UNIVERSITY OF BIRMINGHAM

Psychological Therapists' Experiences of Social Justice Work, a Meta-Ethnography

&

Clinical Psychologists' Experiences and Perceptions of the Climate Crisis and Activism

in the UK, a Qualitative Study

By

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Declaration

The research reported in this thesis is my original work. It has not been submitted for any other award, and the author checked it before submission.

Overview

This thesis was submitted in partial fulfilment of the requirements for the Doctor of Clinical Psychology degree at the University of Birmingham. This thesis presents two studies. The first is a meta-ethnography that examines therapists' experiences and views on social justice work. The second is a qualitative empirical study of clinical psychologists' experiences and perceptions of the climate crisis and activism. The final two chapters present public dissemination reports for the two studies, outlining the main findings of each paper in an accessible manner.

All identifying information has been removed or modified to protect anonymity.

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Psychological Therapists' Experiences of Social Justice Work, a Meta-Ethnography

Abstract

Background: Social justice is becoming more widely recognised as an important factor in mental health work, yet research into social justice infrequently captures the lived experiences of practitioners who work to incorporate these principles in practice.

Aim: This meta-ethnography presents a synthesis of qualitative study findings that explored social justice work for accredited psychological therapists, with the aim of better understanding how this work was experienced and perceived in professional practice.

Method: Thirteen primary articles were identified through systematic searches of six electronic databases. An integrated qualitative appraisal checklist (CASP) was used to assess the studies' methodological quality. The analysis was subsequently guided by Noblit and Hare's (1988) seven-phase methodology.

Results: Four key themes were identified during the synthesis, namely*: Social Justice as a Catalyst for Personal Transformation, Where Social Justice Fits, Identity, and Sources of Support While Engaging with Social Justice.*

Discussion: The findings are discussed in relation to existing research, and clinical implications are considered. These highlight the importance of emotional support for those engaging with social justice work and the need for examination of power and privilege within psychological therapies.

1. Introduction

Social justice proves challenging to define due to its multifaceted nature and findings that individuals often perceive it through the lens of their own experiences (Winter & Hanley, 2015). Furthermore, the concept of social justice is influenced by culture, with its processes and desired outcomes varying depending on cultural contexts (Shriberg & Clinton, 2016).

A commonly cited definition of social justice by Bell (2016) attempts to conceptualise social justice as follows:

> The goal of social justice is full and equal participation of people from all social identity groups in a society that is mutually shaped to meet their needs.
>
> The process for attaining the goal of social justice should also be democratic and participatory, respectful of human diversity and group differences, and inclusive and affirming of human agency and capacity for working collaboratively with others to create change. (p. 3)

Applied practically, social justice examines power dynamics and privilege alongside challenging inequitable or oppressive systems and practices within society (Ratts, 2009), underpinned by values of equity, democracy, and non-discrimination (Schenker et al., 2019; Schulze et al., 2019). The World Health Organization (2024) defines equity as:

> The absence of unfair, avoidable, or remediable differences among groups of people, whether these groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality, for example, sex, gender, religion, race, ethnicity, disability, or sexual orientation. (p. 1)

Recent socio-political events have highlighted wide-reaching examples of inequity across societies and emphasised more than ever the critical need for social justice practice. The COVID-19 pandemic, the cost-of-living crisis, political instability and the climate crisis have further compounded the difficulties for minoritised groups, including those in poverty, minority ethnic communities, migrants, disabled people and those with limited social support or resources (Ballo & Tribe, 2023; British Medical Association, 2022; Greenaway et al., 2020). These events illustrate how existing inequalities disproportionately impact marginalised groups, exacerbating structural disparities. Further, inequity amongst individuals with mental illness is well-documented (Moitra et al., 2022; Vigo et al., 2016), with findings that such events can exacerbate existing problems and contribute to the onset of mental illness (Huggard et al., 2023; Walker et al., 2023; World Health Organization, 2022). Winter and Charura (2023) emphasise that such events "cannot be separated from the experiences of many who present in the therapy room, or from the call for social justice that therapists need to respond to" (p. 5).

Considering this, WHO and the United Nations have recognised the need for mental health approaches centred on upholding human rights (United Nations, 2023; World Health Organization, 2022; Zawahir, 2019) and addressing the harmful impacts of socio-political determinants. Examples of such methods include Martín-Baró's 'liberation psychology' (1994) and Gupta's 'existential rights paradigm' (2022), both of which advocate for anti-oppressive practice. These require the therapist to understand the links between socio-political oppression and mental health (Velez, 2016), participate in social advocacy beyond therapeutic settings, and engage in self-reflexivity (Gupta, 2022). Such approaches, therefore, necessitate an integrated understanding of social justice. However, despite the advancement in the understanding and recognition of the value of social justice in psychological

professions (Hays, 2020; Ratts, 2009; Ratts et al., 2016; Singh et al., 2010) the wider professional discourse has received criticism for lacking comprehensiveness and being superficial (Abolhasani et al., 2014; Goodman & Gorski, 2015) alongside limited evidence of action (Goodman et al., 2018; Haines et al., 2009; Winter & Charura, 2023).

Research demonstrates the necessary self-involvement required of therapists in social justice work at times, going "beyond therapy" (Al-Murri & Childs-Fegredo, 2023, p. 35), requiring a shift from being passive to actively expressing their views and values, demanding courage and resilience (Winter & Charura, 2023). Alongside this is a disparity between the wider recognition of the value and need for social justice work in psychological professions and its consistent application by therapists in practice. Despite mental health services often reflecting societal and cultural perspectives and prejudices (Tribe & Bell, 2018), some therapists argue that social justice does not fit with the perceived neutral stance of psychological professions (Kiselica & Robinson, 2001).

The existing literature documents the many practical elements of this work, such as the factors that motivate social justice work (Caldwell & Vera, 2010), the diverse range of actions linked to this work (Lopez, 2016; Peters et al., 2020; Ratts et al., 2016; Roysircar et al., 2017; Singh et al., 2010), and the many contexts where it should occur (Farrell & Barrio Minton, 2019; Singh et al., 2010). Literature suggests that alongside identifying the practicalities and changes needed in this field, there is utility in recognising therapists' current social justice practice, as "paying attention and being more mindful of social justice in our actions will lead to more of the same" (O'Hare & Meheux, 2023, p. 219). Further, understanding therapists' lived experiences may illuminate potential barriers and facilitators to social justice work which have not been previously captured. This study, therefore, aims to

synthesise the literature across psychological disciplines to better understand how therapists experience engagement with social justice practice.

1.1 Present study and aims

The present review uses meta-ethnography to explore therapists' experiences and perceptions of social justice work in practice (Noblit & Hare, 1988). It endeavours to better understand social justice work from differing lenses and viewpoints, looking at similarities, differences, and relationships between themes (Byrne, 2022). The resulting synthesis aims to generate a new understanding of this area, where the "whole is greater than the sum of its parts" (Sattar et al., 2021, p. 2).

1.2 Researcher's Positioning & Language Use

Reflexivity is central to social justice; therefore, clarifying the researcher's position is important. The researcher benefits from certain societal privileges, being white, British, cis-gendered, and university-educated, alongside having intersectional marginalised identities. At the time of writing, the author was a doctoral student studying clinical psychology. Throughout this research, the author intentionally reflected on their subjective stances, acknowledging potential biases and how these influenced the research process.

It is hoped that the language used in this study is sensitive, respectful, and inclusive, although it is recognised that language is continually evolving (Cooper, 2023; Tribe & Bell, 2018; Winter & Charura, 2023).

1.2.1 Terminology

Therapist - Throughout this review, the range of mental health practitioners included will be collectively referred to as "therapists".

white - Since whiteness is considered the norm within white privilege, white people in England typically do not need to use "white" as a noun or as their primary racial or cultural identifier. To decentre "whiteness" and highlight the incomparable history and cultural identity of being Black, I use lowercase 'white' when referring to racial, ethnic, and cultural contexts (Crenshaw, 2011).

Intersectionality - Intersectionality recognises the complex, multiple, and interrelated aspects of social identity and how power dynamics within these impact everyday experiences (Hill Collins & Bilge, 2020).

2. Method

2.1 Noblit and Hare's (1988) Meta-Ethnography

As the purpose of this study is to examine the experiences of psychological therapists, a qualitative study design was chosen due to the exploratory nature of the data, thus giving comprehensive insight into the views of a population (Cahill et al., 2018). The researcher can approach qualitative data synthesis in several ways (Dixon-Woods et al., 2007), using different strategies to compile, merge, or examine key findings across texts. The approach taken in this review is meta-ethnography (Atkins et al., 2008). As described by Noblit and Hare (1988), meta-ethnography is a method where the reviewer systematically re-interprets key conceptual data, themes and metaphors in the literature, going beyond the original study findings to extract further meaning from a body of research (France et al., 2016). The process

consists of seven defined phases, which act as a framework for the synthesis, illustrated in Table 1.

2.2 Epistemological position

For this meta-ethnography, the combination of a realist ontology (Dean, 1993) and a relativist epistemology (Raskin, 2002) forms the basis for the critical realist position taken by the researcher. This position interprets the data from the viewpoint that, even if sharing common factual characteristics of an experience with another, a person's social justice experience is influenced by the social constructs in which they live and is, therefore, their interpretation of the event with this context in mind (Cruickshank, 2012). This means that data collected can be viewed not based on objective facts but on an individual's perception of that experience (Pilgrim, 2014).

2.3 Systematic Literature Search

2.3.1 Search Strategy

In line with Noblit and Hare's (1988) methodology, phases one and two involved planning and conducting systematic literature searches. To identify qualitative literature relevant to this study, several strategies were employed (Barker et al., 2016), starting with preliminary scoping searches of the existing research and reviews in the topic area. This informed the following steps of creating inclusion and exclusion criteria, generating search terms, and systematically screening and selecting relevant studies.

Table 1

The Seven Phases of Meta-Ethnography by Noblit & Hare (1988).

Phase	Description
1. Getting started	Identify the focus, or area of interest the synthesis will focus on. This may evolve or develop as further interpretative data is read.
2. Deciding what is relevant to the initial area of interest	Conducting primary searches for relevant studies within the chosen area and identifying what to include or exclude from the synthesis.
3. Reading the studies	Repeatedly reading the individual studies and accounts, keeping detailed records of key themes, details, metaphors and concepts from each.
4. Determining how the studies are related	An initial comparison of the literature using a list of concepts and metaphors to identify any relationship or theme between them. This includes judging if there are similarities, or contradictions present which will determine if the synthesis will be 'reciprocal', 'refutable' or a 'line of argument'.
5. Translating the studies into one another	The meanings of each metaphor and concept are then systematically translated into one another to draw further comparisons between them. This is to begin to understand the phenomenon or experience itself across the studies and is considered with the broader context of the accounts in mind, rather than just comparing the metaphors or themes in isolation.
6. Synthesising translation	Once all translations have been identified, a final comparison is made to identify commonalities between translations, or if any translations can encompass each other, refining the theme and revealing any new interpretations.
7. Expressing the synthesis	Taking the synthesis findings and conveying them in a manner suitable for the chosen audience.

2.3.2 Inclusion and Exclusion Criteria

The target population for this study was identified as professionals qualified to deliver psychological therapy registered with a professional governing or accrediting body, or in a training programme leading to accreditation. An inclusive stance was taken regarding the diversity of mental health practitioners included in this review, each bringing unique training backgrounds and professional experiences of social justice work across various psychological modalities. For simplicity, these professionals will be referred to collectively as "therapists" (see terminology, section 1.2.1).

Given that this study sought to explore the lived experiences of social justice work, quantitative research was excluded from the synthesis. Relevant literature was defined as qualitative research focussed on perceptions and/or experiences of social justice work written in English. Preliminary scoping searches suggested that data with adequate information power to address the research aims was available in the existing peer-reviewed studies on this topic (Malterud et al., 2016). Consequently, book chapters, conference publications, academic dissertations, and grey literature were deemed unnecessary to include. Furthermore, as this review aimed to explore a broad range of experiences of social justice work across mental health professions, studies focussing on a highly specific therapeutic area (e.g., music therapy) or context (e.g., school-based) were excluded. The full inclusion and exclusion criteria are outlined in Table 2.

2.3.3 Developing Keyword Search Terms

The initial scoping searches of the literature on the topic area helped the author identify relevant initial search terms and phrases. Initially, these were intentionally broad to encompass a variety of potentially relevant studies, enabling the author to make note of new search terms and appropriate wording.

Table 2

Inclusion and Exclusion Criteria

Inclusion	Exclusion	Rationale
Qualitative research.	Quantitative research.	Meta-ethnography is a synthesis of qualitative data.
Research published after the 1st of January 2008.	Research published prior to the 1st of January 2008.	To ensure data analysed is recent, whilst also including enough relevant studies on the topic area.
Original, primary research that is written as a peer-reviewed journal article.	Books, magazine or opinion pieces, conference publications, academic pieces such as theses or dissertations and grey literature.	High information power available in existing peer-reviewed papers. This also ensures papers are of a high quality.
Articles written in English.	Articles written in any language other than English.	To remove the risk of errors or loss of original meanings during the translation process.
Studies including participants who were accredited therapists (or in training to become accredited therapists), working in mental health.	Research focussing on a highly specific therapy (e.g., music or play), or specific context (e.g. school-based). Research including non-accredited therapists.	To ensure that data is relevant to mental health professions and is not over-saturated toward experiences from one specific type of therapy.

In accordance with recommendations by Shaw et al. (2004), University of Birmingham librarians were consulted, seeking advice on proposed free-text search terms and navigating the indexing systems of relevant databases to ensure the selection of terms to adequately identify appropriate papers. Table 3 summarises the specific combinations of terms and keywords used to conduct title and abstract searches for each database.

Table 3

Keyword Searches

Construct	Derived search terms
Social Justice	Social Justice
Psychological Therapists	Psycholog* OR Counsel* OR Mental Health Pract* OR Therap*
Experience	Experience* OR Perception* OR Perspective* OR View* OR Account* OR Engagement

2.3.4 Search Sources

Terms were defined, with each construct line joined using the Boolean operator "AND." Search restrictions were applied to limit the results to the specified timeframe and language. Abstracts, titles, and keywords were included in the database searches. It was not possible to limit the searches to peer-reviewed studies on all the databases, therefore, this was completed during the screening process.

The search terms defined above were entered into six electronic databases (in October 2023), including:

- CINAHL

- EBSCO

- OVID (PsychArticles, Embase & Psychinfo)

- Web of Science (all databases)

To optimise the retrieval of relevant studies, the databases selected included those that were more specific to the subject area and others which were broader in scope (Bramer et al., 2017). This was combined with reference checking and hand-searching to identify relevant studies that may not have been found through database searches (Sattar et al., 2021).

2.3.5 Screening Process

Figure 1 outlines the systematic screening process and the application of the inclusion and exclusion criteria. This is illustrated through the "Preferred Reporting Items for Systematic Review and Meta-Analyses" (PRISMA) model by Page et al. (2021). Initial searches returned between 150 and 590 potentially relevant papers per database, with a total of 1,159 studies identified. Filters were applied, limiting the search to studies published in the last 15 years and written in English. Duplicates and unsuitable studies were removed via title and abstract screening.

The remaining studies were then screened via a review of the full text, and studies were removed in accordance with the inclusion and exclusion criteria stated in Table 2. This process resulted in 13 studies remaining for inclusion in the meta-ethnography. A full table of study characteristics is documented in Appendix 1A.

2.4 Quality Appraisal

Appraising qualitative literature allows for the rigour of studies to be examined and ensures the academic credibility of any conclusions drawn (Majid & Vanstone, 2018). Due to the variety of qualitative approaches, there is no universal agreement on the standards or methods used for quality appraisal; however, a common strategy is to use a pre-existing quality assessment tool or checklist (Atkins et al., 2008).

Figure 1

PRISMA Diagram of the Systematic Screening Process (Page et al. 2021)

Identification of studies via databases and registers

Identification of studies via other methods

Identification

Records identified from:
    Databases ($n = 6$)
    Web of Science ($n = 421$)
    Ovid; PsychArticles, Embase
    & Psychinfo ($n = 590$)
    EBSCO & CINAHL ($n = 150$)

Records removed *before screening*:
    Duplicate records removed ($n = 6$)
    Records marked as ineligible by
    automation tools ($n = 0$)
    Removed for other reasons ($n = 0$)

Records identified from:
    Citation searching ($n = 4$)

Screening

Records screened
($n = 1155$)

Records excluded
($n = 795$)

Filtered to remove by: language, paper type and publication date

Reports sought for retrieval
($n = 360$)

Reports not retrieved
($n = 0$)

Reports sought for retrieval
($n = 4$)

Reports not retrieved
($n = 0$)

Reports assessed for eligibility
($n = 360$)

Reports excluded:
    Not primary research or study ($n = 168$)
    Quantitative methodology ($n = 27$)
    Not relevant to the subject area ($n = 153$)
    Including:
    - Specific therapeutic area
       (e.g. art, music or play therapy).
    - Included non-accredited participants.

Reports assessed for eligibility
($n = 1$)

Reports excluded:
    Not relevant to the subject area ($n = 3$)

Included

Studies included in review
($n = 13$)

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The Critical Appraisal Skills Programme (CASP) Qualitative Checklist (Appendix 1B) was used to assess the quality of each text for this meta-ethnography (CASP, 2018). This accessible and robust tool consists of 10 questions designed to produce a standardised score (Hannes & Macaitis, 2012) by which to measure, compare, and rank the quality of each article (Long et al., 2020).

The initial step in this process was to read through each study and record descriptive data in response to each question from the checklist (Appendix 1C). Following this, a simple 'traffic light' colour coding system was implemented to highlight where studies sufficiently answered the question (green), partially answered the question, but additional clarification is required (amber) or failed to answer the question (red). Figure 2 illustrates that most of the questions were answered satisfactorily within each paper, with only two of the papers returning more than one 'amber' partial response, and no 'red' responses were recorded, thus displaying high quality. The studies shared common strengths in clearly reporting the research aims and findings. However, seven papers ($n = 7$, 54%) scored 'amber' for the clarity of their ethical considerations. While three of these papers discussed power, positioning and reflexivity, all seven papers did not make explicit their process for gaining participants' informed consent. This presents a weakness in the authors' transparency about ensuring that participation in the research is voluntary and based on a clear understanding of what this will entail. Further, fewer than half of the papers ($n = 6$, 46%) stated their epistemological positions; where noted, these included constructivist, critical realist, critical ideological positioning, critical feminist phenomenological, feminist pluralistic, and positivist stances. Seven papers ($n = 7$, 54%) did not make their epistemological stance clear.

2.4.1 Study Characteristics

All articles included were peer-reviewed studies ($n = 13$, 100%) published in the last 15 years, with the majority being exclusively qualitative studies ($n = 12$, 92%); a summary of study characteristics can be seen in Table 4.

Figure 2

Full Critical Appraisal Table

Author(s)	1. Clear Statement of the Aims of the Research?	2. Qualitative Methodology Appropriate?	3. Research Design Appropriate to Address the Research Aims?	4. Recruitment Strategy Appropriate to Aims?	5. Data Collected in a Way That Addressed the Research Issue?	6. Relationship Between Researcher and Participants Been Adequately Considered?	7. Ethical Issues Taken into Consideration?	8. Data Analysis Sufficiently Rigorous?	9. Clear Statement of Findings?	10. How Valuable is the Research?
1. Beer et al. (2012)	Yes	Yes	Yes	Yes	Yes	Yes	*Partially*	Yes	Yes	+ +
2. Brown et al. (2019)	Yes	Yes	Yes	*Partially*	Yes	Yes	*Partially*	Yes	Yes	+
3. Caldwell & Vera (2010)	Yes	Yes	Yes	Yes	Yes	Yes	*Partially*	Yes	Yes	+ +
4. Cohen et al. (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	+ + +
5. Dollarhide et al (2016)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	+ + +
6. Hoover (2016)	Yes	Yes	Yes	Yes	Yes	Yes	*Partially*	Yes	Yes	+ +
7. Kozan & Blustein (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	+ + +
8. Morrison et al. (2022)	Yes	Yes	Yes	*Partially*	Yes	*Partially*	*Partially*	*Partially*	Yes	+
9. Swartz et al. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	*Partially*	Yes	Yes	+ +
10. Singh et al. (2010)	Yes	Yes	Yes	Yes	Yes	Yes	*Partially*	Yes	Yes	+ + +
11. Winter (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	+ + +
12. Winter & Hanley (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	+ + +
13. Winter et al. (2023)	Yes	Yes	*Partially*	Yes	Yes	Yes	Yes	Yes	Yes	+ + +

One paper used a mixed methods approach (Beer et al., 2012), incorporating interview participants from a larger sample of people who undertook a quantitative survey, however, given the nature of meta-ethnography, only the qualitative study data were included in this review. Data was collected predominantly by inviting participants to participate in structured or semi-structured interviews ($n = 12$, 92%), with one study (Morrison et al., 2022) using observation and reflections on client sessions as the data collection method. All papers conducted a form of thematic analysis to extract data from participant responses, with four papers utilising interpretative thematic analysis in line with the methodology designed by Braun & Clarke (2006), three taking a grounded theory approach, one concept mapping (Brown et al., 2019), one study using content analysis (Kozan & Blustein, 2018), one study using Reflexive Thematic Analysis (RTA) (Winter, 2021) and one study using the constant comparison method of analysis (Caldwell & Vera, 2010).

