

A Thesis submitted in Partial Fulfilment of the Registration for the
Degree of Doctorate in Clinical Psychology (ClinPsyD) at the
University of Birmingham

Volume I

Research Component

Sheryllin McNeil

Doctoral Course in Clinical Psychology

School of Psychology

University of Birmingham

Edgbaston

Birmingham

B15 2TT

United Kingdom

UNIVERSITY OF
BIRMINGHAM

University of Birmingham Research Archive

e-theses repository

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

ACKNOWLEDGEMENTS

My thanks first and foremost is to God for guiding my every step. Thank you for being ‘my’ refuge, ‘my’ strength and ‘my ever’ present help. For Your grace, Your mercy, Your love – I thank You.

There are many people, too many to mention by name, who have supported my journey on this course. But I’d like to take the opportunity here to mention just a few. Thanks to Ethan, my son. I am truly blessed to have you in my life. You are wise beyond your 9 years! Thank you for your kind words of encouragement, your prayers, being so understanding and of course the tea and toast! A huge thanks also the rest of my family but specifically to my parents and my “sisters”, Tasha & Juliette. Thank you for your love and unwavering faith in me. Your support has brought me through the toughest of times. Thank you for always believing this was possible. Thanks also to my dear friends who have stood by me through those ups and downs, my shoulders to cry on, my rocks to lean on. For believing in me when I doubted myself. For your prayers and your love. “You pulled me through” and I could not have done it without you. I am forever grateful. Thanks also to my “course” buddies. It’s been quite some journey but we made it!

Thanks also to my research supervisors Dr Michael Larkin and Dr Jan Oyebode who have kept me on track – even when I changed lines. Thank you for your support, patience, understanding and most importantly the ‘containment’. Without it I would not have had the courage to take on this challenge and stick with it! Thanks also to my ‘village wise man’/unofficial research supervisor, Akan. You’ve been there from application to thesis. Thank you for all those one liners that kept me ‘believing’! (I look forward to the book).

I have been fortunate to have had the opportunity to work with a number of great teams and gifted clinical supervisors. Your support and guidance on training has greatly assisted my learning. I would especially like to thank Dr Stephanie Boyle. It was your guidance and supervision that fired my enthusiasm for the project in the first place. Thank you for the vision.

Finally, I would like to sincerely thank the participants who volunteered their time and experiences to the project. Your contribution to the research process and to my own personal journey as a Black British psychologist (in waiting), has been invaluable. Thank you to you all.

Overview

This thesis is submitted in partial fulfilment of the requirements for registration for the degree of Doctorate in Clinical Psychology (D.Clin.Psy.) at the school of Psychology, University of Birmingham, UK.. This thesis is presented in two volumes. Volume I consists of the research component of the thesis and Volume II contains the written clinical component of work undertaken during training. .

Volume I is comprised of two papers; the literature review and a research paper. The literature review presents a narrative account, exploring the literature related to understanding the experience of ethnic minority therapists. The research paper follows on from this review and is therefore a qualitative exploration of the experience of identity in Black British psychologists.

Volume II contains five Clinical Practice Reports (CPR's) that were completed during the course of training. They are a representation of the clinical work carried out whilst on placement within Child and Adolescent Mental Health, Older Adult, Learning Disability and Adult Mental Health specialities. CPR1 presents both psychodynamic and systemic formulations of a young boy and his family. The family were referred to the service for help to cope with the behavioural and associated learning difficulties associated with his diagnosis of Autistic Spectrum Disorder. CPR2 reports a small-scale, service related, research report. It was designed to explore attitudes, beliefs and experiences of practitioners, tasked with delivering a parenting programme, in order to examine the implementation and dissemination of the group. CPR 3 details the use of the Model of Consequences of Need-Driven, Dementia-Compromised Behaviour which guided the assessment of an older adult and her care environment. A single-case experimental design was used to evaluate the psycho-social intervention. CPR4 is a case study which outlines an adapted approach to cognitive-

behavioural treatment for a 12-year old Autistic boy experiencing generalised anxiety.

CPR5 presents a narrative cognitive-behavioural approach to working with the impact of psychosis. It details the assessment, formulation and intervention conducted with a 63-year old man with a diagnosis of Schizophrenia. As CPR5 was presented orally, the abstract and slides are presented here for reference.

VOLUME I	Contents	Page
Literature Review		12
Abstract		13
Introduction		14
Historical context – Black people in psychology		14
Recruitment of the Black Psychologist/therapist		17
Cultural Competence and the clinician		19
Method		20
Inclusion criteria		21
Search strategy		21
Quality considerations for critique		22
Results		24
Early writings		27
Theoretical frameworks of racial identity within therapeutic racial dyads		29
The minority therapist in training		33
Experiences and responsibilities of the therapist of colour		35
Empirical research		38
Discussion		44
Summary of findings and methodological considerations		44
Geographical considerations		46
Implications for future research		48
References		50
List of Tables		
Table 1: Summary of content of papers		24

Empirical Paper	57
Abstract	58
Introduction	59
Cultural competence	60
Overview of research literature	60
Method	63
Categories and terms	63
Selection and Participants	64
Data collection	65
Data analysis	66
Validity	68
Reflexive considerations	68
Results	70
Theme 1: More than skin deep	71
Theme 2: On being “the Anomaly”	76
Theme 3: The need to feel recognised/valued/supported/accepted	81
Theme 4: The context for (un)acceptance	87
Theme 5: The harder they come	91
Discussion	95
Main Findings	95
Limitations	100
Implications	102
References	106

List of Tables

Table 1: Participant demographic information	66
Table 2: Stages of IPA analytic process	67
Table 3: Themes from analysis	71

Public Domain Briefing Paper	115
-------------------------------------	-----

Appendices

Appendices – Literature Review	117
Appendix 1 – Summary grid of papers and critique	118
Appendices Empirical Paper	125
Appendix 2 Local Research Ethic Committee Letter	126
Appendix 3 Participant Information Sheet	131
Appendix 4 Consent Form	133
Appendix 5 Interview Guide	135
Appendix 6 Examples of coding	137
Appendix 7 Additional Verbatim Material	142
Appendix 8 Instructions for Authors	152

VOLUME II

Contents

	Page
Clinical Practice Report 1: Psychological Models	14
Systemic and Psychodynamic formulations of 8-year old Sukwinder and his family.	
Abstract	15
Case History	16
Referral	16
Assessment	16
Presenting problem and background information	20
Family Background	21
Birth and Development	22
A Systemic Formulation	25
A Psychodynamic Formulation	31
Reflections	36
References	38
 List of Figures	
Figure 1: Genogram Illustrating the S. Family	24
Figure 2: Ecomap of S. Family	27
Figure 3: Multiple levels of context: A systemic formulation	28
Figure 4: A psychodynamic formulation of Mrs S's experience	32

Clinical Practice Report 2: Service Evaluation 40

Keeping the Faith: A qualitative exploration of the experience of practitioners in the delivery of the Triple P programme in the North and East of Birmingham.

Abstract 42

Introduction 43

Method 46

Participants 46

Procedure 46

Analysis 48

Results 50

Theme 1: Engaging Families 50

Theme 2: Engaging Practitioners 53

Theme 3: Hope – Aspirations for Triple P. 56

Discussion 59

Recommendations 63

References 66

List of Tables

Table 1: An extract from the data with applied initial codes 47

List of Figures

Figure 1: Model of conceptual factors 49

Clinical Practice Report 3: Single-Case Experimental Design	69
Growing Old with Grace: A psychosocial approach to challenging behaviour.	
Abstract	70
Introduction	71
Referral	71
Assessment	71
Formulation	77
Design and Intervention	81
Outcomes	84
Visual analysis	82
Statistical analysis	85
Discussion and Reflections	89
Methodological reflections and limitations	89
Ethical reflections	90
Clinical practice and organisational change.	90
References	92
List of Tables	
Table 1: Pre and Post intervention raw scores on the Challenging Behaviour Scale.	85
List of Figures	
Figure 1: An adapted model of the consequences of need-driven dementia -compromised behaviour theory.	80
Figure 2: Chart showing scores on Challenging Behaviour scale.	84
Figure 3: Frequency of shouting behaviour across baseline	86
Figure 4: Frequency of shouting behaviour across intervention	86
Figure 5: Frequency of shouting behaviour across baseline and intervention	87

Clinical Practice Report 4: Case Study	97
Worried William: A case report of a cognitive-behavioural treatment intervention for a 12-year old autistic boy and his family.	
Abstract	98
Referral	99
Assessment	99
Formulation	104
Intervention	111
Outcomes and Evaluation	114
Reflections	117
Personal and Professional Development	117
Implications of case for theory and practice	117
Systemic Influences	118
References	119
List of Tables	
Table 1: Reliable change index scores for pre and post results on SCAS	116
List of Figures:	
Figure 1: Formulation of Williams difficulties	106
Figure 2: Developmental model of childhood anxiety	110
Figure 3: Pre and Post measures on the Spence Children's Anxiety Scale	115

Clinical Practice Report 5: Oral Presentation of a Case Study 124

“I Know Why the Caged Bird Sings...”: A case study on the use of a narrative CBT approach to working with the impact of psychosis.

Abstract 125

References 126

Appendices for Clinical Practice Reports

Appendices – CPR1 129

Appendix 1 Score Summary sheet 129

Appendices – CPR2

Appendix 2 Information Sheet 132

Appendix 3 Consent Form. 134

Appendix 4 Focus Group Questions/topic guides 136

Appendix 5 Focus Group Code Frequency Table 138

Appendix 6 Tables 1, 2 and 3 of Themes, subthemes and
example data extracts. 140

Appendices – CPR3

Appendix 7 Challenging Behaviour Scale 145

Appendices – CPR5

Appendix 8 Presentation Handouts 148

LITERATURE REVIEW

“Sometimes the Therapist is Black”

A Narrative Review of the Literature on the Experiences of Ethnic Minority Therapists

Abstract

Research literature appears to have responded to the growing diversity in the communities in which psychologists practice. However, as a result, ethnic minority status is largely viewed in the literature as a client issue, with working with diversity addressed primarily from the perspective of the White therapist (Iwamasa, 1996). The literature appears to be responding to the changing demographics of society, thus focusing on providing an evidence –base to support therapists in the delivery of culturally appropriate treatments and cross-cultural therapy. However it appears slow to respond to the equally slow but shifting demographics of the profession itself. The purpose of the current review is therefore to examine the way in which the experience of the ethnic minority psychologist/therapist has been examined and conceptualised in the literature and outline conclusions that have been drawn. It will also outline attempts in the literature to address issues around ethnic identity for Black professionals within the workplace. The review comments on the grave absence of literature in this area highlighting a need to explore racial/cultural identity and the way in which this is negotiated/managed by the therapist within the workplace. The review remains mindful of the historical and geographical context of literature on the experience of the therapist of colour, and the implications this might have on the stance of the western therapeutic literature. Further research is also suggested given that the experience of identity in the Black British therapist/psychologist remains grossly underrepresented in the literature.

Key Words: Black, colour, culture, ethnicity, minority, psychologist, race, therapist.

INTRODUCTION

Overview

Literature reviews typically include the systematic review of research studies in a defined area. As the following review demonstrates, very little has been conducted in the way of systematic approaches to the study of ethnicity in the therapist. Therefore the current review will aim to guide the reader through the historical context of the therapist of colour, specifically Black therapists. It will also outline attempts by the literature to address issues around ethnic identity for Black professionals within the workplace.

The purpose of this paper is to review literature on the experience of therapists of colour. The review aims to consider the way in which the experience of Black psychologists/therapists has been conceptualised and examined, with the focus on the experience of Black psychologists/therapists in Western societies. The author acknowledges that the experiences and issues of Black psychologists/therapists in other societies where they are not a minority, in for example Africa or the Caribbean, may differ. As stated, the literature is not expansive and as such, this necessitates that the review be constructed as a narrative. The literature is therefore reviewed and synthesised in an attempt to inform what we can learn about the experience of the therapist of colour. The review aims, where appropriate, to highlight methodological strengths and weaknesses and outline key findings.

Historical Context - Black People in Psychology

“But even he, who was blessed with brains, insight, and great perseverance, found the walls here in America at times too thick to breach and too high to climb” (Drew, 1950, pg 137)

Race, ethnicity and psychology have enjoyed/endured a long and tumultuous relationship, the history of which is too long and complex to be recounted in full here. However, colonial oppression is argued to have both exploited African people and fed an imperialist psychology that added 'scientific' support to sustain ideas of White supremacy (Mama, 1995). In speaking about the British experience, Fryer (1984) states that the golden age of colonialism for the British Empire was also the golden age of racist attitudes across the Empire. Mama (1995) further highlights the 'power' of what was a widely accepted, oppressive discourse that situated Black people as 'scientifically' inferior as a race. As such, racist practices were given a God ordained status, with psychological theory providing a base from which they could be justified, legitimised, normalised and left unquestioned (Fryer, 1984; Pickren, 2009).

Literature explicitly acknowledging the specific issues confronting Black psychologists/therapists emerged in the U.S. prior to its open recognition in the UK. The following brief, historical overview therefore begins by setting the scene in relation to the experience of psychologists/therapists in the U.S. before moving to a description of the UK context.

Despite the social context of racial discrimination and intolerance in the United States in the first half of the 20th century (Guthrie, 1976), just fifty-five years after slavery was legally abolished in the U.S., Francis C. Sumner became the first Black man in the western hemisphere to receive a PhD in Psychology. The achievements of Black psychologists continued with Inez Prosser and Ruth Howard (Beckham) becoming the first Black women to earn doctorates in psychology in 1933 and 1934 respectively. Despite the difficulties in obtaining graduate training in psychology, a number of other Black scholars emerged (Guthrie, 1976; Holliday, 2009). Holliday (2009) provides a comprehensive, historical

account of the African-American psychologist. Her account suggests that the societal context at various points in U.S. history served to drive the Black psychologist towards producing literature that would serve to influence policies and significantly challenge widely held assumptions regarding ‘the African-American’ and the Black community at large (Holliday, 2009; Pickren, 2009).

Racism within psychological institutions themselves led to the formation of separate organisations for Black psychologists who saw the need to have a body that served their needs and spoke to their identity (Holliday, 2009). Consequently, the Association of Black Psychologists (ABPsi) was established in 1968 by way of protest against what was viewed as the American Psychological Association’s (APA) lack of interest in and reluctance to respond to Black psychologists (Holliday, 2009).

In the U.K., a number of similar bodies have developed. The Race and Culture group, gained ‘Special Interest Group’ (SIG) status in 1991. One of its key aims is to inform the British Psychological Society’s (BPS) Division of Clinical Psychology of issues pertaining to recruitment and training of ethnic minority trainees (Nadirshaw, 2000). Although the societal ‘racial’ context of the Black therapist/psychologist is reflected upon to a much lesser degree in the U.K. literature, than it is in that from the USA, there is a fear that, despite advances such as the Race Relations Act (Amendment) (OPSI, 2000), the U.K. is becoming increasingly polarised (Daiches & Golding, 2005). This has led some to form more specialist groups such as Psychologists Against Racism, formed in 2003 as a response to the growth of racism in their local communities in the North West of England (Fleming & Daiches, 2005). Other authors have reflected on the impact of institutional racism and whether changes within the profession and government initiatives (discussed below) have led to change in the recruitment and experience of the psychologist of colour. Patel and Fatimilehin’s (2005)

paper posed that very question and concluded that in spite of U.K. policies and government initiatives demonstrating a commitment to improving access to health services for Black and minority ethnic (BME) groups (DoH, 2003), these same BME groups appear to be excluded from the profession itself. As such, the authors conclude that clinical psychology is regarded as a profession exclusive to those who are White, female and middle-class (Fatimilehin & Coleman, 1999; McInnis, 2002; Williams, Turpin & Hardy, 2006) .

Recruitment of the Black Psychologist/Therapist

So here we stand among thoughts of human unity, even through conquest and slavery; the inferiority of Black men, even if forced by fraud; a shriek in the night for the freedom of men who themselves are not yet sure of their right to demand it. This is the tangle of thought and afterthought wherein we are called to solve the problem of training men for life. - W.E.B. Du Bois (1903, chapt 6, para. 4,)

A factor that arguably perpetuates the view that psychology is exclusive is the highly visible lack of diversity within psychology as a profession. This is a cause for concern, acknowledged on both sides of the Atlantic. In the U.K. the Race and Culture SIG published an award winning training manual documenting key issues in clinical psychology around ‘race’ and culture (Patel et al, 2000). U.K. government policies set out to highlight the importance of matching the cultural diversity of the health professional workforce to the level of diversity represented in the local communities they served (DoH, 2003). This is in fact seen as a significant factor in the ability of a service to promote equality of access to services for BME groups. In 2004, the BPS

reported on an initiative by the Division of Clinical Psychology that reviewed factors contributing to issues of diversity within psychology with a particular focus on recruitment and training of clinical psychologists (BPS, 2004). The report concluded that the number of BME applicants to clinical psychology training was in fact below the number needed to meet to NHS demands for diversity within the workforce. It therefore proposed recommendations for how the profession might widen access to BME applicants and thus match workforce demands to communities.

In the U.S. there is a growing amount of literature on the efforts of psychology and psychotherapy programmes to recruit, retain and support psychologists/therapists of colour (Daniel, 2009; Jones & Austin-Dailey, 2009; Kaplan & Small, 2005; Rogers & Molina, 2006; Vasquez & Jones, 2006; Williams et al, 2006). These programs have ultimately sought to improve the representation of Black students and support their progress through mentoring programmes and detailed recruitment strategies. A designated section (45) within the APA has also supported initiatives set up specifically to address the recruitment of BME clinicians.

Nevertheless, the number of psychologists of colour remains low with 13% of US psychologists of minority ethnic status, despite the fact that minorities account for a third of the US population (APA Centre for Workforce Studies, June 2009; U.S. Census Bureau, 2008). Proportions for minority populations are also low in the UK, with 7.9% of the population from an ethnic minority (Office of National Statistics, 2001) but only 5.8 % describing themselves as being from an ethnic minority (British Psychological Society, 2005). The BPS acknowledges that much of the ethnicity data for psychologists is unreported, however recent figures suggest that of the data submitted, just 1.2% of UK based clinical and/or counselling psychologists are Black or ‘mixed race’ (G. Bennett, BPS,

personal communication, April 20th 2010). These figures exist in spite of the fact that psychology remains a popular discipline, with more students from BME backgrounds reading psychology in the UK than going into other, more traditional health professions (BPS, 2004). The proportions of people who are Black or 'mixed race' are much lower for postgraduate applied professional training with 89% of successful applicants to Clinical psychology training describing themselves as being of White ethnic origin with just 1% of those accepted onto clinical training being of Black (African/Caribbean) origin (Clearing House for Postgraduate Courses in Clinical Psychology, 2009). The figures therefore highlight the continued importance of exploring barriers to BME communities to accessing the profession alongside barriers to accessing services (Cape et al, 2008). However the figures also highlight the limited impact said policies have had on the recruitment and retention of psychologists of colour.

Cultural Competence and the Clinician

Government legislation has advocated the need for these services and potential employers of Black psychologists to, themselves demonstrate cultural competence (National Service Framework for Mental Health, 1999; DoH, 2003). The BPS has made similar recommendations in support of incorporating cultural competence training into clinical psychology training (BPS, 2010). Working with cultural diversity has, as a result, become a core competency within training (Patel et al., 2000). As such the profession's focus has been to develop training programs to equip clinicians with appropriate skills to work with ethnicity and diversity (Boyd-Franklin, 1989; BPS, 2010; Daniel, Roysircar, Abeles & Boyd, 2004; Hardy & Laszloffy, 1995).

Although research and legislation continue to respond to the growing diversity in the communities in which psychologists practice, the focus has often been to address therapists' engagement of different cultures and the delivery of culturally appropriate treatments and cross-cultural therapy (DoH, 2003; DoH, 2004; Fatimilehin & Coleman; 1999; Lago, 2010) . Discourses around race have therefore developed into discourses around diversity and ethnicity, and how culture itself may impact on the therapeutic process (Lago & Thompson, 1996). Lago and Thompson (1996) in particular state that engagement between culturally and racially different therapeutic dyads can ultimately affect therapeutic outcomes. As such they encourage clinicians to be aware of their cultural positioning within society as both therapists and human beings.

As a result, ethnic minority status is viewed by the literature as largely a client issue with working with diversity addressed primarily from the perspective of the White therapist (Iwamasa, 1996). Consequently, although the literature appears to be responding to the changing demographics of society, it appears slow to respond to the equally slow but shifting demographics of the profession itself. As a result, the experience of the ethnic minority psychologist/therapist remains largely ignored in empirical literature, calling into question how one trains ethnic minority therapists to be culturally competent, whilst failing to acknowledge the impact of difference for them, as clinicians. As clinicians of colour are more likely to encounter clients whose cultural heritages are different from their own, it is suggested here that it is important for the literature to address their needs.

METHOD

The literature review presented here is a narrative account of the existing literature in the area of psychologists and therapists of colour.

Inclusion Criteria

Articles included were:

Those published in English journals and those directly referring to the experience of therapists of colour and their experiences in cross-cultural working. Books, book chapters and unpublished dissertations were not included in the review.

- i) Empirical research studies using qualitative and quantitative methods
- ii) Articles presenting research that reflected the author's own experience or the experience of others with less systematic analyses were also included (i.e. clinical vignettes, personal reflections).
- iii) Given the sparsity of literature in this area, the review covers articles from 1964-2010.

Search strategy

The literature was sourced using electronic databases (PsycINFO, Web of Science, Medline, EMBASE and Google Scholar) with the use of key words such as 'colour', 'color', 'psychologist', 'therapist', 'counsellor', 'psychotherapy', 'race', 'ethnic', 'minority', 'Black'. These searches yielded 300 references which were then hand sorted against the inclusion and exclusion criteria, for relevance to the current review. Published articles referenced by the articles found were also included and a number of key authors contacted to locate any additional papers. Given the scope of the review, unpublished sources and book chapters were excluded. This has obvious implications for the outcomes of the review itself as, for example, it would appear that much of the U.K. based work has not been published in peer reviewed articles. An unfortunate consequence of this is that the availability of U.K. literature is severely limited.

