silencing through victimisation after self-advocating. The participants felt a sense of hypervisibility for their differences while also being excluded and overlooked for the same differences.

**Discussion:** The study provides insights for educational institutions and professional bodies to foster inclusive practice for Black women in the counselling and psychotherapy profession.

**Conclusion:** The data suggest that further research is needed that centres the experiences of Black women as therapeutic trainees and practitioners. Further research on white privilege in psychotherapeutic training and leadership, and examining resistance to changing current oppressive structures, is also needed.

## 1 | Introduction

The predominantly white psychotherapy and counselling field often overlooks the unique perspectives and experiences of Black women therapists (Lassiter et al. 2023; Spates 2012). Existing literature often fails to differentiate between the experiences of Black women and men therapists and of women of colour (WoC) therapists from different ethnic and racial backgrounds (Sesko and Biernat 2010). As a result, knowledge is limited about

the specific experiences of Black women in psychotherapeutic training and practice as these are often conflated with the experiences of the Black population, including men, or WoC more broadly (May 2022).

Research conducted in the UK and predominantly in the US indicates that Black therapists experience a sense of solidarity and faster therapeutic connections with clients in same-racial/cultural therapeutic dyads and feel strongly committed to the

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## Summary

- Implications for practice and policy
  - (White) Psychotherapeutic trainers, supervisors, and organisational leaders should explicitly address racial issues to maintain awareness of the racial discomfort experienced by Black and other racially/ethnically marginalised trainees and therapists.
  - Multicultural immersion can be introduced as best practice for psychotherapeutic training to ensure the critical evaluation of privilege held by the white majority in the psychotherapeutic profession.
  - Policymakers must examine the disparity between the framework, policies, and safeguards intended to combat racism, discrimination, and victimisation, and the accounts of Black women's experiences.
  - Group settings for Black women facilitate the process of finding a voice; the creation of such settings could be considered good practice for training programmes and practice environments to facilitate the inclusion of marginalised groups, like Black women.

well-being of Black clients (e.g., Goode-Cross and Grim 2016). By contrast, they encounter everything from racial microaggressions to outright racism in cross-racial/cultural therapeutic dyads, including being questioned about their qualifications and expertise by white clients, often experiencing increased anxiety in these dyads as a result (Choe et al. 2024). Research on clinical supervision indicates that Black supervisors experience same-racial/cultural supervisory relationships as closer and often familial, with race more frequently discussed (Goode-Cross 2011). But in cross-racial/cultural supervisory relationships, Black women supervisees report covering their authentic selves to avoid being judged and discredited in relation to gendered racialised stereotypes (Dupiton 2019); these stereotypes are also evident in the sexist and racist behaviours of white supervisees toward Black women supervisors (Hall 2018). WoC leaders in counselling psychology have highlighted the importance of mentorship from WoC leaders in making sense of sexist and racist microaggressions and other hurdles and providing an example of how to do the job in a culturally congruent way (Hunter et al. 2021). WoC leaders report adopting leadership styles oriented to social justice and institutional change (Hunter et al. 2021). Black women counselling trainers have reported code-switching—altering their appearance and behaviours to fit in with the dominant culture—as a protective strategy in white dominated and oppressive university settings; settings where it often feels unsafe to remain authentic (Crumb et al. 2023). Trainees of colour have reported experiencing various forms of racism in training, including Euro-centrism, a lack of racial awareness on the part of white course peers and trainers, and differential treatment (McDowell 2004). They have highlighted the importance of support from race-related groups and navigating racism by challenging, yielding, withdrawing and ‘choosing their battles’ (McDowell 2004).

