

“I can't fail, you know, cause my failure is not just mine.” An
Interpretative Phenomenological Analysis of how black male
counselling or clinical psychologists experience their
professional identities

A thesis submitted to London Metropolitan University in partial fulfilment of
the requirements of the Professional Doctorate in Counselling Psychology

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Declaration

I hereby declare that the work submitted in this thesis is the result of my own investigation, except where otherwise stated.

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Abstract

Background

The difficulties of engaging black men with mental health services and the positive outcomes that can be experienced once black men engage in such services, like psychological therapy, are well documented (e.g., Wade, 2006; Whaley, 2001; Stevenson et al., 2021). However, there is a lack of discussion in the literature regarding how black males experience being psychologists in a predominantly white industry (BPS, 2018). Research has explored the complex concepts of personal, social and professional identity (e.g., Erikson, 1968; Tajfel & Turner, 1979; Ibarra, 1999) and how these can impact individuals' sense of belonging to a profession. However, literature was lacking in understanding how these identities form and are experienced when the individuals in question are black and male.

Rationale and Aims

This research sheds light on this marginalised section of the psychological community. It aims to better understand how black male counselling or clinical psychologists experience their professional identities.

Design and Method

The data gathered via semi-structured interviews of six counselling or clinical psychologists' lived experiences were analysed using a qualitative methodology, interpretative phenomenological analysis (IPA) (Smith et al., 2009).

Findings and Conclusions

Three superordinate themes were developed: 'Lack of belonging to the profession', 'Personal identity informs professional identity' and 'Representing my community'. These themes were then discussed within the context of existing literature. It was found that the participants experienced a sense of not belonging to the profession due to feeling different from their peers, but they found ways to reduce the negative impact of this difference. Counselling psychologist participants experienced an additional layer of difference, initially feeling inferior to their clinical colleagues before finding solidarity in their professional identity. Participants expressed an integration of their professional and personal identities, reflecting on how their race and gender have influenced their development, present experience, and future aspirations as practitioner psychologists. Finally, it was found that participants felt there to be importance in representing their community, by being themselves, feeling pressure not to fail and helping those who are a part of their communities.

The research has helped to illuminate one aspect of the experience of being a black male practitioner psychologist. Raising awareness of these experiences can help individuals consider their conscious and unconscious prejudices, validate and name experiences shared with the participants, be used in service development, and generate future research.

Glossary

BPS	British Psychological Society
CoP	Counselling Psychology
IPA	Interpretative Phenomenological Analysis
SCCT	Social Cognitive Career Theory
SIT	Social Identity Theory
SLT	Social Learning Theory

INTRODUCTION

The British Psychological Society (BPS) (2016) has stated that psychology as an industry is predominantly white and female. Patel and Fatimilehin (2005) have echoed this, finding that clinical psychologists are primarily white, female, and middle-class. As black males are distinctly underrepresented as counselling and clinical psychologists, there is a similar underrepresentation of their experiences of the profession within the literature.

One element of this experience that I wish to highlight is professional identity. Different researchers have defined professional identity (e.g. Ibarra, 1999; Adams et al., 2006) with a common theme being that it is related to the individual's attitudes, beliefs, values and knowledge within the context of a professional environment. Verling (2014) has concluded that there is no single professional identity inherent within counselling psychology; instead, many identities find a basis in the individual's history and heritage, which aligns with the humanistic underpinnings of counselling psychology.

Given the strong connection between the individual and their professional identity, it could be assumed that it is beneficial to maintain a consistent personal identity to maintain a consistent professional identity. However, research conducted by Thibodaux (1994) suggests that black people often feel the need to "code-switch", i.e., to be cognizant of white people by monitoring their behaviour and potentially altering it to be perceived as less threatening. Inferring from Thibodaux's theory, black males in the role of a counselling or clinical psychologist may not feel that their displayed professional identity is congruent with their true professional identity due to "code-switching".

Stigler (1990) suggests that culture informs our self-concepts which, as mentioned, influences how we view our professional identity, whilst Boychenko (2020) expresses that professional identity influences the individual's identification with a group based on shared knowledge, which is further supported by various theoretical models, such as Social Identity Theory (Tajfel & Turner, 1979) which explains how people derive part of their self-concept from group memberships; Social Learning Theory (Bandura, 1986), which helps to explain how people learn by observing and imitating others; and Social Cognitive Career Theory (Lent et al., 1994), explaining how career interests develop, educational and career choices are made and career success may be achieved. These theories help us to highlight that the formulation of one's professional identity is informed by one's cultural background and social group, as well as the importance of this professional identity when it comes to feeling accepted by our peers.