The total sample size for each study varied widely. Over 69% of studies ($n = 9$) sampled 18 or fewer participants, and several studies ($n = 4$, 31%) had sample sizes between 25 and 66 participants (Brown et al., 2019; Caldwell & Vera, 2010; Singh et al., 2010; Winter, 2021). The 13 studies included came from only three countries, with the majority of research coming from the United States of America ($n = 8$) (Beer et al., 2012; Caldwell & Vera, 2010; Dollarhide et al., 2016; Hoover, 2016; Kozan & Blustein, 2018; Morrison et al., 2022; Singh et al., 2010; Swartz et al., 2018), the United Kingdom ($n = 2$) (Winter, 2021; Winter et al., 2023; Winter & Hanley, 2015) and Canada ($n = 2$) (Brown et al., 2019; Cohen et al., 2022), with one international sample with participants from the United Kingdom and United States of America (Winter et al., 2023).

Table 4

Summary of Study Characteristics

Authors	Country	Epistemological Position	Sample Size	Method & Analytical Tool
1. Beer et al. (2012)	United States of America (USA)	Not Stated	n = 7	Qualitative; Interpretative Phenomenological Analysis (IPA)
2. Brown et al. (2019)	Canada	Constructivist approach	n = 25	Qualitative; Cluster Analysis
3. Caldwell & Vera (2010)	USA	Not Stated	n = 36	Qualitative; Critical incident Method
4. Cohen et al. (2022)	Canada	Pluralistic approach & feminist epistemology	n = 8	Qualitative; IPA
5. Dollarhide et al. (2016)	USA	Not Stated	n = 10	Qualitative; IPA
6. Hoover (2016)	USA	Critical feminist phenomenological	n = 13	Qualitative; IPA
7. Kozan & Blustein (2018)	USA	Not stated - possible social constructivism	n = 11	Qualitative; Content Analysis
8. Morrison et al. (2022)	USA	Not Stated	n = 4	Qualitative; Grounded Theory (GT)
9. Swartz et al. (2018)	USA	Critical realism	n = 66	Qualitative; GT
10. Singh et al. (2010)	USA	Not Stated	n = 10	Qualitative; GT
11. Winter (2021)	United Kingdom (UK)	Critical–ideological positioning	n = 32	Qualitative; Reflexive Thematic Analysis (RTA)
12. Winter & Hanley (2015)	United Kingdom	Critical realism	n = 6	Qualitative; GT
13. Winter et al. (2023)	UK & USA	Not Stated	n = 18	Qualitative; RTA

2.4.2 Participant Demographics

The meta-ethnography included 246 participants across 13 studies, and varying demographic information was reported, a summary of which can be seen in Table 5. Eleven articles ($n = 228$, 92%) stated participants' self-reported gender and ethnicity, with 77% ($n = 175$) describing themselves as female, 22% ($n = 50$) identifying as male, and 1% ($n = 2$) as another gender identity such as non-binary. Additionally, eleven papers ($n = 213$) stated participants ethnicity. 72% of participants described themselves as white ($n = 153$), 4.7% identified as Black ($n = 10$), 6.1% of South American descent ($n = 13$), 4.2% as Asian ($n = 9$), 3.2% as multiple ethnicities including being of mixed ethnicity ($n = 7$) and one study describing non-white participants ($n = 15$, 7%) as people of colour (Caldwell & Vera, 2010). One study simply stated that participants held various ethnicity and gender identities, with nine undefined identities held by the 8 participants (Cohen et al., 2022), and one paper did not state either of these demographics (Brown et al., 2019).

It was not possible to calculate a mean participant age as individual ages were not reported by any study, with 60% of studies ($n = 158$) reporting an age range and only one study ($n = 66$) reporting a mean age. Seven papers reported participant sexual orientation ($n = 153$, 62%), with 69% of participants across the stated studies identifying as heterosexual. Finally, three papers ($n = 51$, 20.7%) collected information on participants' classes showing a range of backgrounds, including upper, upper-middle, middle, working, and poor/lower class (Beer et al., 2012; Caldwell & Vera, 2010; Cohen et al., 2022).

Table 5

Summary of Participant Demographics

Author, Year	Mean Age (and range)	Gender	Ethnicity/Culture	Sexual Orientation	Participant Roles
Beer et al. (2012)	Age not stated	Female (4) Male (3)	white (5) Biracial (1) Native American (1)	Heterosexual (6) Bisexual (1)	Counselling Psychologist Doctoral Trainees (7)
Brown et al. (2019)	Mean not stated (30 – 70)	Female (21) Male (4)	Not stated	Not stated	Counsellors or Psychotherapists (25)
Caldwell & Vera (2010)	Age not stated	Female (30) Male (6)	white/European (20) People of colour (16)	Heterosexual (28) Bisexual, Gay, Lesbian & Queer (8)	Doctoral Students (18) Staff Psychologist/ Psychologist (16)
Cohen et al. (2022)	Mean = 31 Range not stated	Gender not stated	Stated Ethnicities (9); African, Chinese Canadian, Eastern European, East Indian, Italian, Russian, Taiwanese, and white.	Not stated	Counselling Psychology Doctoral Students (8)
Dollarhide et al. (2016)	Age not stated	Female (8) Male (2)	white (8) Hispanic (1) white/Asian (1)	Not stated	Counsellor Doctoral Students (4) Counsellor Educators (6)
Hoover (2016)	Age not stated	Female (13)	white (7) Latina/ Chicana (3) Hispanic (3) Israeli (1)	Heterosexual (6) Bisexual (2) Lesbian (2) Heterosexual and fluid (2) Queer (1)	Clinical/Counselling Psychologists & Trainees (13)

Author, Year	Mean Age (and range)	Gender	Ethnicity/Culture	Sexual Orientation	Participant Role
Kozan & Blustein (2018)	Mean not stated (35 – 48)	Female (9) Male (2)	white (5) Asian American (3) African American (2) Latino (1)	Heterosexual (8) Bisexual (1) Gay (2)	Counselling Psychologists (11)
Morrison et al. (2022)	Age not stated	Female (4)	white (3) white passing (1)	Not stated	Trainee Marriage and Family Therapists (4)
Swartz et al. (2018)	Age not stated	Gender not stated	white (7) Hispanic (2) South Asian (1)	Gay (1) Not Stated (8)	Not stated
Singh et al. (2010)	Mean not stated (26 – 48)	Female (49) Male (17)	white (49) African American / Black (5) Asian American / Pacific Islander (5) Hispanic/Latina (2)	Heterosexual (49) Lesbian/gay (6) Bisexual (7) Queer (3) Questioning (1)	Predoctoral Interns in Counselling Psychology (66)
Winter (2021)	Mean not stated (25 – 64, *n = 31*) (65 and over, *n = 1*)	Female (22) Male (8) Not stated (2)	white, British (31) Not stated (1)	Not stated	Trainee and Qualified Practitioners in Psychotherapy and Psychology (Educational and Counselling) (32)
Winter & Hanley (2015)	Mean not stated (26 – 50)	Female (4) Male (2)	white (5) white, other (1)	Not stated	UK Counselling Psychologists (6)
Winter et al. (2023)	Mean not stated (33 – 58)	Female (11) Male (7)	white (13) African American / Black (3) Mexican American (1) white other (1)	Not stated	Counselling Psychologists (5) School Psychologists (13)

2.5 Data Extraction

Following Noblit and Hare's (1988) strategy, as outlined in phase 3, the researcher read each paper multiple times, noting down initial thoughts, metaphors and concepts in each paper. Data extracted included key concepts, metaphors, reported themes and subthemes, including any information deemed relevant to each, then placed into an extraction grid (Appendix 1D). A reflexive and iterative approach was then taken to assign codes to data and begin to form themes and subthemes within each paper, with categories or overarching themes across multiple papers noted as part of phase 4, "determining how the studies are related" (Noblit & Hare, 1988). Each of the 13 papers' themes were then translated into each other to determine a primary interpretation of the whole dataset (Sattar et al., 2021), starting with the highest quality ranked paper and systematically translating each paper until saturation was reached at 23 initial concepts (Table 6).

2.6 Data Analysis and Synthesis

In line with phase 6 of the meta-ethnography process, 'synthesising the translation' (Noblit & Hare, 1988) outlines the researchers' need to determine the type of synthesis required in a level one synthesis (Atkins et al., 2008). Data was re-analysed and compared, focusing on the wider meaning of each account to highlight commonalities or bring about new interpretations (Appendix 1E). Similar concepts and themes from across the papers were colour-coded and grouped (Appendix 1F) until the researcher was satisfied that saturation of themes and appropriate sub-themes had occurred (Sattar et al., 2021). During this phase, it was evident that the studies were similar enough in focus for concepts and themes from one to be incorporated into and inform those of another, therefore justifying a reciprocal synthesis (France et al., 2019). This culminated in four reciprocal translations, which were reviewed and organised into themes describing therapists' experiences of social justice work.

These were reflected upon and refined throughout discussions with the researcher's supervisor and members of a meta-ethnography support group. The final themes are summarised in Table 7, with further elaboration of the papers that contributed to each theme in Appendix 1G.

Table 6

Table of Initial Concepts

	Initial Concepts
1	Defining Social Justice
2	Connection to Social Justice
3	Social Justice Action
4	Barriers to Action
5	Power
6	Integration of Values and Action
7	Identity
8	Self-Awareness
9	Therapists from Minoritised Groups
10	Social Justice Education
11	Micro-level Work
12	Macro-level Work
13	Self-Care
14	Systemic Factors
15	Social Justice and the Therapist Role
16	Relationships with Others
17	Pushback and Resistance
18	Negative Perceptions
19	Hiding Social Justice Identity
20	Emotion
21	Personal/Professional Intersection
22	Taking Risks
23	Transformation

<center>**3. Results**</center>

3.1 Social Justice as a Catalyst for Personal Transformation

  Developing a deeper insight into social justice issues served as a catalyst for therapists' subsequent change and growth. Through the studies, participants noticed, named, and learned about social justice issues and acted based on this new insight. However, many noted that this went beyond awareness and action and was "transformative" (Dollarhide et al., 2016, p. 637). Two sub-themes were categorised as (a) "Not Looking Away" and (b) "Walking the Talk".

Table 7

Final Meta-Ethnography Themes and Subthemes.

Interconnecting Threads	Themes	Subtheme
Power & Emotion (*n* = 13)	**3.1** Social Justice as a Catalyst for Personal Transformation (*n* = 12)	3.1.1 "Not looking away" (*n* = 10)
		3.1.2 "Walking the talk" (*n* = 10)
	3.2 Where Social Justice Fits (*n* = 13)	
	3.3 Identity (*n* = 10)	3.3.1 Interwoven Personal & Professional Identity (*n* = 8)

		3.3.2	Holding a Marginalised Identity (*n* = 5)
3.4	Sources of Support Whilst Engaging with Social Justice Work (*n* =10)	3.4.1	Relationship and Connection with Others (*n* = 8)
		3.4.2	Relationship and Compassion with Oneself (*n* = 10)

3.1.1 "Not Looking Away"

Participants acknowledged that given the often challenging or uncomfortable feelings that arise with social injustice, there can be a pull to disregard this kind of work (Morrison et al., 2022). Despite this, many understood that bearing witness to others' suffering and oppression was essential to engage meaningfully as a therapist and advocate. As a result, an ongoing commitment to self-reflection and learning to unpack or "decolonise" (Dollarhide et al., 2016, p. 635) their position as therapists was an important factor, alongside their relationship with privilege, power and marginalisation (Brown et al., 2019; Hoover, 2016; Kozan & Blustein, 2018; Winter, 2021; Winter et al., 2023):

> You're constantly examining what's going on for you and what identities are being brought up for you, and when you become aware of that, it's not a pleasant, happy place. It's a very difficult place to be in, but you have to sit with those feelings. (Kozan & Blustein, 2018, p. 164)

Many participants across papers described this experience of sustained awareness as an opening of their eyes, expressing that they "had eye-opening experiences" (Caldwell & Vera, 2010, p. 170). Some highlighted that their social justice awareness made them reflect differently on their experiences: "There are some ways I just can't relate to my family any more now that my eyes are opened" (Singh et al., 2010, p. 778). Similarly, several participants described the importance "to not close our eyes" (Winter & Hanley, 2015, p. 39) once gaining an insight into social injustices, becoming unable to ignore them (Morrison et al., 2022). This evolution of therapists' understanding is necessarily continuous (Winter, 2021), as one participant described:

> Just when you think you have something down with social justice, you realise another area you gotta work on - probably because you are looking to grow. It's not social justice if you aren't transformed in some way. (Singh et al., 2010, p. 778)

This highlights how, for some, social justice work acted as a catalyst for personal transformation, with participants experiencing self-growth and change. This was echoed by a participant from another study who expressed: "I was open to it and interested, and I let myself change and be changed in this process" (Kozan & Blustein, 2018, p. 177).

3.1.2 *"Walking the Talk"*

How participants engaged in social justice work varied widely; however, a shared component around which the work centred was the intentionality of the action. One participant spoke of "walking the talk" and not being someone "who just talked about social justice and had no idea what it really [meant]" (Singh et al., 2010, p. 782), emphasising the importance of going beyond increasing self-awareness of injustice and putting these values into action (Cohen et al., 2022; Kozan & Blustein, 2018). Some described how this led them to interrogate their own beliefs and actions, for example, one participant explained: "Before I

had this consciousness, I would have this twinge of something doesn't feel right, but then I could just go on… Now I have to examine it" (Hoover, 2016, p. 386).

This personal growth subsequently manifested in an intentional shift in the participant's external actions and therapeutic practice; for example, one participant described: "Simply, I have changed my language and continue to question my beliefs and how they affect my professional behaviour" (Singh et al., 2010, p. 778). Another way that therapists enacted their social justice values was by using their voices:

I feel like I found my voice finally. I found it and I learned how to use it and that is what I am doing: I am using it. (Dollarhide et al., 2016, p. 635)

Not only did therapists use their own voice, but they also used their platform as a therapist for empowerment, "giving voice" (Winter & Hanley, 2015, p. 34), "giving a voice to the voiceless" (Winter, 2021, p. 307) and "raising the voices of others" (Winter et al., 2023, p. 12). Some described the importance of using their voice (both spoken and written) in social situations, such as confronting uninformed comments and racial slurs or speaking out about injustices, explaining that they "would rather talk about it than just let it slide" (Beer et al., 2012, p. 126). This was echoed by other participants who stated: "There are times people say things and you don't want to speak up. Social justice means you speak up - even in public and especially if you see inequality" (Singh, 2010, p. 782). Some participants reflected on how verbalising social justice concerns within a group setting encouraged them to examine their responses and commit to understanding these better (Morrison et al., 2022). Alongside this, many participants acknowledged the necessity of advocating for systemic change (Cohen et al., 2022). Some highlighted that their platform as a therapist could help aid such social justice efforts (Brown et al., 2019), for example, strategically using one's position to actively engage others in social justice through research endeavours and teaching practices (Singh et al., 2010).

These actions highlight the transformative nature of social justice, whereby participants' increasing awareness of social justice acted as a catalyst for personal and professional change and values alignment. For several participants, this profound shift in their social justice awareness and action was inherently interconnected with strong emotional experiences, suggesting that for some, this transformation might feel like a moral duty rather than a choice:

> When there's something that needs to be said or that no one else seems to be naming …
> I definitely feel compelled to speak out… I can't sit back and let that silence dominate.
> (Cohen et al., 2022, p. 402)

This sense of duty seemed compounded when participants witnessed service users pressed by powerful systems (Winter, 2021). There was a sense amongst participants of personal responsibility in advocating for their clients, creating a dilemma whereby not acting in line with their social justice awareness would question their morals as a therapist: "If I do nothing, I can't live with myself" (Dollarhide et al., 2016, p. 637). Some participants were determined not to compromise on their moral stance and prioritised their commitment to social justice work, despite potential personal and professional risks. Additionally, some participants felt shame and guilt upon realising the impact of their previous uninformed behaviours on others (Winter & Hanley, 2015). This realisation acted as a catalyst for their subsequent social justice advocacy, as they recognised themselves as once being "perpetrators of injustice" (Dollarhide et al., 2016, p. 633). This suggests that for some participants, their increased social justice awareness led to personal and professional transformations as a means of reconciliation and redemption.

3.2 Where Social Justice Fits

Across the papers, participants spoke about therapy traditionally fitting into a specific therapeutic role. Some participants describe this "traditional psychotherapeutic frame" (Winter & Hanley, 2015, p. 40) as being "limited to 50-minute face-to-face meetings in a therapy room" (Kozan & Blustein, 2018, p. 170). This seems to raise a consideration of where social justice work fits within this and whether this traditional view of psychological practice is too narrow. One participant was told she was "stepping outside of her role" (Kozan & Blustein, 2018, p. 174) when trying to implement social justice work. While another participant states:

> We see social justice as another field of the humanities that is separate as if there is
> this discreet boundary …. The social context of mental health is still an afterthought.
> (Cohen et al., 2022, p. 399)

This highlights how the role of a therapist is defined in a way that can be experienced as restrictive to practitioners who see the benefits of integrating social justice and its broader principles into practice.

Participants in one study highlight the value of viewing social justice issues through multiple lenses, suggesting that opportunities for social justice work extend beyond traditional psychology office settings (Singh et al., 2010). This is echoed in another study where psychologists advocate for their clients by adapting to their social situations, stating that if the clients can't afford to come to an appointment, they "will go to them" (Kozan & Blustein, 2018, p. 170). Some expressed that social justice considerations are integral to psychological work even within the traditional frame. One participant stated:

> As a profession, we're still [asking] to what extent social justice advocacy should be
> considered a component of our work … which is kind of crazy, of course it should be!

We're psychologists … being a human and living life is our business, so why is that

even a question? (Cohen et al., 2022, p. 399)

Another factor which made participants unsure about where and how social justice

fits into psychological therapies was experiencing a disparity between the espoused values of

social justice within therapeutic professions and the practical incorporation of these values

into professional training and practice. Some participants felt that therapists, while well-

positioned to engage in social justice work, required adequate training and support to do so

effectively (Dollarhide et al., 2016). Others emphasised that when social justice was well-

integrated into the training curriculum, this promoted better understanding and engagement

with social justice work (Caldwell & Vera, 2010; Hoover, 2016). One participant highlights:

(My) doctoral program has the philosophy that it is the ethical duty of the

psychologist to be an advocate for social justice issues, … based on Bronfenbrenner's

ecological model which looks at people in context and acknowledges that one's larger

context/environment has a direct impact on their feelings of belonging or being

marginalized. (Caldwell & Vera, 2010, p. 170)

Despite this, participants in other studies (Hoover, 2016; Singh et al., 2010; Swartz et al.,

2018; Winter, 2021) noted a lack of explicit discussion on social justice during their training:

With the exception of a couple of weekend trainings around diversity, there has been

very little. A conspicuous absence, for me, has been around the question of what it is

to be a socially functioning human being, and the political significances of the

answers this might yield. (Winter, 2021, p. 309)

Some participants explained that when social justice materials are represented in a

"checkbox way … it's a missed opportunity … that's sort of surface level and doesn't really

dive into what this actually looks like in practice and maybe why it's important" (Cohen et al., 2022, p. 397). This lack of practical guidance on social justice work was echoed by other participants calling for "more emphasis on putting the principles into action and more support provided by individual programs and organization's … to assist students/professionals in getting involved" (Singh et al., 2010, p. 784).

Many participants expressed having experienced various challenges when engaging with social justice work, including negative perceptions and stereotypes, resistance from others and systemic barriers. Several participants described how, within certain professional contexts, particularly medical settings, there can be a lack of seriousness attributed to social justice endeavours (Swartz et al., 2018) and a limited understanding of their relevance in mental health. Some felt that the lack of recognition for the importance of social justice work for therapists was also evident within the therapeutic profession:

> I consider our profession to be a very conservative one where that social justice advocacy role isn't considered within the scope of the work that I do. (Kozan & Blustein, 2018, p. 174)

Other participants described how disappointing these responses felt, especially from their communities, stating, "[social justice work] really got a lot of pushback in terms of 'we don't want to be political' (Winter et al., 2023, p. 15). Additionally, several participants explained that some perceive social justice work in clinical practice to be a "radical" idea (Hoover, 2016; Kozan & Blustein, 2018, p. 174), seen to challenge more traditionally individualised and 'hierarchical views of mental health care' (Kozan & Blustein, 2018). Alongside others' perceptions of the social justice work, participants also expressed concerns about the perceptions that were held toward them as individuals. One recalled being labelled as "that person [who is] always nagging … the social justice warrior" (Cohen et al., 2022, p. 402) or

their actions seen as "off-putting" (Hoover, 2016, p. 387). Some were worried about the potential detrimental impact on their academic and professional trajectories (Beer et al., 2012).