Access to psychotherapeutic professions is primarily through higher education (HE) and placements in healthcare services across the UK. Therefore, it is important to understand Black women's experiences in these settings more broadly. Existing

research on Black women's experiences in HE and healthcare settings shows that structural barriers, such as gatekeeping, aversive racism, classism, and elitism, hinder their career progress (Arday and Mirza 2018; Dill and Duffy 2022; Kelly et al. 2021). These barriers create hostile environments that leave Black women feeling isolated and out of place (Allen et al. 2022), and experiencing racial fatigue—the mental, emotional, and physical strain associated with racial microaggressions (Pope and Edwards 2016). Existing literature indicates that Black women adapt to overcome these obstacles, relying on coping strategies like faith, self-efficacy, and ‘sista spaces’ (counter spaces for Black women) to navigate predominantly white institutions where they often feel marginalised (Ade-Serrano 2017; Palmer 2021). Other coping strategies, like code-switching and stoicism, can negatively impact their mental health (Spencer et al. 2022). Barriers to success and progression can impact Black women's personal and professional development, identities, and ultimately, their therapeutic relationships with clients (May 2022).

## 1.1 | Critical Race Theory and Black Feminist Thought

This study draws on critical race theory (CRT; e.g., Ladson-Billings 2021) and Black feminist thought (e.g., Collins 1990) to examine the experiences of Black women in predominantly white training institutions and service organisations. CRT was developed by US Black legal scholars from the 1970s onwards, with earlier roots in the anti-slavery movement, and challenges the view that US law is value-free; instead, CRT scholars argue that the law legitimates a racially oppressive social order (Johnson 2015). CRT has expanded beyond its origins in legal scholarship and has been used to examine racial disparities in various fields, including psychotherapy (e.g., McDowell 2004; Quinn and Grumbach 2015). Recognising racism as a pervasive experience and race as a social construct are key to CRT (Ladson-Billings 2021). Within the socially constructed system of race, the white race is viewed as “normal,” the standard for humans and culture, and all other races as “deviant” and “abnormal” (Moodley et al. 2018). In CRT, whiteness is conceptualised as property, a tangible commodity with a significant value (Harris 1993). Thus, even though race is understood as a social construct, the material implications of race and racism on the lives of both the privileged and the marginalised are acknowledged. CRT defines racism as encompassing both conscious discriminatory behaviour and unconscious acts, and as social and structural; it is ingrained in the social fabric and existing institutions and power structures—to the extent that it is almost invisible or unrecognisable, particularly to those who benefit from it (Lawrence III 1987). With regard to research, CRT encourages the development of counternarratives or the reframing of the stories of marginalised people from a marginalised perspective (Stefancic and Delgado 2010).

CRT arguably emerged from Black feminist thought, and the two frameworks intersect in various ways (Johnson 2015). Although its roots can be traced to earlier feminist and anti-slavery activism by Black women, Black feminism as a theoretical framework developed from critiques of the exclusion of women of colour from the women's movement in the 1970s and 1980s (e.g., Hooks 1984;

Lorde 1984), and it interrogates the intersections of race and gender in structuring social inequity and injustice in the lives of Black women (Crenshaw 1989). Black feminist theory centres Black women, develops knowledge grounded in Black women's collective experiences, and challenges the distorted knowledge of Black women created by male- and white-dominated western societies (Collins 1990). Research on intersectional power dynamics through a Black feminist lens can help identify the obstacles that Black women face as a result of sexist and racist structures (Collins 1990; Crenshaw 1989). Black feminism also aims to create positive images of Black womanhood based on their values and experiences (Collins 1990).

## 1.2 | Aims of the Current Study

Existing research has mostly not disaggregated the experiences of Black women and Black men therapists or the experiences of Black women therapists from WoC therapists more broadly. It has also mostly focused on specific domains of practice (client work, clinical supervision) or specific groups of practitioners (leaders, trainers, trainees) and has been predominantly conducted in the US. As such, knowledge of UK Black women therapists' specific experiences of navigating gendered racism in psychotherapy training and practice more broadly is limited. In this study, we offer a counternarrative to the largely white-normative existing therapeutic literature (Hargons et al. 2017) by exploring the gendered racial oppression and disadvantages faced by Black women in psychotherapeutic training and practice in the UK.