Quality considerations for critique

Given the limited literature, the review itself is ‘concept centric’, with the concept of the experience of the therapist of colour providing the organising framework. In an attempt to be as inclusive as possible, the review is not confined to one research methodology or type of article but includes qualitative and quantitative research as well as anecdotal literature. This makes it difficult to prescribe standardised criteria for quality. However, the qualitative research was evaluated according to guidelines set out by Elliot, Fischer and Rennie (1999) and Yardley (2000). The six guiding evaluative standards drawn from their recommendations used in this review include the following:

- i) *Reflexivity/The authors’ ability to own their own perspective.* – Papers were evaluated on degree to which the authors’ personal/theoretical orientations were included in their writing/research.
- ii) *Situating the sample in the broader context* – Papers were evaluated on the information provided about the wider context of the research participants and/or the context of the theory
- iii) *Transparency* – Papers were evaluated to establish whether pertinent aspects of the research process are disclosed and themes are well grounded in examples.
- iv) *Good Fit* – There is ‘good fit’ between the research question, the investigation, analysis and understanding of the phenomenon.
- v) *The aim is accomplished & limitations acknowledged.* – The authors present clear objectives which they address, but remain cautious in the claims made regarding the generalisability of their findings or arguments.

vi) *Impact* - The author captures the phenomenon in a way that resonates with the reader and offers a novel way of understanding that phenomenon.

One purpose of qualitative research is to understand the lived experience of people. Thus, the anecdotal literature that includes papers offering clinical vignettes and personal accounts is arguably also a (lesser) example of such research. In addition, the results from the two survey-based articles used methods akin to content analysis. Therefore, for the purposes of this review, these types of research are also assessed for quality using the same standards.

RESULTS

Table 1.
Summary of Content of Papers

Author, year & country	Population Under study*	Stated Aims	Themes (relevant to review)	Outcome
Adetimole, Afuape & Vara (2005) UK	Clinical Psychologists	A reflection of key experiences of Clinical Psychologists during their training.	i) Identity ii) Token Status iii) Colour and credibility iv) Dialogues of difference	Discussion paper only
Afuape (2004) UK	Clinical Psychologists	To present the use of racial identity as a framework for therapeutic alliance	i) Dual culture ii) Power & empowerment iii) Identity iv) Dialogues of difference	Discussion paper only
Banks (1975) USA	Therapists	To discuss the professional demands on the trained Black therapist	i) Class & colour ii) Therapist competency iii) Personal and Professional identities iv) Therapeutic relationship	Discussion paper only
Comas-Diaz & Jacobsen (1995) USA	Therapists	To examine the therapeutic dyad of the White patient and therapist of colour	i) Racial identities ii) Projection & identification iii) The power contradiction iv) Ethnocultural transference and countertransference v) Colour and Credibility	Discussion paper only
Constantine & Sue (2007) USA	Doctoral supervisees in Counselling and Clinical psychology.	The use of IPA to explore the perception of Black supervisees in supervision with White supervisees of racial micro-aggressions.	i) Invalidating cultural issues ii) Stereotypic assumptions iii) Fear of being viewed as racist iv) Focus on clinical weakness v) Blaming clients of colour for problems stemming from oppression vi) Culturally insensitive treatment	Increased understanding of how micro-aggressions present themselves in the supervisory relationship
Curry (1964) USA	Psychotherapists	To discuss the transference in the White client-Black therapist dyad	i) Impact of negative stereotypes ii) Identity within the Black therapists iii) Supervisory issues	Discussion paper only
Gardner (1971) USA	Psychotherapist	An examination of client-therapist relationship under varying conditions of race.	i) Impact of negative stereotypes on the therapeutic relationship ii) Needs and expectations of the Black therapist iii) The “resolution” of Blackness in the Black therapist.	Discussion paper only

Helms (1984) USA	Counsellors	To present a model of cross and same-race counselling processes	i) Stages of racial consciousness and their impact of the therapeutic process.	Discussion paper only
Iwamasa (1996) USA	Cognitive behavioural therapists	To present findings of exploratory survey of ethnic minority Cognitive Behavioural therapists	i) Inadequate coverage of ethnicity on training ii) The impact of ethnicity on their work iii) The impact of negative stereotypes iv) The positive aspects of race v) Credibility and race	Recommendations for clinical training and individual development. Suggests future empirical research.
Jernigan, Green, Helms, Perez-Gualdrón & Henze (2010) USA	Doctoral and Masters psychology trainees	Qualitative exploration of racial dynamics between supervisors and supervisees of colour.	i) Tension in discussion race ii) Racial identity theory iii) Cultural competency in the supervisor of colour	Supervisors not always skilled in discussions issues around race.
Jordan, Bogat & Smith (2001) USA	Psychologists	To present the challenges and responsibilities of the Black psychologist	i) Responsibilities & expectations ii) Power iii) Identity – Black professional iv) Class	Discussion paper only
Knox, Burkard, Johnson, Suzuki & Ponterotto (2003) USA	Psychologists	To explore experiences of discussing issues of race in cross racial therapeutic dyads.	i) Addressing race in cross cultural dyads ii) Effects of addressing race	African-Americans felt more comfortable addressing race. African-Americans more likely to address race due to perceived discomfort in the client.
Leary (1995) USA	Psychotherapists	To illustrate race and a framework for therapeutic alliance	i) Impact of race and ethnicity in psychotherapeutic process	Discussion paper only
Lo (2010) USA	Psychologists	A personal reflection on racial identity development	Discussion paper only	Discussion paper only

McDowell , Fang, Young, Khanna, Sherman, Brownlee (2003) USA	Marriage and Family therapists	To report on action research project aimed at creating a space for racial dialogue within a marriage and family therapy training program	i) Power ii) Cultural competency iii) Social impact of race iv) Racial awareness v) Identity	Enhanced professional and racial competencies, increased racial awareness and confidence in discussing issues pertaining to race.
Morgan (2008) UK	Psychotherapists	To highlight the implications of race for the trainees and training institutions	i) Power contradiction ii) Responsibilities of professional organisations iii) Identity and experience of Black trainees	Discussion paper only
Suinn (1993) USA	Psychologists	To present the perspectives of minority psychologists	i) Token status ii) Intellectual inferiority iii) Having to prove your worth iv) Identity and Achievement	Discussion paper only
Tinsley-Jones (2001) USA	Psychologists	To qualitative assessment of the experience of racism in psychologists of colour.	i) The psychologist of colour as a representative of race/ethnicity ii) Poor performance within the field of psychology iii) Work to be done to improve the way in which the discipline addresses race/ethnicity	Accounts of subtle racism. Racism named as a cultural phenomenon active in psychology. Recommendations for change.
Tummala-Narra (2004) USA	Psychotherapists	To illustrate the role of race and culture in the supervisory relationship	i) Expectations of cultural expertise ii) Transference & Countertransference iii) Dialogue regarding race & culture within supervision iv) Cultural competency	Discussion paper only
Tummala-Narra (2007) USA	Psychotherapists	To illustrate the dynamics of skin colour within the therapeutic process	i) Identity formation ii) Impact of skin colour on the therapist and client iii) Transference & Countertransference	Discussion paper only
Wieling & Rastogi (2003) USA	Marriage and Family therapists	A survey of experiences of ethnic identity	i) The influence of ethnicity on training experience ii) The influence of ethnicity on participants identity iii) Needs of therapists of colour iv) Experiences with ethnic minority clients	Inadequacy of clinical training and professions attempt to meet needs of therapists of colour

Yi (1998) USA	Psychotherap -ists	To review models of race based transference and propose an inter- subjective view.	i) Racial identity – construction of identity and experience ii) Transference and Countertransference iii) The role of the analysts cultural values within the therapeutic encounter	Discussion paper only
------------------	-----------------------	--	---	--------------------------

Key: *Description of the population under study gives the terms used by authors of the papers.

An overview of the papers reviewed, is presented in Table 1. The table in the literature review appendix provides a summary of the review process. The papers are grouped together in order to guide the reader through the narrative. The review begins with the early literature on the experiences of the Black therapist/psychologists which is reviewed against the historical and social context of that time. The review then moves on to examine the theoretical frameworks that have been used to explore the experiences of Black therapists within cross-cultural therapeutic dyads. It then takes a closer look at the literature dedicated to the training of therapists of colour and specific experiences of said therapists. The review ends with an examination of the empirical research in the area to date.

Early writings

Early literature on the Black therapist was concerned with his/her responsibilities and the way in which they managed the shift in class status. Of particular interest was the way in which the Black therapist experienced his/her new identity within the therapeutic encounter. Gardner's (1971) paper aims to outline the role of race in the relationship between the client and therapist. He positions the Black therapist as working with 'culturally preformed transference tendencies' of his/her White client, with the psychoanalysts often having to work with transference and the dark fantasies of the 'Negro', adding that transference as a phenomenon may present more readily in White clients when faced with a Black therapist.

Notably however, Gardner (1971) does not restrict his discussion to the way in which a White client might relate to the therapist's colour, but also pays particular attention to the way in which the therapist experiences his own 'Blackness'. He therefore discusses what he surmises to be the internal conflict in the Black therapist in his/her struggle to be accepted by White clients whilst remaining 'Black'. Gardner (1971) goes on to outline the responsibilities of the Black therapist to resolve such issues around their own "Blackness" in order to work effectively with both Black and White clients. Similarly, Banks (1975) discusses the difficulties of Black therapists in their ability to resolve conflict between their professional and personal identities. Banks (1975) also situates his discussion within the social context that closely linked class and colour and as such acknowledges the dilemma of the Black therapist who by nature of their professional designation is viewed to have transcended or succumbed to White middle-class values. Banks (1975) calls upon the Black therapist to increase his/her understanding of their own identity as a Black person and goes further to add that the Black therapist's competency may in fact be affected by his/her ability to do so.

Given the novelty of the western Black therapist at this time, the papers above are evaluated to have been of considerable impact. Gardner (1971) and Banks (1975) do well to situate their writing against the backdrop of racial conflict in the USA. However, Gardner (1971) appears to make vast generalisations in order to typify the experience of the Black therapist. This appears to oversimplify the experience and create a new set of stereotypes to be applied to 'the' Black therapist. Banks (1975) continued the dialogue of how race and colour might be experienced by the therapist of colour working with both White and Black clients. However he, in contrast to the above, is careful to acknowledge various 'shades' of Black and as such recognises that Black therapists are not in themselves a homogenous group. Of particular interest is the assertion, in both papers, that the Black therapist should

aspire to a level of “Black cultural sophistication” (Banks, 1975, pg 472, free from racial “hang-ups” (Gardner, 1971, pg 84). Suggesting that the ‘good Black therapist’ would be one who had managed to “get themselves together” and “know who he is” (Banks, 1975, pg 471). What is less clear is how the Black therapist would do so against the backdrop of persistent negative racial stereotypes held by the clients and, as acknowledged by the authors, the Black therapist himself. A reflective stance on their own experiences of being a therapist of colour is notably absent. However, both articles represent a shift in the literature to start to acknowledge the ethnicity of the therapist as a variable in the therapeutic encounter.

Theoretical frameworks of racial identity within therapeutic racial dyads

Some work has attempted to account for individual differences and experiences within the Black therapist working within various racial dyads by drawing on the theoretical models of Black identity dominant at that time, namely Cross’s (1971) model of Nigrescence. Helms’ (1984) work echoed the themes of earlier work, in that an effective therapeutic encounter was in some way seen as mediated by a Black therapist’s ability to resolve any conflict they had with their Black identity. Helms (1984) therefore proposed a model that predicted that the experience of the Black therapist in the counselling encounter, with either Black or White clients, would be mediated by their level of their acceptance of their Blackness. The paper acknowledges the lack of evidence to support the ideas purported about Black therapists, but can be viewed as a step forward in the use of theory to explore the experience of therapy for the Black clinician.

Other literature explores the experience of Black therapists within cross cultural dyads from a psychodynamic framework. Curry (1964) explores the meaning of being ‘Black’ for the ‘negro’ therapist of that time by exploring the mythological significance of the colour

Black and also by outlining the transferential relationship in cross cultural working. Once again, the article stands as an influential and somewhat novel paper of its time, especially in light of the fact that the Black therapist was him/herself a novelty. However, the impact of the meaning and 'mythical' significance of what it means to be Black for the Black therapist is absent. In addition, given the assertions of the White patients of "... the longer I work with you, the Whiter you become..." and references to the Black therapist as "Booker T. Freud", one is left wondering not just about the nature of the transference and resistance discussed in the paper on the part of the patient, but about the significance of his status as the 'negro' therapist to his own sense of identity. Does the therapist in question think of himself as Booker T. Freud and how did he experience the reality of being "negro" given the societal labels that associated it with "evil" and "inferiority" of that time?

Drawing further on psychodynamic perspectives, Comas-Diaz & Jacobsen (1995) describe the Black therapist's experiences as a series of countertransferential responses to what is regarded as a powerful social contradiction. Yi (1988) similarly highlights the role of transference in the therapeutic encounter and also in the role it has in the construction of experience and understanding of what it means to be a therapist of colour. Whereas much of the literature focuses on the experience of transference in the client, the paper acknowledges that the racial background of the therapist of colour is also significant. Yi (1988) argues, in line with the literature cited above, that the therapist is required to reflect on his/her own ethnicity, "Blackness", cultural values and assumptions in order to maintain an effective therapeutic relationship. Comas-Diaz & Jacobsen (1995) discuss the possible need of the therapist of colour to assert their competence both as a result of expected, perceived incompetence and his/her own insecurity. As a result the Black therapist is said to seek validation and acceptance from his/her White clients. The Black therapist is also said to

experience feelings of not being “good enough” to work with clients. Nevertheless, alongside this Comas-Diaz & Jacobsen (1995) state that Black therapists may also experience some guilt over not working with issues or clients of a similar racial background to themselves. Anger and resentment of their position as the Black therapist is also said to be characteristic of their experience. As such they too advocate the resolution of conflict within the Black therapist to manage such issues as power imbalances and acceptance. Yi (1988) additionally warns of the possibility that race may become so salient an issue for resolution within the therapist that, in effect it overshadows the concerns and cultural perspective and positioning of the client.

However, both papers, once again suffer from a lack of evidence to support their arguments. Although the arguments themselves are clearly made, the voice of the Black therapist is notably absent. Although Comas-Diaz & Jacobsen (1995) intersperse clinical vignettes from therapists of colour, these serve only to highlight the relevance of countertransference in the cross cultural therapeutic encounter and its role in the resolution of issues of trust and acceptance in the therapist. Much of the experience of the Black therapist is framed as a reaction to the White client, whereas it could be argued that the experience of the Black therapist reaches beyond the therapeutic encounter alone, being strongly influenced by the social context, as is indeed reflected in earlier literature.

Tummala-Narra (2007) continued to examine the specific issue of skin colour within the psychotherapeutic literature. The issue of skin colour is addressed within a socio-historical context that echoes the work of Curry (1964), where lighter skin colour and the colour White itself has, through language and literature, been given a somewhat mythical status of being good/pure and the colour Black characteristics of bad/ disagreeable (Tummala-Narra, 2007). These negative images are therefore argued to have become part of

the internal psyche of both clients and therapists alike. Clinical vignettes from her own work are used to highlight the need for therapists to consider their own attitudes to skin colour in their work as well as being willing to address these issues with clients. However the focus remains largely on the experience of skin colour for the client rather than the interpersonal world of the author, who was mistaken, in this case, for the receptionist rather than the therapist. The article is well situated in the broader societal context of issues pertaining to skin colour, particularly the idealisation of lighter skin colour. In addition, reflections from her own work provide an informative element of reflexivity. However, without empirical evidence, the paper is unable to offer more than an exploratory comment on the experience.

Using three case illustrations, Leary (1995) also examined the role of race within psychotherapeutic relationship with an African-American therapist, notably herself. Following a review of the literature, she asserts that although therapists should be encouraged to attend to the meaning of race within the therapeutic dyad, the fact that the therapist is inherently tied to the social context of race outside therapy, should not be ignored. This is well illustrated in the accounts of her experiences with White clients and her reactions to the varying ways in which 'race' was addressed within therapy. It is also notable in the final case illustration with the African-American clients' reaction to being assigned to the Black therapist. Thus social and cultural norms are argued to influence the "counteractions" of the therapist as well as the organisations to which the therapist or trainee therapist belongs (Leary, 1995). However, once again, the focus remains largely on the experience of the client with the Black therapist and although examples are provided, little is made of the meaning of race for the therapist in those dyads.

The minority therapist in training

Within educational institutions, Black and minority ethnic students remain underrepresented across all levels of psychology (Vasquez & Jones 2006). Their absence at doctoral level is particularly relevant with this level being the entry level for Clinical Psychology (Vasquez & Jones 2006). Similar trends have been observed in psychotherapy programs (Kaplan & Small, 2005; McDowell et al. 2003). Morgan (2008) poses the question: “Whose problem is it?” In her paper of the same name, she cites the unpublished dissertation of Margaret James-Franklin (2004) who interviewed Black therapists, in the UK on their experience of training. Therapists reported feeling that, at times, their colour/difference was ignored and as such their need to find a space and time to discuss their culturally specific experiences was not met. However, they also reported that at times their colour was overly ‘visible’, and attracted far more attention than they wished it to.

Morgan (2008) argues that the dilemma for educational institutions is to adequately address the issue of colour that is “by definition so visible” yet is often overlooked or, in many cases, not seen at all. Moreover she argues that although the problem itself is located and held by the Black individual, it is equally damaging to White members of the organisation who fail to respond. As a White therapist herself, she acknowledges her position within a Western culture and draws arguably, uncomfortable parallels between the institutional racism identified in the Stephen Lawrence enquiry and the type of racism that exists in psychotherapy institutions. The failure to acknowledge cultural diversity on the part of the trainee therapist of colour is therefore discussed in the context of an institution that is unable to acknowledge its “internal racist” and the racist backdrop of society itself (Morgan, 2008). As such the author appears to conclude that the “problem” ultimately lies within the White institution, rather than in the Black trainee. However, the reliance on the unpublished

work of James-Franklin (2004) speaks to the need for more published research in this area in order to gain empirical support for her arguments.

Tummala-Narra (2004) proposes that, given the marginalised position of race in the therapeutic field, the race and culture of the therapist of colour can become difficult to acknowledge in that it becomes laden with emotional charged issues of racism which both the therapist of colour and their supervisor may well wish to avoid. As such she argues that the supervisory relationship can be a fraught encounter when addressing issues of race, since the supervisory relationship reflects the issues of power that are also present in the therapeutic relationship. Tummala-Narra (2004) again uses clinical vignettes of her own experiences to illustrate the personal conflict within the therapist/supervisor of colour and the relevance of racial/cultural biases and values in both the therapeutic and supervisory encounter. As a result the paper calls upon the supervisor and in some way the institution to enable the therapist of colour to further explore these values.

McDowell et al. (2003) conducted an action research project within a Marriage and Family Therapy training course in the USA, which aimed to develop the cultural competency of therapists of “colour” by providing a space within which their experiences of race could be shared. The result was a racial dialogue group that was not exclusively for therapists of colour but was specifically geared to increasing racial awareness and sensitivity. The group was all female and consisted of four students of African-American, Asian-American, Mexican-American and European-American descent. (There were no male students enrolled on the Course at that time). The main focus of their investigation was the dynamics of race in the personal and professional development of the group members as therapists. The main method of data collection was through experiential accounts from group members alongside journal entries, videotapes of group meetings, case reports and reports of professional

experiences. This is illustrated in the detailed accounts given by group members within the paper. In one such account the Mexican-American trainee recalls her reluctance to disclose her Mexican maiden name because, being married to a White man and having “not too Mexican looks”, meant she could “pass” for White. She recalls feeling that this gave her some advantage as she was able to avoid negative stereotypes that she was “less than”. The authors also reflect on their own experience and roles as facilitators. The authors found that racial dialogue supported the development of group members as therapists and increased their understanding and awareness of the impact of race in therapy. However the authors acknowledge that the study’s findings are limited by the lack of formal measures of assessment in measuring, for example, therapeutic skills. The authors also validate the subjective reports of the experiences of group members who reported that the group was fundamental to their awareness of race and its relevance in their professional development.

Experiences and responsibilities of the therapist of colour

A number of papers provide personal reflections on the experience of being a minority ethnic psychologist. Lo (2010) reflects on her own experience in order to illustrate how her own racial identity has developed. She reflects on her “faulty presumption of equality” and of her experiences of isolation and dissonance in her search for meaning and identity in her professional experience. She additionally expresses what she experienced as a need to work harder in order to prove that she was deserving of her place on her training course. The paper provides an example of the internal conflict within the experience of an ethnic minority psychologist and illustrates her ongoing struggle for identity. She does well to own her own experience whilst also making no generalisations about the experience of other minority psychologists.

Adetimole, Afuape and Vara (2005) reflected on their experiences as Black, female clinical psychologists. Although a reflective piece, it does well to draw on the theoretical Black identity literature previously discussed. As such, their experiences of training were framed within a cyclical process of Black identity. They reflect on the development of a new personal and professional identity against the context of negative stereotypes and overt “institutional and insidious” racism. Their recommendations are grounded in their specific experiences, which amounted to them considering leaving the profession altogether. Whilst their voices and their experiences, and as a result this article, validates the negative experiences suffered by other trainees of colour, one cannot help but question whether this is a general experience of all Black trainees as the article appears to suggest. The article goes on to encourage psychology as a profession to address the ‘totality of the human experience’. However future research that allows for a wider range of voices and experiences of Black trainees may better represent the ‘variety’ that exists in the ‘Black experience’.