Participants described how resistance and negative perceptions made them carefully consider how to navigate their approach to social justice work, including deciding how much to share and discuss with others (Kozan & Blustein, 2018). This was described as needing to strike a balance (Winter & Hanley, 2015), acknowledging the importance of speaking up and acting while being sensitive about alienating others. One participant echoed this, stating, "I think that it's a path you have to traverse carefully at times, so as not to offend people" (Hoover, 2016, p. 387). In situations where the therapist held less power, this sense of "walking the tightrope" (Cohen et al., 2022, p. 403) was often accompanied by fear for participants as they did not want to "rock the boat" (Cohen et al., 2022, p. 402). One participant highlights this:

> It can be hard to really advocate and get your point across, and then it may feel like depending on your position of power, or lack thereof, because you're a trainee or just started a new job, that you're going to feel conflicted potentially and that you might choose not to speak up sometimes, or you kind of pick your battles. (Kozan & Blustein, 2018, p. 176)

Those who continued to discuss social justice with others were mindful of their tone and choice of language and reported sharing information "hesitantly" (Cohen et al., 2022, p. 402). Depending on the balance of power or professional positions, others sometimes hide their social justice identities (Brown et al., 2019; Cohen et al., 2022). Several participants spoke of such challenges and pushback as an expected component of social justice work:

Often, by definition, we're trying to change systems and people working in their

systems are often very resistant to that. (Winter et al., 2023, p. 15)

There's always a small minority who will be hurtful and resistant and difficult.

(Kozan & Blustein, 2018, p. 176)

One participant described the challenge of persevering in the face of such resistance,

expressing, "that's the hardest part about sustaining a commitment to [social justice], is how

many times you have to bang your head against the wall before there's like a little, tiny dent"

(Beer et al., 2012, p. 126). Others echoed this, sharing that the difficulties of engaging with

social justice work often arose due to systemic challenges and uncertainty of where it fits into

therapy professions rather than a lack of passion on the part of the therapist (Winter, 2021).

3.3 Identity

Many participants across the papers described how their identities significantly

influenced their social justice awareness, practice, and values. This was categorised into two

subthemes: (a) Interwoven Personal and Professional Identities and (b) Holding a

Marginalised Identity.

3.3.1 Interwoven Personal and Professional Identities

Across studies, participants frequently expressed that social justice is not a

compartmentalised professional obligation but an integrated and inseparable aspect of their

identities. Some participants described how their inclination towards social justice began or

was nurtured during their childhood:

I think that for me, it started at a really young age. It was just something that was kind

of innately in me. (Swartz et al., 2018, p. 24)

Others felt their interest in social justice emerged from their personal interests (Cohen et al., 2022) and specific personality attributes (e.g., sensitivity and intuition) (Swartz et al., 2018). Whichever way participants' social justice awareness and practice developed, the sense that their personal identity was inherently interwoven with social justice continued, underpinning their commitment to genuine action (Cohen et al., 2022). This was evident when participants discussed their reasons for engaging in social justice work, with one participant commenting "it's how I see the world, and I am who I am from the experiences I've had" (Winter & Hanley, 2015, p.39).

The more aware and involved in social justice work participants became, the more their boundaries between professional and personal identities started to overlap, one participant stated how social justice work "has moved from being something I did once in a while … to who I am" (Dollarhide et al., 2016, p. 634). Another participant described how experiences of social justice activism in their personal life eventually became embedded in their professional identity as a therapist (Caldwell & Vera, 2010). For many participants, the inseparable nature of these two spheres led them to recognise the need for integration when it comes to social justice:

> I don't know if I can separate it, but I think there is an integration … I would be personally motivated to do something in my professional life because [of] my personal beliefs. (Beer et al., 2012, p. 129)
>
> This is not… a lens that I take on and off at specific strategic moments in therapy; this has become something much more integrated into who I am … it's become part of my identity. (Morrison et al., 2022, p. 416)

Finally, one participant reflected on the potentially challenging yet meaningful integration of social justice into the therapist's experience:

People need to be living it so that it's just not another 'work task.' … It means living

with more pain, but also living more fully. (Singh et al., 2010, p. 783)

3.3.2 Holding a Marginalised Identity

Participants from marginalised groups highlighted the multiple and profound impacts

that their identity had on their experiences as therapists, often creating strong emotional

connections with issues of social justice:

 I think that the more your own experiences and identity, or intersectional identities

differ from the main dominant one, the more you're already going to be aware of

those differences and have thought about them. (Cohen et al., 2022, p. 393)

This was echoed in other studies, with participants sharing how their lived experiences gave

them a unique insight and understanding into issues of social injustice, a lens through which

they continued viewing their training and work.

It was highlighted in Hoover's (2016) study that the white privilege of therapists often

went unchallenged whilst engaging in social justice work, with just two of nine white

participants explicitly naming racism and white privilege when discussing this. Holding a

marginalised identity often meant visibly bringing the participant's self to the social justice

work, which some participants found psychologically challenging. Where there were non-

visible or intersecting identities when making a marginalised aspect of their identity visible,

participants experienced an internal debate on the difficult decision of whether to disclose

their non-visible identities for fear of being judged, viewed differently, or being positioned as

the spokesperson or 'expert' for their community, one stated: "I have been treated as a token

… an advocate, a cultural ambassador for all" (Cohen et al., 2022, p. 400). On the other hand,

when they did not feel able to make their identities visible, they often felt misrepresented or

inauthentic: "It's again, another missing piece that makes me feel like an outsider, like I don't belong and potentially have to work harder" (Cohen et al., 2022, p. 399).

Several participants expressed that to act in line with their values and resist oppression; they chose to outwardly embody marginalised identities they held. Some found this particularly important to do in the presence of potentially undermining dominant scripts that perpetuate social injustices (Cohen et al., 2022), describing remaining authentic to their social justice values as a key motivator (Winter et al., 2023).

Throughout the studies, a disproportionate responsibility to raise topics of power or oppression was placed on therapists from minoritised backgrounds:

> Some teachers have been very open to me bringing it up and I'm deeply appreciative of that, but had I not [brought it up], it would've never been talked about in my courses. (Cohen et al., 2022, p. 394)

This emotional toll was particularly evident within teaching and training during social justice discussions, where facilitators holding a position of power influenced a participant's sense of safety, comfort and belonging:

> That's a situation where I felt like everyone failed. The prof was so hands-off and like, "I'm not going to get involved with this," and there was no follow-up. It was extremely heated and stressful …. I had to push the prof [after class] … I was like, we need to address this … you need to come back to this and sort of process what happened here. (Cohen et al., 2022, p. 394)

Others expressed that their marginalised identity enabled them to empathise with people of varying backgrounds, including "be[ing] more aware of social inequalities on a

larger scale" (Caldwell & Vera, 2010, p. 169). Others added that it equipped them to tackle and address the challenges faced in social justice work: "It gives me not only tools but also a rootedness in terms of my identity as a person and as a counsellor" (Cohen et al., 2022, p. 394). However, participants also describe being "hurt", "rejected" (Cohen et al., 2022, p. 396) and "misunderstood" (Beer et al., 2012, p. 129) when these emotive aspects are not integrated into their work sensitively.

3.4 Sources of Support Whilst Engaging with Social Justice

A factor found to facilitate engagement with social justice work was participants being connected to sources of support and compassion. This was organised into two subthemes: (a) Relationships and Connection with Others and (b) Relationship and Compassion with Oneself.

3.4.1 Relationship and Connection with Others

Connection with others does not simply refer to the participants' existing social networks but emphasises building new relationships, linking to theme *3.1 Social Justice as a Catalyst for Personal Transformation,* regarding the transformational elements of social justice work. The importance of this is highlighted by one participant who stated:

Once you value social justice, you don't hang out with the same old, same old anymore. You build new relationships, new learning - and that's how you change the world. (Singh et al., 2010, p. 781)

This process of 'outgrowing' previous relationships was reflected in other participants' experiences, with one noting that they had "lost respect for people who did not see these inequalities … People who still made jokes, comments, and had expectations that

we are all treated equally" (Caldwell & Vera, 2010, p. 171). However, this growth is not without costs, as participants note strains in familial relationships due to this newfound awareness (Singh et al., 2010; Swartz et al., 2018). These experiences highlight the significance participants placed on meaningful and authentic relationships when engaging with social justice work.

Many participants outlined interpersonal relationships to play a key role in shaping their commitment to social justice work, who actively sought out connections with those aware of such issues, including activist role models and mentors:

> I also had the support of classmates who were open and willing to discuss their commitment to social justice and their formative experiences. ... I leaned on them for emotional support and guidance, as I think they "got it" before I did and were able to normalize for me some of the feelings I was experiencing. They also provided a path and model for me as to what I could do with the emotions I was experiencing, and how I could make sense of my experiences in order to develop that commitment to social justice work. (Caldwell & Vera, 2010, p. 168)

Other participants echoed the importance of relationships, emphasising that "staying connected with like-minded people is imperative" (Kozan & Blustein, 2018, p. 176).

Several discussed the impact of workplace relationships and mentorship in inspiring them to integrate their values with meaningful social justice efforts (Brown et al., 2019; Hoover, 2016; Morrison et al., 2022), describing that they found it helpful to "consult with colleagues and use supervision to examine [their] own biases and stereotypes" (Singh et al., 2010, p. 778). Moreover, some participants outlined how collaborative relationships

increased the work's efficacy (Brown et al., 2019), helping to embed social justice principles in practice:

> I've increasingly come to believe and feel that it's lots of people making small contributions that make the difference. It's not one person making a huge effort and a huge change. It's lots of people giving their voice, giving their little bit. That's what brings change around. (Winter et al., 2023, p. 16)

Participants also found that relationships with others offered a vital source of personal help, with one participant describing social support as "what gets me out of bed everyday" (Hoover, 2016, p. 387). This highlights the crucial role relationships were experienced to have by therapists in helping them persevere despite the challenging nature of social justice work (Caldwell & Vera, 2010).

3.4.2 Relationship and Compassion with Oneself

In addition to relationships with others, relationships with oneself and practicing self-compassion were deemed essential to maintaining one's well-being while engaging in social justice work (Brown et al., 2019; Swartz et al., 2018; Winter, 2021). It was acknowledged that social justice work could sometimes feel overwhelming for participants, commenting, "We just, we do so much … I think it can feel really overwhelming" (Winter et al., 2023, p. 13).

Several expressed that confronting socially unjust attitudes and behaviours can be draining, reflecting the emotional and practical limitations of sustained activism: "I can't do that [confront others socially unjust attitudes and behaviours] all the time. I feel like sometimes it's just exhausting to me" (Beer et al., 2012, p. 127). Some reflected on the integral role of self-care and compassion, alongside an awareness of personal boundaries in

allowing them to sustain their social justice efforts (Cohen et al., 2022) and look after themselves. One participant explained how practicing self-compassion helps them to maintain their social justice identity:

> Being kind to myself, practicing mindfulness ... Just when I find myself being frustrated that I'm not a certain way, it's accepting who I am right now in this process and knowing that there's, you know, I know the person who I can be and who I want to be ... all of what that looks like, but I have a sense of, you know, wanting to be an accepting, competent, confident person who is able to speak her truth. (Hoover, 2016, p. 387)

Others acknowledged that there were "times you have to pause, take a moment, and figure your next steps out" (Singh et al., 2010, p. 782), reflecting an awareness of "burnout prevention" (Winter et al., 2023, p. 14). Several expressed that this nuanced process of knowing when to step back was necessary to care for yourself (Winter & Hanley, 2015), with others describing that "you pick your battles. You can't fight it every time" (Hoover, 2016; Kozan & Blustein, 2018, p. 176).

4. Discussion

4.1 Summary of Findings

This study has synthesised existing literature with the aim of better understanding therapists' experiences of social justice work. A systematic search of 6 electronic databases identified 1,159 studies, 13 of which were included in the meta-ethnography. Applying Noblit & Hare's (1988) seven-step method revealed variations in therapists' experiences and personal situations across the different studies. Despite these differences, the focus of the

studies shared enough commonalities to undertake a reciprocal synthesis. Consequently, four key themes and six subthemes (see Table 7) were interpreted, including:

1. Social Justice as a Catalyst for Personal Transformation

    (a) 'Walking the talk"

    (b) "Not looking away"

2. Where Social Justice Fits

3. Identity

    (a) Interwoven personal and professional identities

    (b) Therapists with a marginalised identity

4. Sources of Support While Engaging with Social Justice

    (a) Relationship and connection to others

    (b) Relationship and compassion with oneself

Alongside the identified themes, power and emotion were interwoven throughout participants' explicit and implicit experiences. As these were consistently present across all the themes and inherently interconnected with the nature of social justice work, they were conceptualised as an overarching thread.

The findings of this review highlight the multifaceted nature of psychological therapists' experiences of social justice work, encompassing personal, professional and systemic factors. For many participants, as their awareness of social justice issues grew, they appeared to experience a personal transformation. This was evident through their deliberate efforts to align their values with their actions across all aspects of their lives, as well as profound changes in their perspectives and identities. Participants often found it difficult to separate their personal and professional values and identities related to social justice work,

demonstrating an inherent need for integration to authentically engage. However, within the broader professional context, many participants felt that such an integration of social justice values and principles was not consistently reflected. For example, many described experiencing limited education on social justice topics, rigid views of the therapist's role, and negative perceptions of therapists who engage with social justice, leading to resistance from others and a sense of uncertainty about where this work might fit. The findings illustrate that, in the face of such barriers, it was essential to strike a balance between social justice action and knowing when to take a step back to sustain their commitment. Participants also found support and inspiration through connecting with like-minded individuals, establishing personal boundaries, and practicing self-compassion.

Some participants with marginalised identities seemed to experience a stronger emotional connection to social justice issues. However, when these issues were not addressed with sensitivity, such as in teaching, it led to a lack of psychological safety for these participants where they felt "hurt" and "rejected" (Cohen et al., 2022, p. 396). Several also felt pressured to raise social justice topics and experienced frustration when they were positioned as a "spokesperson" (Cohen et al., 2022) and some were fearful of how others would perceive them. These findings illustrate that individuals with marginalised or intersecting identities often experience a disproportionate emotional burden when it comes to social justice work.

4.2 Research Findings in Context

Considering the present study's findings within the wider scope of the existing literature on social justice, the key themes are broadly aligned with what is already known. Existing studies recognise a key element of social justice practice as an ongoing commitment

to self-reflexivity through continued learning and understanding of their power, privilege, and identities (Lopez, 2016; Ratts et al., 2016; Schulze et al., 2019). For some, embracing personal discomfort was integral to this process, challenging oneself and reflecting on their contributions to oppression (Lantz et al., 2020), injustice (Brown & Lengyell, 2023), and microaggressions (Dune et al., 2018). The findings of this study offer further support to this, with participants highlighting their experiences of sitting with discomfort and 'not looking away' as a key element in social justice work.

In keeping with research suggesting therapists leverage their position and knowledge (Hargons et al., 2017; Singh et al., 2010) to raise social justice consciousness in others (Goodman et al., 2004), participants in the current study utilised platforms where they held the privilege to advocate for systemic change. However, the present study found that power imbalances directly impacted the therapist's experience and ability to engage in social justice work even with this platform. Moreover, existing literature highlights how power dynamics are often more challenging for those with marginalised identities, visible and non-visible (Bergkamp et al., 2023; Chan et al., 2018; Hill Collins & Bilge, 2020), and that addressing this necessitates the acknowledgement of intersectional identities (Grzanka et al., 2020). The study findings coincided with this, with participants highlighting the internal debates they experienced regarding disclosing marginalised or intersecting identities, alongside the courage and careful consideration it took to speak out on social injustice.

Studies outline that actions or perspectives that challenge a system's status quo can be experienced as a threat to upholding its stability (Goodrich & Luke, 2015; Hill Collins & Bilge, 2020; Washington & Henfield, 2019), and therapists engaging with social justice work commonly experienced systemic obstacles and were perceived as disruptive (Washington &

Henfield, 2019). Similarly, participants in the present study encountered 'pushback', negative perceptions, and stereotypes. Further, existing literature highlights that a 'neutral' or 'apolitical' stance in psychological professions can reinforce inequity and power imbalance (Dolan-Del Vecchio, 2019; Hardy & McGoldrick, 2019; Murphy & Hecker, 2020). This was evident in the present study, where several participants experienced others who sometimes use these stances to resist or criticise social justice endeavours. Alongside this, a lack of social justice training was experienced as a barrier to therapists engaging with social justice work, mirroring existing literature (Eagly & Chin, 2010; Hargons et al., 2017; Lopez, 2015, 2016; Theoharis, 2007). The findings of this study additionally highlighted that if and when such teaching did happen, the facilitator's ability to address their position, power and identity had a significant bearing on therapists' sense of safety and, subsequently, their ability to engage fully. Further, the current study found that social justice teaching was often experienced as a "tick box" exercise or "missed opportunity" (Cohen et al., 2022, p. 397), supporting existing research highlighting the disparity between social justice discourse and implementation in practice (Lopez, 2016).

Similarly to previous research, supportive relationships with others appeared to serve several purposes, from gaining empathy and social support (Bryan et al., 2018; Theoharis, 2007) to creating partnerships that facilitated professional support for their social justice endeavours (Lopez, 2016), learning from others, and developing their social justice identity (Brown & Lengyell, 2023) and sustaining their social justice commitment (Jason, 2013; Maton et al., 2016). The current findings provide additional insight, suggesting that the central component of relationships with others that therapists found valuable was that the other person was 'like-minded' or shared similar social justice values.

4.3 Implications for Practice

The emotional experiences involved in social justice work and the risk of burnout highlighted by participants in the present study and existing literature (Browne et al., 2020; Gorski, 2019; Richards-Schuster et al., 2016) highlight the importance of emotional support for therapists. Given that the current findings suggest relationships with others to be helpful on many levels, including relationships with colleagues, clinical supervision could be one way to provide support in this area. Evidence outlines that good quality clinical supervision aids therapists' awareness of the harmful impacts of oppression and injustice (Burnes & Singh, 2010; Durham & Glosoff, 2010; Kiselica & Robinson, 2001), increasing their engagement with social justice work (Ceballos et al., 2012), alongside promoting self-care and maintaining psychological wellness (Bernard & Goodyear, 2014). As the findings of the present study highlight, therapists often experience discomfort and difficult emotions resulting from both the nature of social justice issues and reflections on their positions and identities. Therefore, supervision to aid in anticipating, understanding and responding to these feelings could be useful (Peters et al., 2020). Furthermore, it might be useful for such support to involve aspects of compassion-focused therapy (CFT), particularly given that this approach focuses on establishing balance and understanding one's needs (Gilbert, 2010), areas therapists highlighted as important in social justice work. However, given the often hierarchical nature of the supervisory relationship and the predominantly white demographic of therapists, there is the risk of perpetuating microaggressions, a lack of psychological safety and oppression for supervisees holding marginalised identities (Burkard et al., 2014; Crockett & Hays, 2015; Dollarhide et al., 2021; Jendrusina & Martinez, 2019). Therefore, to ensure accessibility and meaningful supervision for all, this should be grounded in a social justice approach, such as the model proposed by Dollarhide et al., (2021).

Findings suggest that experiencing resistance or negative perceptions from others can make it difficult for therapists engaged with social justice work to speak openly on these topics within their workplaces. This is concerning as a large part of social justice work is advocacy and using professional platforms (DeBlaere et al., 2019; Hage et al., 2020), thus limiting the scope of the work and the potential for the positive change this can bring about. Although empirical research on this is limited, the present study's findings suggest that more 'traditional' views of the therapist's role, whereby psychology should remain 'apolitical' perpetuate such resistance to social justice work. King (2021) acknowledges that "changing our science and psychology to reflect a true global psychology (thus genuine social justice) … would require a major systemic upheaval" (p.13). However, given the extensive research evidencing the impact of global socio-political events and inequities on mental health, such a shift in psychological professions perceptions of their role and the wider professional culture is required. Moreover, when psychological professions remain neutral on socio-political issues, therapeutic values often centre on an individualised, highly client-focused approach with limited self-disclosure. Such therapy standards are infiltrated by a "white, male, normative hegemony" (Bergkamp et al., 2023, p. 9), and for therapists who are reflected in these criteria, this approach to therapy can feel reassuring. However, this approach allows avoidance of addressing social location and privilege and can perpetuate self-doubt and cause harm to therapists holding a marginalised identity (Bergkamp et al., 2023).

The findings of the current study highlight such challenges for therapists from marginalised groups when engaged with social justice work, for example, hiding their identity and continuous deliberation of when and how to use their voice. This illustrates some of the many issues associated with an ingrained, white-dominated standard for therapeutic professions, including how this impacts not just clients but therapists, too, adding further

support to the call for psychology to be decolonised (De Mello, 2021; McCubbin et al., 2023). Decolonising psychological therapy and reconceptualising the therapist's role requires examining the values and assumptions central to the profession and their transferability across cultures (Ansloos et al., 2021; Wada & Kassan, 2021). Examples of approaches that psychology could utilise to shift the professional culture and create space for "other ways of knowing" (Oulanova et al., 2023, p. 14), experiencing and conceptualising are Critical Race Theory and 'counter storytelling' (Samuel & Ortiz, 2021; Solórzano & Yosso, 2002). These aim to redefine harmful and oppressive narratives and centre intersectionality and the lived experiences of minoritised groups (De Mello, 2021). Further, approaches rooted in social justice and those considering the broader context, such as Bronfenbrenner's Ecological System model, may be useful (Bronfenbrenner, 1977; Sinacore, 2021).