## 2 | Methodology

### 2.1 | Research Design

We adopted a multi-method qualitative design using qualitative surveys, interviews, and focus groups. Our intent was to encourage members of a hard-to-reach and marginalised community to engage with the research by allowing them some choice in how they shared their experiences. We used an experiential qualitative approach (Braun and Clarke 2013) to prioritise Black women's voices. This is consistent with the Black feminist epistemological stance adopted for this research (e.g., Collins 1990), which is concerned with Black women's autonomy in knowledge production and standards for assessing truth founded in Black women's collective experiences (Collins 1990). The data were analysed using reflexive thematic analysis (TA), and the theoretical flexibility of this approach allowed us to both ground the analysis in the participants' lived experiences and draw on CRT and Black feminist thought as interpretative lenses for making sense of these (Braun and Clarke 2022). In reporting this research, we have followed the Reflexive Thematic Analysis Reporting Guidelines where possible (RTARG, Braun and Clarke 2024).

### 2.2 | Researcher Positioning

The first author (FA) is a Black woman and, when conducting the study, a trainee counselling psychologist. The second

author (SA) is a white woman, a feminist and critical psychologist, and an experienced qualitative researcher, with previous experience supervising research on Black women's lived experiences.

### 2.3 | Participants and Recruitment

Fifteen Black women, aged between 22 and 69 years, were recruited through social media and referrals. Participants identified as African ( $n=8$ ), Caribbean ( $n=6$ ), and Indo-Caribbean ( $n=1$ ), with 4 qualified therapists and 11 trainees. With a specific aim and participant group, data from 15 participants was judged as sufficient, in accordance with the concept of information power or richness (Malterud et al. 2016).

### 2.4 | Data Generation Procedure

The study was granted ethical approval from the University of the West of England Faculty of Health and Applied Sciences Research Ethics Committee, reference number HAS.21.01.073. During the COVID-19 lockdown in 2021, 3 interviews and 2 focus groups, with 2–3 participants in each group, were conducted by the FA, and a further 7 women responded to an online qualitative survey. Interviews and focus groups were conducted virtually face-to-face via Microsoft Teams, preserving important cues for building rapport (Hanna 2012). The interview, focus group, and survey questions focused on experiences in educational and employment settings, including interactions with course peers/colleagues and views on leadership and inclusion policies. The 21 open-ended questions used for the interviews and focus groups (see [Supporting Information](#) for these) were condensed into a 12-question survey, following recommendations in the literature on survey length to ensure in-depth responding (Braun et al. 2021; see [Supporting Information](#) for these questions). The interviews and focus groups were audio-recorded and transcribed orthographically.

### 2.5 | Data Analysis Process

In the spirit suggested by Braun and Clarke (2022), the 6 phases of reflexive TA—(1) familiarisation, (2) coding, (3) generating initial themes, (4) reviewing and developing themes, (5) refining, defining and naming themes, and (6) writing the report—were used as guidance for the analysis rather than treated as a rigid set of steps to follow (see [Supporting Information](#) for further details). The FA led the reflexive TA process with “critical friend” input from the SA (Smith and McGannon 2017) – the SA offered feedback on the FA's developing interpretations and encouraged reflexivity. Six themes were generated: (1) thinly veiled racism in psychotherapeutic training and practice; (2) lack of representation cultivates alienation; (3) power from the margins: the usefulness of sitting on the outskirts; (4) power imbalance—navigating white dominance from the margins; (5) contradictions in the use of voice—empowering and restricting; and (6) too visible for the wrong reasons, invisible when it matters. When quoting from the participants' responses, they are identified with pseudonyms allocated by the FA.