After reviewing the existing literature, there is a clear gap in the research around how black males who are clinical or counselling psychologists experience their professional identities. Therefore, as reflected in the research question below, there is still much to learn regarding how this specific group of people experience their professional identities.

Research Question

How do black male counselling or clinical psychologists experience their professional identities?

Aim of the research

To gain an improved sense of how black male clinical or counselling psychologists experience the phenomenon of their professional identities whilst considering the role that their gender and race may play in this identity.

Relevance to Counselling Psychology

The relevance that this piece of research has to Counselling Psychology (CoP) is embedded in CoP's philosophical underpinnings of being both humanistic and pluralistic (Cooper & McLeod, 2010). These underpinnings are intertwined – firstly, the former places great value on the individual's subjective experience and perspective, which is at the centre of CoP's values (Orlans & van Scoyoc, 2009). As the research topic is focused on the identity of the participants, the importance CoP places on subjectivity is even more pronounced. The development of a professional identity has been considered to be an internal scheme reflective of a person's ideas for how they should/should not be, what they should/should not do, and how they should/should not act (Tavrovetska, 2011) and as such is deeply personal and individualised, again placing this in line with CoP's humanistic values given the focus on the individual. Secondly, as CoP is pluralistic, it allows counselling psychologists to apply the most appropriate lens to ensure the individual's subjective experience and perspective are understood and evaluated appropriately, such as through a qualitative study.

As Martin (2015) has expressed, cultural diversity is a central tenet of CoP. Therefore, identifying that black male practitioner psychologists are poorly represented as a population in practice offers the argument that more research needs to be completed to understand better why this is the case so that, as a

profession, we can move towards greater cultural diversity. One way this can be done is by better understanding the experiences of those working in the field. This can be achieved by identifying negative experiences and addressing them, as well as identifying and building upon positive experiences. Applying this to a 'real-world problem', which Kasket (2012) suggests counselling psychologists are concerned with, highlights the positives (as well as addressing any concerns) that this research could help mental health service providers to evaluate their processes and recruitment and potentially improve their reach to ostracised sections of the population.

Reflexive Statement

There are many things that I needed to be personally aware of when considering this topic. Being a black man and a counselling psychologist in training, I have had many of my own experiences that could have influenced what I might expect to arise from this research. Given these experiences, I had to be wary of purposely seeking out literature that reflected my experiences and bracket these views effectively through regular self-reflection and monitoring of my own thoughts and feelings towards the research, ensuring that the research does not simply reflect my own experiences, but that of my participants (Husserl, 1931).

Firstly, I have always been in the gender and racial minority in relation to my career, whether that is on my undergraduate degree in psychology, whilst volunteering as an Assistant Psychologist in a private setting, as a Clinic Manager in a different private psychological setting, in the various NHS trusts I have worked in, and within my Counselling Psychology doctorate programme. I am, therefore, very conscious that given that my undergraduate

degree began in 2009, I am now sitting with 15 years of being in the gender and racial minority within any experience of psychology I have gained.

In addition to this, although my phenotype is mixed race (Black Caribbean and White Irish), and I personally see myself as mixed race, I am often referred to as black. Growing up in a multicultural primary school, secondary school and college, I have been lucky enough to experience the first 18 years of life without any overt racial prejudice directed towards me that I was aware of.

From the beginning of the research process, I became aware of a sense of duty to conduct research concerning black males. As Jordan et al. (2001) have explained, black psychologists hold influence. They are more likely to support and create debate and research on race and cultural issues, which black communities would benefit from. In a liberal culture, where it is possible to offend marginalised communities, for example, by using the wrong terminology or speaking from a place of privilege, it is understandable that non-ethnic minorities may choose to stay away from topics that might cause them to be placed in the firing line. Therefore, in the context of race, lest you be accused of being a racist, who is left within the psychological community to conduct research on black men if there are so few black men within the profession? I was, therefore, left with the sense that I was duty-bound in my focus on this topic and that I must shine a spotlight on this marginalised community.

In the same breath, I was also conscious of the importance that I was placing on the literature review to reveal something that I may then be able to use to “fight for racial justice” to progress black psychology and black mental health

by giving a voice to ethnic minorities and elevate their historically marginalised stories, as suggested as a tenet in Critical Race Theory (Ladson-Billings & Tate, 1995).