Afuape’s (2004) paper is a reflective piece that draws on systemic approaches in examining how she uses her own identity and experience as a Black woman to inform her work with clients and within the larger systemic context. It provides a useful first-hand account of her experience of reflecting on her identity of the sort so often absent from the literature. She highlights what she believes to be the invaluable opportunity she was afforded within supervision to examine for herself what it meant for her to be a Black psychologist. She also uses her ethnic, cultural, racial identity as a Black, British born, Nigerian woman to explore the way in which this identity informs her therapy. She explores the way in which the system (i.e. the profession of psychology), in her experience, seems able to acknowledge “Blackness” when discussing access or “barriers to treatment”. However there appeared to be an uneasy silence when discussing her “Blackness” as part of her identity as a

psychologist. Consequently, she is keen to stress that she is not merely “a White psychologist in brown skin”(pg 174). However she also writes of the responsibility of the Black psychologist to use his/her status as both a Black individual and a psychologist to empower others.

Other writers have echoed the themes of responsibility of the Black psychologist. Although Afuape (2004) is keen to highlight the absence of a ‘White psychologist within brown skin” (pg 174), Jordan, Bogat and Smith (2001) state that the Black psychologist, through the experience of being trained in the White, middle-class institution, undoubtedly adopts some of these values. This is argued to be advantageous to the Black psychologist who is said to be able to adapt to both ‘White’ and ‘Black’ environments, occupying both “insider” and “outsider” perspectives. Nevertheless Jordan and colleagues (2001) suggest that the Black psychologist who has essentially been socialised as a White, middle-class psychologist may find it increasingly difficult to reintegrate into Black communities, as their professional demeanour may distance them from the mainstream Black culture. However, the position held by the Black psychologist is said to be one of influence, if not power, as they are most likely to initiate debate and research on race and cultural issues, and to advocate on behalf of Black communities (Jordan et al., 2001). The paper itself is lacking in examples. The arguments present Black psychologists as a homogeneous group, making gross generalisations about Black psychologists, their social context and the communities they might choose to serve. However, what is of interest to this review is the implied sense of responsibility of the Black psychologist to work to bring about social change in their communities.

In the paper entitled ‘Minority Myths and Misunderstandings’, Suinn (1993) shares the experience of seven ethnic minority psychologists from four different ethnic minority groups,

African American, Native American, Asian American and Hispanic/Latino. Videotaped interviews were conducted with each of the psychologists with questions focusing on their choice of career, experience as minority individuals and minority psychologists. Experiences ranged from being excluded, low expectations for achievement and a wish to belong. Also expressed was the means by which educational achievement became a “vehicle” through which issues pertaining to difference could be expressed. The extracts that recount the experiences of these psychologists provide an interesting and varied account. However, the author does not make any claims that this was to be a qualitative study and admits that the limited excerpts included in the text do not fully capture the experiences conveyed in the taped interviews. One is constantly reminded, whilst reading the article that by omitting vast amounts of valuable data, quotes that may have more fully represented the experience of the minority psychologists involved have been lost.

Overall, the papers in this area left the current reviewer hungry for qualitative research that moves away from clinical vignettes, personal reflections and discussion papers to present an empirical account of the lived experience of the therapist of colour.

Empirical Research

Iwamasa (1996) acknowledges the lack of empirical research examining the experience of the Black therapist. The paper also notes that the issue is predominantly explored within the psychotherapy writings rather than psychology. Her study surveyed a total of 31 ethnic minority therapists using a brief, three-page questionnaire. They provided subjective free form responses to set questions on the adequacy of their culture and diversity training, the impact of their ethnicity on their clinical work and their interactions with clients and other, White colleagues. Given the absence of previous work in this area, the study provided a

useful and valuable insight into the experience of ethnic minority therapists who highlighted concerns with the inadequacy of their training on matters of culture. Participants also spoke of the 'expert position' they were often assigned on matters of race and culture. In fact it was the question on experiences with non-minority colleagues that provoked the most emotionally charged answers. This indicates that previous literature may have missed an important facet of the experience of the Black therapist by largely focusing on the therapeutic dyad.

Although a step in the right direction in terms of the exploration of the experience of the Black therapist, the study's shortcomings lie in its methodology and data analysis that lacked both transparency and reliability. It lacks sufficient rigour to make clear recommendations for training courses and is in stark contrast to the author's own recommendations of a scientist-practitioner approach. However, the subjective elaborations are informative, highlighting concerns of ethnic minority therapists about their credibility, the threat of negative stereotypes and the inadequate coverage of issues of ethnicity on training courses. The study therefore points to the value of qualitative methods for collecting and analysing data to capture the experience of the minority therapist.

Wieling & Rastogi's (2003) pilot study with marriage and family therapists aimed to, among other things, examine the influence of the therapist's own identity on their therapeutic work and practice and their experiences of being therapists of colour. Participants were also questioned on their experiences of clinical training and their experience and attitudes relating to working with minority clients. The sample comprised a number of differing ethnicities and the data were collected using a 30-item, open ended, web-based questionnaire. Content analysis and Spradley's (1979, 1980) Developmental Research Sequence was used to identify themes from the data. The authors acknowledge that their analysis and consequently their findings are presented within the specific questions of the study. Nevertheless, the therapists

all reported a strong sense of racial identity which was of great value to them. Therapists also highlighted institutional failings by their training faculties and larger professional bodies in meeting their needs as ethnic minority therapists. However, as with the previous study, this study may have benefitted from the use of qualitative methods to further capture the experiences of therapists of colour and as acknowledged by the authors better capture the “voices” of these therapists who remained ‘hidden’.

In recent times, some qualitative research designs have been utilised by researchers in the field. Constantine & Sue (2007) returned to the experiences of Black psychology supervisees and looked specifically at their experience of “racial micro-aggressions”, actions or statements on the part of their supervisors that conveyed racially demeaning attitudes towards people of colour. Their aim was to explore the conditions under which these racist actions or remarks may occur and the impact this might have on the supervisory relationship. Nevertheless the interview protocol allowed for wider issues to be addressed. Their findings indicated that issues pertaining to race and culture were often overlooked by their White supervisors. This was thought to be due to the supervisors’ own discomfort with discussing race, perhaps through fear of being viewed as racist. Linked to this fear was the reluctance on the part of the White supervisor to give performance feedback. Other themes in the study included the indication that many of the White supervisees made stereotypical assumptions about the Black clients who presented to their services with many of them being viewed as the cause of their own problems. Following on from this the Black supervisees highlighted that they were often guided by the White supervisors to formulate and work with clients in a way that was perceived to be culturally insensitive. Stereotypical assumptions were made of the Black supervisee with some stating that they believed their supervisor felt they were incompetent on some level. A total of 10 Black supervisees participated in the study. They

did so under the selection criterion that they had experienced some racism within supervision. As a result they had not only experiences of dealing with subtle racism but also with what could be termed as ‘macro aggressions’. As accounts were retrospective in nature, these more overt experiences may have ‘coloured’ their recollections and reflections on the more subtle micro-aggressions. However these limitations are acknowledged by the authors. Overall the study provides support for using qualitative methods to capture the racial subtleties of experiences of clinicians of colour and the impact of these for Black professionals.

Often the literature on race and ethnicity is a step behind the actual context in which the therapist of colour lives and works. However, Jernigan et al. (2010) present a refreshingly current look at the emerging picture of psychologists of colour, acknowledging not merely the presence of the trainee of colour but the existence of the supervisor of colour. Their study therefore explores the supervision dyad between supervisors and supervisees of colour. The study reports the responses of six supervisees (Masters and Doctoral level students) whose data was collected by way of a semi-structured survey. Content analysis was used to analyse the data. Supervisees reported that the topic of race and culture was often introduced by them rather than their supervisors. The Racial Identity Social Interaction Model is used as a conceptual framework within which to consider the dynamics of the supervisory relationship. Dyads are consequently labelled as Regressive, where the supervisee’s racial identity status is more advanced than the supervisor or Progressive, where the supervisors’ racial identity status is said to be more ‘developed’. The authors make no claims as to the generalisability of their findings. However as much of the previous research has been on cross-cultural supervision dyads, the findings contribute to the wider discussion on cultural competency and the assumptions of expertise. Nevertheless, the model appears to suggest

that there is an ‘ideal’ level of development that ‘the’ Black psychologist should aspire to and obtain. In addition, the model proposes that development is fixed and can be interpreted in a comparative context. It does not therefore appear to account for individual differences. Hence one is left questioning the validity of a model that asserts the existence of ‘advanced’ racial identity status.

In other qualitative literature, Knox et al. (2003) sought to capture the experience of racial dialogue within the therapeutic dyad. The main aim of the study was to explore how the psychologist might raise the issue of race within therapy and the circumstances that might require that it be raised at all (Knox et al. 2003). However the protocol remained flexible enough to allow for further exploration of their general experience of race. 12 psychologists were interviewed in total (5 African-American and 7 European-American). Overall themes emerging from the therapists’ overall experience of race are particularly noteworthy. The African-American psychologists stated that the racial experiences they had prior to graduate school had shaped their approach to therapy. As a result, they were also more likely to attend postgraduate training in working cross-culturally than their European-American counterparts. African-American participants reported that they typically addressed race if they perceived some level of discomfort in the client. They also reported feeling more comfortable doing so than their ‘White’ counterparts. Although the main focus of the study was the ease with which African-American and European-American psychologists addressed the race issue in therapy, the richest responses were to those questions that asked of their lived experience and fundamentally their identity as Black individuals and later, developing Black psychologists. Notably the responses of the participants appear to have reminded the researchers that cross-racial encounters were more likely to be a frequent occurrence in the lives of African-

American psychologists. The use of verbatim material in the text would have further contributed to the discussion.

Tinsley-Jones (2001) aimed to explore how race and culture were experienced in the professional lives of psychologists and the evaluations and judgements they made of the professional bodies and institutions to which they belonged regarding their performance on issues of race and ethnicity. Data were gathered using qualitative interviewing of self-identified psychologists of colour. Participants were of Latino, Chinese, African-American, South-east Asian and mixed origin. Their experiences of race and ethnicity in their professional lives were both positive and negative, ranging from feeling supported and valued to being considered “invisible” with incidences of subtle racism unaddressed. However the interviews were successful in eliciting emotive accounts of their experience of being of colour in the professional realm of psychology. Themes also echoed findings of previous research where the ethnic minority psychologist was viewed as spokesperson on all things racial. In this there was a feeling of loss of individuality where the ethnic minority psychologist merely remains a ‘colour’. However, alongside the fact that the ethnic minority psychologist essentially wears some of his/her culture on the surface of their skin, these psychologists reported that they felt they were required by individuals and organisations to restrict the outward showing of their ethnicity. This seems to highlight a tension regarding whether colour should be viewed as a dominant characteristic worn with pride or whether this may be experienced as stifling of identities that go beyond skin colour. The study poses some methodological concerns, namely its lack of procedural explanation. Also notable is the fact that of the three target questions, only one pertained to personal experience of race/ethnicity by asking “how has race/ethnicity come up in your professional life?” The author admits that almost 50 questions were asked of the respondents over the course of 1 to 3 hours of

interview. As such the reader is left questioning the overall transparency of the data as well as questioning what may have been lost in the reporting of answers to the three target questions rather than eliciting themes across entire transcripts. The author concludes that findings support the presence of subtle racism within the field of psychology. However given the fact that none of the participants (in the data presented) used the emotionally loaded term, the reader would be well advised to be cautious in the conclusions made of the findings. Consequently, the personal toll that racism in psychology is concluded to have on the psychologist of colour may be better viewed in terms of the impact racism has had on society as a whole and as a consequence the institutions in which the psychologist of colour is a part. As such, future work may serve the psychologist of colour better by ‘listening to’ the participants’ experience of identity in this context rather than ‘listening out’ for racism.

DISCUSSION

Summary of findings & methodological considerations

The subjective experience of the Black therapist/psychologist can be said to be located firmly within the social, historical and geographical context of his/her time. Indeed, this literature review is located within a social context that in the last decade has seen the election of the first Black president of the United States and African-Americans becoming CEOs of Fortune 500 companies.

However, the early context of the western Black therapist/psychologist and writings that followed, was set against the backdrop of the civil rights movement and psychological literature on race that had served to reinforce negative stereotypes. The social context of the time also saw the shift in the preference for the label ‘Black’ as opposed to the previous labels of ‘coloured’ and ‘Negro’ (Pickren, 2009). Alongside this came the affirmation of a

new Black, proud identity and consciousness that insisted on a Black psychology that differed from what was viewed as the White-Middle class psychology in the main (Pickren, 2009). As a result, early writers appear to have aimed to guide Black therapists through what they felt was the minefield of the new emerging identity of the Black professional and his/her position as therapist. Despite the gross generalisations made of the experience of “the” Black psychologist/therapist, the papers provided an initial step in understanding the experience of the therapist of colour.

The agendas of the early Black authors appear to have given way to new agendas addressing the ability of training institutions to cater for the needs of the trainee of colour. Specific attempts were also made to conceptualise the experience of therapists/psychologists of colour within a theoretical, psychodynamic framework. This harked back to early literature and in some way could be argued to have stayed closer to the wish to understand the experience of his/her own race/ethnicity on the therapeutic process. Consequently, the focus of this literature is the experience and meaning of the minority identity with particular attention paid to the experience of countertransference and the social contradiction present in Black therapist/-White client dyads.

Reflective reports and personal recollections offer a unique insight into the experiences of ethnic minority therapists/psychologists. However, despite the slow but steady increase in the numbers of psychologists and therapists of colour the vast majority of literature in the area remains largely limited to these early theoretical writings and individual, experiential/reflective accounts.

Whilst the reviewer would caution against any study that made unsubstantiated conclusions about the general experience of “the” therapist/psychologist of colour or Black therapist/psychologist, there is a growing need within the literature to, at the very least, make

audible the voice of these clinicians. Ten years into the 21st century, one could argue that we are not much further forward in our understanding of their experience. This could be due to a number of factors, one of which could be argued to be the fear surrounding emotive discourse on race where the White majority may seek to avoid being judged as racist and the minority therapist may work to avoid being viewed as the angry and oppressed member of the team. However, this is all the more reason for good quality empirical research that presents a transparent and coherent account of findings that are grounded in the data, without grand claims of generalisability to all therapists of colour. Also required is empirical evidence that presents ideas that resonate with the reader whilst acknowledging and owning the author's own perspective and subsequent biases in the data.

Geographical Considerations

The history of the American Negro is the history of this strife,—this longing . . . to merge his double self into a better and truer self. In this merging he wishes neither of the older selves to be lost. He would not Africanize America, for America has too much to teach the world and Africa. He would not bleach his Negro soul in a flood of white Americanism, for he knows that Negro blood has a message for the world.

—W. E. B. Du Bois (1903, Chap. I, para. 4)

As is often the case within the literature on 'race' and culture, the experience of the person of colour is defined by the experience of the American minority. However, given the fact that Black people across the world do not have a unified social history, one is left to consider whether the fate of the Black British therapist/psychologist is to continue to "colour his/her negro soul in the flood of Black Americanism". Mama (1995) states that the Black

Briton needs to draw on what is a specific and distinctive source in order to establish a sense of self. This is grounded in unique historical and cultural positions. Although much can be learned from the African-American or even the minority American experience, it is incumbent on British scholars to at the very least acknowledge the stark differences in the colonial history of Africa and the Caribbean. As a consequence there is a need to engage in a dialogue that captures the experiences and identity of the post-colonial Black Briton and tells their “message for the world”.

The author is also mindful of the geographical implications of the research itself. As such the US based research in particular, appears to reflect the legacy of slavery and its impact upon Black Americans perception of their position. The research stance of the papers included in this review is therefore largely drawn from the experience of Black psychologists as an oppressed minority. Their experience is therefore arguably perpetuated by living in a society that has created, reified and legitimised a notion of ‘race’ as defined by skin colour and used to separate people into ‘Black’ and ‘White’. Hence the author acknowledges a methodological limitation in that, in essence, researching the “Black experience” is influenced by the country of origin and the time period in which it is carried out, as well as the colour and experience of the authors themselves (a factor rarely disclosed by the authors of studies in this review). By failing to acknowledge these limitations, a Black therapist is read as a single entity and generalisations are quickly made about ‘the’ Black experience. As such, is it important to separate geographical positions, such as in the UK, USA and Africa, acknowledging the differences that exist and the impact of living in post-colonial/post-slavery societies.

Implications for future research

In conclusion, this review has highlighted the relevance and unique perspective of the therapist of colour as reflected in research and thinking of psychologists and psychotherapists in the USA and UK. There appears to be a grave absence of literature in this area. In particular, the tendency for the UK literature to remain outside peer reviewed journals not only limited its visibility and availability for this review, but may also reflect on the perceived quality of the work. As such, this is an unfortunate implication that may be well considered by future researchers in the UK if the voices of Black therapists and psychologist are to be heard by as wide an audience as possible.

Nevertheless, the arguments presented in theoretical literature and the findings of the more empirical papers have specific implications for the work and practice of the ethnic minority therapist/psychologist on three distinct but overlapping levels. On an individual level, further research is needed to explore racial/cultural identity and the way in which this is negotiated/managed by the therapist/psychologists within the workplace. On a clinical level, the ethnicity of the therapist/psychologist has been demonstrated to have an impact on both the therapeutic relationship with clients (Black and White) and working relationships with colleagues (Black and White). More research may further increase understanding of the therapist/psychologists of colour's experience within these relationship dyads. At a systemic level, further research could be argued to provide a base from which clinical training programmes can continue to develop and address the needs of the therapist/psychologists of colour as well as continuing to develop ways of supporting the ethnic minority clinician in the attainment of cultural competency. Of particular relevance is the experience of identity in the Black British psychologist who remains grossly underrepresented in the literature and whose unique historical and contextual perspective often goes unnoticed. Consequently,

research with a sound methodology that draws on current theoretical frameworks would help to explore and inform the experience of the therapist/psychologist of colour within this country and abroad.

REFERENCES

- Adetimole, F., Afuape, T. & Vara, R. (2005). The impact of racism on the experience of training on a clinical psychology course: Reflections from three Black trainees. *Clinical Psychology*, 48, 11-15.
- Afuape, T. (2004). Challenge to Obscuring Difference: being a Black woman psychologist using self in therapy. *Journal of Critical Psychology Counselling and Psychotherapy*, 4, 164-175.
- Banks, H.C. (1975). The Black person as client and as therapist, *Professional Psychology*, 470-474.
- Boyd-Franklin, N. (1989). *Black families in therapy; a multisystems approach*. New York: Guilford.
- British Psychological Society (2010). *Standards for Doctoral Programmes in Clinical Psychology*. Leicester: British Psychological Society.
- British Psychological Society (2005). *English survey of applied psychologists in health and social care and in the probation and prison service*. Leicester: British Psychological Society.
- British Psychological Society (2004). *Widening access within undergraduate psychology education and its implications for professional psychology: Gender, disability and ethnic diversity*. Leicester: BPS Division of Clinical Psychology.
- Cape, J., Roth, A., Scior, K., Thompson, M., Heneage, C. & Du Plessis, P. (2008). Increasing diversity in clinical psychology: The London initiative. *Clinical Psychology Forum*, 190, 7-10.

Clearing House for Postgraduate Courses in Clinical Psychology (2009). Equal opportunities numbers for 2009 entry. Retrieved 02.08.10, from <http://www.leeds.ac.uk/chpccp/BasicEopps.html>

Comas-Diaz, L & Jacobsen, F.M. (1995). The Therapist of Colour and the White Patient Dyad: Contradictions and Recognitions. *Cultural Diversity and Mental Health*, 1, 93-106.

Constantine, M.C. & Sue, D.W. (2007). Perceptions of Racial Micro-aggressions Among Black Supervisees in Cross-Racial Dyads. *Journal of Counselling Psychology*, 54, 142-153.

Cross, W.E. Jr.(1971). The Negro to Black conversion experience. *Black World*, 20, 13-27.

Curry, A.E. (1963). Myth, Transference and the Black Psychotherapist. *Psychoanalytic Review*, 51, 7-14.

Daiches, A & Golding, L (2005). Editorial: Racism, diversity and responsibility. *Clinical Psychology*, 48, 5-6.

Daniel, J.H. (2009). Next Generation: A Mentoring Program for Black Female Psychologists. *Professional Psychology: Research and Practice*. 40, 299-305.

Daniel, J.H., Roysircar, G., Abeles, N. & Boyd, C. (2004). Individual and Cultural-Diversity Competency: Focus on the Therapist. *Journal of Clinical Psychology*. 60, 755-770

Department of Health (2004). *The Ten Essential Shared Capabilities – A framework for the whole of the mental health workforce*. London: Department of Health/NHSU/The Sainsbury Centre for Mental Health/National Institute for Mental Health in England.

Department of Health (2003). *Delivering race equality: A framework for action*. London: Department of Health.

Department of Health. (1999). *National Service Framework for Mental Health, Modern*

Standards and Service Models. Retrieved from

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4077209.pdf

Drew, R.C. (1950). Negro Scholars in Scientific Research. *The Journal of Negro History*, 35, 135-149.

Du Bois, W.E.B. (1903). The Souls of Black Folk. Retrieved from

<http://www.bartleby.com/114/>

Elliot, R. Fischer, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.

Fatimilehin, I.A. & Coleman, P.G. (1999). 'You've got to have a Chinese chef to cook Chinese food!!' Issues of power and control in the provision of mental health services. *Journal of Community & Applied Social Psychology*. 9, 101-117.

Fleming, I & Daiches, A. (2005). Psychologists Against Racism. *Clinical Psychology*, 48, 7-15.

Fryer, P. (1984). *Staying Power: The history of black people in Britain*. London: Pluto.

Gardner, L.H. (1971). The Therapeutic Relationship Under Varying Conditions of Race.

Psychotherapy: Theory, Research and Practice, 8, 78-87.

Guthrie, R. V. (1976). *Even the Rat was White: A Historical View of Psychology*. New York: Harper & Row.

Hardy, K. & Laszloffy, T. (1995). The Cultural Genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy*. 21, 227-237.