Finally, the findings concur with others regarding the need to address the limited inclusion of social justice topics in therapeutic training (Briggs et al., 2009; Grapin, 2017; Hatzichristou et al., 2020; Miranda et al., 2014; Schulze et al., 2017; Shriberg et al., 2008). However, an additional implication highlighted in the present study is for such topics to be integrated authentically, ensuring that research, reading, clinical scenarios and teaching re-centre voices from marginalised communities (McCubbin et al., 2023; Ponce et al., 2023; Ratts et al., 2016).

4.4 Future Research

Several areas may be helpful for future research to explore. Firstly, there is a disparity in social justice research across different psychological disciplines, with much of the current research focused on counselling psychology and school psychology. It may be helpful for further social justice research to take place within clinical and forensic psychology remits to

give a more comprehensive overview across the psychological professions, including any differences between roles. Secondly, findings suggest that a disproportionate responsibility for social justice work is placed on therapists from marginalised groups. In line with this, a shift in the research focus from those with less privilege to those with greater societal advantage may be of value, particularly given that Bergkamp et al. (2023) posit that "perhaps by not researching the dynamics of holding social privilege within therapy, we are engaging in our own form of 'dysconsciousness'" (p. 3). Finally, despite recognising a required large-scale shift in the culture of psychological professions regarding social justice work, further research is required to guide enacting this in practice (Abe, 2020).

4.5 Strengths and Considerations

This meta-ethnography synthesised data from a large sample ($n = 246$) of psychological therapists, providing additional insight into an under-researched area. A key strength of this study was its clear and methodical approach to exploring the research question, employing a rigorous research methodology and justifying data collection and analysis methods. Additionally, the researcher transparently outlined her position in relation to the topic and epistemological position. The researcher maintained reflexivity by using a reflective diary, discussion with research supervisors, and attending a meta-ethnography support group, all of which helped to highlight any potential biases or assumptions and contributed to a comprehensive analysis of the data.

Given the nature of a meta-ethnography, the participant data were restricted to what the primary studies' researchers selected to illustrate their interpretations, thus limiting the current findings. Furthermore, most primary studies did not disclose their epistemological stance, resulting in the loss of potentially valuable insights into the authors' lenses that might have influenced their interpretation of participants' experiences.

Further, social justice is an evolving term that encompasses a broad range of domains and many core aspects of psychological therapies (Winter & Charura, 2023). This is a limitation as research investigating aspects defined in this study as social justice may not be specifically named or referred to as such in previous literature, culminating in the possibility that relevant research may have been missed in searches as a result (Winter & Charura, 2023).

5. Conclusion

In summary, this study enhances the current understanding of therapists' experiences of social justice work, offering insights into both emotional and practical considerations alongside the barriers and facilitators to engagement. A commitment to social justice requires therapists to integrate their personal and professional identities and values, which, despite bringing a sense of vulnerability, also fosters authenticity and a deep connection to social justice work. Therapists sustained this work through relationships with like-minded others and practicing self-compassion.

Perhaps more importantly, the findings of this study emphasise the importance of all psychological therapists actively engaging in social justice work. However, given the findings that therapists from minoritised groups can experience disproportionate responsibility on issues of social justice, therapists who hold societally dominant identities are especially encouraged to examine their privilege and advocate for those with less power (Goodman & Gorski, 2015). Finally, as the nature of social justice work is so inherently linked to the ethics and values central to psychological therapy, shifts in the wider

professional culture are required to reflect this. This necessitates examining power and

privilege on an individual, group and professional level, alongside decolonising the   51

profession and its training programmes.

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Chapter 2: Empirical Report

Clinical Psychologists' Experiences and Perceptions of the Climate Crisis and Activism

in the UK, a Qualitative Study

Abstract

Background: The threat of climate change to physical and mental health is becoming widely acknowledged. Many clinical psychologists are recognising the relevance of the climate crisis within their professional roles, with the Association for Clinical Psychologists (ACP) and the British Psychological Society (BPS) encouraging psychologists to engage with climate activism. Despite this, there is no literature documenting clinical psychologists' experiences and perceptions of the climate crisis and climate activism. This qualitative study aims to address this gap in the literature.

Method: Ten participants completed online qualitative surveys. The data were analysed using Reflexive Thematic Analysis (RTA). The study adopted a critical realist epistemology.

Findings: Four key themes were generated through the analysis, namely, *Connection, Moving beyond awareness, Power, politics and leadership, Knowledge, dilemmas and dichotomies*. Three barriers and two facilitators to climate activism were also identified.

Discussion: The findings are discussed in relation to existing research, and clinical implications are considered. These highlight the importance of embedding teaching on the climate crisis into clinical psychology training, foregrounding social justice and voices from the Global South, and the need for greater leadership and visibility on this topic. The strengths and weaknesses of the present study are discussed, and recommendations for future research are suggested.

1. Introduction

The Earth is in a climate crisis, and the environment is changing rapidly, threatening the stability and life of our planet as we know it (United Nations Environmental Programme, 2022). Research has shown that the devastating effects of the Climate and Ecological Emergency (CEE) are multifaceted and wide-reaching (Lawrance et al., 2021) across both physical and mental health. Studies focussing on the mental health impacts of the CEE have expanded significantly in recent years (Rössler et al., 2021) with widespread recognition of three key links between mental health and climate change (Fritze et al., 2008; Raczka, 2021). The first is 'direct impacts' such as adverse weather events, which can cause immediate and long-term psychological well-being impacts. Research in this area has found that those affected by climate events like floods have an increased risk of post-traumatic stress disorder, depression, and low mood (Lawrance et al., 2021). Further, increased temperatures have been associated with higher rates of suicide and hospital admissions due to mental illness (Cruz et al., 2020). Secondly, there are 'indirect impacts', including psychological distress resulting from growing awareness of and exposure to the CEE. Finally, there are 'social and economic factors', for example, impacts of forced migration, population displacement and culture loss, all of which have been found to lead to an increase in diagnosed mental illness (Doherty & Clayton, 2011).

It is well documented that the impacts of the CEE and issues of social justice are inextricably linked, with negative impacts being disproportionately experienced by those already most disadvantaged and least culpable (Barnwell et al., 2022). This includes migrants, Black people, Indigenous communities, those experiencing poverty or financial hardship, women and young people (Crandon et al., 2022a; Hickman et al., 2021; McMichael et al., 2012; Rudolph et al., 2020; Trombley et al., 2017; Whiteford et al., 2015). Further, the

CEE exacerbates existing issues of social injustice and inequality worldwide, highlighting its interconnectedness with systemic racism and colonialism (Intergovernmental Panel on Climate Change, 2023). Risk factors associated with adverse mental health impacts of the CEE, such as economic and social disparities and limited environmental resources, originate from settler colonialism and continue to be perpetuated through systemic racism (Doherty et al., 2022; Egede & Walker, 2020; Golembeski et al., 2021).

Research has shown that included in these groups most affected are those with existing mental illnesses (Page & Howard, 2010), with the CEE increasing exposure to traumatic events and exacerbating or contributing to psychological issues such as depression, anxiety, post-traumatic stress disorder and suicide (Majeed & Lee, 2017; Padhy et al., 2015). Even for those without mental illness, in the British population, there is an upward trend of concern and mental distress relating to the CEE (Clayton et al., 2017; Skinner, 2019), and a global study found that 75% of young people (age 16-25 years old) thought that "the future is frightening" (Hickman et al., 2021, p. 869). Research indicates that globally, there is no mental health system which can adequately meet the current needs of the population (Patel et al., 2018), and the impacts of the CEE are predicted to only add to this significant strain on mental health services (Blashki et al., 2011; Roland et al., 2020). In summary, as quoted by Dr Adrian James of the Royal College of Psychiatrists, "The CEE is a mental health emergency, our mental health is entwined with that of our natural world" (Royal College of Psychiatrists, 2021, p. 1).

Climate-related distress can significantly and negatively impact daily functioning and is a growing concern, particularly for young people (Clayton & Karazsia, 2020; Hickman et al., 2021). It has been argued that subjecting young people to such prolonged and unavoidable stress is unethical and constitutes moral harm (Hickman et al., 2021). Despite

this, pathologising or simply aiming to reduce climate-related distress can be an unhelpful and potentially dangerous goal, given that this response is expected and adaptive in the face of a genuine threat (Hurley et al., 2022). A study by Hickman et al. (2021) found this distress to be closely linked to young people feeling overlooked in their concerns and perceiving governmental responses to the crisis as inadequate. This highlights how addressing the CEE's mental health impacts requires combining individual psychology with broader 'systems thinking' (Berry et al., 2018; Hampton & Whitmarsh, 2023), a holistic approach that seeks to understand complex causal connections within systems (Arnold & Wade, 2015).

1.1 The Role of Clinical Psychology

In the United Kingdom (UK), clinical psychologists are trained as 'reflective scientist-practitioners' (Jones & Mehr, 2007), meaning that they have applied therapeutic skills aimed at easing psychological distress, the ability to understand, conduct, analyse and interpret research, and are engaged in critical self-reflection (Holttum & Goble, 2006; Smith & Thew, 2017; Stricker, 2002). Many clinical psychologists are employed within the National Health Service (NHS) and work with service users, staff, and organisations across various contexts (Longwill, 2015). As a result, clinical psychologists are well-placed to respond to the CEE in both the individual and broader approaches required and have the power to advance climate mitigation across various societal roles and spheres of influence (Nielsen et al., 2021; Papies et al., 2024). Despite this position, clinical psychology has historically ignored socio-political issues (Burton, 2004; Nelson & Prilleltensky, 2005; Patel, 2003; Thompson, 2007). Some argue this is an active choice which stems from the profession attempting to remain politically neutral (Boyle, 2011), whereas others suggest that this lack of action is not necessarily because clinical psychologists don't feel it is important but often

face pragmatic issues such as how to navigate this within a structure like the NHS (Thompson, 2007).

More recently, in the UK, the need for a shift in the culture and response of clinical psychology has become increasingly acknowledged (The Association of Clinical Psychologists UK (ACP-UK), 2022a), including considerations about the role and remit of clinical psychology in response to wider systemic issues and their intersections (Ahsan, 2020; Luzon et al., 2023; Psychological Professions Network, 2020; ACP-UK, 2020; The British Psychological Society, 2023). There has also been "a strong argument that keeping silent in response to injustice allows the status quo to exist" (Knight, 2020, p. 42), which in itself can be seen as a political position (Rahim & Cooke, 2019a).

Reflecting this shift, there has been the emergence of open letters on the CEE (Practitioner Psychologists and the Trauma of Climate Change, 2019), two climate change special issues of the Clinical Psychology Forum (Wainwright & Mitchell, 2022) and various initiatives by networks such as the Climate Psychology Alliance (2024) and the British Psychological Society's (BPS) Climate and Environment Action Group (BPS, 2023) dedicated to providing evidence-based psychological responses to the CEE. The Health and Care Professionals Council (HCPC) states, "We should take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible" (HCPC, 2021). This involves recognising the wider inequalities and injustices in society that directly impact people's mental health and well-being, reaching beyond the therapy room (ACP-UK, 2021) and using our skillsets as clinical psychologists to enact change and mitigate suffering.

Further, ACP-UK (Morgan et al., 2020; ACP-UK, 2023) and the BPS (2023) have recently released position statements encouraging clinical psychologists to move beyond solely acknowledging the CEE and into climate activism. The BPS highlight the moral and

ethical duty of psychologists in the face of the CEE and states, "We encourage peaceful

protest" (BPS, 2022), quoting Richard Horton, editor of The Lancet, who said: "All health

professionals have a duty and responsibility to engage in all kinds of non-violent social

protest to address the climate emergency" (Horton, 2022, p. 16). The ACP-UK also

encourages all clinical psychologists to consider participation as part of their professional

obligation to act directly against environmental harm, affirming its support for psychologists

who engage in non-violent protests and civil disobedience (Morgan et al., 2020; ACP-UK,

2022a).

These calls for clinical psychologists to engage with climate activism make sense,

given that the values at the core of climate activism draw parallels with those inherent in

clinical psychology, for example, the belief in self-efficacy and the possibility of change

(Knight, 2020). Collective movements and climate activism can empower and improve the

mental health of those involved (Bamberg et al., 2018; Doherty & Webler, 2016; Reser et al.,

2012), benefitting many areas of society, including health, food security, and human rights,

as well as improving the lives of marginalised groups (Bennett et al., 2020; Watts et al.,

2015; World Health Organization, 2023). Moreover, compared with other tactics, social

movements using strategies such as civil disobedience to oppose fossil fuel use increased

their likelihood of success (Thiri et al., 2022). However, it is important to recognise that the

ability to engage in activism or protests safely is a privilege not equally available to

everyone. Those who are fortunate enough to participate have the opportunity to advocate for

action and help reduce barriers for others to join (Capstick et al., 2022; Gardner et al., 2021).

While these professional bodies have recognised the need for clinical psychologists to

actively respond to the CEE, in the UK, psychologists have lacked the urgency to fully

acknowledge the extent of these threats (Mitchell et al., 2019). Existing literature within the

area of the CEE and clinical psychology has explored many of the roles that clinical psychologists might take in addressing the issues, from behaviour change (Carmichael, 2019) and effectively communicating about the CEE (van der Linden et al., 2015) to addressing the intertwined social justice issues (Ingle & Mikulewicz, 2020). The CEE is fundamentally a social issue, and societal response (or lack thereof) relating to this can influence the distress people experience (Clayton & Karazsia, 2020). However, the research has predominantly focussed on individual responses, behaviours, and beliefs, which does not address the broader context and collective factors essential to addressing the CEE (Barth et al., 2021), such as climate activism.

Research within the general population has highlighted the potential stereotypes and stigma in perceptions of environmental campaigners and argues how this image may be hindering progress and a barrier to engagement in activism despite the far-reaching social consequences (Bashir et al., 2013). Further research helps us understand factors that may increase involvement in climate activism, such as efficacy perception, outlined in the model by Roser-Renouf et al. (2014). Although valuable, this research does not give insight into distinct professional groups, such as clinical psychologists. Furthermore, despite the evidenced benefits of collective action, its relevance for clinical psychology, and professional calls for engagement, no published empirical research has explored clinical psychologists' perceptions or experiences of the climate crisis and climate activism. It also remains unclear what factors may facilitate or inhibit clinical psychologists' engagement with climate activism.

1.2 A Note on Terms Used

Climate Activism: The study adopts a broad definition of climate activism. Climate activism is defined as efforts by others to critique and change the perceptions of and actions towards climate change, be they individuals or institutions. It includes a wide range of more and less confrontational forms of activist and advocate efforts, including advocacy, organisational change efforts, protests, and direct action (Garcia-Gibson, 2023).

Climate and Ecological Emergency (CEE): This refers to the severe problems caused or likely to be caused by changes in the planet's climate, including weather extremes and hazards, ocean acidification and sea-level rise, loss of biodiversity, food and water insecurity, health risks, economic disruption, displacement, and even violent conflict. This includes natural and anthropogenic changes. This term is used interchangeably with 'Climate Crisis', conveying the severity of the situation and the urgent need for action (Maipas & Kavantzas, 2024).

1.3 Rationale and Aims

The existing literature highlights the multiple ways the CEE negatively impacts mental health and well-being and how the implications fall within the scope of clinical psychologists' professional roles and responsibilities. Professional psychological bodies and research evidence recognise the importance of engaging with climate activism. Despite this, there remains a significant gap in current research on how clinical psychologists experience the climate crisis and climate activism and what barriers or enablers to engaging in climate activism might present in clinical psychology.

Therefore, this study aims to address the following research questions:

a) How do clinical psychologists working in the UK NHS experience and perceive the climate crisis and activism?

b) What are the barriers or enablers to engagement with climate activism within clinical psychology?

It is hoped that answering these questions will increase understanding of how clinical psychologists view the climate crisis and activism, personally and professionally, and what might help to engage more clinical psychologists in moving towards the actions encouraged by the BPS and ACP-UK. This is specifically relevant to the work of clinical psychologists as using their skills and platform on a much broader societal level could bring about systemic change and directly work to mitigate the causes of psychological distress.

2. Method

2.1 Study Design

As this will be the first empirical study in this area, the research question was posed intentionally with a broad scope, aiming to explore the experiences and perceptions of clinical psychologists, specifically concerning the climate crisis and climate activism. Therefore, being a relatively under-researched topic, a qualitative methodology was chosen to obtain deeper, information-rich data from a smaller study sample (Braun & Clarke, 2013) compared to a quantitative method.

Data collection was initially designed and advertised as individual semi-structured interviews. Following the recruitment process, there were no participant responses, and reflecting on this with her supervisor, the researcher sought new ethical approval (Appendix

2A) for an online qualitative survey with the aim of increasing accessibility and flexibility for participants. The qualitative survey allowed participants to submit responses at their convenience, irrespective of circumstance or location (Terry & Braun, 2017). Moreover, this method provided a 'wide angle lens' on the topic (Braun et al., 2017), capturing a diverse range of experiences in a shorter time, which was well suited to the under-explored topic and the time constraints of this doctoral research project (Terry & Braun, 2017).

2.1.1 Survey Design

Data were collected via a secure online survey platform. On opening the survey, participants were firstly asked screening questions to ensure they met the defined inclusion criteria; then, those eligible for the study were asked to read a Participant Information Sheet (PIS) (Appendix 2B) and give their informed consent to participate. As part of this process, the first section included four questions to capture participants' basic demographic data before continuing to answer 13 semi-structured interview questions (Waring & Wainwright, 2008) designed to gauge participants' experiences and perceptions of the climate crisis and activism within clinical psychology. After piloting and refining questions, the final form published took an estimated 45 minutes to complete and can be seen in Appendix 2C.

The questions were a combination of open statements and questions on the CEE, climate activism, and the barriers and enabling factors experienced relating to these subjects in practice. Each question had a clear focus to elicit more detailed responses (Terry & Braun, 2017), with several steps taken during the design phase to ensure the survey was accessible and mitigate, where possible, incomplete or irrelevant responses due to misunderstandings by participants.

Firstly, participants were encouraged to answer questions freely using their own terminology, allowing researchers to examine the tone and language they used to describe their experiences (Frith, 2000). If the research team needed further clarification during analysis, all participants were invited to voluntarily share their email addresses and consent to be contacted to discuss their answers once the survey was complete.

Additionally, the climate crisis is a broad subject area where participants may have differing knowledge and interpretations of key concepts. To mitigate this, written definitions of central terms, including 'the Climate Crisis' and 'Climate Activism', were provided for context and to allow coherent, considered answers to be given (King, 2012). Similarly, clinical psychologists' experiences were explored in the context of public statements made by professional bodies on the climate crisis. Therefore, these statements were summarised for transparency and to negate the need for prior knowledge.

2.2 Recruitment

In exploring the climate crisis and climate activism within this population for the first empirical study, recruiting from the NHS workforce was most appropriate as this is where most UK clinical psychologists are employed (Longwill, 2015). Also, the NHS has outlined its plan to achieve net zero and, as part of national service guidelines, has obligated all NHS staff to help deliver this and actively consider the environmental impacts of their roles (NHS, 2020). Recruitment was via online platforms, professional forums (Valerio et al., 2016), and local collaborators who shared a recruitment poster (Appendix 2D), PIS and an online link to the survey. To avoid the saturation of either environmentally aware or unaware practitioners, advertisements stated that those with and without an interest or prior knowledge of the climate crisis were welcome to apply. Participation was anonymous and independent;

therefore, a survey response rate was not calculated. No rewards, compensation or incentives were provided for participation.

2.3 Inclusion and Exclusion Criteria

It was decided to exclude trainee clinical psychologists from the study to capture the views of the current psychological staff within the NHS rather than those that will form the future. Often, the burden of change is placed on future generations of populations to enact it, whereas, with the CEE and the imminent threat posed, direct change must come from the existing workforce to effectively implement the net zero goals and targets set out by the NHS guidelines, as it will be trainees and future employees who will face the effects of it in the future (Page, 2008).

Participants were eligible to take part in the study if they met all the following:

- Were qualified clinical psychologists.
- Were employed within the NHS or an NHS-commissioned service within the UK at the time of completing the survey.
- Had access to a device connecting to the internet.
- Were able to speak and understand written English without requiring an interpreter.

Participants were not able to take part in the study if they were:

- Not qualified clinical psychologists.
- Not employed within the NHS.
- Unable to speak English without the aid of an interpreter.

2.4 Participants

Thirteen participants completed the initial screening questions for the survey. Ten of the participants met the inclusion criteria and continued to complete the full survey. Three participants did not meet the predefined criteria (not qualified clinical psychologists (*n = 2*), and did not work in the NHS (*n = 1*), and, therefore, did not proceed to the full survey.

All ten participants were qualified clinical psychologists working in the NHS and provided a range of socio-demographic information, outlined in Table 8.

Table 8

Summary of Research Participant Characteristics

Pseudonym	Ethnicity	Gender	Age (Years)	Qualified Practice
Ash	white British	Female	40	2 years 6 months
Moss	white British	Male	30	5 months
Hazel	Black	Female	34	4 years
Fern	British Asian	Female	51	18 years
Rowan	white British	Male	37	4 years
Jasmine	*Not stated*	Female	*Not stated*	*Not stated*
Daisy	white British	Female	46	18 years
Oak	white British	Male	36	3 years
Willow	white British	Female	39	15 years
Olive	white British	Female	37	7 years

Current and historic professional services participants worked within included acute inpatient mental health, community mental health teams for all ages, child and adolescent mental health services (CAMHS), adult physical health settings and addiction services.