Due to the personal nature of the topic, I suspected this to be a challenging piece of research to conduct. However, as much as this was a challenge, remaining close to the topic drove my passion to produce research that is rich in depth, interesting, and, most importantly, accurate in representing my participants' experiences.

CHAPTER 1. CRITICAL LITERATURE REVIEW

1.1 Chapter Introduction

My literature search began in two separate areas. First, I wanted to focus on the male gender working within the psychological industry before my search narrowed by applying race to my filter. This led me to literature around identity, particularly individual, social and professional identities and how they may be formed and maintained. As the function of my critical literature review was to help me widen my understanding of the topic of black men, therapy, and identity, evaluation of each area has allowed me to establish a reasonable and acceptable grasp of the current literature, assisting in the identification of the appropriate gap in the research that I believed benefitted from further study and thus created the need for this research to be conducted.

I used databases such as PsycINFO, Web of Science and PubMed for my literature search. Examples of combined terms used to capture the topic were '*counselling, or clinical psychologist*' and '*black male*' and '*professional identity*' or '*psychologist, or psychotherapist*' and '*black British, or black African, or African American*' and '*males, or men*'. From the results, I further used reference lists from the research reviewed to broaden my search.

1.2 Therapist's Gender

1.2.1 Gender in the Workplace

We currently find ourselves in a patriarchal society where men are advantaged in aspects concerning social mobility or progression within professional roles. For male psychologists in a female-dominated industry, this is no different. Williams (1995) states that men take their gender privilege and sexual power with them into these environments, while Cross and Bagilhole (2002) explain that men, therefore, find themselves as an advantageous, rather than

oppressed, minority. This means that men found in female-dominated industries are often over-represented at the upper echelons of the industry (Lupton, 2006).

Conversely, when men operate within a female-dominated role, they can experience a challenge to their masculinity, often facing stigmas such as being written off as effeminate (DeCorse & Vogtle, 1997), which can often lead to men avoiding roles that they perceive to be “feminine” to avoid such a challenge (Vandello & Bosson, 2013). Men counteract these views by partaking in typically masculine behaviours, such as being careerist by emphasising the career prospects of the role or associating with more powerful masculine groups. Floge and Merrill (1986) found this to be the case in nursing, where male nurses socialised with male doctors more than their female colleagues. Lupton (2000, 2003) concludes that on this basis, men spend much time and energy expelling the view that their role is misaligned with their gender.

Lupton (2006) argues that we should not necessarily be focusing purely on the research that states that men avoid these career paths based on masculinity. Instead, the focus should be on the social processes that cause certain groups of men to enter female-dominated industries, one of these being social class and the hypothesis that those of the lower classes will be more likely to be in these roles. Given the disadvantages that are faced within these roles, such as lower pay and receiving less social status, it is posed that men who are of a lower class are left with no choice but to enter into female-dominated industries where they can experience some advantage through their gender.

1.2.2 Therapist Effects

There does not appear to be a consensus as to whether the therapist's gender impacts therapeutic outcomes for the client. Examples of this are Shiner et al. (2017), who found that the gender of the therapist is not a significant predictor for client retention, in comparison to Zorzella et al. (2015), who found that female therapists were able to create a better alliance with their clients, which Wintersteen et al. (2005), compounded, finding that when patients and therapists were matched based on gender, there were higher levels of an alliance formed than with the control group. Then again, Pfeiffer et al. (2020) found no indication of interaction between client and therapist gender.

This shows the back-and-forth that occurs when investigating gender as a therapist effect in isolation. As such, I would be cautious about adding to such a convoluted sea of research without being able to explore the topic from a different angle or in greater depth. Although gender may play some role in affecting therapeutic outcomes, there may also be other contributing factors that could be considered.

1.3 Black People and Therapy

The CDC (Centers for Disease Control and Prevention) released figures to show that in the black male population, up to the age of 19, suicide is the third largest cause of death, and between the ages of 20-44, suicide is the fourth largest cause of death (Heron, 2017). However, it is important to note that when looking at countries in the UK (England and Wales), suicide among the Black Caribbean and Black African populations was not as high as those found among mixed and white ethnic groups (ONS, 2021).

A great deal of research points towards the difficulties that are faced when attempting to engage with black populations. An outcome of this is that very little research has been conducted into how evidence-based treatments (EBTs) affect black people or people of colour in general (Kataoka et al., 2010; Lau, 2006) but of the research that has been conducted, some suggest that these interventions are not as effective for non-white clients due to them not being culturally appropriate (Naz et al., 2019). Further, in the current EBT research, the participation of minorities in those studies is minimal (Kataoka et al., 2002; Weisz et al., 2005). In passing, it might feel like blame could be placed on the candidates for not taking part in clinical trials, which would ultimately improve the services that would serve their communities. However, a recurring theme in the research is a sense of distrust within Black communities regarding medical services (Stevenson et al., 2021; Henfield, 2011; Lindsey et al., 2010; Beasley et al., 2015).