- Helms, J. (1984). Toward a Theoretical Explanation of the Effects of Race on Counselling: A Black and White Model. *The Counselling Psychologist*, 12, 153-165.
- Holliday, B.G. (2009). The History and Visions of African American Psychology: Multiple Pathways to Place, Space and Authority. *Cultural Diversity and Ethnic Minority Psychology*, 15, 317-337.
- Iwamasa, G. (1996). On Being an Ethnic Minority Cognitive Behavioural Therapist. *Cognitive and Behavioural Practice*, 3, 235-254.
- James-Franklin, M. (2004). Process of Adaptation in Black Trainee Therapists. Unpublished Dissertation, MSc in Psychodynamics of Human Development, Birkbeck College, University of London.
- Jernigan, M.M., Green, C.E., Helms, J.E., Perez-Gauldron, L. & Henze, K. (2010). An Examination of People of Color Supervision Dyads: Racial Identity Matters as Much as Race. *Training and Education in Professional Psychology*, 4, 62-72.
- Jones, J.M. & Austin-Dailey, A.T. (2009). The Minority Fellowship Program: A 30-year legacy of training psychologists of color. *Cultural Diversity Ethnic Minority Psychology*. 15, 388-399.
- Jordan, L.C., Bogat, G.A. & Smith, G. (2001). Collaborating for Social Change: The Black Psychologist and The Black Community. *American Journal of Community Psychology*. 29, 599-620.
- Kaplan, L. & Small, S. (2005). Multiracial Recruitment in the field of Family Therapy: An Innovative Training Program for People of Color. *Family Process*, 44, 249-265.

- Knox, S., Burkhard, A. W., Johnson, A.J., Suzuki, L.A. & Ponterotto, J.G. (2003). African American and European American Therapists' Experiences of Addressing Race in Cross-Racial Psychotherapy Dyads. *Journal of Counselling Psychology*. 50, 466-481.
- Kohout, J. & Wicherski, M. (2009). Graduate Study in Psychology: Faculty and Student Data. APA Centre for Workforce Studies. Retrieved from <http://www.apa.org/workforce/publications/09-grad-study/index.aspx>
- Lago, C. (2010). On developing our Empathic Capacities to Work Inter-culturally and Inter-ethnically: Attempting a map for personal and professional development. *Psychotherapy and Politics International*, 8, 73-85.
- Lago, C & Thompson, J.M. (1996). *Race, Culture and Counselling*. Maidenhead: Open University Press.
- Leary, K. (1995). "Interpreting in the Dark": Race and Ethnicity in Psychoanalytic Psychotherapy. *Psychoanalytic Psychology*, 12, 127-140.
- Lo, H. (2010). My Racial Identity Development and Supervision: A Self-Reflection. *Training and Education in Professional Psychology*. 4, 26-28.
- Mama, A. (1995). *Beyond the Masks: Race, Gender, and Subjectivity*. London: Routledge
- McDowell, T., Fang, S., Young, C.G., Khanna, A., Sherman, B. & Brownlee, K. (2003). *Journal of Marital and Family Therapy*. 29, 179-194.
- Morgan, H. (2008). Issues of 'Race' in Psychoanalytic Psychotherapy: Whose problem is it anyway? *British Journal of Psychotherapy*, 24, 34-49.
- Nadirshaw, Z. (2000) Professional and Organizational Issues. In N. Patel, E. Bennett, M. Dennis, N. Dosanjh, A. Mahtani, A. Miller & Z. Nadirshaw (Eds.). *Clinical Psychology, 'Race' and Culture: A Training Manual*. Leicester: BPS Books.

- Office of National Statistics. (2001). *Focus on Ethnicity and Identity*. Retrieved from <http://www.statistics.gov.uk/cci/nugget.asp?id=455>
- Office of Public Sector Information (2000). *Race Relations Act (Amendment)*. Retrieved from http://www.opsi.gov.uk/acts/acts2000/ukpga_20000034_en_1
- Patel, N., Bennett, E., Dennis, M., Dosanjh, N., Mahtani A., Miller A & Nadirshaw, Z. (2000) *Clinical Psychology, 'Race' and Culture: A Training Manual*. Leicester: BPS Books.
- Patel, N., & Fatimilehin, I. A. (2005). Racism and clinical psychology: Has anything changed? *Clinical Psychology*, 48, 20-23.
- Pickren, W.E. (2009). Liberating history: the context of the challenge of psychologists of color to American psychology. *Cultural Diversity and Ethnic Minority Psychology*, 15, 425-433.
- Rogers, M.R. & Molina, L. E. (2006). Exemplary Efforts in Psychology to Recruit and Retain Graduate Students of Color. *American Psychologist*. 61, 143-156.
- Spradley, J. (1979). *The Ethnographic Interview*. New York: Holt, Rinehart & Winston.
- Spradley, J. (1980). *Participant Observation*. New York: Holt, Rinehart & Winston.
- Suinn, R. M. (1993). Minority Myths and Misunderstandings: Only Twins Look Alike. *The Behaviour Therapist*, 16, 243-246.
- Tinsley-Jones, H. A. (2001). Racism in Our Midst: Listening to Psychologist of Color. *Professional Psychology: Research and Practice*, 32, 573-580.
- Tummala-Narra, P. (2004). Dynamics of Race and Culture in the Supervisory Encounter. *Psychoanalytic Psychology*, 21, 300-311.
- Tummala-Narra, P. (2007). Skin Colour and the Therapeutic Relationship. *Psychoanalytic Psychology*, 24, 255-270.

- U.S. Census Bureau (2006-2008) American Community Survey 3-Year Estimates. Retrieved from http://factfinder.census.gov/servlet/DTTable?_bm=y&-geo_id=01000US&-ds_name=ACS_2008_3YR_G00_-&-mt_name=ACS_2008_3YR_G2000_B02001
- Vasquez, M.J.T. & Jones, J.M. (2006). Increasing the Number of Psychologists of Color: Public Policy Issues for Affirmative Diversity. *American Psychologist*, 61, 132-142.
- Wieling, E. & Rastogi, M. (2003). Voices of Marriage and Family Therapists of Color: An Exploratory Survey. *Journal of Feminist Family Therapy*, 15, 1-20
- Williams, P., Turpin, G., & Hardy, G. (2006). Clinical psychology service provision and ethnic diversity within the UK: A review of the literature. *Clinical Psychology and Psychotherapy*, 13, 324-338.
- Yardley, L. (2000). Dilemmas in Qualitative Health Research. *Psychology and Health*, 15, 215-228.
- Yi, K. Y. (1998). Transference and Race. An Intersubjective Conceptualisation. *Psychoanalytic Psychology*, 15, 245-261.

EMPIRICAL PAPER

**‘THE ONLY BLACK IN THE VILLAGE’: A QUALITATIVE EXPLORATION OF
THE EXPERIENCE OF BLACK PSYCHOLOGISTS IN BRITAIN.**

ABSTRACT

Working with diversity is predominantly addressed in the literature from the perspective of the White psychologist/therapist working with cultural difference. Consequently, the ethnicity minority status of the psychologist him/herself, although not unnoticed, often remains ignored. The current study therefore aimed to explore the experiences of Black psychologists. In acknowledging the impact of differences in social and historical contexts the author sought to capture the specific experiences of Black British psychologists, whose voices are rarely heard in the literature. Interpretative Phenomenological Analysis was used to analyse the data from the eight participants who took part. Five themes from the data captured the meaning of 'being Black' for them, as well as how their identity was managed within the systems in which they work. Participants discussed the struggle to break free from pre-conceived, limiting ideas of what it means to be Black within the Black community. They also expressed a need to be recognised for their expertise rather than have their competence questioned/"coloured" by the pigmentation of their skin. Efforts to manage their identity in the face of negative stereotypes were also described. Implications for Black clinicians and the organisations that employ them are discussed.

Keywords: Black, class, colour, culture, cultural competence, ethnicity, organisation, psychologist, race, therapist,

INTRODUCTION

“... so have you had a chance to work with ethnic difference yet?”

(Member of Staff to Black trainee)

I was being asked whether I had had the opportunity to work with clients who were from an ethnic minority background, but as the question was asked, without the enquirer looking up from the sheet, I admit I was both amused and intrigued by it. Despite my obvious difference in skin colour, being the only Black woman/ Black person across all three years of the Clinical Psychology Doctorate, my ethnic difference had been, in that moment, overlooked by a process that neglected to acknowledge that as a Black trainee, I was actually more likely frequently to work with ethnic difference than my White counterparts (Patel, 1998). Reflections on my own racial identity were therefore a starting point for this study which aimed to further explore the experience of cultural and ethnic difference on the part of the psychologist/therapist. Given my own ethnicity and my own experience as a clinical psychologist in training, my position as an “insider” is reflected upon throughout the study in order to acknowledge the impact my own ethnicity had on the qualitative research process (De Andrade, 2000; Gunarathnam, 2003).

More often than not the focus in the literature and in training has been on the psychologist’s ability to understand and respect clients from Black and Minority Ethnic (BME) groups. However, the ethnic position and perspective of the BME psychologist him/herself, although not unnoticed, often remains unacknowledged (Morgan, 2008; Patel, 1998). A brief review of the existing literature in this area is outlined below.

Cultural competence

In light of the shifting demographics of society, cultural competency has become a key requirement for the training and development of clinicians (Hardy & Laszloffy, 1995; Lago and Thompson 1996). Psychologists/therapists are required to be acutely aware of how the culture of the client, as well as their own respective cultural background, may impact upon the therapeutic process. The profession's focus has been to develop training programs and guidelines to equip clinicians with appropriate skills to work with ethnicity and diversity (BPS, 2010; Boyd-Franklin, 1989; Daniel, Roysircar, Abeles & Boyd, 2004; Hansen, Pepitone-Arreola-Rockwell & Greene, 2000; Hardy & Laszloffy, 1995; Patel et al, 2000; Sue, Arrendondo & McDavis, 1992). These approaches highlight that engagement between culturally or ethnically different therapeutic dyads can ultimately affect therapeutic alliance and outcomes (Vasquez, 2007). Clinicians are therefore called upon to be aware of their cultural positioning within society and as therapists and the impact that position might have on the therapeutic relationship (Lago & Thompson, 1996).

Overview of research literature

Well documented difficulties in engaging ethnic minorities in services have meant that the literature and government policy has sought to ensure that therapists/psychologists are better able to meet the needs of their ethnic minority clients (DoH, 2003; Vasquez, 2007). The focus has often been to assist therapists in their engagement with different cultures and delivery of culturally appropriate treatments to enable them to more skilfully engage in cross-cultural therapy (Aitken, 1998; Pakes & Chowdhury, 2007; Waley & Davis, 2007). However, as a result, ethnicity and cultural difference has been viewed as predominantly an

issue arising from the client's background and as such, working with diversity has been addressed largely from the perspective of the White psychologist/therapist (Iwamasa, 1996).

Nevertheless, there is a small body of literature on the experience of therapists/psychologists of colour. The early writings of Black psychologists/therapists (Banks, 1975; Curry, 1964; Gardner, 1971) were set against the backdrop of the civil rights movement in the USA, affirming a new Black, proud identity, and against psychological literature on 'race' that had served to reinforce negative stereotypes. Hence, writers sought to guide Black therapists through what they felt was the minefield of the new emerging identity of the Black professional and his/her position as the therapist.

Specific attempts have been made in the literature to conceptualise the experience of therapists of colour within a theoretical, psychodynamic framework, again, largely from an American perspective. This literature attempted to account for individual differences and experiences of Black therapists working in cross-racial dyads (Dalal, 1997; Helms, 1984). Comas-Diaz and Jacobsen (1995) describe experiences of Black therapists as a series of counter-transferential responses to what is regarded as a powerful social contradiction. 'Race' is therefore said to become so salient an issue for resolution within the therapist that, in effect, it overshadows the concerns, cultural perspective and positioning of the client (Yi, 1988).

Nevertheless, the voice of the Black therapist remains largely silent throughout the early literature, with the authors themselves rarely disclosing or discussing the personal significance of colour. Much of the more recent literature focusing on the lived experience of the ethnic minority therapist is in the form of anecdotal, theoretical papers, based on personal experience (Adetimole, Afuape & Vara, 2005; Afuape, 2004; Joseph, 1995; Lo, 2010).

Authors express experiences of isolation and dissonance in a search for meaning and identity

in their professional experience. There was also an expressed need to work harder in order to prove themselves worthy of a places on academic programmes (Lo, 2010).

Psychology's ability to address 'race' and cultural difference is also discussed. As such authors note the ease with which dialogues around "Blackness" are initiated when discussing access to services and "barriers to treatment" (Afuape, 2004). However this is in stark contrast to the 'uneasy silence' present when discussing "Blackness" as part of the identity of the psychologist (Adetimole, Afuape & Vara, 2005).

The empirical quantitative literature tends to focus on the ethnicity of the therapist as a variable influencing outcomes, examining, for example, the differences in competency of therapists working cross-culturally (Lee & Tracey, 2008; Maxie, Arnold & Stephenson, 2006). However, in a study on the experience of ethnic minority therapists, participants spoke of the 'expert position' they were often assigned on matters of race and culture alongside the less competent image in which they felt they were generally viewed (Iwamasa, 1996).

In recent times, qualitative research designs have been utilised by researchers to capture experiences and what it means to be a Black psychologist/therapist and/or a therapist of colour (Alleyne, 2004; Constantine & Sue, 2007; Jernigan, Green, Helms, Perez-Gauldron & Henze, 2010; Knox, Burkhard, Johnson, Suzuki, & Ponterotto, 2003; Tinsley-Jones, 2001). Themes echoed findings of previous research in which the ethnic minority psychologists were viewed as spokespeople on all things 'racial' (Rajan & Shaw, 2008). These studies also reflected a feeling of loss of individuality where their colour, rather than expertise, was the main defining characteristic of the psychologist of colour within the workplace.

In conclusion, although the literature appears to be responding to the changing demographics of society, it appears slow to respond to the changing demographics of the

profession itself. One is therefore left to question how institutions train ethnic minority therapists to be culturally competent whilst failing to acknowledge the impact of ethnic difference in the clinicians.

As stated, the vast majority of literature in the area also remains largely limited to accounts of predominantly American therapists/psychologists. Much can be learned from the African-American and the minority American experience in general. However, given the fact that the Black Briton is not a new phenomenon in this country, it is incumbent on British scholars to acknowledge the different historical background and capture the experiences and identity of the post-colonial Black Briton (Mama, 1995). As such research is warranted that pays close attention to their own cultural reality of Black Britons and attends to their specific distinctive experiences.

The current study is therefore informed by the themes of the previous literature and aims to contribute to the growing empirical literature by capturing the lived experience of being a Black British psychologist.

METHOD

Categories and Terms

Racial categories themselves present difficulties in the literature and in more generally in dialogue around difference. 'Race' as a term is bound in controversy and a complex discussion too long for the space afforded here (Yee, 1993). However, it has long been discredited as a pseudo-scientific social construct that gave power to imperialistic, prejudicial, oppressive attitudes and discourse that situated Black people as inferior as a 'race' (Gunaratnam, 2003; Mama, 1995; Pickren, 2009). However, the participants in this particular study used the terms 'race', culture and ethnicity interchangeably. This could be said to reflect that the terms themselves have become 'discursively entangled' (Gunaratnam, 2003; Hall,

1996;). As this study is equally concerned with questioning these socially constructed categories as with connecting with the lived experience of the participants, a research strategy outlined by Gunaratnam (2003) has been adopted. It suggests a focus on how participants make sense of their own identity in terms of 'race' and ethnicity and conveys their individual experience of difference using their own preferred terminology.

Selection and Participants

Following ethical approval from an NHS Ethics Committee (see Appendix 1), participants were recruited via promotion and advertising in the British Psychological Society's Clinical Psychology Forum with the assistance of the Race and Culture Special Interest Group. Participants were also active in forwarding details of the study to other interested parties.

The current research was specifically focused on the experience of Black British psychologists. Participants were recruited on the basis of self-identification as Black, and of African or Caribbean descent. Although this sampling is arguably heterogeneous, the sample was unified on the basis of their skin colour. Additional inclusion criteria required them to be either counselling or clinical psychologists and as such work clinically with service users. However the final sample contained just one counselling psychologist with the remainder being qualified clinical psychologists.

A total of eight interviews were conducted (five women, three men). Four participants identified themselves as of Caribbean descent, three of African descent and one of mixed African and English heritage. Whilst the confidentiality of all participants is maintained, additional demographic information is provided in Table 1 in order to orientate the reader to the sample. The range of age of the participants was 33 to 52 and they had been qualified

between 1 and 23 years.. They reported that on average 32.5% of their clients and 11.875% of the colleagues in the services in which they were employed were Black.

Data Collection

A single interview was conducted with each participant, the duration of which was 45-60 minutes. Each was audio-recorded and guided by a semi-structured interview guide (see Appendix 5). This was derived from the following themes/features in the literature:

- Racial awareness and the experience of race and culture pre-professional training
- Racial/ethnic identity and the experience of clinical training
- Racial/ethnic identity and the experience post- clinical training
- The impact of racial/ethnic minority identity on both the therapeutic relationship with clients and the working relationships with colleagues.
- The meaning, values, beliefs associated with “being Black”.
- The experience of “being Black”
- Expectations and responsibilities of training bodies and employing organisations
- Racial identity formation, the influence of culture and ethnicity
- The impact of geographical and social context.

Questions were refined following feedback from a pilot interview conducted with a Black female psychotherapist. The guide itself was used loosely enough to allow the researcher to remain curious and attend to the individuality of experiences being offered.

Table 1.

Participant demographic information

Pseudonym)	Gender	Age	Ethnic/cultural heritage	Years post-qualification
Ayo	F	42	Black British – African descent (mixed race)	2
David	M	unknown	Black British – Caribbean descent	9
Gillian	F	42	Black British – Caribbean descent	15
Kathleen	F	35	Black British – Caribbean descent	8
Kwesi	M	45	Black British – African descent	1
Malcolm	M	52	Black British – Caribbean descent	23
Mirembe	F	33	Black British – African descent	2.5
Naima	F	46	Black British – African descent	21

Data Analysis

Each audio-recorded interview was transcribed and Interpretative Phenomenological Analysis used to explore the meaning of participants' experience. The analytic process itself had two aims: To stay close to the individual experience of the participant and interpret and draw meaning from these experiences (Smith, Flowers & Larkin, 2009). Thus although the analysis gradually moved away from reporting each individual viewpoint, the analytic process moved the researcher towards a deeper understanding of the meaning of those viewpoints (Larkin, Watts & Clifton, 2006; Smith, Flowers & Larkin, 2009). Crucially however, these interpretations remained grounded in the text. Thus the analysis itself combined both phenomenological and hermeneutic interpretations of the text (Smith, 2007; Smith, Flowers & Larkin, 2009).

Smith, Flowers & Larkin (2009) outlined the stages in the IPA analytic process and these were used to analyse the transcripts. These stages are summarised in the table below.

Table 2:
Stages of IPA analytic process

Stage	Analytic Process
<u>1</u>	Each interview transcript was analysed line by line and comments made on each in order to detect important terms, concerns, values and how such objects of concern were understood and experienced by each participant (Larkin, Watts & Clifton, 2006). Particular attention was paid to language and the semantic content of the transcript however descriptive notes were also added to the exploratory analysis of the data (Smith, Flowers & Larkin, 2009). Conceptual annotation was also used in order to shift the researchers' focus towards the overall meaning of terms (Smith, Flowers & Larkin, 2009).
<u>2</u>	Emergent themes for the individual transcript were then recorded and connections across these themes sought out. Emergent themes developed into super-ordinate themes that enabled related themes to be brought together into clusters. This allowed for a reduction in volume of data whilst staying close to the themes represented in the dataset. These were organised in both pictorially and in a spreadsheet format (see Appendix 6a) that allowed for the inclusion of quotes from the data. The former in particular allowed the researcher to map patterns in the data set and represent conceptual level of analysis. This was repeated for each data set in turn.
<u>3</u>	The following stage sought to identify emerging patterns across the dataset, between cases. At this level of analysis, the individual tables allowed for shared themes to be identified. However, transcripts were also examined for 'oppositional relationships' across themes thus allowing for conflict across transcripts on particular themes and allowing these to be organised together as a related set.
<u>4</u>	These were then organised into a spreadsheet format and a checklist was produced to enable to researcher to identify which of super-ordinate themes occurred in which interview. Thus allowing the researcher to gauge recurrence. (See Appendix 6b).
<u>5</u>	Themes were again grouped under super-ordinate theme titles, using abstraction and subsumption, in order to bring together related themes across the data. This resulted in five super-ordinate themes.
<u>6</u>	Tables of themes were produced with text excerpts from each interview in order to ensure that the group data remained grounded with the individual voices of the participants.

Validity

The credibility of qualitative research remains a hotly disputed area that arguably stems from the variety of methods employed and scepticism that may evolve from a lack of transparency of these methods (Elliot, Fischer & Rennie, 1999; Yardley, 2000). Detailed records of data in the form of transcripts, table of themes from individual transcripts and completed excel worksheets across the dataset including extracts for each initial and super-ordinate themes were made available to the research team. Interpretations of findings are presented with much reflection and are drawn from discussions with research supervisors. In addition, the current study attempts to present the data in a way that is ‘transparent’, frequently grounding claims made in the analysis in the original verbatim quotations. As such, I have aimed to enable the reader to see for themselves the patterns emerging from the data and evaluate the validity of interpretations made (Yardley, 2000).

Reflexive considerations

“You’ll get on the course, no problem! You’re a Black single-parent, practically a walking statistic, they’ll jump at the chance to have you on.”

(A friend reassuring me of my ‘chances’ of getting into Clinical Training –November, 2006)

IPA is said to involve a ‘double hermeneutic’, in that that as the researcher my role is to make sense of the participant who in turn is making sense of their experience (Smith, Flowers & Larkin, 2009). As such, the participants experience is interpreted through my own experientially informed perspective. As illustrated in the quote above, that experience includes that of my own colour being closely linked to my experience as an assistant

psychologist and then later as the only Black trainee on the Course. As such I continue to remain conscious of my personal proximity to this study.