All participants shared their gender, with a more significant percentage identifying as female ($n = 7$, 70%) and the remainder as male ($n = 3$, 30%). Most participants also shared their ethnicity, age and years in service ($n = 9$, 90%), with only one respondent choosing not to state this information. Therefore, it is not possible to calculate mean ages or years in service. However, the disclosed lengths of service post qualification varied between 5 months and 18 years ($n = 9$, mean = 8.11 years), while the ages of respondents ranged from 30 to 51 years ($n = 9$, mean = 35 years) and three ethnicities were represented in the sample, namely white British ($n = 7$, 70%), Black ($n = 1$, 10%) and British Asian ($n = 1$, 10%). Finally, several participants ($n = 3$, 30%) left their email addresses and consented to follow-up contact if the researcher required further clarification; these have been omitted to protect participant anonymity. The full table can be seen in Appendix 2E.

2.5 Sample Size

For small projects conducting thematic analyses, a sample of 10-20 participants is recommended for interviews or online qualitative questionnaires at doctoral level (Braun & Clarke, 2013). Therefore, sampling was completed with ten respondents, deemed sufficient for this study.

2.6 Data Analysis

The chosen method to analyse data gathered for this study was Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2021a). Thematic analysis is a comprehensive approach for exploring, interpreting, and delineating patterns of significance within qualitative data.

These patterns are subsequently categorised through coding, facilitating the identification of overarching themes pertinent to the research inquiry (Braun & Clarke, 2021a).

An essential part of RTA as an approach is for the researcher to engage with data reflexively. This entails examining their unique positioning, perspectives, and potential biases to understand how these influence the research and findings (Braun & Clarke, 2021b; Willig, 2013). Throughout data analysis, the researcher becomes an active 'tool' in the process, making deliberate choices regarding grouping codes into themes and considering their alignment with the research objectives and the broader context of the study (Coyle & Lyons, 2021). RTA is unique amongst qualitative thematic analytical techniques as it provides an approach with significant theoretical flexibility (Braun & Clarke, 2013). With no defined requirements for sample strategy or epistemological position, this approach is compatible with any epistemological perspective taken by the researcher and a broad range of data collection methods (Braun & Clarke, 2021a).

As this study aims to explore experiences and perceptions in an understudied subject area, the inherent flexibility of RTA can be seen as a strength, with researchers able to analyse transcripts line by line, generating codes for the entirety of the sample data without restriction (Appendix 2F), considering and interpreting all known information to gain insights into the topic (Braun & Clarke, 2006). This allows for a more comprehensive focus during analysis, resulting in a deeper understanding of both specific concepts within the data and the broader contextual meanings, something deemed desirable for the proposed research question (Braun & Clarke, 2021b).

Through reflexive analysis, patterns of meaning identified within the data were represented by assigning one of two types of code: semantic or latent (Byrne, 2022).

Semantic codes offer a descriptive analysis focused on presenting the data's content as articulated directly by participants, derived from explicit or surface-level meaning. In contrast, latent coding aims to identify the context that influences the semantic themes, focusing on underlying aspects such as bias, concealed meanings or relevant ideological perspectives (Clarke & Braun, 2015). Through systematically and reflexively engaging with the data, themes were created by grouping similar codes around a common concept (Byrne, 2022). The reflexive nature of the approach means the generation of themes was considered fluid and iterative, with concepts refined as interpretations developed or new meaning was uncovered.

2.6.1 Procedure

The RTA used for this study was based on the recommended six-phase analytical process for thematic analysis by (Braun & Clarke, 2021a) outlined in Table 9. This process entailed familiarisation with the data, generating codes, and subsequently defining themes prior to reporting the findings.

2.6.2 Ensuring Quality & Reflexivity

Throughout the analysis process, the researcher consulted with the university's research support team, including supervisors and clinical tutors, alongside attending RTA research workshops to discuss the development of themes and codes. As RTA is rooted in active, reflective engagement and the researchers' thoughtful consideration of their part in the analytical process (Braun & Clarke, 2021a), support also allowed for open conversations on the researcher's positioning and its effect on analysis.

Table 9

Six Phases of the Thematic Analysis Process (Braun & Clarke, 2021a)

Phase	Description
Phase 1	Data familiarisation: Online questionnaire responses were compiled and read line by line to become familiar with the data.
Phase 2	Data coding: Comments and points of interest relevant to the research question were assigned initial codes.
Phase 3	Searching for themes: Codes were examined, with observed patterns or commonalities used to generate themes and sub-themes.
Phase 4	Reviewing themes: All themes and sub-themes were then reviewed and systematically checked for consistency with the data.
Phase 5	Defining and naming themes: Names and definitions for each theme were created before comparison against data extracts and codes to ensure analysis was consistent with the dataset.
Phase 6	Writing the report: Analysis findings were written and submitted to the University of Birmingham as part of the DClinPsy empirical research thesis.

For transparency, a reflective journal was kept during each phase to log the thoughts and reasoning behind the definitions and interpretations of meaning within the data to illustrate what the researcher brought to the analysis process. An excerpt of this can be seen in Figure 3, and the full entry is in Appendix 2G. In addition, each stage of the RTA was recorded and illustrated using concept maps to help visualise the analysis as themes developed through multiple interpretations (Appendix 2H) before reaching the final themes.

Figure 3

A Journal Excerpt Reflecting on the Theme Iteration Process

Thought process:

Some spoke of knowledge being a burden, and some spoke of feeling they needed to know more to engage more with the CEE. I thought of the phrase 'knowledge is power' and wondered whether this should be a subtheme under a key theme of 'emotion'. I revisited the transcripts and found that the sense of burden was linked to a sense of guilt or obligation to act, however, when finishing reading all the transcripts, some did not reference or imply an emotional aspect more of a factual statement. This made me consider if this could be more of a dichotomy in that some seemed to want to know more, whereas some did not want to know at all, and initially, there did not seem to be much of a middle ground. This seemed similar to participants describing extremes of emotions such as powerful or powerless, hopeful or hopeless. Following further reflection, I revisited this concept for a final time. I noticed that with 'knowledge', some participants described a resolution of sorts, whereby they prioritised their values over the sense of emotional burden, and others were not always stuck in polarising positions but instead moving between them. Therefore, this seemed to fit better with the theme of 'dilemma'.

2.6.3 Ethical Considerations

The Health Research Authority and the University of Birmingham gave this study ethical approval (Appendix 2A). NHS ethical approval was not required as participants were not directly recruited via the NHS. Participation in the study was voluntary, and all participants were required to provide their fully informed consent to take part. Participants were provided with written information outlining the study requirements and potential risks of involvement. They were informed of their right to leave the study at any time and to have their data withdrawn for up to two weeks following their survey completion date without any negative repercussions. As participation was anonymous, any direct contact with the researchers was at the participant's discretion via the contact details provided. Each participant was given a unique identification number and a pseudonym to protect their identity. This ensured that the primary researcher's supervisor could not identify any participants.

Data were stored in line with the university data management plan on the encrypted University of Birmingham Research Data Store (University of Birmingham, 2022). Participants were encouraged to contact the researchers should they experience any distress or complicated feelings during or after the study's completion. There are currently no specific evidence-based helplines or resources in the UK for support for climate-related distress. Therefore, participants were signposted to existing UK mental health helplines.

2.6.4 Researcher's Positioning

It is recognised that when undertaking qualitative research, the situatedness of the researchers will inevitably impact the research itself (Braun & Clarke, 2021b). For this reason, reflexivity and acknowledgement of their positioning and socio-cultural context are essential to create greater transparency and trustworthiness in the study.

This research is being undertaken in partial fulfilment of a doctoral clinical psychology training programme, and I, the primary researcher, am a trainee Clinical Psychologist. I benefit from certain societal privileges, being white, British, cis-gendered, and university-educated, alongside also having intersectional marginalised identities. It is also important to acknowledge that I live in a country currently less exposed to the direct impacts of climate breakdown. I have a professional interest in the use of nature in psychological therapy alongside topics of social justice. My work is located across various therapeutic modalities, but I am particularly drawn to compassionate approaches, mindfulness and existentialism. Personally, I have a deep connection with the natural world and am most content when outdoors in green space. I resonate with Thich Nhat Hanh's philosophy of 'inter-being', in which we are intrinsically interconnected with everything in our reality, meaning humanity is inseparable from our planet.

Throughout my training journey, I have experienced the status quo of clinical psychology as stifling at times. Whilst I recognise the shifts within the wider profession to incorporate broader socio-political contexts, I have witnessed and/or experienced structural inequality and multiple 'isms', namely racism, classism, and ableism, through which I have realised there is still much more to be done. I have always advocated for speaking out on injustice and leaning into courage, believing that silence is an inherently privileged and political position. This has not always been easy or possible; however, it is undoubtedly a reason that I chose to research social justice and the climate crisis.

My interests and the intersections of my personal and professional identity outlined above will have shaped my understanding and interpretation of the data, whereas others may

reach different perspectives. For this reason, I kept an open mind when approaching this topic. Throughout this research, I intentionally reflected on my subjective stances, acknowledging potential biases and assumptions, what I was drawn to explore, and how my identity influenced the research process. These processes are further outlined in this report's *Section 2.0 - Methodology* and *Section 4.0 - Discussion* sections.

2.6.5 Epistemological Position

The researcher adopted a critical realist epistemology for this study, recognising both the independently existing reality of the climate crisis and individuals' sociocultural and psychological understandings and representations of this (Adams, 2016; Coyle & Lyons, 2021).

3. Findings

The findings represent a diverse sample, expressing participants' experiences and perspectives on the CEE and climate activism. Although each response reflected an individual's unique account, common aspects could be interpreted as threads through all accounts, resulting in four themes and two sub-themes (Table 10). Complex emotions underpinned each participant's experience or perception, which was reported as an interconnecting thread across themes. In addition, five commonalities were reported as barriers and facilitators to participants' engagement with CEE and climate activism (Table 11).

Table 10

Reported Themes and Subthemes

Interconnecting Thread	Themes	Subtheme	Participants
Emotion	Connection	Nature Connectedness	'Ash', 'Fern', 'Hazel', 'Jasmine', 'Olive', 'Rowan' (6)
		Disconnect & Avoidance	'Ash', 'Fern', 'Hazel', 'Moss', 'Oak', 'Olive', 'Willow'. (7)
	Moving Beyond Awareness		'Ash', 'Daisy' 'Fern', 'Hazel', 'Jasmine', 'Moss', 'Oak', 'Olive', 'Rowan', 'Willow' (10)
	Power, Politics & Leadership		'Ash', 'Daisy' 'Fern', 'Hazel', 'Jasmine', 'Moss', 'Oak', 'Olive', 'Rowan', 'Willow' (10)
	Knowledge, Dilemmas & Dichotomies		'Ash', 'Daisy' 'Fern', 'Hazel', 'Jasmine', 'Moss', 'Oak', 'Olive', 'Rowan', 'Willow' (10)

Table 11

Identified Barriers and Facilitators to Engagement

Type	Description	Participants
Barrier	Stigma	'Daisy' 'Fern', 'Hazel', 'Jasmine', 'Oak', 'Olive', 'Rowan' (7)
	Systemic Barriers	Ash', 'Daisy' 'Fern', 'Hazel', 'Moss', 'Oak', 'Olive', 'Rowan', 'Willow' (9)
	Fear of Consequence	Ash', 'Fern', 'Hazel', 'Oak', 'Olive', 'Rowan', (6)

Facilitator	Relationship	Ash', 'Hazel', 'Moss', 'Oak', 'Olive', 'Rowan', 'Willow' (7)
	Visibility	Ash', 'Fern', 'Hazel', 'Jasmine', 'Moss', 'Oak', 'Olive', 'Willow' (8)

3.1 Connection

Each participant talked about experiencing varying levels of connection or disconnection to the climate crisis, which led to the two subthemes: (a) Nature Connectedness and (b) Disconnection and Avoidance.

3.1.1 Nature Connectedness

For many participants, a personal connection with nature influenced their awareness of and connection with the topic of the CEE. 'Ash' described how the natural world led them into psychology practice, with the "goal of bringing more nature into mental health practice", illustrating an interconnection between the personal and professional. Some described how nature played a crucial part in their hobbies, such as wild swimming, mountain biking, gardening, and generally being someone "who very much enjoys the benefits of outdoors" ('Jasmine'). In contrast, others described specific life events, such as having children, which sparked their connection with nature:

Nature became a quick cure for most things in our household, babies won't sleep – the fresh air of a walk helped. Bored toddlers – go outside to play. Cranky parents – a quick run around the park. ('Hazel')

Participants spoke about more than just personal experiences of nature; several described witnessing the value and therapeutic benefit when "clients have had access to a

garden space" ('Fern') or when "nature [is involved] in a service users' treatment" ('Rowan').

Regardless of how participants became connected with nature, they all described a recognition of "the links between nature and human health and wellbeing" ('Ash') and nature's "powerful positive impact on mental health" ('Jasmine'). In acknowledging this link, the CEE seemingly became more tangible and relevant to participants, posing a real threat to the natural world and the value it brings. 'Hazel' described how she "started to wonder what sort of world [her children] would come to inherit and what their futures would look like". Several participants expressed how this gradual process of making connections helped them to understand how the CEE links with clinical psychology:

> If green space is important to clients' (and everyone's) mental well-being and the
> climate crisis is a big threat to these spaces, then I can appreciate the importance of
> this in clinical psychology. ('Fern')

These experiences demonstrate how nature acts as a catalyst for understanding and connecting to the CEE for many. Further, the development of this insight was an interconnected process whereby one connection led to another, linking the personal, professional, and beyond.

3.1.2 Disconnect & Avoidance

Many participants described how the topics of the CEE often led to both conscious and unconscious disconnection and avoidance. Several described experiencing a disconnection from the CEE personally, whereas others explained that they felt a wider disconnect on a societal level and within the clinical psychology profession. Some spoke of

consciously distancing themselves from the climate crisis, recognising they have limited awareness but choosing not to learn more; for example, 'Daisy' described "I don't know too much and don't want to". In a similar vein, participants who expressed a good understanding of the CEE spoke of "turning off the news or actively avoiding conversations where the climate crisis might come up" ('Hazel') and "knowing there is activism going on but not [being] involved" ('Willow'). Therefore, despite differing levels of awareness, there is a common experience of, at times, choosing to avoid information or disconnect from the topic. Furthermore, as participants described their experiences, they seemingly felt the need to explain or justify this disconnection, alongside an implied sense of this being an understandable response "to try and distance ourselves from" ('Hazel') the CEE, given the existential threat it presents.

> Because it is such a huge (and terrifying) consideration, as a team/service, it might be that it is easier to skirt around the topic because acknowledging and naming it would mean sitting with all of the difficult feelings and unknowns it brings. ('Hazel')

This suggestion coincides with other participants' experiences of avoidance of the CEE being rooted in "challenging" or "anxiety-provoking" ('Fern') emotions, with 'Daisy' expressing, "It scares and saddens me what humans have done to the earth." Others describe difficulty in sustaining their awareness of the CEE due to feeling "powerless" ('Willow') and the process feeling "overwhelming" ('Oak'). Participants' comments suggest that disconnection and avoidance may serve as a means to protect themselves emotionally and set boundaries. This was recognised by 'Hazel' who spoke of the need to "pace myself and know my limits. Some days, I will need to take a step back and engage with self-care more, and that this is absolutely okay." These experiences highlight how disconnection from the CEE can sometimes serve a helpful emotional purpose. However, some suggested that this might only

be a temporary solution. When reflecting on the interconnection between mental health and nature, 'Ash' emphasised that "we are nature," implying that disconnecting from the natural world and its issues would mean disconnecting from ourselves, potentially leading to "deep psychological implications" in the long-term.

Some described a more physical disconnect from the CEE, stemming from geographical location:

> I think perhaps because in the UK, the biggest environmental impacts are not immediately on our doorstep this can create a disconnect from the reality (of the CEE) for many people globally. ('Hazel')

In a similar vein, 'Ash' and 'Olive' described the responsibility of clinical psychologists to engage with the CEE even if the impacts are not immediately visible to them; for example, 'Ash' explained:

> Even if climate distress is not explicitly coming up in our client work, I think we have a responsibility as trusted health professionals to advocate for those who are vulnerable to the effects of climate change (i.e. most people we work with as clinical psychologists). ('Ash')

'Olive' expressed a similar sentiment:

> Prevention is better than cure, as they say, so even though we might not always be directly seeing the impacts of climate change in front of us, we can't afford to disconnect from this. We don't want to wait until we are seeing climate distress or anxiety every day in practice before we act, because then it will be too late. We need to act now. ('Olive')

3.2 Moving Beyond Awareness

All participants were able to describe an understanding of the CEE as relevant to clinical psychology by linking it to the impact it had on the populations they worked with. Some participants considered this prior to the study because of their direct experience in clinical work. 'Moss', 'Oak' and 'Hazel' described experiencing a rise in clients bringing CEE concerns to therapy, illustrated by 'Oak' who stated, "I have seen an increase in cases where there is genuine concern for the environment which is linked with their anxiety or feelings of helplessness" predicting that for "direct clinical work, the impact will only increase and get more important." Reflecting further, 'Moss' spoke of the need for clinical psychologists to have a broader understanding of the CEE to be prepared and "equipped to work with [the impacts] of this."

Some described examples of how the CEE compounds issues of "wider societal injustices" with 'Hazel' explaining that her experience as a Black woman has highlighted how "the climate crisis unfairly impacts Black and poor communities, groups already oppressed by society." Others also came to this understanding through recognising the broader context of the CEE and the "need to be considering the impact of social inequalities and injustice in our work as psychologists" ('Ash'), as "clinical psychologists are given this power and platform to be advocates" ('Hazel'). 'Olive' echoed the relevance of the CEE to the role, highlighting how the skillset of clinical psychologists could be helpful:

> The climate emergency is inseparable from clinical psychology. It is deeply linked with power imbalances and inequity, both of which we are trained to examine and challenge within our roles. Not only does it pose a very real threat to humanity and our planet, it brings with it very powerful emotions and anxieties, which psychologists have the skills to address. ('Olive')

However, even participants who had not previously considered the impacts of the CEE on clinical work were able to reflect on this for the first time when prompted during the interviews:

> I don't think it has ever really come up in my role. This is the first time I am really taking time to consider where the climate crisis comes into psychology, and I have been in the profession for almost 20 years! … I am pleased to be involved with this research as it has given me some space to reflect on something which I might have otherwise overlooked. Now that I have been prompted to make the links on how climate change might impact our work, I can certainly see the importance of this area. ('Fern')

Several participants also spoke of the core values of clinical psychology and how, from their perspective, this implied an ethical responsibility to act in the face of the CEE. As 'Ash' described, "I think engaging with issues around the climate crisis links with our ethical responsibilities and purpose of supporting people in alleviating distress." Further exploring the relevance to clinical psychology, 'Hazel' and 'Willow' both discussed how broader environmental issues would negatively impact mental well-being:

> I came into clinical psychology to help people who are finding life difficult or facing psychological distress… I think that living on a planet that is in crisis is only going to exacerbate existing distress or even become the cause of it. ('Hazel')

When reflecting on where the CEE fits into their role, many participants discussed their experiences within their services. Several noted the specific impact of environmental concerns on services for children and young people; for example, 'Hazel' and 'Willow' described interactions with young people and families who presented with worries or anxiety

related to the environment. 'Oak' and 'Rowan' emphasised the potential for increased encounters with climate-related issues within CAMHS services, with 'Rowan' suggesting that an awareness of the CEE is therefore "increasingly important" in this context:

> Working with young people, I see an increase in the number of cases where they are genuinely concerned for the environment, and it makes them feel helpless or anxious. So, I think for direct client work, the impact will only increase. ('Oak')

Several participants felt climate crisis issues seemed most relevant in direct client work, specifically "in the clinic room" ('Moss'). This was echoed by 'Daisy' who expressed that direct clinical work would be the most likely context for such issues to present if "it is important to a particular client [they are] seeing" ('Daisy'). The integration of the climate crisis into the role of clinical psychology was uncertain among some participants, with many expressing ambiguities on where climate-related concerns fit into their responsibilities and whether this was within the scope of their practice. 'Moss' and 'Oak' describe encountering this uncertainty among colleagues, with 'Oak' explaining, **"I think colleagues in my trust see engaging with climate change and activism as something that is outside of their remit."** Similarly, 'Rowan' and 'Daisy' expressed doubts about where the climate crisis would fit among the many responsibilities of a clinical psychologist:

> There are so many other important parts of the clinical psychology role that I don't know where the climate crisis would fit … [or where] … it could be practically incorporated into clinical work unless the service user brought it up as a concern. ('Rowan')

This perspective indicated that the climate crisis might only be addressed if raised by the client. Additional areas highlighted by participants were leadership and education.