This led me to question why there is distrust within Black communities, bringing me to a plethora of examples. One of the most poignant was conveyed in a moving TEDx presentation by Roundtree (2018), where he spoke about the Tuskegee Study (officially known as “The Effects of Untreated Syphilis in the Negro Male” (1936)), where Black men were duped into contracting syphilis, and then given false treatment for 40 years to investigate the effect syphilis had within a living community. With such abhorrent practices having occurred in recent times and within the memories of those still alive, it becomes easier to understand the backbone of distrust felt by black people. Another example is found in an article by Hostetter and Klein (2021), which contains a Q&A with social psychologist Laura Bogart. The

article explains that medical mistrust is not only related to past events but is found in more contemporary examples of experiences of discrimination in a wide range of healthcare systems. In addition to this, within the same article, it is contested that even using the term “mistrust” is oppressive, insinuating that black people are wrong for not trusting a system that has proven to abuse them.

When investigating the issue of trust, I came across research on how increasing the number of black men as counsellors would improve engagement with the black population. More specifically, because black people would be able to contribute more culturally appropriate clinical work as well as help to reduce distrust, mental health stigma and misdiagnosis of black people in clinical settings (Wade, 2006; Whaley, 2001). Building on this idea, Stevenson et al. (2021) found that creating interventions within a barbershop, i.e., a setting where black men and boys felt comfortable sharing, could reduce the likelihood of the client being involved in violent crime. This finding was concurrent with only two sessions with a barber who had received brief training in therapeutic techniques. One of the major takeaways for Stevenson et al. (2021) was that approaching black males within a context where they felt safe sharing with a figure they trusted was of the utmost importance.

Following on from the Stevenson et al. (2021) study, I began to consider black men in professional psychological roles and found that there is a chronic underrepresentation. The British Psychological Society (BPS) states, “The BPS membership currently comprises 42,088 females and 12,767 males...

from those members that have provided details, 9812 are white, 181 black and 723 other” before going on to confirm that psychology as an industry is predominantly female and white (BPS, 2016). Patel and Fatimilehin (2005) came to the same conclusion when focusing on Clinical Psychology, stating that it is a profession predominantly made up of those who fall under the demographics of white, female and middle-class.

Further adding to the research on the impact of increasing the number of black males within psychology is how this would specifically improve the number of black men and boys engaging in therapy due to black psychologists being significantly more likely to provide direct clinical services to communities of colour (Graves et al., 2014; Truscott et al., 2014). This is supported by Jones, Gray and Jospitre (1982), who found that 99% of Black psychiatrists had treated Black patients in comparison to 48% of White psychiatrists. This leads to the assumption that increasing the number of Black males as psychologists would increase the number of psychologists who are accessible to black men and boys. Partnering this with Thompson et al.’s (2004) findings that shared culture and race lead to an assumed better understanding of the client’s difficulties and findings that Black clients have a preference for working with mental health providers of African descent (Cabral & Smith, 2011; Townes et al., 2009), it becomes difficult to ignore the benefits of increasing diversity in the role of the practitioner psychologist.

1.4 Combining Race and Gender

As already mentioned, the literature on therapist effects in isolation presents a varied response, often showing weak to no correlation in effecting therapeutic outcomes. However, in my literature search around race and gender, I have

encountered multiple studies that approach the topic, including both variables and show different conclusions.

Following on from the theme of distrust, Jones (1983) corroborates that black men tend to turn to an informal network of men they determine as friends or family due to the commonalities they share, creating a sense of trust between them. Whaley (2006) speculates that there may be a correlation between the previously mentioned lack of engagement from black clients with mental health services and a lack of representation of people in these services who share their cultural commonalities, such as black mental health practitioners. Further, Whaley found that gender-matching black male clients with black male psychiatrists would “reduce self-reports of interpersonal distrust” (p.554). Whaley (2006) goes on to also suggest that the findings further reiterate that increasing the number of black males as mental health providers may help to increase the utilisation of the services by black male clients due to it being a replication of the bonds that can be found informally within their communities. However, it should be noted that these were found within the context of comparing black male mental health providers and black female mental health providers. Therefore, as Whaley (2006) notes, the study would have benefited from other patient and therapist racial populations included in the research.