### 3 | Analysis

#### 3.1 | Thinly Veiled Racism in Psychotherapeutic Training and Practice

The oppressive treatment the women experienced within wider society was replicated in their psychotherapeutic training and practice environments (reflecting the findings of research on the experiences of Black postgraduate students more broadly; Verma 2022). The women's accounts highlighted that racism in psychotherapeutic training and practice can be subtle and hard to recognise and non-Black course peers/colleagues and course leaders/managers may not always acknowledge it. Furthermore, the participants were not consciously aware of racism but struggled to articulate what they were experiencing, especially to those without personal insights into or lived experience of racism. The elusive nature of the oppressive treatment they endured made it almost impossible to formally challenge. Such implicit racism can hinder Black women's career growth, particularly when there is no political will from leaders/managers to address it. 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 references a discussion in the classroom, which she perceived as problematic—especially the comments made by other trainees—but went unscrutinised:

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 overlooked.

Amarie's experience highlights the challenges of discussing racism in predominantly white settings, where subtle forms of racism are difficult to identify and address. She notes that her older white peers' "questionable" comments, which could be racially motivated, were not thoroughly examined due to the limited time allocated to the taught content about race and racism and the reluctance to label these comments as racist (Jones and Harris 2019). The ambiguity surrounding racism in white-dominated environments can lead to collusion (Applebaum 2008) among those who do not share the same sensitivity to racism or experience its full impact. Jasmine, Harmony, and Grace, in focus group 1, shared similar observations about encountering thinly veiled racism on their training programmes:

**Jasmine:** I got one of the highest grades in my class, and they were all surprised. You know, the students were telling me how I need to get my tests remarked because it must be a mistake.

**Harmony:** 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.

**Grace:** 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 questioned whether these experiences were instances of racism. Grace's experience left her feeling doubtful about interactions that seemed to be charged with racial tension. The women emphasised how a lack of concrete evidence to record created a barrier to reporting such elusive racism. Being solely reliant on intuition as evidence for racism in an interaction leaves the person on the receiving end with both doubt and a felt sense that racism has occurred.

#### 3.2 | Lack of Representation Cultivates Alienation

This theme captures how low numbers of Black women course peers/colleagues and course leaders/managers left the participants feeling excluded in learning environments and in the wider psychotherapy profession. This theme raises significant questions about educational and professional leaders' awareness of the challenges that impact their racially marginalised students and colleagues. Interview participant Amy and survey respondent Estelle highlighted the lack of other Black people on their respective courses:

**Amy:** I did not see many Black people at all until I saw some students who were doing something else ((laughs)). I was like, where are the Black people? I was the only Black person in my cohort.

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

The comparison Amy made between the higher numbers of Black people on other courses in the university and that of her counselling psychology course highlights a widely acknowledged problem in the psychotherapy training literature: that Black and minoritised groups are underrepresented in the profession (Shavers and Moore 2019). Estelle noted that the high cost of training is a barrier for Black women to access the profession; her point about feeling isolated speaks to one of the factors that may contribute to Black women feeling unable to aspire to train to be a psychotherapeutic practitioner (Lindo 2023). The participants in focus group 1 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:** 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:** 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?

Grace and Harmony's experiences highlight the impact on Black women trainees of the underrepresentation of Black women in training courses and clinical settings. They both felt the need to conform to white appearance norms to be accepted in the profession (Crumb et al. 2023; Dupiton 2019). Grace mentioned



wanting to be authentic and present authentically as a Black woman while also seeking to work in an environment that might reject her for this. Harmony shared that she presents herself in a way that is closer to white normative standards during job interviews to avoid potential rejection. Both feared being denied employment or promotions because of their natural hair, a sentiment supported by existing research (Roberson 2021). Grace chose to maintain her natural hair texture but experienced tension about the possibility of rejection because of it.