As suggested by Gunaratnam, (2003), I remained aware of interpretations of commonality and as such utilised the sharing of research data with my research supervisors, who were of White-British origin, in order to test the validity of the assumptions and interpretations of the data. I was also conscious of the impact of ‘micro-interactions’ within the interview process. During the interview process, attempts were made to minimise the communication of my own biases and ‘Blackness’ by using participant centred questions and responses, thus allowing participants to be whatever ‘shade of Black’ they wished to be.

Participants disclosed their level of comfort in “telling it how it is”. However, I also became increasingly aware, throughout the interviews that accounts of experiences were being co-crafted by participants’ interactions with me. As a result, participants often spoke from the vantage point of mentor, at times interviewing me, off tape, on my “Black experience” and even giving me advice.

Hence, as a British born, female of African-Caribbean descent, I was and remain highly aware of my position as an “insider” and am reminded of my close position to the subject matter. By acknowledging my own identity within the research context it has been my aim to shrug off the “false veil of neutrality” and work with the “self-other hyphen” throughout the research process (Fine, 1998; Wagle & Cantaffa, 2008).

RESULTS

The following section provides a narrative account of the findings, illustrating each theme with transcript extracts. Meanings from the data were captured by five themes, which also had some overlap between them (Table 3). The first theme, “More than Skin Deep” voices the participants’ experience, feelings and beliefs about their colour. The second theme, “On being the Anomaly” captures participants’ accounts of their frequent experience of being the sole Black psychologist in the teams/services in which they were employed, in addition to often being the lone Black clinician at their level of expertise. It also speaks to their experience of being ‘overly visible’ and the way in which they felt positioned by others within teams/services. The third theme captures an expressed need for acceptance and support as well as the need to feel valued and have achievements recognised. This need was required of both the Black community and the White majority. The fourth theme, “The Context for (Un)Acceptance” speaks to the participants’ experience of the historical and geographical context and factors, such as gender and class that present barriers to being accepted in their professional roles. A ‘systemic minefield’ is described, through which the Black psychologists in this study felt they had to manoeuvre, in order to negotiate a path to achievement. Consequently, the fifth theme, “The Harder They Come”, presents both the struggles and strategies used by participants to do so.

Table 3.

Themes from Analysis

Main Theme	Content
Theme 1: More than skin deep	i. The journey ii. The Primacy effect iii. Not just because I am Black iv. Meaning
Theme 2: On being the Anomaly	i. An anxious position? ii. A position of safety?
Theme 3: The need to feel recognised/ valued/ supported/accepted	i. By the Black Community ii. By the White Majority
Theme 4: The Context for (Un) Acceptance.	i. The 'Coloured glass ceiling' ii. Colour and Class iii. The Dangerous dialogue of Difference
Theme 5: The Harder They Come...	i. Negotiating the system ii. Using difference

Theme 1: More than skin deep

“...Clinical psychologists You know that they’re actually really very good at speaking externally to the role but very bad at speaking to the identity...”
(Malcolm, 15:553)

One of the questions that I asked of the participants during the interview was whether there was a perceived difference between a ‘Black psychologist’ and a ‘psychologist who happens to be Black’. For the vast majority of participants, this question was an emotive one. Their answers reflected the great deal of variability in the experience and meaning of being ‘Black’. This was often based on personal experience and background and the personal ‘journeys’ they felt they had to undertake, in order to make sense of their Black identity.

This then influenced their perspectives on whether being ‘seen’ as Black was of primary importance.

The Journey. The development of a ‘Black’ identity was understood to emerge from this personal journey mediated by their backgrounds, experiences and spirituality. The extract below is an example of Ayo’s feelings towards her skin colour.

...it wasn’t an easy journey to get there because... times when I’ve thought, “should I change the colour of my skin?”, when I was a kid, well I looked different, I did look at bleaching products and things like that so it hasn’t been all hunky dory (Ayo - 24;794)

For some the ‘journey’ began in early childhood as illustrated by Ayo’s account above, where she expresses her general unease about her noticeable difference. The experience was often linked to participants being in a minority in their schools. Often this was their first experience of managing difference. However, when participants reflected upon entering psychology they expressed that that their Black identities had again become pertinent. Below we see how for Gillian, her professional identity appears to have forced a re-evaluation of her Black identity based on stereotypes and perceived expectations of others.

I had to redefine my kind of identity. That... there was me as a person, that there was me as perceived by others filtered through my colour perhaps, erm and that there were people’s expectations of me based on my colour and there was a kind

of perception in my own Black community and what Blackness meant and it felt as if I had to create my own identity (Gillian - 4;118)

The extract above therefore speaks to the experience of entering psychology and the start of a more personal battle in the definition of self as Black. The limits of the expectations they might have of themselves were reset and views on where Black people might be or should be positioned in this country were challenged. Notably ‘the journey’ appears ongoing in that participants continued to define and redefine what being Black and being the Black clinician meant for them, this being in the context of the Black British professional being a relatively ‘invisible’ phenomenon in the U.K. In light of a lack of role models from whom participants felt they could draw experience, participants spoke of their ongoing development as Black British clinicians/professionals as illustrated by David below.

*I suppose for me that was... where am I? Who am I? Where am I coming from?
You know? What sort of Black person am I? What kind of British person am I? I
was kind of figuring that out... I still am (David - 13;413)*

The Primacy Effect. As stated, participants were asked about their views on whether they felt they were primarily ‘Black psychologists’ or ‘psychologists who happen to be Black’. Opinions on whether there was indeed a difference and whether it was in fact important to draw a distinction differed greatly. Gillian clearly outlines that she is unable and possibly unwilling to draw any distinction at all.

No, I can't see the difference really. A Black psychologist and a psychologist who is Black? No. (Gillian – 9; 299)

However for others it was an important aspect of their identities as psychologists as is illustrated by Ayo below.

When I was doing my clinical training we could call ourselves either trainee clinical psychologists or clinical psychologists in training and I preferred the latter because I didn't want people... I believe that the first bit they hear is the, you know, it's the first bit. Even though it's the same thing. I'm Black first and foremost (Ayo 13;414)

Despite the acknowledgement that all Black psychologists are not the same, what appeared to emerge was an apparent judgement made on the 'true identity' of the "psychologist who happens to be Black" and their motivations for being so. The extract above therefore not only speaks to Ayo's wish to wear her 'Blackness' with pride, but also hints at the wider issue of what constitutes being 'Black enough' which is elaborated on further in Theme 3. Below, we see how for Naima, the distinction is clear.

... and I, we sat down and he said it's too controversial you're rocking the boat. And er, you know, he said, 'you really shouldn't do that.' I looked at him and said 'I'm not looking to rock the boat, I'm looking to sink it!' (laughs). He almost let out a shriek of anguish (laughs) and erm... I would say he was a psychologist

who was Black. So for him it was about rising to the top as fast as possible and being 'as white as possible'... in inverted commas. (Naima- 14;464)

The “Black psychologist” was therefore, by the majority of participants held in high esteem as the type of psychologists whose “Blackness” was reflected in their work. This ‘type’ of psychologist held being Black at the forefront of their identity and was unafraid to do so. In so doing they were viewed as having no hidden desire or agenda to ‘act white’.

Meaning. Participants reflected on their overall perspective on what it means to be Black itself, expressing it as a set of values and strengths rather than merely a colour of skin. In spite of their expressed concerns regarding negative stereotypes, cultural expectations and apparent need to redefine their identity in light of their professional status, difference itself was valued as expressed by Ayo and Naima.

...I also value the fact that I... I am different and I really value that in me (Ayo – 14;461)

...race has impact on everything I do, every encounter, every client, everything I write, you know, everything I do, every meeting I go to... you know, it always has an impact and you know.. erm every time you go to a meeting and someone says, “Are you a nurse?”, or “Are you a trainee?”, (laughs) when I was a consultant! (Naima – 15;477)

In the extract above Naima highlights several issues. For her being Black forms an integral part of her being. We see that, irrespective of how one defines oneself, be it a 'Black psychologist' or a 'Psychologist who is Black', skin colour played an important role in the interaction with others. Notably, the more memorable interactions were those where assessments of seniority were felt to have been made on the basis of skin colour. Although Naima laughs about the instances, a sense of powerlessness is also reflected in that "Blackness", regardless of where you choose to wear it, cannot be hidden.

In summary, this theme highlights that for participants, 'being Black' was more than an assigned category based on skin colour alone. From an early age it was assigned a value-based judgement, as participants worked towards understanding/accepting their difference. However, on entering psychology they were faced with a new set of judgements about their skin colour; perhaps due, in part, to the heightened awareness of difference due to the low numbers of other Black psychologists. Participants therefore went on to make decisions as to whether they might be defined by their colour or seek to be primarily defined by their professional role. However, this was also seen to assign individuals to a 'type' or a way of being Black. Being Black, for many participants, was a revered label, associated with deeply rooted values and strengths, and as such was 'more than skin deep'. However, it was clear that 'being Black' itself lacked the element of choice and participants were, in some way, required to manage the judgements attached to the skin label.

Theme 2: On being "the Anomaly".

I: Okay. How do you think other people might view you?

R: Erm... Other people like who, clients, and colleagues? I think they view me as an anomaly! (laughs)

(Gillian – 10;311)

An ‘Anomaly’, a term used to describe a strange, unusual occurrence/object and a deviation from an established rule or trend, yet this was the term used by Gillian to describe her experience of her own difference as a Black psychologist. Thus suggesting that in her experience, her very existence as a Black psychologist and a Black professional was in fact difficult to classify and understand. The nature of her experience as often the lone or first Black psychologist in the team, and the way in which her visible difference was experienced, was echoed in similar accounts by other participants. Kwesi’s comment below echoes the elements of Theme 1, in that the fact that there are so few Black psychologists made his presence within the team all the more noticeable.

... times when it stands out? Yeah. It always stands out really. Simply by... simply due to the fact that there is...in my particular field... so few so, kind of, stands out
(Kwesi – 7;308)

Kwesi’s experience of ‘standing out’ reflected the experience of other participants in that their Black skin became akin to a wearing a ‘high-visibility jacket’. These extracts draw attention to a somewhat tenuous position for the participants as a ‘strange occurrence’. What is therefore conveyed is a sense of vulnerability due to this high visibility.

Participants therefore spoke of the impact their visibility had on the teams in which they worked. Naima describes the uneasiness with which the team itself manages the presence of the anomaly.

. ...to my astonishment I er, I found that the team had had to prepare themselves for my arrival by going for some consultations with a family therapy team think about the impact of a Black person in the team (Naima – 7;214)

In this instance the presence of colour within a colleague, rather than a client, presented ‘an anomaly’ in the system that had to be carefully managed. As such for the participants and for their colleagues, colour was the main identifiable characteristic, over and above professional credentials or individual personalities.

An Anxious Position? For some the anomalous position was less than comfortable, with some participants voicing high levels of anxiety provoked by the position.

...adds to the pressure sometimes and makes it difficult to say stuff, something that might be a bit contentious, I've got to make an effort 'cause I'm the... the first Black psychologist they've worked with, Kwesi – 8;355)

Kwesi's account demonstrates how being the only Black psychologist often made it difficult for him to contribute to the team, as he was effectively concerned with managing the impression that he might make. However, what is also noticeable was the extra effort he feels he has to make as the ‘first’ Black psychologist. His position is therefore not only confounded by his lone position but by his self-assumed position as a representative for Black people, and those that might follow in the organisation after him. As such he takes on the responsibility of being a ‘type’ of Black person against which all Black people can be measured.

Position of safety? For others this anomalous position was one of safety and, in fact, pride as expressed by Mirembe. Consequently, some participants had developed a level of

comfort in their position as the lone Black clinician in their interactions with both their peers and their clients.

I am different, I am quite proud of being different within an organisation

(Mirembe - 5;117)

You slowly build up a relationship with people as peers and feels easier to raise those kinds of issues now, as a, sort of qualified professional. Still difficult! And some of the same issues are still there... I work in the psychotherapy department and similarly there are very few Black clients that we see and all that kind of stuff. So it's still difficult but it's easier than it was when I was trainee (Kwesi -2;92)

Kwesi's account expresses a level of comfort that is achieved with the passage of time, experience and with familiarity. Nevertheless, he takes care to remind me that he still finds it difficult and that there is an underlying awareness of his tenuous position as the only Black man in the department.

However being overly concerned with difference was frowned upon by some and it was felt that despite the lone position, the Black clinician should focus on his/her competency in the role.

... I'm not desperate to be loved, to be part of this group. You know, I've got a life that is not tied up with training being a trainee on this course and I'm here for a reason which is to train as a clinical psychologist. And you know, that's my main goal, not to be part of the happy happy group but to be a clinical psychologist
(Naima – 5;157)

For Naima and others like her, the sense of security/safety was located outside of the workplace and as such being 'loved' and accepted was not a priority within the role. Reminding themselves of this appeared to be a way of managing the feelings of distance or rejection from the majority group.

Noticeably, Barak Obama's presidency was referred to by one participant in that his anomalous position as America's first Black president gave her licence to feel both safe and proud of her position as the sole Black psychologist in her team.

I think now we have a Black erm President in America, I think that, I feel extremely proud. I feel really good about it. I like being an anomaly. (Gillian – 18;594)

Above we see that for Gillian, being an anomaly had become a comfortable position due to the presence of a powerful anomaly, in the form of a Black U.S. president; adding weight to the broader issue of the positive impact of the presence of role models in the management of Black identity as a minority.

In sum, Theme 2 captures the participants' experience of their noticeable difference alongside the absence of a great number of Black psychologists within the field. For some this was an uncomfortable, challenging experience where they felt duty bound to represent Black people as a group. They were therefore cautious of the impression they might make. However, a certain amount of anxiety was also expressed by those that received them, with some unsure of how to 'deal' with this anomaly. For others this position was a secure one. With reference to Obama, a level of pride was attached to being the 'only' one and the 'first' one, as this stood as testament to their achievement of having 'made it'.

Theme 3: The Need to Feel Recognised/Valued/Supported/Accepted....

...you go back to the Caribbean or you look in the States, there is strata's of... and there are different ways of being Black. Erm and I think that is something I struggle within the community, not just in the Black community but just generally that people perceive Blackness as one thing (Gillian-14;444)

Having developed some identity as a Black professional/Black psychologist and having found themselves in the position of an “anomaly” within services/organisations, the participants expressed needs that fell into two categories. The need to feel supported and valued by the Black community and the need to feel equally supported and valued by White majority.

3a ...by the Black Community. As reflected in participant accounts of their personal journeys to developing/redefining their Black identity, participant accounts appeared to reflect a parallel process that occurred within the Black community itself. In the extract below, Gillian expresses how she experienced the community's struggle with her new found professional identities.

I think in the Black community there is a struggle within a community about how do you make sense of people who, who you know, have professional qualifications, how do you view them you know? And I feel that is something that I think particularly during my training I struggled with on a personal level, it's difficult within a Black community to start to, you know..... if we've all come

through this struggle together in the UK then it's difficult when people start to separate off and kind of go different ways and it's hard for people who haven't gone onto further education to understand where you're coming from (Gillian – 13;420)

There was a perceived requirement of the Black community to 'know your place'. As such the participant accounts reflected a struggle from within their own communities to redefine what it meant to be Black in the context of previous definitions based on limitations and restrictions of what Black people were allowed or expected to achieve. This is further illustrated in Naima's account below.

I belonged to a women's group, but it was a group of Black women, all of whom were , highly educated and so on and erm.. it was some kind of voluntary stuff we were doing. And I mentioned all the stuff that was going on my Course and one woman turned 'round to me and said... she basically said something like...

"serves you right for getting into that white arena", (Naima – 16;538)

I think you know so sometimes what I've had to contend with you know is people from my own ethnic population you know telling me that I've sold out there's a pressure to, to lie low you know and not put your head above the parapets (Malcolm – 9;301)

The above extracts from Malcolm and Naima outline that alongside the need for their Black identity to remain recognised, participants also appear to experience considerable rejection. This was seen as the price they paid for stepping outside the

expectations set for Black people. Notably, Naima added that in an attempt to understand the phenomenon of the Black professional, the Black psychologist was positioned as taking one of two roles.

I think people do kind of have an attitude of Black people working within the community. A Black psychologist is either somebody has sold out or somebody to make a huge difference and it's rarely in between (laughs). (Naima – 18;592)

This echoes the issues raised in the previous themes whereby the Black psychologist is forced to impression manage and assign him or herself to a 'type' of Black person in order to achieve acceptance.

3b... by the White Majority. Similarly participants expressed a need to be valued and accepted by the White majority culture. However, their experience was often that of being pigeon-holed into culture-specific roles. Below, David's extract illustrates the frequent experience of assumed expertise on all things labelled "diversity".

I'm not an expert of every diversity and race issue that's going you know. Although, sometimes it does feel that people will look at you as if you are or treat you as if you are because you are from an ethnic minority. 'Cause you're Black person I think. (David – 2;61)

Despite being positioned as cultural 'experts', within this subtheme participants expressed two poles of opinion on the relationship between their professional identity and their colour. Some felt they were able to work from a secure position of acceptance as a

minority within the majority. They felt valued and believed their work was recognised irrespective of their colour. This position of ‘safety’ appears to have been acquired through the acquisition of a secure professional identity. The extract below is taken from an account by Gillian of being mistaken as the assistant psychologist and her assistant being addressed at a conference as the more senior clinician.

...in terms of social ranking, if I felt down ranked, if I didn't feel competent and confident in my own skills, I think I would feel quite uncomfortable, it probably would make me feel quite anxious. But because I feel quite confident in my professional identity, I think it's quite funny. (Gillian – 7;236)

Gillian states that in this case, and in others like it, she was able to find humour in the experience. However, she acknowledges that this is a conditional response as she is only able to do so in light of the credentials on her C.V. As such she highlights the vulnerability that others might experience without the benefit of evidential skills. This is echoed in the accounts of other participants, whose Black identities were felt to cast a shadow over their professional identities, preventing them from being seen as anything other than a Black psychologist. As such the participants expressed fears of feeding into negative stereotypes and anxieties about being accepted and fitting in.

...fear of feeding into that stereotype... coming across as the angry Black man, who's just having a rant (laughs), being worried about being seen in that way, so having to be particularly diplomatic. (Kwesi – 5; 234)

...being a lone voice of wilderness when perhaps people don't exactly know where you're coming from or you don't exactly know where they're coming from, erm, there is always dangers of things being misconstrued. (David – 4;124)

At times colour was itself aligned with the stereotype of incompetence and as such made their professional standing difficult for others to recognise. Hence Kathleen's account below further illustrates the fact that as the Black people are rarely seen in the higher strata of the organisation, they are rarely recognised for their professional ability.

...the organisation that I worked for, at a higher level, Black people are not err... well represented. In the actual team I work in, there was a time where the only Black staff that were working there were in admin or in the kitchen. So I think there's an issue of people seeing Black people as competent. (Kathleen – 12;408)

Notably, gender was felt to be a significant factor in acceptance. Participants expressed that Black women were often in an advantageous position over and above their Black male counterparts. The extracts from Kwesi and Gillian further illustrate this. Kwesi's account illustrates the weight of the stereotype of the dangerous, Black male and his subsequent behavioural response due to his fear of activating the stereotype

...fear of feeding into that stereotype... coming across as the angry Black man, who's just having a rant (laughs), being worried about being seen in that way, so having to be particularly diplomatic. (Kwesi – 5;234)

Gillian is able to speak from the vantage point of being a Black female, able to work her way into the organisation relatively unnoticed. Gender, in her case was felt to make her less 'visible'. The analogous use of the word 'chameleon' implying that she may even feel able to change her colour in order to adapt to her surroundings. However, also of particular interest to this study is the fact that Gillian echoes a belief in the same negative stereotypes that restrict Kwesi's ability to be himself.

Black females do a lot better than Black males because we're able to kind of, what's the word? Like a chameleon. We're able to kind of negotiate the system ...I think Black women are more able to be more passive and to respond to situations. Whereas I think Black males, for a number of reasons, feel much more anger and express their feelings in that way and so are less able to erm kind of negotiate the path that is needed. (Gillian- 16;531 & 571).

To summarise, Theme 3 captures the participants' experience of their struggle for acceptance in the Black community. Their professional standing, is largely regarded as a departure from the narrow confines of what it means, or what is widely accepted as being Black. As a consequence these Black psychologists risk being labelled as having 'sold out' with their credentials rendering them 'not Black enough'. However, on the other side of the fence, there is a struggle to become 'professional enough' to the point where accreditation is able to outweigh the dark shadow cast by stereotypes of Black identity within the workplace.

Theme 4: The Context for (Un) Acceptance

Because we live in a society, in world in which racism is just part of the furniture, it's part of the fabric of society. And it would take a really exceptional, yeah there are one or two people who I've met... white people I'm talking about who I'd say were exceptional. But I think generally I think, most people pick up, subconsciously pick up racist stereotypes in their thinking (Naima – 10;330)

The journey towards developing a Black identity, the experience of being the sole Black psychologist in a service and subsequent need to be recognised and valued were framed by participants within a more general context of (un) acceptance.

The Coloured Glass Ceiling. Participants described the dilemmas presented by their Black British status. Having been born or grown up here, they had certain expectations of success. However many had experiences where they had been made aware of the social implications of the colour of their skin in their plans for career advancement. What was also notable was the way in which the subtle process by which the coloured glass ceiling of low expectations can be internalised and accepted by the Black individual. The extract below from Naima speaks to the internalised coloured glass ceiling and her experience of having been made suddenly aware of it.

I went along to a poetry reading one night and it was some Black women from London. And it was it was great, and I was driving along in my car and I was thinking "see Black people can even write poetry". And then, I almost had a heart attack because I thought, where did that thought come from? Why was I thinking

this was something unusual, something new, something worthy of comment? ...
And I realised then that even though I hadn't been here long enough, I had begun
to see Black people achieving as something worthy of comment, when it is nothing
unusual, nothing new, when I had grown up all my life with Black people
achieving. (Naima – 24;789)

Nevertheless, as Naima spent her early years on the African continent, the extract also highlights the wider issue of British society's influence in its portrayal of Black academic achievement as a novelty. In Naima's early experience, and in the experience of others growing up in the Caribbean and on the African continent, was a given fact. As such, participants express that achievement should be expected and perhaps the lack of Black academic achievement in British society and the lack of presence of the Black professional in Britain is what is unusual and worthy of comment.