On the other hand, as has been the case with research already presented on therapist effects, several large-scale studies have found no significant racial or gender-matching effects when speaking of black populations (Goode-Cross & Grim, 2016; Dailey, 2001; Sterling et al., 1998).

1.4.1 Race and Gender in the Workplace

Before considering the workplace itself, we must first consider the path one takes into the workplace and the cognitions that influence this path, with race and gender having a part to play in considering the individual's career goals. The workplace can be a challenging environment for the black man to traverse within a white-dominant society, such as the United Kingdom. Black people can often find themselves subject to being considered tokens (Sekaquaptewa & Thompson, 2002), that is, progressing within their career as a result of their race and not their professional competence, leading to them feeling highly visible on account of their numerical minority (Jones, 2020). This alone can increase the threat felt towards their professional identity because they may not feel a sense of belonging within the profession if they are not represented (e.g., Duguid, 2011). Kanter (1977) and Thompson and Sekaquaptewa (2002) have stated that tokenism can make individuals feel highly visible and isolated and cause their performance to be negatively evaluated. This is supported by Carton & Rosette (2011), who found that black leaders are negatively evaluated despite their performance, perhaps due to the ideology that they are undeserving of their senior position.

In addition, Causadias et al.'s (2018) theory of "cultural (mis)attribution bias", derived from Ross's (1977) theory on attribution bias, suggests that this high level of visibility is partnered with a greater sense of responsibility to perform adequately because they are a representative of their ethnic group and what they achieve or fail at will be attributed to the likelihood of others from their group achieving or failing in the future. That is, if they fail at their domain, everyone holding membership with their ethnic group will be judged

prejudicially (Shelton, 2005) and considered likely to fail. As such, it is proposed that individuals from stigmatised groups may feel the need to try harder, exert more effort and expend more resources in an attempt to overcome these negative stereotypes and prejudice (e.g., Wrosch et al., 2003; Leach & Livingston, 2015; Hoyt & Blascovich, 2007)

Within the National Health Service (NHS), ethnic minorities are overrepresented at the lower levels (pay band five and below) and severely under-represented at the upper levels (pay band 8a and above) (WRES Implementation Team, 2020). Bearing in mind that upon completion of a doctorate that qualifies you to be a psychologist, you are considered to be at band 7 (with the next band being 8a), this conjures up a concern around the barriers to progression that are reported by ethnic minorities working in the NHS (Pendleton, 2017). Furthermore, ethnic minorities were shown in Pendleton's report to be less likely to be respected by junior staff, more likely to be ignored by senior staff and more likely to be reprimanded or punished than white staff members (Pendleton, 2017). In addition to this, ethnic minorities are more than twice as likely to feel discriminated against by their manager, team leader or another colleague, as well as being more likely to report bullying, harassment and abuse from patients and colleagues (Hughes et al., 1984; West et al., 2015; Kline 2014, 2013). It is also important to note that this is all within the context of what might be considered a progressive organisation, with one of their defining policies being to provide care "irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status" (Department of Health and Social Care 2015).

As discussed, literature suggests that there is a sense of threat and negative judgement experienced by black males on account of their race and gender identities (Wilder, 1984; Avery, 2008). Research notes that individuals regularly judged by these negative stereotypes can become expectant of such stigmatisation and feel devalued within their identities (Kaiser et al., 2006; Emerson & Murphy, 2014). As such, they may seek out environments where they are less likely to be exposed to such stigmas and threats (Lundberg & Startz, 2007; Crocker & Major, 1989). Compounding the issue, the dimensions of race and gender are conspicuous and not easily hidden (e.g., Frey & Tropp, 2006; Quinn, 2017). Therefore, it has been suggested that those subjected to these negative judgements and sense of threat may create means to reduce the adverse effects that can come with such stigmatisation (Van Laar et al., 2019), such as attenuating the goals they may set out for themselves to achieve (Hall et al., 2015).

Van Laar et al. (2019) proposed the concepts of ‘hiding’, ‘displaying’, and ‘distancing’ to reduce such stigma. Hiding means that the individual will attempt to conceal characteristics associated with the negatively judged group; however, as noted, race and gender are both highly conspicuous characteristics (Quinn, 2017), so this may not be an effective tactic. ‘Displaying’ refers to the idea that an individual, at risk of being negatively judged, will attempt to assimilate to or accentuate the characteristics of the dominant group, which Newheiser et al. (2017) support, suggesting that this is done in the hope that the group will then accept them. Finally, in ‘distancing’ oneself from the negatively evaluated group, the individual hopes to reduce the likelihood of

being subjected to negative judgements about the social group, which helps them protect their personal identity (Faniko et al., 2017).