Regarding leadership, 'Fern' felt that "the climate crisis is such a big topic" and that it would be helpful if there were guidance or training. The importance of training was also explored by others who spoke of their experiences of learning about the climate crisis:

Education is a key area of importance relating to the climate crisis and psychology. The more I learn and educate myself about it, the more I see where psychologists' skills and knowledge could be so valuable. ('Hazel')

On the other hand, 'Olive' felt that it was not necessarily a limited understanding of the CEE which impacted clinical psychologists' engagement with activism but potential confusion over how to get involved:

It is one thing to know something and another thing to do it. For many clinical psychologists (including myself) I think their intentions are good and they have some awareness about the climate emergency, but then struggle with putting this into practice. I don't necessarily think that is due to a lack of understanding or motivation but more often than not it's due to organisational constraints or being unsure how to be involved or what action to take. ('Olive')

Despite several participants suggesting that the relevance of the climate crisis may vary across different psychological contexts, 'Jasmine', 'Ash' and 'Hazel' felt that the CEE should be embedded "across all the contexts [clinical psychologists] work in" ('Ash').

I don't think that there is a specific area of practice that the climate crisis would be any less important, in order for meaningful change in psychology, I think it would be key for the topic to be embedded across all contexts, from leadership to one-to-one work. ('Hazel')

Participants reflected on how they felt that climate action could be integrated into their professional roles. Some described specific types of action with a central area of focus; for example, 'Oak' felt that clinical psychologists are well-placed to "help with the understanding of the climate crisis" within the profession. Actions focusing on raising awareness were echoed by others, who suggested that clinical psychologists have the skills and ability "to help leaders understand the importance of climate activism" ('Daisy'). Other participants described ways in which clinical psychologists are well-placed to be proactive in practice and explore the impact of the CEE on their clients. 'Ash' highlighted how clinical psychologists can invite clients to discuss climate-related concerns in therapy, advocating for clinicians to remain curious and open: "Specifically asking clients about their climate crisis concerns and staying curious." Similarly, 'Willow' described client-focused actions that can be taken by clinical psychologists from a broader systemic perspective, such as "preventing 'eco-anxiety' becoming pathologised and located in the individual."

Several participants highlighted how clinical psychologists have a platform to advocate for vulnerable populations affected by climate change by using their voices and encouraging a broader dialogue. Ash describes "speaking up about the health and wellbeing implications of climate change and biodiversity loss," whereas 'Jasmine' and 'Oak' felt that clinical psychologists had a role in encouraging conversations on the topic more generally. Further, 'Oak' suggests regular discussion would "validate people's feelings and concerns". Here, it is implied that using their voice may help raise awareness and understanding of the CEE and have a vital role in ensuring colleagues feel supported and heard.

Some participants found that as their awareness of the CEE grew, their perspectives of climate activism expanded; this was illustrated by 'Ash', who described coming to recognise "activism as many things, not just protesting." Similarly, 'Fern' reflected how she "had not thought of [climate activism] before as being advocacy or working for

organisational change, but more public protesting." Several other participants, such as 'Hazel', supported this, describing how it is "easy to get caught up in thinking of 'activism' in a very narrow way [such as] protesting in public or taking more disruptive approaches." Others noted that forms of activism such as protest are not "available for everyone" ('Ash'), highlighting how this narrow focus may limit involvement:

I worry about the focus on protesting. That's not to say that I have any problem with protests, in fact I think they have a positive and powerful role... But my worry is that many are deterred from activism because of this focus. ('Olive')

Several participants described how recognising a broader scope of activism allowed them to understand the many actions that clinical psychologists can take to engage with this topic in practice, such as "raising awareness, education, and politics" ('Hazel'). 'Willow' echoed this, describing how clinical psychologists already have professional skills that could be harnessed and applied to the climate crisis, not just clinical work, and utilise their "reflection, critical thinking, political awareness, advocacy, and collectivist skill set" to move from awareness to action. 'Olive' describes her thoughts about ways to increase the accessibility of activism for clinical psychologists:

XR's statement about moving away from civil disobedience to prioritising strengthening numbers and collective voice feels important and responsive. I feel that we could learn from this in clinical psychology to create a more accessible way for folks to become involved in climate activism. I have fallen into the trap of thinking that I was not a climate activist as I did not often attend protests, despite being engaged in many other ways. It would be helpful to steer away from this narrative of activism, as I think it creates a gold-standard effect of what a 'good enough' climate activist looks like. All involvement with the climate emergency is valuable. ('Olive')

'Hazel' agreed there was a need for options within climate activism, expressing "the importance of individuals finding what works/suits them best whilst still fighting for change". This illustrates that despite participants unanimously recognising why the CEE aligns with the clinical psychology profession, moving beyond this awareness by integrating this into their actions and practice seemed to present many challenges.

3.3 Power, Politics, and Leadership

When discussing their experiences of the climate crisis, many participants referenced the broader professional culture of clinical psychology alongside the professional expectations and perceptions of the role. Some described specific elements of these, such as the focus on individual mental health and therapeutic practices as a limiting factor when engaging with the climate crisis. 'Ash' expressed that some clinical psychologists may be reluctant to engage with the climate crisis professionally because of concerns about deviating from the traditional, apolitical scope of the role. She further explained that there is a "'status quo' of clinical psychology and [individuals] do not want to step outside of that… There is a fear of being seen as 'political'." Others echoed the sentiment that engaging with the climate crisis would be likely perceived by others in the profession as "not strictly relevant to the job role" ('Daisy'); similarly, another participant stated:

> I have heard it said in an ACP board meeting that planetary health is not the business
> of clinical psychologists. I think clinical psychologists are passive people generally
> who do not want to agitate and struggle to take a stance on something. ('Willow')

Furthermore, 'Oak' felt that clinical psychology often has a narrow focus, limiting clinical psychologist's ability to engage with the CEE, explaining that "clinical psychologists can be quite blinkered on things in terms of the wider context of the role." When participants

described these experiences, there was an implied sense of power behind the perceptions and culture within the clinical psychology profession, which maintained the 'status quo'. This seemingly made it difficult for clinical psychologists to engage with actions seen as 'outside' of this, such as climate activism. 'Oak' explained feeling that many clinical psychologists will, therefore "only join the conversation [on the CEE] when prompted by leadership." 'Olive' also acknowledged challenges regarding aspects of the profession, outlining the need for progression:

> It's hard because in the profession, anything remotely political is swept under the carpet very quickly. I appreciate the traditional stance of neutrality in therapeutic practice, but in today's society, we cannot afford to stay silent on injustice, particularly when working with clients who will be most vulnerable to the impacts of this. I'm not implying that navigating such complex societal or political issues is easy, but as clinical psychologists, we have the platform and skillset (and moral responsibility) to be a voice for change. ('Olive')

Several participants described feeling uncertain about how to approach or engage with the CEE within their role, which brought about the concept of 'permission', which was referred to both explicitly and implicitly. 'Oak' described how important it felt to him that those in positions of leadership took efforts to include topics of the CEE as "regular, recurring agenda items", expressing that this "would validate people's feelings and concerns and also give permission for colleagues to speak up knowing it's going to be heard and not dismissed". 'Moss' echoed this sentiment, acknowledging the positive impact of professional support for climate activism, such as encouraging position statements from psychological bodies. 'Moss' adds that not only are these "positive and permission-giving", but they also help clinical psychologists who "engage in activism [to] feel professionally safe and

supported". On further reflection, 'Moss' described that he felt 'permission-giving' should also extend to those who were unable or did not wish to engage with climate activism, highlighting the importance of choice on this issue, expressing that "people need permission to turn away from the climate crisis if they wish/need to". Alongside this being mentioned as necessary for clinical psychologists, one participant highlighted the significance of creating a space where clients feel permitted to discuss the climate crisis. 'Ash' explained that the CEE "can often go un-named in client work unless we specifically ask about it". Although not explicitly mentioned, in a similar vein to the clinical psychologist's relationship with leadership, this alludes to the inherently imbalanced power dynamics at play, whereby clients may need an invitation from the psychologist to discuss this. 'Ash' elaborated further on her experience of this in practice:

> I think it's something that I tend to frame in being curious about what's important to people and what they have concerns about and giving permission to talk about existential issues and relationships with nature. ('Ash')

Most participants felt that clinical psychologists in leadership positions, NHS trusts, clinical organisations, and broader professional bodies have a critical role in facilitating CEE engagement. Several participants experienced the CEE as often feeling beyond their remit; for example, 'Daisy' described feeling it was "higher up the chain than anything I can influence", echoed by 'Rowan' who felt "it would need to be addressed higher up as I cannot see how one psychologist would be able to make much of a change, or even scratch the surface." On the other hand, some felt that there were many meaningful actions in which clinical psychologists could engage. However, they still felt that "these things need to be fully supported by leadership within organisations for them to feel viable for practitioners" ('Jasmine'). Moreover, several spoke of the necessity for leadership to take a more active and

"visible" ('Ash') role in integrating climate concerns into the profession, for example, having "senior and high-profile psychologists speaking out about climate change and the role of the profession […], to bring others alongside" ('Ash'). 'Hazel' voiced a very similar perspective, emphasising that:

> It would be so valuable for psychologists occupying more senior positions within services to take an active lead on conversations regarding the climate crisis as it is something which I believe requires leadership and solidarity. (Hazel)

Despite all participants perceiving support from leadership as highly important, many outlined experiencing a lacklustre response, with the CEE "feeling very low down on the priority list […] and disparate at times" ('Moss'). 'Willow' illustrated her experience of this in her role, where she described "increasingly hearing the climate crisis spoken about and taught about […] However, not [seeing] any action and it seeming 'business as usual'". Some expressed the frustration felt by many when leadership declarations about climate emergencies were not matched by substantial actions; for example, 'Ash' articulated that "it can feel like trusts declaring a climate emergency is such lip service not accompanied by the radical action we need." This was also experienced by 'Willow' who expressed concerns that "there is too much reflection and not enough action."

Some voiced that these feelings often went beyond clinical psychology leadership or organisations/trusts, towards "world leaders" ('Daisy') and "those in power at a government level who are also slowly dismantling the NHS and failing to take climate action" ('Ash'). 'Willow' echoed this, describing feeling that "governments around the world are not prioritising planetary health", pointing to the broader structural issues perpetuated by those in power: "I think climate breakdown is one example of the structural inequalities that the powerful/rich/political class has created, and that radical change is needed." 'Oak' also

described the climate crisis as a global health inequality issue "which will affect the most vulnerable in the world first", necessitating leadership-driven action. Some felt that without "more certain and committed engagement from our politicians … there is a strong invitation for hopelessness" ('Moss').

Participants went on to suggest many areas which they felt would be helpful for leadership to provide, such as: "a clearer sense of direction" ('Moss'), "training and guidance" ('Fern') to "promote understanding" ('Oak'), and more "transparency" and "accessibility" ('Hazel'). Despite this, many participants reflected on their experience of clinical psychology having a 'culture of silence' regarding the CEE. 'Hazel' highlights the pervasive absence of climate crisis discussions across the profession, expressing that "it is simply not being talked about anywhere near enough." This sentiment is echoed by 'Willow' who states: "I do not hear climate crisis spoken about in my NHS role", and 'Oak': "[The CEE] is not something which comes up in frequent conversation." 'Moss' experienced the silence around the climate crisis within the field as part of a broader societal issue, describing this as "mirroring a socially constructed silence that I find difficult and stifling." 'Ash' emphasised that in the face of this silence and lack of adequate response from leaders, "taking action and participating in civil disobedience" felt like an "important line of communication". However, she expressed frustration, explaining that "it's total madness that we find ourselves in this position". Finally, 'Willow' reflected on how the CEE "transcends political/professional/personal boundaries", highlighting its significance for everyone in every area of clinical psychology.

3.4 Knowledge, Dilemmas & Dichotomies

Many participants expressed a desire for more knowledge about the climate crisis, both in terms of understanding the science and effectively integrating this knowledge into their professional roles. Some participants spoke of wanting to understand better the topic more broadly, such as 'Jasmine', 'Moss', 'Olive' and 'Oak', who shared similar experiences, expressing that they "would like to know more" ('Oak'). Others described specific areas within the topic that they would like to know more about or where they felt there were gaps in their current understanding: "As for climate activism, I must admit that I probably don't know as much as I feel I should" ('Hazel'). In several participants' descriptions, there was an implied sense of learning about the CEE being a continuous process, where there is always more to be known. This was alluded to here by 'Ash,' who stated, "I do always wish I knew more" and 'Hazel', "I am always trying to learn more as I believe that education is a powerful tool for change."

Despite their desire to learn more, many expressed the need for more training on the CEE they had experienced within the clinical psychology profession. 'Hazel' shared that she "had to teach [herself] about this topic as there has never been any training or teaching offered on this", 'Rowan' echoed a similar experience, recalling, "I don't ever remember learning anything about climate change in DClin training and certainly have not had any information about this in relation to my current role." This absence of formal education on climate issues within clinical training programs was also discussed by other participants who felt that "getting [the CEE] as standard into DClin training also is crucial" ('Ash). 'Jasmine' described that "knowledge would encourage me to be more involved", a sentiment which was echoed by others, such as 'Fern' and 'Hazel':

It would be helpful if there was more education and awareness on this topic. When psychologists know and understand more about the climate crisis, I think that more action will therefore follow. ('Fern')

I think that education is a key area of importance relating to the climate crisis and psychology. The more I learn and educate myself about it, the more I see where psychologists' skills and knowledge could be so valuable here. ('Hazel')

On the other hand, 'Rowan' expressed uncertainty about wanting more knowledge on the CEE, stating, "I don't know if I wish I knew more; it all sounds pretty bleak", whereas 'Daisy' described that she actively "avoid[s] finding out too much because it scares and saddens me what humans have done to the earth". Such responses highlight the profoundly challenging emotions that can arise when considering the climate crisis and allude to the desire to shield oneself from distressing information. Other participants shared this sentiment, although they seemed more conflicted about turning away from CEE awareness despite the emotional burden, alluding to a significant dilemma they experienced. 'Ash' captured this dilemma poignantly:

I often feel the knowing as a burden, something that can't be 'unseen'. I sometimes envy people with their heads in the sand, carrying on blindly with unsustainable lifestyles. Though obviously, I wouldn't change my position … I suppose the flip side of the burden is a valuable relationship with the natural world, which is something I could never give up. ('Ash')

This sentiment highlights the inescapable nature of climate knowledge and the sense of responsibility it brings, coupled with a longing for the simplicity of ignorance.

Despite this, 'Ash' seemed to find a sense of resolution to this dilemma when reminded of the more profound connection with nature that this awareness brings, illustrating a complex emotional landscape where knowledge is both a burden and a gift. 'Fern' echoes this tension, expressing a desire for more knowledge but also acknowledging its overwhelming nature, illustrating a dichotomy: "On one hand, I do wish I knew more, but on the other hand, personally, the gravity of the climate crisis can feel quite overwhelming and depressing." 'Hazel' provides further insight into this internal conflict, describing "often actively wishing I knew less about [the CEE] so that I could live in blissful ignorance." However, 'Hazel' also recognises the inherent responsibility that comes with knowledge:

Knowledge and awareness come with responsibility and power … Turning a blind eye to this is not an option, and leaning into my values won't be easy but will be worthwhile. ('Hazel')

In a similar vein to experiences expressed by 'Ash', 'Hazel' seems to find a sense of resolution to this dilemma by connecting with her values, alongside an implied sense of hope that her awareness will be worthwhile. 'Hazel' further described another dilemma relating to clinical psychology's professional duty, questioning how it would be possible to ignore such a significant threat:

I wonder how possible it is to be aware of an injustice and threat to psychological (and physical) health as a clinical psychologist, and then not act to address this in some way… Surely that would be totally counterintuitive to the role of a clinical psychologist and our professional values. So, the more I think about it, yes, we do have a professional responsibility to also engage with climate activism. ('Hazel')

This seemed to be a helpful illustration of 'Hazel's' process of reflection and sense-making on such a dilemma. 'Olive' described a dilemma related to engaging with nature, whereby being outdoors helped her to stay motivated to engage with the CEE, yet also brought up challenging emotions:

> Being outdoors in nature always reminds me of my motivations for engaging with activism. This mostly helps, but sometimes seeing the beauty and abundance of the natural world brings a deep sadness for what humans are selfishly doing to it. It is a complicated one though as this usually turns into anger about the injustice of it all, which then helps me feel motivated again. So, it is a bit of a complex cycle I guess. ('Olive')

Several described facing dichotomies when considering their role in addressing the climate crisis. These contradictions often created internal conflicts, balancing professional responsibilities with feelings of helplessness and the challenge of moving from reflection to action. 'Willow' expressed that "there is no point in supporting people to live happier lives if we don't have a viable planet to live on." This description demonstrates an existential consideration of how clinical psychologists can fulfil their professional duty to alleviate distress if the very foundation of life is under threat. Others described dichotomies that alluded to a feeling of powerlessness, such as 'Jasmine', who states "There is a sense that one person/organisation can do nothing, so why bother? Yet if we continue to think like this then nothing will change." 'Daisy' echoes this sense of helplessness:

> I am aware that experts are saying that we are in a climate crisis but that scares me as I don't think there is anything I can do to stop this […] I think it is important for clinical psychologists to lead the way with managing issues that are relevant to

climate change such as recycling but other than that I don't think there is much that

we can do about it. ('Daisy')

This suggests a juxtaposition of feeling powerless and responsible, capturing a

struggle to reconcile awareness with actionable steps. 'Willow' also supported this,

expressing her "worry there is too much reflection and not enough action", implying a

tendency within clinical psychology to engage in extensive contemplation and dialogue

without corresponding tangible actions. 'Ash' addresses a social dichotomy which alludes to

an echo chamber effect among like-minded colleagues:

I also think there's the issue of surrounding yourself with like-minded people, I

recognise that I'm probably not that good at talking with colleagues who think we

shouldn't be getting involved in activism. It's a bit of a bubble, and one that we do

have the skills as psychologists to try to burst! ('Ash')

Here, 'Ash' suggests that despite clinical psychologists having the skills to change

this, the challenge of engaging with those who disagree about the role of psychologists in

activism can limit these conversations, alluding to a potential dichotomy of silence vs voice.

Finally, a sense of acceptance when moving between dichotomous feelings was described as

helpful for some, alluding to these being a normal part of the process:

Actually, that in itself is another thing that helps - normalising and honouring all the

different feelings that come up. Some days you will feel hopeful, others hopeless. I

think it just shows that we are human and that we care. ('Olive')

3.5 Barriers

Participants highlighted several areas that they experienced as barriers to engaging with the climate crisis as clinical psychologists.

3.5.1 Stigma

One of the key barriers described by participants was the negative perceptions and stigma attached to being involved in climate activism; for example, 'Oak' stated, "I feel the perception of what climate activism is a barrier in itself." Many described media portrayals of climate activism as contributing to this stigma, leading people to "choose not to engage for fear of how others would perceive this." ('Jasmine'). 'Oak' and 'Hazel' expressed that the media had also shaped their knowledge of climate activism: "The majority of my knowledge [on climate activism] is the disruptive actions I see in the media" ('Oak'). Similarly, other participants described experiencing "negative perceptions of climate activists" ('Olive'), such as them being viewed as "troublemakers" ('Fern'), "radical" ('Hazel' and 'Olive'), and "rebellious" ('Olive'). These stereotypes seemed closely linked with the type of action; for example, 'Rowan' described "people who have been throwing paint on buildings and art", and 'Oak' felt activism was synonymous with "blocking roads". 'Rowan' described concerns about the longer-term consequences of civil disobedience:

> I think more extreme actions such as those can get people's backs up and could actually do more harm than good and create negative stereotypes that could then be hard to move away from. ('Rowan')

Stigma within the profession was also highlighted, for example, 'Hazel' described being "referred to by a member of the MDT as "that woke psychologist" … just from openly talking about the climate crisis and my hopes for meaningful change!" Others felt that

clinical psychologists' engagement with climate activism "may not be seen as favourable, especially if the profession is associated with [activism]" ('Rowan'), and 'Oak' felt that colleagues "would disagree that it is a positive thing to do as they focus on the disruption rather than the issue at hand." One participant expressed feeling that the stigma and perceptions of climate activism had directly impacted clinical psychologists' ability to be involved:

> I don't understand at the moment how clinical psychologists can be involved in climate activism other than understanding psychologically people who are climate activists as I feel there is a negative perception of how people who are climate activists behave. ('Daisy')

Most participants felt that their experiences of stigma and negative perceptions of others "dissuade people from engaging" ('Fern'). However, in considering these stereotypes, many reflected that they do not "feel this is often likely to be an accurate or full picture of climate activism […and may] come down to a limited understanding of the reasons and relevance for this" ('Hazel'). Some expressed the need to "break the stigma around [climate activism], both personally and professionally" ('Oak'), which 'Hazel' felt "could help to and hopefully inspire more clinical psychologists to get involved."

3.5.2 Systemic Factors

Participants seemed to face significant systemic barriers to engaging in climate activism. Most participants emphasised "time constraints" ('Hazel') or a "lack of time" ('Ash') as barriers to engaging with the CEE; for example, 'Moss' described not "having the time to get to marches, to read about the topic, and to engage with colleagues."