Colour and class. Following on from this, comparisons were made to the U.S., where it was felt that Black middle-class people, greater in number or at least featured more prominently, were more readily accepted/understood. In the U.K. the 'veiled existence' of the Black middle-class arguably makes them, as a group, more difficult to conceptualise. Participants therefore expressed that, becoming a highly educated psychologist presented itself as an arena for exclusion due to its association with middle-class values that as Black psychologists they felt they could not subscribe to. However, participants also admitted that this exclusion was in part directed by themselves in that there was an expressed wish to maintain their 'Black working-class values' rather than align themselves to a "white-middle

class profession of psychology” that they felt excluded them in any case. These views are illustrated in Ayo’s accounts below.

...I’d never heard the phrase “white... I’m from a white middle class background”, so much until I did clinical training... regularly identifying themselves as white middle class, and almost like , what I felt was promoting this clique of what a clinical psychologist is, (Ayo – 3;6 9& 88)

...interestingly it’s more within a class difference ‘cause it irks me ‘cause you know, my partner will... “well you are [middle class] now XXXX [name] ” and I’ll say “NO, I’m working class, I still work for a living ”..... (Ayo – 17;572)

The ‘Dangerous’ Dialogue of Difference.

...on some level you know the majority culture doesn’t wanna go there and doesn’t want to have that conversation (Malcolm – 8;263).

Participants also commented on the way in which dialogues around racial difference are negotiated/managed in this country. In their accounts, dialogue around ‘racial’ differences was conceptualised as potentially dangerous and threatening. Participants therefore felt they had to carefully negotiate their own means of placing race and culture on the agenda, whilst working on maintaining their professional identity due to the risk of losing their professional credibility.

Well the thing is, I haven't mentioned it. It's almost like I can't take that... I have mentioned it in this interview to you, but I think that other than to people in my family I haven't mentioned it as a race issue, because.. What I've learnt is, you know, you don't do that. (Kathleen – 9;282)

...there is still a bit resistance to, when you say that kind of thing, people.. don't always respond well, I don't get any other.... Stuff, but there's a sense you're sort of banging your drum a bit for saying that stuff (Kwesi – 3;125)

The extracts above illustrate an awareness of a lack of ability on the part of organisations to tolerate/manage 'race' issues. The training institutions and employing organisations were also seen as uninterested in addressing issues pertaining to race and culture and fearful of the repercussions of opening/ reopening dialogues on difference. Racism itself, is described by Naima, as "endemic" in services/organisations, preventing such dialogue from being adequately heard/expressed within the workplace.

I do think that racism is endemic and I think it's everywhere... It's the assumptions that people make that underlay their interactions with me or their thoughts of what I'm doing, you know.. It comes out in little ways like that and you think that is what guiding.... it's like an underlying philosophy. (Naima – 9;304)

Underlying racism was therefore seen as perpetuating the threat and fear associated with dialogue around race, with ethnic minorities reluctant to “bang the drum” again and the organisation itself, fearful of acting incorrectly.

The Context for (un) acceptance is fraught with systemic shortcomings of a society that maintains limitations set by colour and class. The needs expressed in Theme 3 appear to exist as a result of the historical and social context of cultural/racial difference within the U.K. The participants’ identities as Black Britons, of immigrant families is particularly relevant to this theme, as is the way in which they identified with their ‘Britishness’ and their positions as Black professionals within a ‘modern’ British society. However of equal significance was the perceived inability of the systems within society to discuss or address these issues.

Theme 5: The Harder They Come....

I don't know. Am I saying that sometimes Black people don't do that work enough?

Probably! (Malcolm – 15;566)

This theme captures participants’ reflections on their individual struggles to manage their personal and professional identities, within the given context, as well as the strategies they developed in order to do so.

In light of their conspicuous presence as Black psychologists within majority White teams, participants described the process by which they worked hard to be recognised and valued as psychologists. They sought to be perceived as more than a token and to be recognised for what they were able to achieve. Further extracts from Malcolm illustrate the “hard work” to be done.

Possibly my dad was right you know urm you know you, you might well have to work much harder than your white counterpart you know to, to get recognition and to be seen ... that's exactly what I've done you know. " Why not be content with two degrees XXXX [his name]?", you know? 'Cause maybe there is some part of me that realises that, you know, I've just had to go that extra mile
(Malcolm – 9;316)

An additional extract, again from Malcolm illustrates the rationale for this extra effort.

You know you're not going to be part of the majority culture, you know you're going to stand out, you know you're going to be looked at in a different way, you know that judgements are going to be made about your ability that that may be taken for granted with somebody from the majority culture (Malcolm – 9;310)

Hence alongside the commitment to extra effort there is an air of resignation that regardless of this effort, judgements will be made based on skin colour. Malcolm also appears resigned to the belief that he will never truly be accepted. As such, his is a cautionary tale to work hard and remain mindful of the fragile position occupied by the Black professional.

In fact being the Black psychologist appeared to be a 'safe' and comfortable position as long as you remained a "good" psychologist. In keeping with this, Malcolm recalls a conversation overheard between clients in the waiting room about his ability.

P:...he turned,” Who do you see?” and she said, “ I see a Black doctor”, and erm him saying, “Is he alright?”

I: Ok, and what did she say?

P: “Yeah he was pretty good actually!”. (Malcolm – 5;145)

Notably, in recalling this experience, Malcolm was unconcerned with the fact that his colour had been the topic of waiting room conversation. His main concern had been for the outcome of the conversation to be the conclusion that he was “pretty good”.

Other strategies included working to reminding teams of ‘sameness’ rather than focusing solely on difference. Another extract from Malcolm illustrates an attempt to simultaneously manage the expressed pressures and loneliness of the position of the sole Black psychologist in the team, alongside a responsibility to the wider team to enable them to see him as ‘more than’ the Black psychologist.

I think one can, one can do a number on oneself in terms of one’s skin colour and go “Oh, oh, oh, I’m on my own” you know or one can go “No hang on, there are things about me that are different, but there are things about me that are absolutely the same”(Malcolm – 10;361)

For Gillian, knowledge of the system itself superseded issues of colour and difference.

...having been through the system and working in an educational setting has made me recognise that actually these are the people you get regardless of race. Race has nothing to do with it at the end of the day. It’s what school you go to, who you

know, what opportunities that opens up. I think it has nothing to do with race, I think it has to do with attitude and how well you know the system. (Gillian – 16;527)

Part of knowing that system is, arguably, also linked to knowing how to manage the issue of your own difference within it. Consequently, participants also felt that Black clinicians had some culture specific responsibilities in the use of their colour to continue to put ‘race’ and culture on the agenda. Thus despite the expressed need for the Black male in particular to ‘tread lightly’, David describes his willingness to ‘shake’ the foundations of the system as part of his ‘work’ to ensure issues that are pertinent to him are addressed. Similarly, Ayo felt it was her duty to say the ‘unsayable’

And then there’s times when you think, well to hell with it, this needs to be said, things need to be shaken up a bit (David – 4;127)

I bring a cultural perspective to the role that perhaps hasn’t been there. I think I am able to ask difficult questions that everybody wants to ask that don’t know how to (Ayo – 6;181)

Overall, this theme summarises the ‘work’ to be done by Black psychologists as outlined by participants. As such, participants expressed the need to effort fully and skilfully negotiate a system that is tied to a society that is inherently biased. Whilst acknowledging that these biases cannot/could not be eliminated, participants expressed that it was incumbent on the Black psychologist to work to be seen as the “good doctor”. However, participants

also expressed a sense of responsibility to use their colour in order to influence the way in which difference was managed within the systems in which they worked.

DISCUSSION

Main Findings

Participants' experiences of being Black psychologists were illustrated across five themes. The themes captured their personal accounts of the 'journeys' they had undertaken in developing their Black identity. Within this they were also able to voice what "being Black" meant to them and further voice what being a Black psychologist meant to them. Of particular interest was the salience of "Black" in the description of their professional roles, with some psychologists believing it was an integral part of what they do and others believing that it stood as separate to their professional identity. However, all agreed that 'being Black' was far more meaningful than skin colour alone. Thus, in spite of the awareness of negative stereotypes, difference was valued and 'being Black' itself was linked with highly esteemed strengths and ideals. Nevertheless, participant responses reflected variability in experience and I was frequently reminded that each person's experience of 'being Black' was a personal one that should not be used to generalise across all Black British psychologists.

Walters & Smith (1999) differentiate between Black leaders and leaders who happen to be Black and indeed, I asked a similar question of the participants in this study. However, on reflection I wonder whether the distinction was in fact more limiting than helpful. To assume that a Black psychologist would have to choose a type of identity, as a prototypical, 'Malcolm X/Martin Luther King' type or, what Walters & Smith refer to as, the type of Black that does not conform to norms and attitudes of Blackness, arguably restricts the meaning and experience of being Black itself. Staples (2007) writes of the '60s ideologies' that, in an

attempt to understand a new emerging Black identity, ‘being Black’ is limited to a set of narrow ideals and attitudes that align Black authenticity with hardship and poverty. Walters (2007), in his analysis of the debate over Barak Obama’s ‘Blackness’ similarly acknowledges that such restrictions and boundaries on what it means to be Black are somewhat ‘unsophisticated’. Hence participants’ experiences of Blackness were characterised by their individual choices and interpretations of being Black. Black authenticity therefore sits alongside their individuality, rather than being based on tick-box criteria of Blackness. Hence Black identity can be seen as a continuum that allows for individual characteristics and embodies the rich and complex nature of the experience itself.

Nevertheless, participants gave account of how these identities were re-evaluated and re-defined on entering psychology as a profession. It was here that they often found themselves to be the only Black person on the course, or in the teams in which they worked. This is in keeping with the literature that suggests that social categories, being fluid, can become more or less salient in varying contexts (Abrams, 1999; Phinney & Alipuria, 2006; Slay, 2003). Sarbin (1983) adds that the question “Who am I?” is inextricably tied to “Where am I?”. It is therefore interesting to note that within the context of clinical training and working as a qualified psychologist, participants became “an anomaly”, and describe a process akin to searching for ‘goodness of fit’ within the Black community and the White majority. It seems then that Du Bois (1903) might still have concluded that the “problem of the 21st century” is still the “problem of the colour line”. As such the Black psychologist still struggles to negotiate the “double consciousness” of a Black identity plagued by negative Black stereotypes within the British context (Gilroy, 1993).

Participants therefore expressed that from within the Black community there appeared to be a struggle to break from preconceived ideas of what it means to be Black. These ideas

were felt to be grounded by colonial ideals, where Black people were expected to “know their place”. Participants described their attempts to reclaim their identity as Black in the face of a narrow view of ‘Blackness’ that viewed achievement as ‘selling out’. However, rather than dis-identify with their Blackness as a group, participants arguably engaged in the redefining of group dimensions in response to the threat to their group status (Hogg & Hornsey, 2006).

However, there appeared to be a need to minimise skin colour as ‘being Black’ within the professional role was associated with the negative stereotype of incompetence. Participants therefore expressed a need to have their professional identities and competence (outside of being the designated ‘cultural expert’) recognised. Participants described functioning with a heightened awareness of the stereotypes associated with their colour, “treading lightly” in order not to activate them. In keeping with the social identity literature (Tajfel & Turner, 1979), the presence of the minority as the “anomaly” or token in that setting, exaggerates intergroup differences; in this case, increasing the likelihood that members of minority groups will stereotype themselves and become more anxious about their behaviour (Kanter 1977; James & Khoo, 1991; Mullen & Baumeister, 1987). However, it is also the case that the majority group are more likely to focus on characteristics that define their own groups and maintain stereotypical perceptions of the minority individual (Kanter, 1977; Pettigrew & Martin, 1987). Hence in this case, participants expressed working against stereotypes of Black people being “lazy” and “incompetent”. The literature refers to this as stereotype threat – a fear of being appraised in relation to a negative stereotype about your group (Steele, 1997; Steele, Spencer & Aronson, 2002). Robertson & Kulik (2007) suggest that stereotype threat is likely to be reinforced by the lack of diversity in a role. As such it seems likely for the participants in this study that the threat was perceived on entry to clinical training, where Black people are in the minority.

Notably the male participants are identified as experiencing higher levels of stereotype threat. This may be due to their lack of presence in the field and subsequent increased “token” status. However it may also be due to, as identified by participants, the potency of the negative stereotypes of Black men as aggressors (Dunier, 1992; Gibbs, 1988; Steffensmeier, Ulmer & Kramer, 1998). Although they may not be explicit in the workplace these stereotypes are said to be embedded in, as expressed by one participant, the “furniture” of society (Brief, 1998). Hence in this case, the double jeopardy most often afforded to the Black woman (Beal, 1972; King, 1988; Vasquez, 2003) is in this case the dilemma for the Black male psychologist. Male participants therefore describe working hard not to activate the stereotype of “the angry Black man”. A Black female participant however was able to voice her “chameleon” like status, whereby she was more able, possibly due to the lesser stereotype threat, to negotiate the “colour line”.

The current study is set within the historical and social context of cultural/racial difference within the U.K. Participants located their identities and experience within the social history of migration of Black people to this country. This was labelled “The Context for (Un)Acceptance” as it spoke to the participants’ experience of the historical and geographical context and factors, such as gender and class that present barriers to being accepted in their professional roles. As such they commented on the impact of their experience of the ‘coloured glass ceiling’ (Vasquez, 2003). Participants reflected that dialogue about ‘race’/culture/ ethnic difference was itself fraught with difficulties, as there appeared to be a societal cultural embargo on talking about race for fear of being viewed as racist or having a “chip on your shoulder”. Hence the Black individual endeavours to be Black in a quiet, stereotypically “British” way, in order not to make a scene, whilst wider society struggles to voice its concerns for fear of offending or inciting anger. Any dialogue

around cultural/ethnic difference was therefore viewed by participants as potentially dangerous and explosive. Decisions to open this dialogue were taken with an awareness of the risk or at times with purposeful intent to “sink the boat” rather than “rock it”. However, it was often seen as incumbent on the development of the Black individual to at times take these risks and “raise their head above the parapet” to “tell it like it is”. Hence the cultural context in the U.K., although fraught for some, was associated with achievement for others. They were therefore able to take pride in the fact that they had achieved the means by which to negotiate their way through the systemic minefield of ‘race’ and difference, to a path of professional achievement and recognition.

Participants gave examples of the strategies employed to reduce the stereotype threat and as such worked to be recognised as the “good doctor”, known more for professional credentials and competence than merely as the Black psychologist in the team. This is in keeping again with Social Identity processes (Tajfel & Turner, 1979) in that creating and maintaining a positive identity and esteem is in itself a motivational process (Hogg & Hornsey, 2006). Nevertheless, the literature suggests that continued exposure to stereotype threat and the increased effort individuals exhibit to manage it, can have a detrimental effect on health and performance (Blascovich, Spencer, Quinn & Steele, 2001). This could arguably also have a detrimental effect on the discipline’s ability to attract and retain Black psychologists.

It is worth noting at this point the significant absence of participants’ accounts of issues of managing their identity with clients. This is especially surprising given the focus of previous literature that has emphasised the management of ‘race’ and culture in the therapeutic, client-clinician dyad. Recent literature sheds light on the possible reasons behind the focus of participants on their relationship with colleagues and with their employing

organisations/institutions. Research within the intellectual disabilities literature has identified the importance of the social exchange relationship between colleagues in care services where the lack of a reciprocal relationship from colleagues was found to be significantly associated with staff burnout (Thomas & Rose, 2010). In addition, research on the cross-cultural competence of teams also suggests that the management of difference within teams is integral to the teams' ability to function effectively (Matveev & Nelson, 2004). The current study therefore suggests that ethnicity presents an additional dimension to this reciprocal relationship between colleagues and within teams which may be examined in future research.

Future research may also follow on from the current study and the work of organisational psychologists, Kenny & Briner (2010), in exploring the experience of Black identity in other professions. Of particular interest to the current study was the idea that identity is, in some way, 'performed' in varying contexts. This is in keeping with Social Role Theory and the notion that identity is inherently a dynamic social construction that resulting interactions and roles we take on. (Mead, 1934, Steenbarger, 1991). Future research may therefore take the form of discourse analytic work that focuses on the 'doing' of 'being' Black in a given profession.

Limitations

The assessment of quality and validity in qualitative research is a much debated topic (Yardley, 2000). Qualitative researchers themselves disagree on whether this type of research should adhere to strict guidelines/protocol or, if in fact this stifles the creativity of the research process (Elliot, Fischer & Rennie, 1999; Yardley 2000). Nevertheless, some authors have sought to develop some evaluative guidelines. These are deemed necessary to improve the recognition of validity of the research approach. However they have the added

advantage of providing an opportunity for the researcher him/herself to reflect on the quality of their work (Elliot, Fischer & Rennie, 1999). Six evaluative standards were drawn from recommendations set out by Elliot et al. (1999) and Yardley (2000) and as such, throughout the research process, I have remained mindful of the following throughout the research process:

- i)* Reflexivity/The authors' ability to own their own perspective.
- ii)* Situating the sample in the broader geographical/social and/or theoretical context
- iii)* Ensuring there is a high level of transparency, disclosing pertinent aspects of the research process and grounding themes well in examples.
- iv)* Ensuring there is 'good fit' between the research question, the investigation, analysis and understanding of the phenomenon.
- vii)* The key objectives are addressed by the research, but the author remains cautious in the claims made regarding the generalisability of their findings or arguments.
- viii)* Capturing the phenomenon in a way that resonates with the reader and offers a novel way of understanding that phenomenon.

Reflection and evaluation of how these standards were met is presented in the remainder of this section.

As I was frequently reminded by participants, the accounts do not result in a unitary understanding of the experience of all Black psychologists or even all Black British psychologists. As such, no claims are made about the generalisability of the findings. However, the research does provide the opportunity to hear accounts of the experiences of

Black British psychologists whose voices are often silent or drowned out by an American accent.

Other limitations arguably lie in the method of selection of participants and their self identification as Black. The current study went some way towards rectifying the methodological shortcomings of previous studies that group together participants of Black and Asian origin, irrespective of their distinctive social and political histories in this country. However, it suffers from similar shortcomings in assuming that Black–African and Black-Caribbean individuals shared the same history. Also, although all participants identified themselves as British, two of the eight participants stated that they had in fact been brought up on the African continent. This could be argued to have had a significant impact on their personal ‘journeys’ towards developing a Black British identity. Nevertheless, focusing on a narrower ethnic group is seen as a progressive move forward in the research in this area.

The impact of my position as “an insider” arguably adds limitations to the conclusions that may be drawn from the results. However, it has been my aim to not only “work the hyphen” (Fine, 1998), in the interviewer-interviewee relationship but to be transparent with the reader about my relationship to and with it, thus allowing the reader to draw his/her own conclusions from the data.

Implications

Throughout the course of the research process, there have been instances where I have questioned whether I should have done something a little less ‘personal’ and wondered why I had not chosen a more conventional topic. Subsequent doubts entered my mind as to the clinical significance of the results, as I questioned whether I had merely endeavoured to complete a self-indulgent piece. Nevertheless, reflections during supervision and a return to

the voices of the participants highlighted a number of implications emerging from the current study.

Participants outlined strategies and responsibilities they believed were necessary to 'manage' and define their identities. However, much attention was also given to the outlining of the responsibilities of the systems in which they work. These can be surmised in terms of organisational/institutional responsibilities to reduce stereotype threat.

Robertson & Kulik (2007) state that stereotype threat is reduced when the 'salience' of role models is increased. Notably, many of the participants expressed that their motivation for taking part was somewhat based on the fact that as Black psychologists were so few in number, they feared that I would not get enough data. In the U.S., mentoring programs for Black therapists appear common place (Daniel, 2009; Jones & Austin-Dailey, 2009; Kaplan & Small, 2005). However, Britain appears less keen to offer this specialist support.

Nevertheless, research indicates that encouraging connections to network groups can help to mediate the effects of stereotype threat. This suggests a greater and much needed role for the Race & Culture Special Interest group and perhaps the need for the British Psychological Society to acknowledge this role and communicate its value to its members. This may also have the added effect of encouraging and/or supporting more applicants from Black and minority ethnic backgrounds into the profession.

Other identified ways of reducing stereotype threat at an organisational level include making changes at the management level (Robertson & Kulik, 2007). This has specific implications for the training of supervisors in the appraisal and development of their supervisees of colour. Yet diversity training within the supervision dyad is a much neglected, albeit much needed area of development (Constantine & Sue, 2007; Dalal, 2002; Jernigan et al., 2010; Yabusaki, 2009). Thus equipping supervisors with the skills for addressing

cultural/ethnic difference and improving the overall development is a necessary consideration.

In addition, organisations are encouraged to acknowledge the existence of these stereotypes. Morgan (2009) speaks of the organisational and wider societal uneasiness with doing so since, as suggested above, the culture of British society often feels it lacks the resources to do so without risk. As a result, it operates under the guise of ‘colour-blindness’. Psychology is said to be no different. As such, Morgan (2009) states that acknowledging difference is a first step in opening up dialogues of difference and shifting the cultural embargo that currently exists. In addition, Nkomo (1992) warns that organisations should take care to avoid the assumption that they and their employees are in some way “race-neutral”. As such trainee and qualified clinical psychologists’ experience of difference should be acknowledged with the aim of empowering Black and White clinicians to comfortably voice perspectives on difference.