When considering the workplace for the Black male psychologist, it would be remiss not to consider the specific experience of conducting therapeutic work with clients. Boyd-Franklin (2003) highlights that Black therapists are more likely to self-disclose to black clients, as a result of them feeling more comfortable, but also as a technique devised to normalise their clients' experiences. Supporting this theory, the research found that self-disclosure is also more likely to occur for black clients when in psychotherapy with other black mental health professionals, which is particularly important, as a lack of self-disclosure from the client can be misinterpreted as an indication of pathological paranoia (Ridley, 1999). Therefore, I argue that increasing the number of black psychologists may contribute to a reduction in the number of misdiagnoses of mental health issues.

Alternatively, Boyd-Franklin (2003) and Goode-Cross (2011) explain that black therapists are likely to experience discernible challenges in their work with same-race clients, such as overidentification with the client and judgement or rejection by the client. However, they can experience great joys, such as becoming a role model, finding it more accessible to connect quickly and intervene in more culturally congruent ways by their nuanced understanding of the culture. Further support is provided by research suggesting the importance of considering one's racial identity and the part that this plays in the therapeutic relationship (e.g., Khoosal, 2004), for example, adopting strategies for success to address any counter-transference and taking

time to recognise one's own racial attitudes in particular when it is not a same-race dyad (Moodley & Dhingra, 2002).

Constantine and Sue (2007) focused on another aspect of therapeutic work – the dyadic relationship between black supervisees and their supervisors. It emerged from the data that white supervisors would often overlook issues relating to race and culture, which was thought to be a result of the fear of being considered a racist. On the occasions that guidance was provided for how to work with black clients, it was often considered to be culturally insensitive. As a result, black supervisees felt this negatively affected their ability to assist their clients.

Literature combining the demographics of race and gender in the context of the workplace suggests that these impact the experience of professionals. As these demographics are elements of one's identity, I was led to consider how this identity may be created in the context of a workplace, thus bringing me to the concept of professional identity.

1.5 Professional Identity

Gardner and Shulman (2005) felt that to understand one's professional identity, you must also understand the characteristics of a profession, which they have outlined as: “a commitment to clients and society; a specialised body of knowledge; a specialised and unique set of skills; the ability to make judgements with integrity in environments of uncertainty; growing new bodies of knowledge through experience; and a community of professionals who perform oversight and monitoring of professional practice” (as cited in Fitzgerald, 2018, p. 1). This is partnered with van Oeffelt et al.'s (2018) six

elements of being a professional: “providing best practice for clients and society; acting with integrity in any environment; keeping current with the theory of proactive; critical reflection on one’s own practice; contributing to the profession and other professionals; and interacting with other professionals.” (as cited in Fitzgerald, 2018, p. 2)

Alternatively, Fitzgerald’s (2020) concept analysis, within the studies reviewed, identified the themes of ‘Actions and behaviours’, ‘Knowledge and skills’, ‘Values’, ‘Context and socialisation’, and ‘Group and personal identity’ as a means of summarising the different elements of professional identity.

Within ‘Actions and behaviours’, Fitzgerald notes that what a professional “does” defines their professional identity and that the amount an individual identifies with these behaviours and activities determines their level of professional identity and perhaps their job satisfaction. Furthermore, acting in a certain way that is perhaps aligned with one’s perceived professional identity can lead to a sense of empowerment (Rasmussen et al., 2018). Then again, Thompson et al. (2018) explain that professional identity is related to the meaning that is attached to the specific elements of the work and that if the work that is being carried out is not perceived to be aligned with the profession, then this can result in a sense of isolation and exclusion and in turn a reduction in job satisfaction.

Within ‘Knowledge and skills’, van Oeffelt et al. (2018) suggest that expertise, theory of knowledge and professional learning are key to developing and maintaining the professional self. Further, Dikmen et al. (2016) suggest that knowledge and skills are a means to categorise the different professions,

without which it may be difficult to understand what differentiates one profession from another. Benner et al. (2014) also support the importance of knowledge and skills, noting that forming one's professional identity begins when a student develops the knowledge to act skilfully.