Participants also highlighted the challenges of having many competing tasks and feeling that, at times, this can feel like "firefighting" ('Ash'). Some discussed the climate crisis as seemingly separate from their role, despite feeling that it was important, alluding to a difficulty integrating this:

> I don't feel I can bring it into my clinical work… I think it is important but [clinical psychologists are] too busy getting on with the mental health crisis to be also managing the climate crisis. ('Daisy')

In a similar vein, many participants spoke of the resources, practicalities and demands of clinical psychology work and how large clinical caseloads and immediate pressures faced by services result in the CEE not being seen as a priority by those in leadership:

> In the NHS especially, caseloads often (understandably) become prioritised, and sometimes, that sadly does not leave much time for anything else. ('Olive')

Although the systemic barriers and pressures seemed relatively universal to clinical psychologists, 'Hazel' reflected that to overcome these hurdles "in terms of practical support offered and how much your ability to be involved with activism professionally would depend on your organisation." 'Oak' described feeling that "given the time and space to do so, I feel we as a profession could bring about positive change."

3.5.3 Fear of Consequence

Finally, many participants expressed fear of the potentially detrimental consequences of engaging in climate activism, "both personally and professionally" ('Hazel'). Concerns about responsibilities to their families and the risk of arrest at protests were common, with 'Hazel' stating:

Personally, I think having a young family can act as both a driver for wanting to be more involved in climate activism, but also a barrier to forms of more public/disruptive activism. For example, I would not want to be in a position where I would risk being arrested. ('Hazel')

'Oak' echoed this, highlighting the potential career impact: "As a psychologist with a family, I cannot afford to be arrested at a rally as that would risk my entire career." Others shared worries about "potential disciplinary action" ('Fern'), "legal repercussions" ('Hazel'), and "the professional consequences of activism" ('Olive'). 'Rowan' shared this sentiment: "I would not want to be involved in more extreme actions, especially in my clinical role, as I don't know what the repercussions of that would be." Others highlighted the inequity present in law enforcement, acting as a potential further barrier to CEE engagement for some:

Being able to participate in protest is not available for everyone, and law enforcement does not treat everyone equally … I'm very supportive and have huge respect for those who have put themselves in a position of arrest … I myself don't feel able to be arrested at the moment and I'm grateful for those who do. ('Ash')

Most participants described these legal and professional consequences of attending climate protests, which many viewed as synonymous with climate activism. Despite this fear of negative implications acting as a barrier to climate activism, some described that "professional body statements may help people around [their] fears relating to HCPC/arrest implications" ('Ash').

3.6 Facilitators

3.6.1 Relationships

A key factor facilitating clinical psychologists' engagement with the CEE and climate activism was personal and professional relationships and the support systems that came with them. Multiple participants described how connecting with like-minded professionals helped them feel supported; for example, 'Willow' felt that "peer supervision is always helpful", and 'Ash' stated:

> Being in a network of similarly concerned psychologists, including space to share experiences and connect on a human level. ('Ash')

The support, connection and ability to reflect with peers on the climate crisis, both in person and online, was described by several participants as a positive way to facilitate engagement in climate action:

> Personally, I feel being involved in groups of psychologists on social media helps, as it is a great chance to get opinions on tricky topics, and … discussion there helps raise awareness and get me more involved [in] physically attending events [on climate activism]. ('Oak')

Some described relationships with like-minded colleagues as important in helping them to feel a sense of "solidarity and commitment [which felt] encouraging" ('Olive'), explaining that it would be "lonely and challenging to be just one voice in an organisation on such a topic" ('Hazel'). Similarly, others highlighted that connecting with others can provide a space for reflection, motivating future action:

There needs to be available support and encouragement for clinical psychologists to reflect on their own responses to the climate crisis, before expecting anyone to be involved in action – we need to feel the feelings in order to be motivated to act. ('Ash')

Similarly, relationships outside of work were described as an essential factor in helping to sustain climate activism. 'Moss' described "having the support of my family to make time for these things and joining me on a march" as helpful for his engagement with the CEE.

3.6.2. Visibility

Many participants highlighted how the general visibility of the CEE and activism in clinical psychology is an important factor in enabling professionals to engage in the climate crisis, alluding to the need to find personal motivation to act by observing other clinical psychologists leading by example. Several spoke of recognising the CEE in research and professional literature to highlight how clinical psychology as a profession is already engaging with the topic, enabling others to do the same. This was illustrated by 'Ash', who expressed that the publication and dissemination of research around the CEE in clinical psychology "shows that people in the profession are taking this seriously". This was echoed by 'Moss' who, when asked what he felt would enable more clinical psychologists to engage with climate activism, responded:

Continuing to do, publish, and disseminate research. The more people see the need for thinking about this topic and thinking about how to engage with this, [will] hopefully help psychologists feel more able to engage with the area. ('Moss')

In a similar vein, many participants explained how actively participating in this research prompted them to reflect and consider how to engage further with climate activism. For example, 'Rowan' expressed that he felt this research was "a good way to start this conversation", whilst 'Fern' stated, "Completing this survey has provoked some deep thoughts and reflections which I hope to take forward in my clinical work, and personally." Similarly, 'Jasmine' described:

> Just the survey itself has raised personal feelings about gaps in my understanding of this topic. I can see how valid and vital engagement is for the field of psychology and I now aim to find research to further my knowledge. ('Jasmine')

Some participants described their view of colleagues who visibly engage with the CEE and activism, speaking of how they "respect" ('Fern') and "admire them" ('Willow'), being appreciative of their efforts and inspired by their actions. This was emphasised by others who highlighted that seeing professionals involved in climate activism can help people understand its links to psychology:

> It's so impactful to have a visible presence as a health professional at a protest, it helps people join the dots that this is also a health and mental health crisis. ('Ash')

Reflecting on this, 'Hazel' explained how clinical psychologists visibly engaging with the CEE can have multiple benefits:

> If clinical psychologists feel able to get involved in more public or visible activism, I think this is great for raising awareness and reminding us all of the values at the centre of our profession, which is hugely valuable. I also think this could help to de-stigmatise activism and hopefully inspire more clinical psychologists to get involved. ('Hazel')

Finally, 'Fern' expressed that she "commend[s] anyone who uses their voice and platform for positive change, particularly on a wider societal level" and feels that "we need more of that in psychology […] if more clinical psychologists were involved this would have a positive knock-on effect for [climate activism]."

4. Discussion

4.1 Summary of Findings

The present study aimed to explore how clinical psychologists working in the UK NHS experienced and perceived the climate crisis and activism, including identifying barriers and facilitators to their engagement with the topic. RTA was utilised, culminating in identifying four main themes and two subthemes: (a) Connection, including two subthemes: Nature Connectedness and Disconnect and Avoidance (b) Moving Beyond Awareness (c) Power, Politics and Leadership, and (d) Knowledge, Dilemmas and Dichotomies. The findings illustrate the climate crisis's inherently emotional nature, conceptualising emotional experiences as an interwoven thread across the themes.

4.2 Research Findings in Context

Consistent with previous evidence, participants across the study unanimously experienced powerful emotional responses related to the climate crisis (Head, 2016; Pihkala, 2022). There are many terms used to describe these emotional experiences of the CEE, such as 'eco-anxiety', 'climate distress', and 'solastalgia' (Coffey et al., 2021; Cunsolo et al., 2020) although it is generally agreed that these are proportionate responses to a genuine existential threat and should not be pathologised (Hickman, 2020; Hickman et al., 2021;

Lawrance et al., 2022). While these can be adaptive and motivate climate action (Clayton, 2020), participants often experienced these as overwhelming, leading to behaviours such as avoidance and disengagement (Daeninck et al., 2023; Hoggett & Randall, 2018; Ojala et al., 2021). For some, this involved, at times, stepping back from climate activism or actively avoiding situations where the climate crisis might be discussed, actions which implied a temporary coping mechanism, whereas others seemingly avoided becoming connected to the topic at all. Further, it is suggested that distressing or complex emotions (including unconscious) can be expressed through dilemmas, often about alignment between values and practice (Lertzman, 2015; Silva & Coburn, 2023). Many participants experienced dilemmas and dichotomies, including existential tensions between promoting individual well-being and broader societal action, balancing the responsibility and emotion that knowledge brings with feeling able to act and navigating extremes of feelings such as hopefulness and hopelessness.

Many experienced a sense of silence on the CEE within clinical psychology, leading to uncertainty about where climate activism would fit in their role. This is consistent with previous research suggesting that collective identities significantly influence beliefs and behaviours regarding climate change (Kahan et al., 2012), either encouraging or limiting CEE engagement (Bamberg et al., 2018; Bouman et al., 2020; Hornsey & Fielding, 2020). For those who identify with the profession, a collective identity can be empowering (Jamison, 2010) and, when perceived to value pro-environmental behaviour, can encourage collective action on the CEE (Barth et al., 2021). Furthermore, when individuals believe that their communities can effectively respond to climate change, they feel motivated to act collectively on a scale that matches the problem, known as collective efficacy (Allen & Crowley, 2017; Barth et al., 2021).

However, many participants did not feel that climate action was prioritised or spoken about within their workplaces or the wider profession, suggesting low collective efficacy and highlighting an area which may be helpful for leaders to address (Mackay et al., 2021). Many perceived the group values of clinical psychology to be focused on an individual approach to mental health, often overlooking socio-political contexts (Burton, 2004; Nelson & Prilleltensky, 2005; Patel, 2003; Rahim & Cooke, 2019b; Thompson, 2007). However, given that the CEE and socio-political issues are inherently linked (Adams, 2021; Barnwell et al., 2022; Crandon et al., 2022b), some perceived engagement with climate activism to step outside of the social norms of the group (clinical psychology profession). As a result, negative stereotyping and stigma (Bashir et al., 2013; Lindblom & Jacobsson, 2014) towards climate activism were commonly experienced. In keeping with current research, these perceptions acted as barriers to psychologists' engagement with the CEE (Bashir et al., 2013; Stenhouse & Heinrich, 2019; Stuart et al., 2018), who feared the potential detrimental personal and professional consequences.

Many participants valued being connected to nature, which increased their awareness of the interconnections between the natural world and mental health and their subsequent engagement with climate activism. This further supports research suggesting that a relationship with nature promotes higher levels of climate action (Curll et al., 2022; Thomson & Roach, 2023). Evidence also indicates that time spent in nature can be beneficial for the mental well-being of healthcare professionals (Mihandoust et al., 2021; Iqbal & Abubakar, 2022; Nieberler-Walker et al., 2023); for example, taking breaks in green spaces improves their mood and decreases burnout (Cordoza et al., 2018; Gola et al., 2021; Tips & Signs, 2018). However, similarly to the present findings, a UK study found that those with a stronger identification with nature showed higher levels of climate distress (Whitmarsh et al., 2022). This creates a paradox: while nature connection can boost well-being and motivate

climate action, it can also heighten climate anxiety (Curll et al., 2022; Schmitt et al., 2019).

4.3 Clinical Implications

Findings support the existing literature calling for teaching on the climate crisis to be embedded within clinical psychology training programmes (Barnwell & Wood, 2022; Hagenaars et al., 2020; Walker & Hewitt-Johns, 2021; Watkins & Ciofalo, 2011) outlining the importance of knowledge in individuals' perceptions of their ability to discuss this topic (Geiger et al., 2017). Further, since many training programmes are linked with NHS trusts, this recommendation connects with the plans to deliver a Net Zero NHS. It emphasises the need to support all NHS staff in better understanding climate change and its implications for healthcare (NHS, 2020). However, in line with research suggesting that knowledge alone does not consistently lead to behaviour change and active responses to the CEE (Allen & Crowley, 2017; Kahan et al., 2012), effective climate education must also consider the emotions and collective identities that shape decision-making (Bain et al., 2012; Roeser, 2012) within the clinical psychology profession.

Participants highlighted the CEE's inherently intertwined nature with social justice issues. Making this connection helped some to understand the climate crisis as relevant to their professional values and role in alleviating distress and challenging inequity. Interestingly, participants who explicitly discussed social justice during the survey also felt more strongly that clinical psychologists have a professional responsibility to engage in climate activism than those who did not mention it. This is supported by research which outlines that perceiving injustice triggers moral emotions, leading to pro-environmental action (Baumert et al., 2013; Nicolai et al., 2022). Considering this, it's important that psychology training foregrounds social justice and the voices of those from the Global South

and Indigenous communities (Filho et al., 2021; Suffla & Seedat, 2021), alongside acknowledging the CEE's colonial roots and inherent inequity (Barnwell & Wood, 2022; Hagenaars et al., 2020; Moulton & Machado, 2019).

Despite participants' varied awareness of statements from professional psychology bodies supporting climate activism, all welcomed this, outlining hope of a shift in the profession's status quo (ACP- UK, 2022b; BPS, 2023). Further leadership and visibility were unanimously emphasised as important to provide guidance, permission, and professional safety, particularly given the systemic barriers experienced working in the NHS (Thompson, 2007). This call for guidance from the profession's leadership is crucial, given that perceived inadequate responses to the CEE or feeling betrayed by those holding significant power can perpetuate emotional distress (Hickman et al., 2021). Therefore, this study advocates for proactive leadership to shape the profession's collective identity and culture (Barth et al., 2021; Mackay et al., 2021) and efficacy perceptions while prioritising climate and social justice. As the findings suggest, reducing the stigma associated with climate activism through increased discussion, visibility, and engagement with the CEE across the profession may be helpful here. Furthermore, participants highlighted a narrow view of activism that is often synonymous with protesting and raising awareness about the full scope of activism, which might help to improve accessibility for clinical psychologists.

It is well-documented that a wide range of emotions are experienced when considering the climate crisis (Hickman et al., 2021; Pihkala, 2022; Scholz, 2023), and the present study's findings illustrate that clinical psychologists are no exception. Climate distress made participants disconnect from the topic and face complex emotional dilemmas. These findings indicate that it may be helpful for clinical psychologists to have access to specific support where they can process these emotions and experiences related to the CEE. Peer

support groups or dedicated reflective spaces, such as climate cafes (Broad, 2024; Calabria & Marks, 2024), could be an effective way to do this, particularly given that relationships and connections with others were highlighted as facilitators of climate activism. Similarly, groups involving collective climate activism can reduce climate distress and facilitate hope (Bamberg et al., 2018; Schwartz et al., 2022).

Finally, as highlighted in the *4.2 Research Findings in Context* section, being connected with nature was important for many participants and motivated climate action; however, existing literature found that this can also increase climate anxiety. Therefore, although time in nature may be emotionally helpful for some clinical psychologists, this recommendation should be balanced with both the potential benefits and risks. An approach such as ecotherapy, which emphasises mindfulness and intentional nature awareness (Doherty, 2016; Sheffield et al., 2022), may offer this balance, allowing psychologists to explore their feelings and identity about the natural world while keeping psychological distance from distressing thoughts (Blackledge, 2007; Williams, 2023).

4.4 Future Research

Given that this is the first empirical study exploring clinical psychologists' experiences of the CEE and activism, further research would be helpful to expand on these findings. Several participants in the present study noted children's and young people's services as contexts that may be particularly relevant to the CEE, and this is also supported by existing research (Hickman et al., 2021). Therefore, studies focusing on clinical psychologists in these areas may be insightful.

Research exploring different psychological interventions for climate distress may be helpful, including the utility of such support for healthcare professionals. Given the current findings, support that facilitates social connection would be particularly interesting.

Attempting to frame these findings within existing psychological theories may also help provide different levels of understanding of clinical psychologists' engagement with the CEE and activism.

Finally, future research exploring the complex relationship between nature connectedness and climate emotions would be insightful. This may have utility in developing guidance on incorporating nature into psychological support for climate distress.

4.5 Study Transparency & Trustworthiness

4.5.1 Strengths and Limitations

The present study is the first to research UK clinical psychologists' experiences and perceptions of the climate crisis and activism, providing novel and timely insight into this area. To avoid oversaturation of specific viewpoints, participants from all levels of understanding of the CEE and climate activism were encouraged to apply.

During the survey, participants were asked to elaborate on their pre-existing knowledge about both the CEE and climate activism. Responses incorporated a wide range of knowledge, from 'very limited' to a 'good level' of knowledge and understanding of these topics. This variety in participants' levels of knowledge of the topic is a strength and offers a helpful insight into climate crisis awareness and engagement across the clinical psychology profession. However, it is important to consider that by nature of the participants showing an interest in the survey

topic, this may still represent a more climate-informed demographic than that of the wider clinical psychology profession.

The study's aims, area of interest, and population were clearly stated, and a thorough explanation of why a qualitative methodology and RTA were most appropriate for exploring participants' experiences and perceptions (Braun & Clarke, 2013). Methodological integrity was maintained by providing direct participant quotes and necessary context, ensuring the analysis was well-supported and rooted in the data. The researcher incorporated transparency into all stages of the study by reflecting on her position about the subject area and considering how this may affect the research findings. The process of keeping a reflective journal, alongside concept maps (Appendix 2H), was explained to illustrate the researchers' thought processes behind interpretations. Reflections were recorded immediately after transcription to capture key reflections and allow interpretations to be discussed at various stages with supervisors.

Collecting data via an online qualitative survey offered benefits to engagement, including flexibility for participants and the use of their own words. A further strength of using the online survey was giving voice to those who may otherwise abstain from face-to-face interviews due to the topic's potentially polarising or political nature (Braun et al., 2021). Utilising an online survey determined that the quality of the data collected could not be negatively impacted by the interviewer's skill (Brinkmann & Kvale, 2008), ensuring consistency across participants (Terry & Braun, 2017). However, a potential limitation of using online recruitment and data collection methods exclusively is that they exclude those without access to the internet (van Deursen & van Dijk, 2018).

A further limitation was that recruitment was stopped at the minimum recommended sample (Braun & Clarke, 2021a) due to time constraints. As some participants offered greater

detail in specific areas compared to others, more responses may have provided further insight. The study's global location can also be seen as a limitation when researching the CEE, as the UK currently has fewer direct impacts of the climate crisis than others, which may have impacted the depth of responses.

4.5.2 Reflections

Each study process was underpinned and reliant on reflexivity; therefore, to some degree, the researcher's position or 'lens' must be recognised in data interpretation, and if presented with the same dataset, others may have come to a differing understanding. The researcher reflected on the topic's emotional weight and, at times, felt deeply sad about the reality of the climate crisis and its impact on the natural world. Many parallels were noted between her own experiences and those of participants, and recognising this allowed the researcher to not over-identify with their narratives or make assumptions that her own experiences reflected their reality. Keeping an ongoing journal of these reflections was helpful to keep this at the forefront throughout the analysis process, ensuring that the findings remained situated in the data (Appendix 2I).

The researcher also reflected on the decision to move to a remote, online data collection method via a survey. Recruitment was minimal when the study was initially advertised as a one-to-one remote interview. The researcher reflected on this with her supervisor, identifying a sense of emotional heaviness for many people, considering the global socio-political events at the time of recruitment. She reflected on how difficult it might feel to discuss the existential threat of climate change during political polarisation, global conflict and humanitarian crisis. While this may have been an accurate representation, it could also have been influenced by the researchers' own experiences of difficult emotions

linked to the situation. After reflecting on this, the researcher felt that either way, this could impact both the participants and her own ability to discuss such topics in an interview, with online surveys feeling like a more sensitive, accessible alternative. The researchers' desire for greater inclusivity alongside the limited time to recruit participants also factored into reaching this decision.

5. Conclusion

The present study aimed to better understand how clinical psychologists working in the UK NHS experience and perceive the CEE and climate activism, alongside exploring the barriers and facilitators to engagement with this. The findings illustrate the emotional nature of the climate crisis and the complexities of engagement in climate activism for clinical psychologists. Despite broad recognition of the alignment between the profession's values and clinical psychologists' responsibility to act regarding the climate crisis, they experienced difficulty moving beyond this awareness and into climate action. Dichotomous responses to the CEE and climate activism were highlighted, however, given the urgent need for solidarity and collective action, it is crucial to find a middle ground on this topic. To echo the sentiment expressed by participants in this study, it is more important to take imperfect action than to take none at all.

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Chapter 3 & 4: Press Releases

Psychological Therapists' Experiences of Social Justice Work, a Meta-Ethnography

&

Clinical Psychologists' Experiences and Perceptions of the Climate Crisis and

Activism in the UK, a Qualitative Study

Chapter 3: Press Release for the Literature Review Paper

Psychological Therapists' Experiences of Social Justice Work, a Meta-Ethnography.

Recent social and political events such as the COVID-19 pandemic, the cost-of-living crisis and the climate crisis have highlighted widespread inequities in society and the disproportionate impact of these on already marginalised groups. People with mental illnesses are particularly affected, with these challenges often worsening their conditions or triggering new mental health issues. In light of this, the World Health Organisation (WHO) and the United Nations have recognised the importance of psychological therapists adopting approaches that understand and address the harmful effects of social and political factors. A strategy that aims to do this is social justice, focusing on therapists to understand the connection between social oppression and mental health and actively advocating for social change. However, despite the progress in recognising social justice in psychological therapies, the profession faces criticism for superficial discourse and limited action on this.

To better understand therapists' lived experience of social justice, the researcher compared and summarised all previous studies on this subject area. The researcher searched for studies written in the past 15 years that have explored psychological therapists' experiences of social justice work and identified 13 relevant research papers. A research method called meta-ethnography was used to understand and combine the findings from these studies, providing a large sample of 246 participants in total. This method involved comparing and analysing the stories and experiences reported in these studies to identify common themes and insights. This process helped to create a bigger picture of therapists' experiences of social justice work, making it easier to understand complex issues through the combined knowledge across these studies.