As stated in the introduction, psychologists/therapists are being increasingly called upon to respond to the shifting demographics of an increasingly multicultural British society. As such, cultural competency has become a core requirement for training. However, it appears that in focusing on the client as the one with whom we should be culturally sensitive and competent we have, to some degree, been ‘blind’ to the colour in the therapist. As such the current study suggests a need for the spotlight to also be on organisations and training institutions. Psychology as a discipline prides itself on having the language and methods to explore ‘race’, culture and ethnicity but far too often it has opted to focus on the “safe” topic of ethnicity as a client demographic rather than look at ‘race’ and ethnicity from within. Hence the current study suggests that as a discipline, psychology may benefit from attending to its own level of cultural competence. It may therefore do well to consider its own cultural

heritage and reflect on how its own history in relation to culture, class and 'race' has helped to shape and maintain current biases in the field. It may also benefit from accessing theories and research from other disciplines in order to improve its understanding of racial-identity, its dialogue on the subject matter and its role in the lives of the psychologists it trains. This would, include a greater knowledge of language and culture and arguably improve the competence and practice of these psychologists. As a consequence psychology may well improve alliance in the 'therapeutic dyad' that exists between the clinician of colour and the discipline itself.

I think you know this, this conversation has to be also in the context of the century, the twenty first century and you know... what have we learned as, as, as clinical psychologists about what we were teaching trainees in the twentieth century that we need to change in the twenty first... and this is some of it you know... this is some of it you know (Malcolm – 11;384)

REFERENCES

- Abrams, D. (1999). Social Identity, Social Cognition and the Self: The Flexibility and Stability of Self-categorization. *Social Identity and Social Cognition*. Oxford: Blackwell.
- Adetimole, F., Afuape, T. & Vara, R. (2005). The impact of racism on the experience of training on a clinical psychology course: Reflections from three Black trainees. *Clinical Psychology*, 48, 11-15.
- Afuape, T. (2004). Challenge to Obscuring Difference: being a Black woman psychologist using self in therapy. *Journal of Critical Psychology Counselling and Psychotherapy*, 4, 164-175.
- Aitken, G. (1998). Reflections on working with and across differences: race and professional differences in clinical psychology therapy encounters. *Clinical Psychology Forum*, 118, 11-17
- Alleyne, A. (2004). Black identity and workplace oppression. *Counselling and Psychotherapy Research*, 4, 4-8.
- Banks, H.C. (1975). The Black person as client and as therapist, *Professional Psychology*, 470-474.
- Beal, F. (2008). Double jeopardy: To be black and female. *Meridians; Feminism, Race, Transnationalism*, 8, 166- 176.
- Blascovich, J., Spencer, S.J., Quinn, D. & Steele, C. (2001). African Americans and High Blood Pressure: The role of stereotype threat. *Psychological Science*, 12, 225-229.
- Boyd-Franklin, N. (1989). *Black Families in Therapy; a multisystems approach*. New York: Guilford.

- British Psychological Society (2010). *Standards for Doctoral Programmes in Clinical Psychology*. Leicester: British Psychological Society.
- Brief, A.P. (1998). *Attitudes in and around organizations*. Thousand Oaks, CA: Sage.
- Comas-Diaz, L & Jacobsen, F.M. (1995). The Therapist of Colour and the White Patient Dyad: Contradictions and Recognitions. *Cultural Diversity and Mental Health*, 1, 93-106.
- Constantine, M.C. & Sue, D.W. (2007). Perceptions of Racial Microaggressions Among Black Supervisees in Cross-Racial Dyads. *Journal of Counseling Psychology*, 54, 142-153.
- Curry, A.E. (1963). Myth, Transference and the Black Psychotherapist. *Psychoanalytic Review*, 51, 7-14.
- Dalal, F. (1997). A Transcultural Perspective on Psychodynamic Psychotherapy: Addressing Internal and External Realities. *Group Analysis*, 30, 203-215. DOI: 10.1177/0533316497302005
- Dalal, F. (2002). *Race, Colour and the Process of Racialization: New Perspectives from Group Analysis, Psychoanalysis and Sociology*. London: Brunner-Routledge.
- Daniel, J.H. (2009). Next Generation: A Mentoring Program for Black Female Psychologists. *Professional Psychology: Research and Practice*. 40, 299-305.
- Daniel, J.H., Roysircar, G., Abeles, N. & Boyd, C. (2004). Individual and Cultural-Diversity Competency: Focus on the Therapist. *Journal of Clinical Psychology*. 60, 755-770.
- De Anrade, L.L. (2000). Negotiating from the Inside: Constructing Racial and Ethnic Identity in Qualitative Research. *Journal of Contemporary Ethnography*, 29, 268-290.
- Dunier, M. (1992) *Slim's Table: Race, Masculinity, and Respectability*. Chicago : University of Chicago Press.

- Elliot, R. Fischer, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Fine, M. (1998). Working the Hyphens: Reinventing Self and Other in qualitative research. In N. Denzin and Y.S. Lincoln (Eds.), *The Landscape of Qualitative Research: Theories and Issues*. CA: Sage.
- Gardner, L.H. (1971). The Therapeutic Relationship Under Varying Conditions of Race. *Psychotherapy: Theory, Research and Practice*, 8, 78-87.
- Gibbs, J. T. (Ed.). (1988). *Young, Black, and male in America: An endangered species*. Westport, CT: Auburn House.
- Gilroy, P. (1993). *The Black Atlantic: Modernity and Double Consciousness*. London: Verso.
- Gunaratnam, Y. (2003). *Researching 'Race' and Ethnicity: Methods, Knowledge and Power*. London: Sage.
- Hall, S. (1996). Introduction: Who needs identity? In S. Hall and P. Du Gay (Eds). *Questions of Cultural Identity*. London: Sage.
- Hanson, N.D., Pepitone-Arreola-Rockwell, F. & Greene, A. (2000). Multicultural Competence: Criteria and Case Examples. *Professional Psychology: Research and Practice*, 31, 652-660.
- Hardy, K. & Laszloffy, T. (1995). The Cultural Genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy*. 21, 227-237.
- Helms, J. (1984). Toward a Theoretical Explanation of the Effects of Race on Counseling: A Black and White Model. *The Counseling Psychologist*, 12, 153-165.

- Hogg, M. & Hornsey, M. (2006). Self-concept threat and multiple categorizations within groups. In R.J. Crisp & M. Hewstone. (Eds). *Multiple Social Categorization: Process, Models and Application*. Hove: Psychology Press.
- Iwamasa, G. (1996). On Being an Ethnic Minority Cognitive Behavioural Therapist. *Cognitive and Behavioural Practice*, 3, 235-254.
- James, K. & Khoo, G. (1991). Identity-Related Influences on the Success of Minority Workers in Primarily Nonminority Organizations. *Hispanic Journal of Behavioural Sciences*, 13, 169-192.
- Jernigan, M.M., Green, C.E., Helms, J.E., Perez-Gauldron, L. & Henze, K. (2010). An Examination of People of Color Supervision Dyads: Racial Identity Matters as Much as Race. *Training and Education in Professional Psychology*, 4, 62-72.
- Jones, J.M. & Austin-Dailey, A.T. (2009). The Minority Fellowship Program: A 30-year legacy of training psychologists of color. *Cultural Diversity Ethnic Minority Psychology*. 15, (4), 388-399.
- Joseph, D.P. (1995). 'Nigger Bitch'/'Dreadlock Sister: The Experiences of an African-Caribbean Woman Working in the British National Health Service. *Feminism & Psychology*, 5, 285-289.
- Kanter, R. M. (1977). Some effects of proportions on group life: Skewed sex ratios and responses to token women. *American Journal of Sociology*, 82, 965-991.
- Kaplan, L. & Small, S. (2005). Multiracial Recruitment in the field of Family Therapy: An Innovative Training Program for People of Color. *Family Process*, 44, 249-265.
- Kenny, E. & Briner, R. (2010). Equality, Diversity, Inclusion. In press.
- King, D. (1988). Multiple Jeopardy, Multiple Consciousness: The context of a black feminist ideology. *Signs*, 4, 42.

- Knox, S., Burkhard, A. W., Johnson, A.J., Suzuki, L.A. & Ponterotto, J.G. (2003). African American and European American Therapists' Experiences of Addressing Race in Cross-Racial Psychotherapy Dyads. *Journal of Counseling Psychology*. 50, 466-481.
- Lago, C & Thompson, J.M. (1996). *Race, Culture and Counselling*. Maidenhead: Open University Press.
- Larkin, M. Watts, S. & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3, 102-120.
- Lee, D.L. & Tracey, T.J.G. (2008). General and Multicultural Case Conceptualization Skills: A cross-section analysis of Psychotherapy trainees. *Psychotherapy: Theory, Research, Practice, Training*, 45, 507-522.
- Lo, H. (2010). My Racial Identity Development and Supervision: A Self-Reflection. *Training and Education in Professional Psychology*. 4, 26-28.
- Mama, A. (1995). *Beyond the Masks: Race, Gender, and Subjectivity*. London: Routledge
- Mateev, A. V. And Nelson, P. E. (2004) 'Cross Cultural Communication Competence and Multicultural Team Performance: Perceptions of American and Russian Managers. *International Journal of Cross Cultural Management*, 4, 253-270.
- Maxie, A.C., Arnold, D.H. & Stephenson, M. (2006). Do Therapists address ethnic and racial differences in cross-cultural psychotherapy? *Psychotherapy: Theory, Research, Practice, Training*, 43, 85-98.
- Mead, G.H. (1934). *Mind, Self and Society from the Standpoint of a Social Behaviourist*. Chicago: University of Chicago Press.
- Morgan, H. (2008). Issues of 'Race' in Psychoanalytic Psychotherapy: Whose problem is it anyway? *British Journal of Psychotherapy*, 24, 34-49.

- Mullen, B. & Baumeister, R.F. (1987). Social loafing, social facilitation, and social impairment. In C. Hendrick (Ed.), *Group process and intergroup relations*. Newbury Park, CA: Sage.
- Nkomo, S. (1992). The Emperor Has No Clothes: Rewriting “race in organisations”. *Academy of Management Review*, 17, 487-513.
- Patel, N., Bennett, E., Dennis, M., Dosanjh, N., Mahtani A., Miller A & Nadirshaw, Z. (2000) *Clinical Psychology, ‘Race’ and Culture: A Training Manual*. Leicester: BPS Books.
- Patel, M. (1998). Black therapists/white clients: an exploration of experiences in cross-cultural therapy. *Clinical Psychology Forum*, 118, 18-23.
- Pakes, K. & Roy-Chowdhury, S. (2007). Culturally sensitive therapy? Examining the practice of cross-cultural family therapy. *Journal of Family Therapy*, 29, 267-283.
- Pettigrew, R.F. & Martin, J. (1987). Shaping the organizational context for black American inclusions *Journal of Social Issues*, 43, 41-78.
- Phinney, J.S. & Alipuria, L.L.(2006). Multiple social categorization and identity among multiracial, multiethnic and multicultural individuals: Process and implications. In R.J. Crisp & M. Hewstone. (Eds). *Multiple Social Categorization: Process, Models and Application*. Hove: Psychology Press.
- Pickren, W.E. (2009). Liberating history: the context of the challenge of psychologists of color to American psychology. *Cultural Diversity and Ethnic Minority Psychology*, 15, 425-433.
- Roberson, L. & Kulik, C. (2007). Stereotype Threat at Work. *The Academy of Management Perspectives*, 21, 24-40.

- Sarbin, T.R. (1983). Place Identity as a component of self: An Addendum. *Journal of Environmental Psychology*, 3, 337-342.
- Slay, H. (2003). Spanning Two Worlds: Social Identity and Emergent African-American Leaders. *Journal of Leadership and Organizational Studies*, 9, 56-66.
- Smith, J.A. (2007). Hermeneutics, human sciences and health: linking theory and practice. *International Journal of Qualitative Studies on Health and Well-Being*, 2, 3-11.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.
- Staples, B. (2007). Decoding the debate over the Blackness of Barack Obama, *The New York Times*. Retrieved from: <http://www.nytimes.com/2007/02/11/opinion/11sun3.html>
- Steele, C.M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist*, 52, 613-629.
- Steele, C.M., Spencer, S.J. & Aronson, J. (2002). Contending with group image: The psychology of stereotype and social identity threat. *Advances in Experimental Social Psychology*, 34, 379-440.
- Steenbarger, B.N. (1991). All the World is Not a Stage: Emerging contextualist themes in Counseling and development. *Journal of Counseling and Development*, 70, 288-296
- Steffensmeier, D., Ulmer, J. & Kramer, J. (1998). The interaction of race, gender and age in criminal sentencing: the punishment cost of being young, black and male. *Criminology*, 36, 763-798.
- Sue, D.W., Arrendondo, P. & McDavis, R.J. (1992). Multicultural Counseling Competencies and Standards: A Call to the Profession. *Journal of Counseling and Development*, 70, 477-486.

- Tajfel, H. & Turner, J. (1979). An Integrative Theory of Intergroup Conflict: In W.G. Austin & S. Worchel (Eds.) *The Social Psychology of Intergroup Relations*. Monterey, CA: Brooks/Cole.
- Thomas, C. & Rose, J. (2010). The Relationship between Reciprocity and the Emotional and Behavioural Responses of Staff. *Journal of Applied Research in Intellectual Disabilities*. 23, 167-178.
- Tinsley-Jones, H. A. (2001). Racism in Our Midst: Listening to Psychologist of Color. *Professional Psychology: Research and Practice*, 32, 573-580.
- Vasquez, M.J.T. (2003). 2002 Presidential Address: Extending the Ladder of Opportunity Breaking Through the Coloured Glass Ceiling. *The Counseling Psychologist*. 31, 115-125. DOI: 10.1177/0011000002239568.
- Vasquez, M.J.T. (2007). Cultural Difference and the Therapeutic Alliance: An Evidence-Based Analysis. *American Psychologist*, 62, 878-885.
- Wagle, T. & Cantaffa, D.T. (2008). Working Our Hyphens: Exploring Identity Relations in Qualitative Research. *Qualitative Inquiry*, 14, 135-159.
- Walter, R. (2007). Barack Obama and the Politics of Blackness. *Journal of Black Studies*, 38, 7-29.
- Walters, R.W. & Smith, R.C. (1999). *African American Leadership*. New York: State University of New York Press.
- Whaley, A.L. & Davis, K.E. (2007). Cultural Competence and Evidence-based Practice in Mental Health Services: A Complementary perspective. *American Psychologist*, 62, 563-574.
- Yabusaki, A.S. (2010). Clinical Supervision: Dialogues on Diversity. *Training and Education in Professional Psychology*, 4, 55-61.

- Yardley, L. (2000). Dilemmas in Qualitative Health Research. *Psychology and Health*, 15, 215-228.
- Yee, A.H. (1993). Addressing Psychology's Problem with Race. *American psychologist*, 48, 1132-1140.
- Yi, K. Y. (1998). Transference and Race. An Intersubjective Conceptualisation. *Psychoanalytic Psychology*, 15, 245-261.

PUBLIC DOMAIN BRIEFING PAPER

‘The Only Black in the Village’: A qualitative exploration of the experience of psychologists in Britain.

Sheryllin McNeil

This research was conducted by Sheryllin McNeil in partial fulfilment of the Doctorate in Clinical Psychology at the University of Birmingham. Research supervision was provided by Dr. Michael Larkin and Dr. Jan Oyeboode (University of Birmingham).

Overview

The research is divided into two parts. Part one is a literature review which aimed to explore and evaluate the literature related to understanding the experience of ethnic minority therapists. The review comments on the lack of research in this area, as ethnic minority status is mainly viewed as a client issue. As a result, much of the literature has been written from the perspective of White therapists working with ethnic minority clients. It is also often written from the perspective of African-American psychologists. The review also comments on the impact of the social and historical differences in U.K. and U.S. and the impact this might have on the perspectives of the authors and their work. The review goes on to argue that this highlights a need to explore racial/cultural identity in the workplace from the perspective of the Black British therapist/psychologist.

Part two of the research project aimed to pick up on the themes highlighted in the literature review. It is therefore a qualitative study that explores the experience of identity in Black British psychologists.

Method

Ethical approval was gained from an NHS Ethics Committee. Eight Black British psychologists, of African and Caribbean heritage, agreed to take part in the study. Interviews were transcribed and analysed using Interpretative Phenomenological Analysis (IPA). IPA is a research approach that is interested in capturing the individuals’ experience and understanding how the person makes sense of that experience. It was therefore thought to be an appropriate approach to capture the experience of identity in Black British psychologists.

Results

The experiences, across participant accounts, were captured across five themes. Participants spoke about what it meant to them to be Black. They also spoke about their

experience of often being the only Black person on the psychology course or in the teams in which they worked. There appeared to be an expressed need to feel accepted and valued by the White majority. As such they sought to be recognised for their expertise rather than being defined by their colour. They also spoke with a heightened awareness of the negative stereotypes associated with being Black. Participants also expressed similar needs from their Black community, expressing regret that they could be seen as “selling out”. In addition, participants spoke about the impact of class and gender and the ability to discuss ‘race’ and culture within British Society. Finally participants spoke about the strategies they employed to have issues of race and culture acknowledged and the necessary “work” they felt they did in order to be seen as more than the colour of their skin.

Evaluation and Implications

Given my own position as a Black clinical psychologist in training, I reflect on my position as an “insider” throughout the study. My position arguably adds limitations to the conclusions drawn. Nevertheless, the interviewer-interviewee relationship is transparent, allowing the reader to draw his/her own conclusions from the data. The responses of the participants themselves reflected the variability in experience. Hence the reader is reminded that these experiences should not be used to generalise across all Black British psychologists.

IPA, as an approach, proved suitable for investigating their experiences and was able to capture participants’ accounts of the personal journey they undertook in terms of the development of their identity. It also highlighted how their identity was often re-evaluated during times where they felt ‘under threat’ of being judged on the basis of negative stereotypes. This ‘threat’ was more likely to occur when they were in a minority within institutions or teams. This was particularly salient for the Black male participants who felt they were subject to more harmful negative stereotypes than their female counterparts. Although participants outline much of the work they do in order to manage of their identity and cope with negative stereotypes, this study also outlines recommendations for the organisations in which they work. As such cultural competence is seen not only as a goal for the individual ethnic minority therapist but for the organisations, teams and institutions that employ them, in order to support the development of Black psychologists.

APPENDICES – LITERATURE REVIEW

APPENDIX 1: Summary grid of papers and critique

APPENDIX 1: *Summary grid of papers and critique*

Author, year & country	Sample	Method of data collection	Method of analysis	Quality check
Adetimole, Afuape & Vara (2005) UK	N/A – self report	N/A	N/A	R**** S** T*** G – A/L – I ***
Afuape (2004) UK	N/A – self report	N/A	N/A	R**** S** T* G – A/L – I ***
Banks (1975) USA	N/A – Discussion paper only	N/A	N/A	R – S***** T – G – A/L * I *****
Comas-Diaz & Jacobsen (1995) USA	N/A – Discussion paper only	N/A	N/A	R – S **** T * G – A/L * I *****

Author, year & country	Sample	Method of data collection	Method of analysis	Quality check
Constantine & Sue (2007) USA	Self identified Black Doctoral students in clinical supervision N=10 (8f, 2m) 8 African American 1 West Indian American 1 Black Dominican American	Semi-structured audio-taped interview	IPA	R ***** S***** T*** G ***** A/L***** I****
Curry (1964) USA	N/A – Discussion paper only	N/A	N/A	R – S ** T* G – A/L * I***
Gardner (1971) USA	N/A – Discussion Paper only	N/A	N/A	R * S***** T* G – A/L * I **
Helms (1984) USA	N/A – Discussion paper only	N/A	N/A	R – S*** T* G – A/L** I ***

Author, year & country	Sample	Method of data collection	Method of analysis	Quality check
Iwamasa (1996) USA	Cognitive Behavioural Therapists N=31 (13f, 18m) 19 Asian American, 6 African American, 4 Hispanic, 2 mixed-ethnic heritage	Exploratory survey of subjective responses	Non stated	R – S ***** T * G * A/L * I ***
Jernigan et al. (2010) USA	Graduate students N=6	Semi structured survey	Directed qualitative content analysis	R* S**** T***** G**** A/L***** I*****
Jordan, Bogat & Smith (2001) USA	N/A – Discussion paper only	N/A	N/A	R – S** T – G – A/L - I **
Knox et al. (2003) USA	Psychologists N=12 (6f, 6m) 5 African-American, 7 European-American	Semi structured interviews	Consensual Qualitative Research (CQR)	R***** S**** T***** G** A/L** I**

Author, year & country	Sample	Method of data collection	Method of analysis	Quality check
Leary (1995) USA	N/A - Clinical examples	N/A	N/A	R ** S** T* G – A/L** I **
Lo (2010) USA	N/A - Self report	N/A	N/A	R *** S* T* G – A/L**** I**
McDowell et al. (2003) USA	Masters level Marriage and family therapy trainees N=4 (4f, 0m) 1 African American, 1 Mexican American, 1 European American 1 Asian Indian	Vignettes, Video tape of group, journal entries	Action Research	R *** S* T*** G*** A/L**** I***
Morgan (2008) UK	N/A - Clinical examples	N/A	N/A	R ** S**** T* G – A/L * I ***

Author, year & country	Sample	Method of data collection	Method of analysis	Quality check
Suinn (1993)	Psychologists N=7 (3f, 4m) 2 African-American 2 Native-American 1 Asian-American 2 Hispanic/Latino	Video recorded interviews	Not stated	R** S* T* G – A/L – I****
Tinsley-Jones (2001) USA	Clinical psychologists N=8 (4f, 4m) 3 mixed race/ethnicity 5 listed as mono-racial (Latino, Chinese, African American and Southeast Asian)	Interview transcripts	An unstated “qualitative approach”	R*** S*** T** G** A/L* I***
Tummala-Narra (2004) USA	N/A - Clinical examples	N/A	N/A	R *** S ***** T* G – A/L * I ***
Tummala-Narra (2007) USA	N/A - Clinical examples	N/A	N/A	R***** S***** T** G – A/L – I*****

Author, year & country	Sample	Method of data collection	Method of analysis	Quality check
Wieling & Rastogi (2003) USA	Marriage Family therapists or MFT's in training. N=15 (9f, 6m) 7African-America, 1Asian American 3Latino/Hispanic, 4Native American 1 Mixed heritage	30 item questionnaire	Content analysis & Developmental Research Sequence	R***** S***** T*** G*** A/L*** I***
Yi (1998) USA	N/A – Discussion paper only	N/A	N/A	R ** S ** T* G – A/L* I***

Key	
Quality Code	* = poor ***** = good - =cannot be rated
Key:	Reflexivity/The authors' ability to own their own perspective.
S	Situating the sample in the broader context
T	Transparency
G	Good Fit
A/L	Aim accomplished & limitations acknowledged
I	Impact
N/A	Not applicable

APPENDICES - EMPIRICAL PAPER

Appendix 2 Local Research Ethics Committee Approval Letters

Appendix 3 Participant Information Sheet



Title of Project: Identity in the Black British Psychologist.