Regarding 'Values', Fitzgerald (2020) explained that this is the most commonly found characteristic in relation to professional identity. MacIntosh (2003) contributes to this view, noting that the internalisation of the code of ethics and the social values of the profession will develop one's professional identity. In thinking about one's values, the prospect of separating one's personal values from one's professional values and, thus, one's personal and professional identities is difficult to conceive. As Fourouzadeh et al. (2018) suggest, these will often be integrated. It would appear from the research that Fitzgerald puts forward that there is an emphasis on values because, without this, an individual cannot commit to the profession fully. As such, it is unlikely that one will professionally identify with the profession, which can be important, especially when there are challenges made to the profession that one subscribes to.

Based on their review, Fitzgerald (2020) posed concerning 'Context and socialisation' that professional identity cannot be separated from social identity. Support for this comes from Goldie (2012), who noted the importance of interactional relationships, particularly within a professional context. Then again, Goldie also noted that professional identity can often be viewed in comparison to other groups, whereby one may define themselves by what they are not, as opposed to what they are.

Leading on from Goldie's suggestions, we reach the final theme of 'Group and personal identity'. Fitzgerald refers to how the group is seen within society and how each individual might develop a professional identity in relation to/within the group. This theme, in particular, is something I have explored further within my review of Social Identity Theory, which I will touch upon later. Yazdannik et al. (2012) support this theory, noting that the group will create the professional ideals and values before the individual subscribes and shares these with other professionals within the group. Further to this, as individuals will continue to internalise such characteristics, ideals, or values, and professions do not remain static, theories suggest that identity development is consistently evolving along a spectrum where personal and social identities are continually interacting with one another (Eccles, 2009)

As can be seen, the concept of identity is complicated and multifaceted. In addition to the explanations already offered, many theories attempt to explain the concept. For example, Erikson's (1968) developmental theory suggests that identity is formulated in childhood before being reorganised in adolescence and beyond due to psychosocial influence and development.

Alternatively, Watts (1987) believes professional identity reflects individuals' socio-political or cultural values. Further, Stigler et al. (1990) emphasise the importance of culture on one's professional identity as a result of how culture informs our self-concepts. Then again, Boychenko (2020, p.98) suggests that "professional identity can be defined as a complex structured personal construct" and goes on to explain that this includes the profession having significant personal value to the professional and thus influencing their self-esteem, an identification with a group based on their knowledge; and internal

and external conditions which have informed the individual's choice of profession.

As there is an overwhelming amount of research suggests that there is a social element to one's identity (e.g., Boychenko, 2020; Stigler et al., 1990; Watts, 1987; Eccles, 2009;), I have given time to explore the models of, Social Identity Theory (SIT) (Tajfel & Turner, 1979), Social Learning Theory (SLT) (Bandura, 1986) and Social Cognitive Career Theory (SCCT) (Lent, et al., 1994), to help build my understanding in relation to the research.

1.5.1 Social Identity Theory

Social Identity Theory (SIT) suggests three stages of group identification, 'Social Categorisation', 'Social Identification', and 'Social Comparison'.

Social Categorisation infers that people classify themselves into social groups based on particular attributes, such as gender and race. This classification can help the individual better understand their social environment and clarify who else is a part of the group. This can lead to understanding the group's norms before determining if they wish to behave similarly, such as in behaviours and actions.

The next phase of 'Social Identification' explains that once an individual has categorised a group, they may begin to adopt the identity of that group. This is the process within which one may begin to adopt certain group characteristics, values, and behaviours. As a result, one's self-esteem can become enmeshed in the group.

The final stage in identifying with a group is 'Social Comparison'. Within this stage, individuals will compare themselves with other groups while holding a

biased view in favour of their own group; however, this bias can lead to “in-group favouritism”. As such, if two groups identify as rivals and begin to compete against one another, it could be viewed that they are actually competing to protect their sense of self-esteem, self-concept, and respective identity.

SIT suggests that an individual’s self-esteem and self-concept are derived from their association and identification with a social group(s). This theory also attempts to explain intergroup behaviours that can result in prejudice and bias in what is termed as “out-groups”, i.e., individuals/groups that are part of “other” groups. Tajfel and Turner (1979) explain the many benefits of identifying with a group, i.e., a sense of belonging and purpose, increased self-worth and a sense of personal identity.