The findings of the study highlighted the many aspects of social justice work which were experienced by psychological therapists. These included both personal and professional factors and illustrated the emotional nature of social justice. As therapists became more aware of social justice issues, many underwent personal transformations. They described that as their awareness of social justice issues grew, they felt they must adapt their actions and values accordingly, even when this proved difficult. Many reported that this impacted all areas of their lives and, as a result, required them to bring both their personal and professional identities to social justice work. For some, this meant embodying their marginalised identities, and they often needed careful consideration and courage about how to navigate this. Therapists with marginalised identities often felt a stronger emotional connection to issues of social justice and faced an increased emotional burden and pressure to act as spokespeople for certain communities on these topics. Many participants described this process as bringing a sense of vulnerability, particularly if they were in a position of less power, and when these topics were not handled sensitively, they experienced feelings of hurt, rejection, and frustration. When coping with these feelings, many participants described the importance of self-care and personal boundaries, along with relationships with like-minded others. These helped participants to feel supported and inspired to sustain their commitment to social justice.

Additionally, several participants explained that some colleagues perceived social justice as outside of the therapist's remit and held negative perceptions of those engaging with these issues. For some, there was concern that these perceptions might negatively impact their professional careers or alienate them from others, resulting in many therapists being mindful of discussing social justice and the language they used. Others felt that social justice was not discussed enough in the wider context of psychological therapy and that there was

limited education about these types of issues, resulting in therapists being uncertain of how social justice could fit into their role.

These findings highlight that engagement with social justice work can be emotionally and personally challenging for all therapists. However, therapists with marginalised identities can experience disproportionate responsibility for social justice issues and increased emotional consequences. This emphasises the need for power and privilege to be examined at all levels and contexts of psychological therapies and for therapists holding societally privileged identities to be proactive in increasing their awareness of inequity and advocating for social justice. Further, given that relationships with others were outlined as helpful on many levels by participants engaging with social justice work, clinical supervision could be a valuable way to provide continued support to these therapists. Finally, in order to increase therapists' awareness of social justice and reduce negative perceptions, this study highlights the need to include social justice topics in therapy training. It suggests that these topics should be integrated authentically, with a focus on incorporating voices from marginalised communities in research, reading materials, clinical scenarios, and teaching.

Further Reading:

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Clinical Psychologists' Experiences and Perceptions of the Climate Crisis and Activism in the UK, a Qualitative Study.

Scientists have established that human activity, such as burning fossil fuels, has increased climate change to the point that our planet is now in a state of climate emergency. The most vulnerable members of our population, who are the least responsible for causing climate change, will be the most affected by its consequences. Research has highlighted the many links between the health of our natural world and the health of the humans who inhabit it. This includes both physical and mental health. Studies indicate that the negative impacts of climate change will increase the risks of mental ill health and further exacerbate existing mental health issues. Climate change has important relevance for clinical psychology as a key part of a clinical psychologist's role involves working with individuals experiencing mental illness to alleviate psychological distress and promote psychological well-being.

Professional bodies within clinical psychology have released statements encouraging psychologists to take action in response to the climate emergency. Despite this call to action in the form of peaceful protests and many psychologists in the UK acknowledging the professional importance of climate change, there is currently no research to explore their experiences and views of the climate crisis or climate activism. Further, the factors that may be enablers or barriers to psychologists engaging with climate activism have yet to be considered. Addressing these questions is an important part of understanding how to increase clinical psychologists' engagement in climate activism and, consequently, work toward mitigating psychological distress on a wider societal level. This study aimed to explore these questions and address this gap in the literature.

Ten qualified clinical psychologists who worked in the United Kingdom (UK) National Health Service (NHS) completed online surveys which explored their experiences and perceptions of the climate crisis and climate activism. The results of each survey were analysed by the researcher using a method called reflexive thematic analysis (RTA) to identify whether there were any patterns between what the different participants described, particularly whether there seemed to be any shared understanding of their experiences or perspectives. The 'reflexive' part of this process meant that the researcher actively reflected on their own influence on the analysis, being aware of their biases and perspectives to ensure a deeper and more accurate understanding of the data. This method helps in uncovering meaningful insights and narratives that might not be immediately obvious.

The findings highlight the strong emotional impact of the climate crisis, and the challenges clinical psychologists encounter when getting involved in activism. The participants also faced dilemmas, such as maintaining personal well-being while being aware of the climate crisis, participating in broader societal action, and managing extremes of emotions like hope and hopelessness. Many of them believed that the field of clinical psychology did not adequately address climate issues, creating uncertainty about their role in climate activism. They expressed a need for leaders in the field to acknowledge and address this gap. In discussing the barriers to clinical psychologists engaging with climate issues, some participants pointed out that the profession tends to focus on individual mental health while overlooking the socio-political contexts related to climate concerns. Engaging in climate activism was seen as unconventional for their profession and was associated with negative stereotypes and stigma.

Many participants recognised the significance of being kind to themselves while being involved in these matters. Having colleagues who shared similar interests in this topic

also proved to be very helpful for many participants in getting involved in climate activism, as it provided them with practical and emotional support.

These findings highlight that despite many clinical psychologists recognising the alignment between their professional values and the need to act on climate issues, many need help moving from awareness to action. This emphasises the need for greater leadership, education, and guidance on this topic to support clinical psychologists' involvement in climate activism.

The author wishes to express gratitude to the participants who gave their time to participate in this study, generously sharing their experiences with courage and openness. Thank you.

Further Reading:

ACP-UK Supports Climate Activists Engaging in Non-violent Direct Action and Encourages

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A Portion of the Full Study Characteristics Table

	Title & Date	Authors	Purpose	Methods	Epistemological Position	Key Findings	Critical Appraisal	Participant Characteristics	Ethnicity	Sexuality
1	How Exemplar Counsellor Advocates Develop Social Justice Interest: A Qualitative Investigation. 2018	Melissa Robinson Swartz, Dodie Limberg, and Joshua Gold	To describe the implementation and evaluation of a poverty simulation for enhancing nursing students' attitudes about poverty	**Design:** Grounded theory **Sample size:** 10 **Sampling:** Purposive/ exemplar sampling **Data Collection:** semi-structured **Data Analysis:** line by line	Grounded theory - designed to limit bias of researcher, open-ended, limited existing literature, very exploratory, further than themes - also generate theory. Beyond surface level, using own interpretation too. Will reach theoretical saturation. Will gain main interviews and develop themes and then continue to interview to assess theme and amend accordingly. Higher level themes = more interpretative by authors.	Analyses revealed four categories related to how participants developed a social justice interest: (a) time context, (b) conditions for social justice interest, (c) influencers, and (d) consequences	**Strengths:** Robust analysis, adequate sample and adequate length of interviews, thick description of findings, detailed description of study context, and triangulation in data collection. **Limitations:** Limited information about strategies to ensure rigor, sample and its characteristics, and researcher reflexivity.	10 participants - no gender stated/age but 8-47 years in practice with mean of 24.3 years	7= white 2 = Hispanic 1 = south Asian	1x gay
2	Social Justice and Counselling Psychology: Listening to the Voices of Doctoral Trainees. 2010	Anneliese A. Singh,Christy D. Hofsess, Elizabeth M. Boyer, Agnes Kwong, Allison S. M. Lau, Melissa McLain, and Kristee L. Haggins	To understand counselling psychology doctoral trainees' perceptions of social justice training in their academic programs.	**Design:** Grounded Theory **Sample size:** 66 **Sampling:** Purposive **Data Collection:** Online qualitative survey **Data Analysis:** Grounded theory	**Critical realism** Grounded theory - designed to limit boas of researcher, open-ended, limited existing literature, very exploratory, further than themes - also generate theory. Beyond surface level, using own interpretation too. Will reach theoretical saturation. Will gain main interviews and develop themes and then continue to interview to assess theme and amend accordingly. Higher level themes = more interpretative by authors.	Researchers identified major themes of participants' responses (e.g., promotion of social equality, infusion across training contexts, training opportunities outside of programs, importance of "walking the talk"). Implications,	**Strengths:** First empirical study to examine how doctoral trainees perceive how their academic training programs are implementing social jus- tice principles. Qualitative design. Large, national sample **Limitations:** Qualitative study with lag sample size. Did not have a way to follow up with participants about their answers. Self-selective sample - prior interest in topic	Counselling Psychology trainees F = 49 M = 16 aged 26-48 mean 31	49 = white 5 = Black / African American 5 = Asian American/ pacific Islander 2 =Hispanic/ Latina	49 x heterosexual 6 x lesbian/gay 7x bisexual 3 x queer 1x questioning

Appendix 1E

Translating Papers into Each Other

Paper 1:
Participants experienced difficulty in defining social justice and reflected on how this may not be the term that they would choose to use (instead, suggesting 'systemic work'). All participants said that they understand social justice as empowering disadvantaged or oppressed groups, equality of resources and opportunity, and addressing power imbalances. Some participants felt strong emotional connection to social justice issues, often with roots and personal experiences of injustice which deep and connection to the work. Reflections here about difficulties in separating personal and professional threads of social justice and referred to social justice as a 'way of life': "… The kind of person I am is where it starts for me". Participants highlighted the good fit of social justice in mental health work, the philosophy of the profession connecting with social justice ideas. Reflections on the wide scope of practice for social justice work, from one-to-one work to wider systemic work, sometimes required to step outside of the 'traditional therapeutic frame'. There was suggestion that contexts can be restrictive to engagement and a concept that social justice does not feel integrated into psychology professions. Consistency and the link between values and actions was emphasised. Participants suggested 'not looking away' and 'to not close our eyes', linking to the emotional side of the work experience and the need for self-care.

Initial Musings: There was an alluded-to idea of alignment or misalignment in social justice work and moral or existential dilemmas creating emotional strain. There was a hint of narrow perceptions of social justice in traditional therapy roles and the idea that other professionals may not take social justice work seriously.

Initial Codes: Power Imbalance, Values Linked to Action, Emotional Experiences, Connection to Social Justice, Personal and Professional Identity, Where Social Justice Fits, Role of Therapist, Restrictive Context of Psychological Therapies, Maintaining Awareness of Social Justice, Need for Self-Care.

Paper 2:
Similarly to the first paper, participants experience social justice as promoting equal access to resources and opportunities - "levelling the playing field" and decreasing social inequality. There was a focus on oppressed, marginalised or underprivileged groups. Link to paper 1: "Now that my eyes are opened"- experience of learning more about social justice issues as personal, alongside professional, and experiencing a sense of 'outgrowing' people as a result of increased self-awareness and social justice identity expanding. Participants experienced social justice work as an 'encompassing and active' process. Recognising own platform and power was acknowledged to be an important part of social justice. Key elements were noted as allyship, education, and engagement/voice. Emotional experiences of social justice: "Step outside comfort zone" and "Draining sometimes" and "It's not social justice if you aren't transformed in some way". Key concepts echoed throughout of the personal growth and change that happened through social justice work. Relationships are experienced as important for supporting social justice work continuity and identity. Values were linked to social justice work "walking the talk".

Initial Musings: There was a concept of the work being all-encompassing and the need to bring personal identity. Social justice started with self-awareness and education, leading to a commitment to change and growth (sense of transforming). The findings alluded to how this can add emotional strain to the work, evident through the emotional language used and reference to potential burnout and awareness of own limits. Bringing self to the work is perhaps at odds with the traditional therapeutic frame (similar to Paper 1).

Initial Codes: Power, Values Linked to Action, Emotional Experiences, Personal and Professional Identity, Where Social Justice Fits, Role of Therapist, Maintaining Awareness of Social Justice, Need for Personal Boundaries, Self-Growth/Changing.

KEY
Blue: Same code identified
Green: Similar code identified
Yellow: New/distinct code identified

Appendix 1G

Meta-Ethnography Themes and Included Papers

Interconnecting Thread	Themes	Subtheme	Papers Included
Power & Emotion (*n* = 13)	3.1 Social Justice Work as a Catalyst for Personal Transformation (*n* = 12)	3.1.1 "Not looking away" (*n* = 10)	Brown et al. (2019)
			Caldwell & Vera (2010)
			Dollarhide et al. (2016)
			Hoover (2016)
			Kozan & Blustein (2018
			Morrison et al. (2022)
			Singh et al. (2010)
			Winter (2021)
			Winter & Hanley (2015)
			Winter et al. (2023)
		3.1.2 "Walking the talk" (*n* = 10)	Beer et al., (2012)
			Brown et al. (2019)
			Cohen et al. (2022)
			Dollarhide et al. (2016)
			Kozan & Blustein (2018
			Morrison et al. (2022)
			Singh et al. (2010)
			Winter (2021)
			Winter & Hanley (2015)
			Winter et al. (2023)
	3.2 Where Social Justice Fits (*n* = 13)		Beer et al., (2012)
			Brown et al. (2019)
			Caldwell & Vera (2010)
			Cohen et al. (2022)
			Dollarhide et al. (2016)
			Hoover (2016)
			Kozan & Blustein (2018
			Morrison et al. (2022)
			Singh et al. (2010)
			Swartz et al. (2018)
			Winter (2021)
			Winter & Hanley (2015)
			Winter et al. (2023)

3.3	Identity	3.3.1	Interwoven Personal & Professional Identities (n = 8)	Beer et al., (2012)
				Caldwell & Vera (2010)
				Cohen et al. (2022)
				Dollarhide et al. (2016)
				Morrison et al. (2022)
				Singh et al. (2010)
				Swartz et al. (2018)
				Winter & Hanley (2015)
		3.3.2	Holding a Marginalised Identity (n = 5)	Beer et al., (2012)
				Caldwell & Vera (2010)
				Cohen et al. (2022)
				Hoover (2016)
				Winter et al. (2023)
3.4	Sources of Support Whilst Engaging with Social Justice Work.	3.4.1	Relationship and connection with others (n = 8)	Brown et al. (2019)
				Caldwell & Vera (2010)
				Hoover (2016)
				Kozan & Blustein (2018)
				Morrison et al. (2022)
				Singh et al. (2010)
				Swartz et al. (2018)
				Winter et al. (2023)
		3.4.2	Relationship and Compassion for Oneself (n = 10)	Beer et al., (2012)
				Brown et al. (2019)
				Cohen et al. (2022)
				Hoover (2016)
				Kozan & Blustein (2018)
				Singh et al. (2010)
				Swartz et al. (2018)
				Winter (2021)
				Winter & Hanley (2015)
				Winter et al. (2023)

Appendix 2A

Ethical Approval

Figure A1

Letter confirming ethical approval

UNIVERSITY OF BIRMINGHAM

Application for Ethical Review: ERN_0777-Jul2023

Thank you for your application for ethical review for the above project, which was reviewed by the Science, Technology, Engineering and Mathematics Committee.

On behalf of the Committee, I confirm that this study now has ethical approval.

Any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards,

The Co-Chairs of the Science, Technology, Engineering and Mathematics Committee

E-mail: ethics-queries@contacts.bham.ac.uk

University of Birmingham Edgbaston Birmingham B15 2TT United Kingdom w: www.birmingham.ac.uk

Page 1 of 1

Appendix 2B

Participant Information Sheet

UNIVERSITY OF BIRMINGHAM

Participant Information Sheet

<u>A qualitative study identifying the barriers and enablers to engaging in climate activism for clinical psychologists working in the UK National Health Service.</u>

You are being invited to take part in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?
My name is Ellyse Dakin, and I am a doctoral student in the School of Psychology at the University of Birmingham undertaking a doctorate in clinical psychology. As part of my studies, I am conducting the research you are being invited to participate in.

What is the research?
It has been established by scientists that human activity, such as burning fossil fuels, has increased climate change to a point that our planet is now in a state of climate emergency. Research has highlighted the many links between the health of our natural world, and the health of the humans who inhabit it. This includes both physical and mental health. Climate change has important relevance for clinical psychology as a key part of a clinical psychologist's role is working with those experiencing mental illness to alleviate psychological distress and promote psychological wellbeing. The professional bodies within clinical psychology have released statements encouraging psychologists to take action in response to the climate emergency. Despite this call to action in the form of peaceful protests, and many psychologists in the UK acknowledging the professional importance of climate change, there is currently no research to explore their views on climate activism.

Aims of this study
The aim of this study is to explore how clinical psychologists working in the UK NHS perceive climate activism, and to identify the barriers or enablers to engagement with climate activism within their role.

Why have you been asked to participate?
I have extended this invitation to all qualified Clinical Psychologists who work in the NHS. I emphasise that I am not looking for 'experts' on the topic I am studying, it will be helpful to have participants with a varying range of awareness on this topic. Participation is completely voluntary for this study.

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What will participating involve?

If you are interested in taking part in this study, please initially note your interest to the researcher via the email address listed below. The researcher will then contact you to discuss your preference for completing either an online qualitative survey or a one-to-one remote interview. Both options will involve answering some questions about your experiences and thoughts about climate activism. It will also involve some questions about barriers and facilitators to climate activism in clinical psychology.

Online survey

If you select to complete the online survey you will be sent a secure link to this via email. The email will contain a unique password and instructions that you will need to use to access the survey. When you access the survey, you will be shown another copy of this information sheet, and you will be asked to select check boxes to confirm your understanding of this information and give your consent to participate. The survey will be available to access for fourteen working days, starting from the initial date that the link was sent to you. The online survey questions can be accessed any time that is most convenient for you, there is an option to save your answers and return at a later time to complete the survey if required. The entire survey will an estimate of one-hour to complete in total. You can choose to skip any questions, and you can end the interview at any time without needing to provide a reason.

Remote interview

If you choose to complete the remote interview, you will meet with the researcher for one hour at a time that is convenient for you. Before the interview, you will be asked to sign a written consent form. The consent form will confirm that you have read this information sheet and agree to take part in this study. I will audio record the interviews so that I can give an accurate representation of your views when writing up the research. You can choose to skip any questions, and you can end the interview at any time without needing to provide a reason.

Are there any disadvantages of taking part?

As the interview will involve discussing the climate crisis, some questions may relate to difficult experiences, thoughts or feelings which could be upsetting. During the interview, you are free to take a break at any point, skip any questions and end the interview without explanation.

Are there any advantages of taking part?

There is a lack of research examining clinical psychologists' views on climate activism and the factors acting as barriers and facilitators to this. A benefit is that your participation in this study will aid our understanding of how to increase engagement in climate activism by clinical psychologists and consequently, help us work toward mitigating psychological distress on a wider societal level.

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Contact details

If you would like further information about this study or if you have any concerns or questions, please do not hesitate to contact us.

Researcher
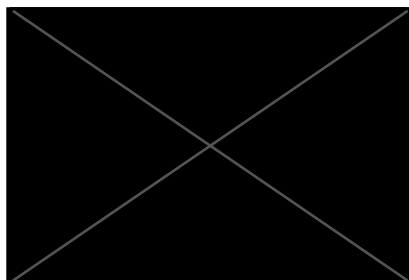
Primary Research Supervisor
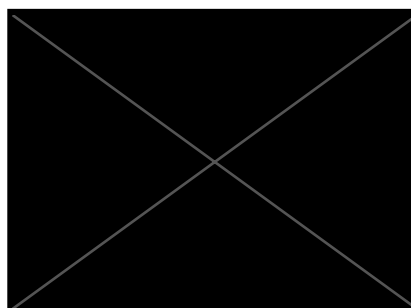
Appendix 2C

Figure B1

Screen Capture of Participant Consent Section

Appendix 2D

Study Recruitment Poster

Appendix 2F

Transcript Excerpt Illustrating the Initial Coding Process

Line	Transcript	Codes	Semantic	Latent
8 – 10	▨▨▨▨▨▨▨▨▨▨▨, and became really interested in the links between nature and human health/wellbeing. I went back to uni to study psychology and then worked in mental health for a bit, before getting on to training, with the longer term goal of bringing more nature into mental health practice.	Nature	Interest in links between health wellbeing and nature.	Nature can be helpful for mental health and wellbeing.
13-14	I feel I have a reasonably good understanding about the climate (and ecological/biodiversity) crisis and its links back to consumption and colonialism.	Colonialism	Aware that CEE has roots in colonialism and consumerism.	Social justice is important in psychology, knowledge of injustice prompted activism.
15 – 17	so it's been on my radar for a long time, though ironically it wasn't until my psychology training that I started really considering the social justice implications and moved more into activism.	Social Justice	Studying Psychology prompted insight into injustice of CEE.	A feeling of not knowing enough.
17 - 18	I do always wish I knew more!	Knowledge	Knowledge of CEE in important.	Knowledge of CEE is emotionally and practically challenging.
18–19	Although having said that, I often feel the, knowing as a burden something that can't be 'unseen'.	Burden	Knowledge brings heightened CEE awareness	Dilemma in that more knowledge means more responsibility.
19 – 20	I sometimes envy people with their head in the sand, carrying on blindly with unsustainable lifestyles.	Envy	Jealousy of those unaware of CEE and don't have to consider it. Those who don't know about CEE blindly live unsustainably.	Lack of awareness of CEE has negative implications and cannot be maintained. Sometimes wish they didn't know either – perhaps would be easier in some way.
20–22	Though obviously I wouldn't change my position... I suppose the flip side of the burden is a valuable relationship with the natural world which is something I could never give up.	Dilemma Resolution	Still prefer to be aware and prioritise relationship with nature despite burden.	Able to see both sides and able to resolve their perspective. Values and prioritises personal connection with nature despite emotional consequences.