### 3.3 | Power From the Margins: The Usefulness of Sitting on the Outskirts

Black feminists emphasise the importance of Black women's collective experiences as a source of knowledge to highlight the unique perspectives that Black women can bring to understanding power and oppression (Collins 1990; Hooks 1984). Participants highlighted how their marginalised perspectives allowed them to critique and improve access to psychotherapeutic services for their communities. Participants shared instances of feeling marginalised when their institutions and organisations 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 the psychotherapy field, turning their marginalisation into an opportunity to contribute to the betterment of their communities and the experiences of future Black women trainees. In her interview, Jackie reflected on her observation that mental health services marginalise whole communities through their westernised prioritisation of individuality over community-based support. She spoke about Black professionals and Black clients' negative perceptions of mental health services:

[For me to] willingly sort of come and join a [mental health] 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 doesn't necessarily need to be formalised types of

training, and people probably more readily recognise 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.

Jackie considers alternative perspectives on mental health care, recognising the significance of community in non-westernised cultures. The concept of being an outsider-within specifically highlights how the historical contexts of Black women's race, gender, and class inequity influence their worldview (Collins 2009), as illustrated in Jackie's reflections. In focus group 2, Vanessa praised a younger participant's (Effie) passion and political energy in addressing problematic structures in psychotherapeutic training and practice:

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 are going to 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 training and practice. In this fight, Black women take the opportunity to support other Black people, motivated by a collective worldview that seeks to resist the ways in which white dominant institutions and services operate as a system (Collins 1990). Her comment about Effie's "fire" alludes to challenges experienced on the psychotherapeutic training course, angering Effie; Vanessa encouraged Effie to hold on to the anger and use it productively against the white-dominated system. In their exchange, Effie and Vanessa reflect on utilising anger at the system productively:

**Effie:** hmm... yeah I think you're right, I don't I think I could ever survive in the NHS [National Health Service] 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:** 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 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 were all like that at one time but after a while it does it does drain you. You know when you fight the system, it is 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 1984). For example, Effie alludes to being uncontainable by services where the hierarchical structures and racist undertones are problematic. As a response, she intends to fight for herself and her community, albeit from a position of marginality.

### 3.4 | Power Imbalance—Navigating White Dominance From the Margin

Although attempts were made to resist oppression, the participants reported ultimately feeling powerless to change the white normativity that underpins the clinical conceptualisation and treatment of distress and racism in psychotherapeutic training and practice. Their accounts demonstrated wisdom from experience, but they lacked institutional power to make meaningful changes. The participants also recognised their lack of control over the means and resources needed to implement change, as demonstrated in the following comment from survey participant Ashley about navigating an oppressive system while maintaining her values:

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 group'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 and Harris 2019); however, if the profession does not acknowledge the socio-political injustices faced by Black women both in wider society and in the profession, there is a risk of maintaining these injustices in therapeutic interventions (Ashley 2013). 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:

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's experiences expose the disparities Black women face in mental health care, where they lack the same privileges as their white counterparts. The perspective of a white male psychiatrist was prioritised over Harmony's experience when she was the primary point of contact for a client. In mental health care, a hierarchical structure exists where psychiatrists possess the most power but minimal client interaction, while support workers have the least power but the most interaction with clients.

This is exacerbated by a gendered racial dynamic where white men disregard Black women's input. Vanessa further expands on this racialised hierarchy in her comments about the disparity in pay between Black and white teachers supporting students with "special" educational needs or a disability (SEND), where educational institutions receive additional funding for individual students:

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 are you not running your mouth? Yeah, that's a big difference.

This example highlights the disparity in earnings between racially/ethnically minoritised groups and white individuals in a specific career field. Black employees consistently earn less than white employees (Office for National Statistics 2023). Further research is necessary to comprehend the specific impact of pay disparities on Black women. Although the gender pay gap is widely debated, the intersection of race and gender pay gaps is rarely discussed, especially in the psychotherapeutic profession. Given the profession's stated commitment to social justice and equality (e.g., Singh et al. 2020), it is crucial to address this issue in the psychotherapeutic field.