Name of Researcher: Sheryllin McNeil, Clinical Psychologist in Training

You are being invited to take part in a research study. Please take the time to read the following information and ask if there is anything that is not clear or if you would like more information.

1. What is the purpose of the study?

The proposed study aims to explore the experience of identity in Black British psychologists. The study also aims to focus on the way in which identity is managed within both therapeutic relationships with clients and within the teams in which you work, where you are often the minority. The study therefore aims to acknowledge the implication of skin colour in these contexts. The study also recognises the need to explore the conceptualisation of Black identity in the context of British culture and the history of Black people in this country and therefore aims to add to growing literature in the area of Black British identity.

2. Who is organising and funding the research and who has reviewed it?

The research is organised and funded by the University of Birmingham. The study has been reviewed by the Black Country Research Ethics Committee and was given a favourable ethical opinion for conduct.

3. Do I have to take part?

No. It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw at anytime during the interview and also have period of one month following the interview to withdraw my data or part of my data.

4. What will happen to me if I take part?

All participants will be invited to complete a brief demographic questionnaire and take part in a semi-structured interview. The interviews will be audio-taped and should last for approximately 60 minutes. Interviews will be arranged to take place at a location that offers confidentiality and that is most convenient for you. You will have the opportunity to review the transcript of your interview if you so wish.

5. Will my taking part in this study be kept confidential?

Procedures for handling, processing, storage and destruction of your data are compliant with the Data Protection Act 1998. Your personal data will be coded rather than using your individual names. Consent forms and demographic information sheets will be stored separately from the tapes and transcripts to avoid identification. All information that is collected from you during the course of this research will be kept strictly anonymous. Confidential will be maintained between researchers. As stated on the consent form, anonymised verbatim quotations may be used in the final report.

6. What will happen to the results of the research study?

We aim to publish the results of the research, however a summary of the findings will be made available to you, on request, prior to this. Please note that you will not be identified in any report/publication.

7. What are the possible benefits and disadvantages of taking part?

We cannot promise the study will be of great help to you, but the interviews themselves, as a reflective tool, may inform your therapeutic work with clients. They may well enable you to better reflect on the impact of your identity on your work with clients and colleagues alike. The information we get might also help inform establishments of the training needs of other psychologists of colour. However, you may find answering questions about identity and race distressing. If at any time you require support, please contact the researcher who will be able to signpost you to the appropriate services.

If you have a concern about any aspect of this study, please feel free to speak with the researcher who will do her best to answer your questions. Should you have any further questions about the study, please contact: Sheryllin McNeil, Department of Psychology, University of Birmingham, Edgbaston Park Road, Birmingham, B15 2TT. Email: [\[redacted\]@bham.ac.uk](#)

Thank you for considering being a part of the study

Appendix 4 Consent Form



Participant Identification Number :

CONSENT FORM

Title of Project: Identity in the Black British Psychologist.

Name of Researcher: Sheryllin McNeil, Clinical Psychologist in Training

Please initial boxes

1. I confirm that I have read and understand the information sheet dated February 2009 (version 1.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

2. I understand that my participation is voluntary and that I am free to withdraw at anytime during the interview and also have period of one month following the interview to withdraw my data or part of my data.

☐

3. I understand that relevant sections of any of the data collected during the study, may be looked at by responsible individuals from the University of Birmingham, or from regulatory authorities where it is relevant to my taking part in this research.

☐

4. I consent to use of audio-taping, with possible use of anonymised verbatim quotations.

☐

5. I agree to take part in the above study.

☐

Name of Participant

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature

When completed, 1 for participant; 1 (original) for researcher site file;

If you have a concern about any aspect of this study, please feel free to speak with the researcher who will do her best to answer your questions. Should you have any further questions about the study, please contact: Sheryllin McNeil, Department of Psychology, University of Birmingham, Edgbaston Park Road, Birmingham, B15 2TT. Tel: 0121 414 XXXX or XXXXXXXX Email: XXXXXXXXXX

Appendix 5 Interview Guide

Interview Topic Guide

1. *Becoming a psychologist*: How did the participant come to be a psychologist? What influenced their decision? Did their colour feature in the professional expectations they had of themselves or in the expectations others had of them?
2. *Experience of Training*: Were there moments where the participant felt their colour was an issue? Can they recall any experiences throughout the training process where they felt they were treated or related to differently because of their colour? In what way did their training courses address issues of skin colour?
3. *Experience Post-Training*: As a qualified psychologist, does the participant feel that their colour brings anything different to the role? Can the participant recall any experiences where they felt colleagues/clients may have related to them differently because of their colour?
4. *Identity and Labels*: Does the participant think there is a difference between being perceived as a 'Black psychologist' and a 'psychologist who is Black'? How do they define themselves? What does being a black mean to them? What does being a black psychologist (or a psychologist who is Black) mean to them? Have they ever experienced any conflict between their personal identity as Black and their professional identity as a psychologist? Have there been times where they have felt their identity as a Black person has been more or less relevant?
5. *The Black British Experience*: What, if anything, does the participant think being British adds to their identity as a Black psychologist (or psychologist who is Black)? What influence did Britain have as the backdrop to their developing identity as a Black professional? Does their ethnic minority status in this country impact on the way in which they work as a psychologist?

APPENDIX 6 – Examples of Coding Process.

Appendix 6a – *Table of Emergent themes and super-ordinate themes from one participant*

STAGE 2 EMERGENT THEMES -	PAGE/ LINE NUMBER	EXTRACTS
Achievement		
<i>self-sacrifice</i>	2;39	I sort of gave all that up temporarily to get to get my head down
	8;294	how much I've taken on board especially onto the English culture urm you know urm if you take something on board just to give something up which urm I'm not convinced that you do hence my thing about straddling two cultures
<i>Seeking recognition</i>	7;253	I sat on the XXXX committee on the XXX conference and currently on the XXXXX forum you know, urm there are very few black people at that level
	8;291	my parents emigrated here, I was born here you know I was the first one in my entire family generation to go to university, you know I'm the only one that had more than one degree only one person got four
<i>A way to obtain that recognition/be seen</i>	9;316	possibly my dad was right you know urm you know you, you might well have to work much harder than your white counterpart you know to, to get recognition and to be seen
	9;319	that's exactly what I've done you know why not be content with two degrees XXXX (his name) you know cause maybe there is some part of me that realises that you know I've just had to go that extra mile
	15;566	I don't know am I saying that sometimes black people don't do that work enough? Probably!
<i>Achievement as a means to counter stereotype?</i>	9;331	you know there's a stereotype about them being lazy
	12;454	it's very interesting cause.. I suppose you know some people would say I've got a reputation for being very professional
<i>Hard work as part of culture</i>	9;325	it's certainly in the history of my family you know my dad worked for British Rail he was under underneath trains sixteen hours a day for you know for thirty years
	9;334	I don't think it's just that I worked hard to prove myself you know I think urm I think urm hard works in my blood

Standing alone	2;69	more often than not everywhere I went I was the only black person
	2;93	I was the only black trainee I was the only black trainee in in the entire course in fact urm three, three years urm so you know when I was in two years so there was there was no black people in the year above me
	6;195	I think you know going to work for a big clinical psychology department once you're qualified you know and more so being the only black person there
	7;252	You know I sit on a number of committees I'm the only black person
<i>Coping with...</i>	7;259	I think how I'd coped with it is to try to be authentic, you know to to understand that if I decide to bring that issue up its its going to be difficult but I would be being inauthentic if I didn't
	10;343	what I've tried to do is you know off set that lone position you know I've been in therapy for sixteen years you know I so I've got the space that I think I can go to where I don't feel so alone
	13;490	I've internalised that I've got a way of doing that you know I think it's the identity bit I think it's when we start talking about the relationship between what you do and who you....
	13;499	sort of divorced the differences in my personality from my skin colour
	15;557	tried to manage my blackness in an authentic way but get people to understand that it's not the only thing about me
	15;562	I've done a lot of work on integrating those bits so that they're not so split up right so I don't push one bit forward and dumb down another bit but you know and I think everybody has to do that at work you know urm to be truly authentic
<i>- different but the same</i>	10;357	I think on the one hand you I can recognise that sort of loneliness of it but that I also recognise particularly now you know that there are things that make me the same
	10;361	I think one can one can do a number on oneself in terms of one's skin colour and go "oh oh oh I'm on my own" you know or one can go "No hang on, there are things about me that are different but there are things about me that are absolutely the same"

Importance of being seen as the "good doctor"	5;145	he turned who do you see and she said I see a black doctor and urm him saying is he alright? I: ok and what did she say?; P: "yeah he was pretty good actually
	12;454	its very interesting cause I suppose you know some people would say I've got a reputation for being very professional
	12;456	am I being no less professional than everybody else because I'm black?..... Am I really trying a bit harder? But I think there's probably some truth in that you know urm you know the way I dress you know the way I carry myself
	14;503	I think it's a combination of things that makes me get noticed I think, I don't think it's just my colour.... I'm a pretty good at the role of trainer, teacher, educator
	14; 518	that I am not seen as a token
	14;533	... He's that creative because he's black.... No I'm creative because I'm that creative. It 's got nothing to do with skin colour.
Risk	8;259	if I decide to bring that issue up its its going to be difficult
<i>to self - achievement=selling out?</i>	9;301	I think you know so sometimes what I've had to contend with you know is people from my own ethnic population you know telling me that I've sold out
	9;307	if you want to grow and to develop you've got to take some risks
	9;310-314	you know you're not going to be part of the majority culture you know you're going to stand out you know you're going to be looked at in a different way you know that judgements are going to be made about your ability that that may be taken for granted with somebody from the majority culture
	9;314	you know sometimes it's going to be a lone position and who the hell wants to be in a lone position
<i>taking that risk</i>	14;538	there's also a very big bit of me you know that will at times take up a marginalised role you know which is not the same as an outsider role you know I will bring a different perspective which I'm also known for urm I will say things that other people find unsayable

Appendix 6b – Stage 4 – Identifying Recurrent Super-ordinate themes

[illegible]

APPENDIX 7 – Additional Verbatim Material for each theme.

Additional Verbatim Material for Each Theme.

THEME 1: MORE THAN SKIN DEEP

The Journey

...if you want to grow and to develop you've got to take some risksyou know sometimes, it's going to be a lone position and who the hell wants to be in a lone position (Malcolm – 9;307 & 314)

... if the “N” word was said in your presence and people look at you, you've got to think a little bit about what that means to you, and how you manage that and that comes with experience and time (Ayo 25;834)

The Primacy Effect

... “He's that creative because he's Black”. No I'm creative, because I'm that creative. It 's got nothing to do with skin colour. (Malcolm – 14;533)

wherever I go, whatever situation I go into really. I erm... for me that means how I look, my values, my culture and the fact I'm black, you know...it's there (David – 9;280)

But I just want to be known as me... because my name is important, it's a name with meaning... erm.... XXXX is a clinical psychologist! (Mirembe - 8;294)

I wouldn't really say I was a black clinical psychologist, I'm a clinical psychologist. Erm people can define me any way they want. I guess erm.. what matters is how I define myself. Err. Someone people might say you're a black psychologist or a brown psychologist a coloured psychologist and that is up to them. Me .. I'm XXXX (name) and I'm a clinical psychologist. (Mirembe - 7;276)

Meaning

it means.. erm... being a survivor and being a strive as well, someone who can strive through adversity (Kathleen - 20;654)

my blackness was something that helped me keep going because erm it was almost like I am fighting the fight type of thing and I am used to that (A19 - 19;645)

I think that being black is a very complex thing. I don't think it's erm.. you can assume , for example, that me as a psychologist who sees my race as important would come to the same conclusion as another psychologist and see their race as important. (Naima - 15;482)

THEME 2: ON BEING “THE ANOMALY”.

I was the only black trainee I was the only black trainee in, in the entire course in fact urm three, three (Malcolm – 2;93)

What was quite interesting was how everybody would tell me at work when something bad happens involving a black person but the moment that Barack Obama got elected it was a non-event (Kathleen - 15;505)

...there's an absence of black, a lack of familiarity and going on home visits to, you know, families and I did feel that kind of... proceeded me a bit, you know, like that was some kind of filter through which people kind of viewed me (Gillian – 10; 54)

Position of safety?

I like being different, I've been different all my life (Naima - 3;89)

I don't feel anxious about being the only black person in the profession because I suppose you just get used to it (Mirembe - 5;182)

An anxious position?

... you know you're going to stand out you know you're going to be looked at in a different way you know that judgements are going to be made about your ability that that may be taken for granted with somebody from the majority culture (Kwesi- 9;310-314)

...when I got up to speak I had a reaction to.. “WOW.. this is like a sea of ... like a monoculture” (Gillian – 7;217)

I guess some clients commented on that as well, “Oh we’ve never seen anyone like you before around here”,(Mirembe – 2;47)

...right from the very terms of the course I was clear I was different and also my difference mattered and it made some people feel uncomfortable (Naima - 5;144)

THEME 3: THE NEED TO FEEL RECOGNISED/ VALUED /SUPPORTED /ACCEPTED..

3a ...by black community

I very much see myself as a black woman, and don’t see myself as selling out or being a “bounty” or kind of stepping out of a black community. I very much see myself as part of that.(Gillian - 13;440)

Some thought you’re just a white person with a black skin and others thought that if they had a choice they would definitely choose a black psychologist because they would be more likely to understand where they were coming from and champion their views. (Naima - 18;603)

I think that sometimes I felt that people kind of feel, had the kind of view that I was no longer black. If you, if your accent changed, if your interests change and that maybe you’re no longer black, (Gillian - 13;437)

...other black guys will go, “bwoy you doin that 9 to 5 thing, you know, under the thumb of the white man”, and they see him as a bit of an idiot for doing that (Gillian – 17-577).

I realised, to my astonishment that word had gone out in the black community that a black psychologist was coming to the city and that just floored me. And honestly,

people had been told, throughout social services, in the community and it was just weird to think that this meant so much. (Naima – 17;537)

3b... by white Majority

I could quite easily have got the position being some kind of expert on race and racism and erm the... certainly the sort of senior administrator... you know the sort of very upper type or middle class suburban housewife you know would, would sometimes try to kind of recruit me in into a case e where you know “can I talk to you about Dionne?”, “Can I talk to you about Juliana?”, you know, “No Valerie go and talk, talk about a black trainees to someone else (laughs) not to me. (Malcolm- 6;206)

would you mind being the lead for erm ethnicity and diversity?” and I thought oh ‘ere we go again, why me sort of thing. And it could well be, you know, she’s asked everybody, but I don’t know. I just thought, she’s asked me because I am black (laughs). And err,... she probably thinks well it applies to you rather than..... (Mirembé- 4;148)

A lot of it was about, just kind of, wanting to... to fit really. Not really wanting to rock the boat and not being concerned about... backlash... no that’s too strong a word, but how that would be perceived by others, it might be perceived negatively. (Kwesi – 2;75)

Being in a minority maybe thinking people are really sort of listening out what I’m going to say, what I’m going to be like (Kwesi;7;355)

...she kind of came up with some sort of logic saying that because I was now in a profession erm I almost now had a more in erm common with White people (Kathleen - 4;112)

...she was an equivalent to an assistant. And erm people would go up to her and say, "Oh hello Dr XXXXX, thank you so much for coming along", and erm would think that I was the assistant or researcher. (Gillian-6;187)

I've had experiences with erm the parents ... where they've felt they were getting a substandard service because they've got sent the black person... so when they get a black person they feel they've sent the most junior person (Kathleen – 7;229)

I feel supported and valued erm. There's people here I can talk about difference. I certainly don't talk to everyone about that because it's so personal, a part of me really..... I think that's absolutely vital, absolutely vital. (David – 11;330 & 338)

THEME 4: THE CONTEXT FOR (UN) ACCEPTANCE

Coloured Glass Ceiling

I was born here, I'm British and all of that, maybe more of an expectation of... of.. being treated equally than possibly my parents would have had who came in the 60s. I think that's definitely a sort of kind of different and often that's part of the difficulty. People have that expectation and if it's not met and all the problems that go with thatas I said earlier over representation of people, you think well...that's not being treated equally. Being detained, higher rates of detention and all that kind of stuff.. you think, that's not really being treated equally. Thinking more of, you know, about all sorts of psychological models and theories and so on and how they don't really seem to extend beyond a very Eurocentric view of psychology, you think well... well, that's not really equal. So those kinds of things, yeah made me angry and erm, at time disillusioned and er yeah, definitely... but maybe I did have a chip on my shoulder, so maybe that's partly why I was a bit reticent of speaking up (Kwesi – 9;411)

...she said the black people that told her she would never get into clinical psychology and she had just arrived, she'd been in the country about a year, maybe two years. And she's followed her husband, her husband had been here for longer. And I said

the people who are telling you this, how long have they been here? And she said a very long time. I said that's it, that's the issue is that when people have been here for a very long time they begin to believe... That they can't. That there are certain barriers that you can't overcome and just accept that is the way it is. (Naima – 23;761)

Colour and class

I would never describe myself as middle-class because I think the class system in England, precludes people of colour... erm and so I that you know, in England particularly (Gillian – 13;419)

...I said, "Aren't you ever worried about seeing clients out in the street", and she said "Oh no... I don't shop where my clients shop", and it was that kind of thing I thought, I never... ever... the day I don't go to Lidl to get my bargain... is the day I don't want to be a psychologist. I never want that to change. 'cause I just don't wanna be...I mean I will go to Marks, I will go and shop in Waitrose but I will also go and shop at Lidl and you know I never want that to change. (Ayo – 19;636)

I think in England there are still much more issues around class and gender, so I don't know, I don't think people get so much into a kind of narrative urm discourse about black professionals in this country (Malcolm - 13;469)

It's the realism I'm holding onto, not necessarily class but realism, and that includes my social background and also my ethnic background as well. Its keeping real the realism of what it is.... for me. (Ayo - 20;648)

The 'Dangerous' Dialogue of Difference

I thought it was a lot more effective bringing it as an issue of health and safety in the workplace rather than bringing it as an issue of, race (Kathleen- 9;306)

Yeah, really considered when I talk about issues of ethnicity. I definitely feel that's one way that I manage that. And of course it's not always easy, and again it's that suppressing thing a bit, feeling like I have to sort of mind how I express myself which I think is a general sense that I feel. (Kwesi – 5;237)

...anything like that quickly reverberates the room (Naima – 3;68)

I was fearful of that, rightly or wrongly, you know especially as a, you know, a novice trainee. I just find it very found it difficult mention those kind of issues (Kwesi – 2;82)

...that was like dropping a bomb into the middle the trainee group (Naima – 3;68)

Those kind of issues are relegated to not being particularly important. So I start thinking if I start saying stuff, then I'll be looked at, possibly chip on my shoulder(Kwesi – 2;80)

People are often unaware of the language they use, and the approach that they take and that actually, it's quite labelling or discriminatory.(Gillian – 5;168)

Mostly people worry about getting things wrong (David – 6;190)

There is still that kind of sense sometimes, "why focus on that particular issue of diversity when there are lots of other diversity issues around", there's a "why don't you focus on disabilities?"(Kwesi; 3;111)

On some level you know the majority culture doesn't wanna go there and doesn't want to have the conversation (Malcolm – 8;263)

...majority culture not really feeling that it's got the internal resources to have that conversation urm but also wrongly assuming that people from ethnic populations do have the internal resources you know... (Malcolm – 8;272)

THEME 5: THE HARDER THEY COME

I think that black people have really struggled in this country, particularly with a lot of institutional racism and a poor educational system and I think the people who have excelled in impoverished environment have been people whose perhaps parents came from more 'aspirational' middle-class backgrounds in the Caribbean or Africa and so they had a vision of what could be and didn't accept what just is. (Gillian – 14;472)

...because of the stereotype that I think other people may hold.... yeah there is that almost having to yeah... tread lightly really (Kwesi – 5;247)

I need to... erm... to say things in almost overly diplomatic as a result of... yeah, being over diplomatic with people (Kwesi – 5;231)

it's certainly in the history of my family you know my dad worked for British Rail. He was under underneath trains sixteen hours a day for, you know, for thirty years (Malcolm – 9;325)

...am I being no less professional than everybody else because I'm black?...Am I really trying a bit harder? But I think there's probably some truth in that... (Malcolm – 12;456)

... the temptation I think is to just perceive of them as being black but actually I think it's the black person's job in inverted commas to kind of go "Oi! What are you doing? There's more to me that meets the eye!" (Malcolm – 15;576)

...you've actually got to be... sadly you've got to be proactive to get people to think about the issues. (David – 14;443)

People can rest on their laurels a little bit and I think you've got to culturally question (Ayo – 25;820)

I said to him “look around you, all the cameras, look at how people are responding to you, hold it down”, you know, I said, “I understand your anger , just contain yourself, you know, cause you don’t want people to come in here, and call the police and ask you to leave because of your behaviour”, and he said “I see what you mean”. And he said “where are you from?” and “I said my parents are Jamaican” and he said “but you don’t sound Jamaican”. And I thought just embodied, you know, what, the whole idea about what people see as blackness and also that he erm felt that the only way he could express himself was to be loud and I think that the black lady behind me, she kind of just looked at me and shook her head and I think black women... and I said to him you’ve got to know how to react in different situations. (Gillian – 17;560)

APPENDIX 8: Journal of Counseling Psychology: Instructions for Authors