### 3.5 | Contradictions in the Use of Voice—Empowering and Restricting

The participants used their literal and political voices to challenge racism. These empowering experiences sat alongside experiences of victimisation after attempting to self-advocate. Moodley (2009) described the voicelessness of marginalised groups in the context of talking therapies, arguing that alongside the question of "who can speak" is the question of "who hears"; a condition of marginality is the difficulty of being heard. For the participants, there was conflict in how and when they could use their voice. In Estelle's survey response, she writes about using her literal and political voice to challenge racial stereotypes on her training course:

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 do not 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 around race/ethnicity on her course. However, using her voice was also restricting, because it meant that she became the "voice for Black issues," instead of an individual in her own right. She describes the experience as being "tiring," which 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 by her fellow trainees.

Another demonstration of the dichotomous positions of empowerment and restriction was expressed in focus group 1 participant Jasmine's description of the risk that using her voice posed to her emotional well-being. Jasmine shared her experience of challenging the racist views of a white trainee and the unfortunate consequence of doing so:

At university well I had, I had a situation where I had a white woman who was just full of racial microaggressions, 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 was just talking rubbish, and she made my life hell after that.

Jasmine challenged problematic comments, as did 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 who subsequently victimised her. Being victimised for using your voice is a form of silencing and oppression (Jones and Norwood 2016). This experience was described by various participants. In her interview, Mandy spoke about feeling silenced after an experience of misogyny and racism in her workplace, perpetuated by a (presumably white) male manager:

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 [race] 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 [...] 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 [...] 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 [...] After a meeting he approached me and asked “are you okay?” and I said no, and I remember [...] saying to him I can't work out what this is and I remember crying [...] I had to say to him please know that 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 [...] he said to me “I'm really sorry, it's because I feel threatened by you” [...] “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 [...]; afterward, I just felt so relieved that I wasn't 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.

Listening to Mandy's account of bullying, racism, and misogyny—misogyny directed towards Black women (Bailey 2021)—made the FA feel powerless; she noticed that her initial reaction was to place responsibility on Mandy to seek justice but she overlooked the emotional impact of doing so and Mandy's ability to navigate the power structures hindering her from acting against her manager. Mandy shared her strategies for using her voice to present professionally, seek validation, and confront her bully. However, using her voice resulted in a restriction in the wider social hierarchy of her workplace.

### 3.6 | Too Visible for the Wrong Reasons; Invisible When It Matters

This theme reflected how the participants' racial and ethnic differences in the psychotherapeutic profession are used by leaders for political exploitation, such as meeting diversity quotas. The participants felt invisible in the wider psychotherapeutic profession regarding inclusive practices, how racial and ethnic differences interact with white normativity, and how to address this in classrooms and workplaces. Grace and other participants across the dataset, like Effie (a participant from focus group 2), shared their experiences of being overly visible due to differences in their physical appearance compared to the white majority:

**Grace:** I actually had an 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:** I have to explain extra things; I'll give you an example. In first year, for 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 experienced racialised comments about their hair. Grace's colleague's comment about her hair being “wild” perpetuates problematic racial stereotypes. This term



is rooted in the predominant colonial theory of race—the great chain of being, which categorised people in order of superiority (and closeness to god), with superior white Europeans at the top and inferior Black people at the bottom (Stepan 1982). Additionally, this description of wild hair evokes the piccaninny caricature of slave children, depicted as unkempt and animalistic (Pilgrim 2000). In contrast, Grace proudly embraces her natural hair, while her colleague's demeaning comment implies that she looks uncivilised.

Effie's account highlights the stereotypical lens through which Black women's hair is often judged. She compares her dramatised and objectified hair change with a (presumably white) colleague who received a benign and complimentary response. This evokes the diva stereotype that evolved from the older jezebel stereotype of a lascivious, flirtatious Black woman (Hall 2018) who can be objectified and treated as an exotic other. The hyper-visibility of physical and observable characteristics of their race can create circumstances where Black and other racially/ethnically minoritised individuals feel that they are a token or “diversity hire” (Portocarrero and Carter 2022), as described by survey respondent Natalie, who felt that her race was being scrutinised when applying for a role:

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 criterion of theirs.

Natalie shared a sense of not feeling seen as an individual who meets the criteria for the role, but rather as being 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 her investigation of hiring practices around academic staff of colour in a US higher education context, Niemann (2016) discussed how the skewed proportions of individuals from racially marginalised groups in comparison to higher numbers of white academic staff reduced marginalised staff to a tokenised status where they could no longer be perceived simply as a member of the academic staff group, but instead were perceived through the lens of their difference or their race. These experiences can engender feelings of simultaneous isolation and hypervisibility.

#### 4 | Conclusions

This research investigated the experiences of Black women in the psychotherapeutic profession—they reported discrimination, marginalisation, and a lack of power to bring about change in a white-dominated profession. Participants shared their stories, highlighting their experiences of navigating racial discomfort without support from their course peers/colleagues and course leaders/managers; indeed, these groups often perpetuated or colluded in their racial marginalisation. The women relied instead on self-sufficiency and knowledge-sharing with other Black women to manage these discomforts.

Existing multicultural competence frameworks and policies in organisations like the NHS (Grenfell.nhs.uk n.d.) and professional bodies like the UK Council for Psychotherapy (Dada 2023) aim to reduce the marginalisation of minoritised groups, but the participants in this study perceived a reluctance on the part of white course leaders and managers to commit to meaningful actions for change. Investigating white privilege in psychotherapy training and leadership and exploring resistance to addressing oppressive structures could be useful for implementing more inclusive psychotherapeutic training.

Sexist racism was experienced by participants at both organisational and interpersonal levels, and the lack of political will from those in power to bring about meaningful change often led to the suppression of these experiences. As a result, Black women's perspectives and experiences continue to be overlooked, preventing them from feeling a sense of belonging in the profession. Despite this, participants highlighted their unique perspectives and efforts to empower themselves and their communities, although the imbalance of power limited their ability to bring about deep-seated and lasting change. They reported simultaneous feelings of voicelessness and hypervisibility, leading to racial fatigue and isolation, which, in turn, affected their interactions with clients, course peers/colleagues, and course leaders/managers and their career progression.

As previously noted, professional bodies and training institutions already have policies in place to support inclusive practice, but to put it bluntly, as our participants' experiences demonstrate, these aren't being thoroughly or effectively implemented. There is no need for new policies or frameworks for inclusive practice; rather, there needs to be meaningful implementation of existing frameworks. Our recommendation is that existing cultural competency frameworks are adopted by institutions to provide comprehensive training on diverse global identities and cultures in a structured framework (e.g., Dana and Allen 2008) to meet the needs of all trainees and client groups. Psychotherapeutic trainers should equip themselves with the necessary cultural competence to deliver culturally appropriate training and equip trainees and practitioners to deliver culturally appropriate interventions (Singh et al. 2020). While cultural competencies have been identified, there is no consistent approach to teaching and assessing these across institutions. To address this issue, accrediting professional bodies must measure the depth of cultural competence implementation across UK institutions (Singh et al. 2020). Addressing structural barriers in psychotherapeutic training and practice that hinder the development of cultural competence is a crucial step on the road to cultivating training and practice environments that genuinely support equity, inclusion, and belonging for Black women and other minoritised groups.

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#### Ethics Statement

This research received a favourable opinion from the University of the West of England Faculty of Health and Applied Sciences (now College



of Health, Science and Society) Research Ethics Committee, reference number: HAS.21.01.073.

### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

Permission was not sought from participants to share their data with third parties.

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### Supporting Information

Additional supporting information can be found online in the Supporting Information section.