Through claiming membership to an in-group, an individual may begin to separate their identity into “us” and “them” in favour of “us”. This can lead to preferential treatment for the in-group and stereotyping, prejudice and discrimination for the out-group in the hope that this will elevate one’s in-group status and, thus, one’s own positive self-esteem. As Rasinski et al. (2013) suggest, it may actually be necessary for in-group members to outwardly confront any stigmatisation from other groups in order to feel as though they are authentically a part of their own group and that they have protected their own group identity. This has been further supported via the Rejection Identification Model (Branscombe et al., 1999), which explains that a group perceiving themselves to be discriminated against based on their group characteristics will intensify their identification with the group and

based on their shared experience, support each other to be resilient as a means to protect their group identity (Payne & Hamdi, 2009). This is supported by Voci (2006), who suggests that an alternative method to inward identification to protect this identity is to outwardly criticise the source of the criticism (the outgroup).

The SIT model can help address these group prejudices. Highlighting the mechanisms within an in-group that maintain bias and thus promote prejudicial treatment of the out-group can help address intergroup conflict.

1.5.2 Social Learning Theory (SLT)

When literature on Social Identity Theory is discussed, Social Learning Theory (SLT) (Bandura, 1977) is often also discussed, particularly in the context of the impact that role models can have on learning. The essence of SLT is that behaviour is learned through observing and imitating others and that knowledge and skills are acquired through these behaviours. Those who are selected to observe and imitate are referred to as models.

Bandura explained that there are cognitive processes that separate his theory from traditional learning theories, such as classical or operant conditioning (Skinner, 1974), which he referred to as the four Mediation Processes of ‘Attention’ – the model capturing individuals’ attention as a possible model; ‘Retention’ – how the models’ behaviour is remembered and easily accessed when needed; ‘Motor Reproduction;’ – being physically able to imitate the model; and ‘Motivation’ – the likelihood of receiving positive outcomes from imitating the model.

In terms of who is selected to be a model, Bandura explains that these can come from three sources: live models, in that the individual observes them directly; verbal instructional models, whereby a description of the behaviour of the model is given to the individual to imitate, and a symbolic model, found through media where the behaviours are observed (Bandura, 1986)

Bandura noted that certain aspects of a model increase the likelihood that they will be observed and imitated. Firstly, the individual must identify with a characteristic of them, such as race, gender or profession. Secondly, the individual must perceive the model as similar to themselves, termed the 'similarity hypothesis' (Bandura, 1977), which is supported by Karunanayake and Nauta (2004), who suggest that models are selected from one's own social group which helps to make the behaviours demonstrated feel more achievable. Finally, Bandura explained that the status of the model can also inform our likelihood of imitating their behaviours, stating that models who are considered higher in status are attractive to imitate, as they depict how to be successful in a relevant domain and therefore increase the likelihood of the individual also being successful or rewarded (Pleiss & Feldhusen, 1995).

When considering SLT in relation to black men, Rosenthal et al. (2013) suggest that a positive role model can offer those from groups who are negatively stereotyped, such as through their race or gender, a sense of belonging by giving the individual a greater sense of feeling connected to their own path. Further, SLT suggests that having a model one can identify with and see as similar to them is an advantage (e.g., Aronson, 1999; Fisher, 1988). This can increase their belief in themselves, termed 'self-efficacy' (Lent et al.,

1994), and the belief that they can achieve a similar level of success as their model.

However, due to the underrepresentation of ethnic minorities within certain professions, such as psychology, the likelihood of having a same-race role model may not always be possible, placing ethnic minorities at a disadvantage (Covarrubias & Fryberg, 2015). Adding to this disadvantage, Greene (1990) suggests that ethnic minorities' level of self-efficacy that can be attained may be limited from the outset due to the historical discrimination they might have experienced.

Research suggests that the presence of role models is extremely important in helping to inspire (Morgenroth et al., 2015) and guide others with a shared group identity on pursuing their goals, such as becoming a psychologist, particularly within environments where, as a group, they feel they have to contend with a perceived stigma (O'Brien et al., 2016; Dennehy & Dasgupta, 2017; Zirkel, 2002).

1.5.3 Social Cognitive Career Theory

Social Cognitive Career Theory (SCCT) (Lent et al., 1994) further builds on SLT, providing a more focused view of one's career development and the reasons behind this. The theory can perhaps explain how a black male becomes interested in a career, how he chooses his career, and how they can be successful in it. According to SCCT, the determining factors behind each of these are one's self-efficacy beliefs, outcome expectations and goals.

Lent et al. (1994) explain that in comparison to self-esteem, self-efficacy is changeable and depends on the domain in question. SCCT suggests that

individuals with the right skills and knowledge who have high self-efficacy will perform better than those with low self-efficacy. Outcome expectations are related to what an individual believes will happen if they perform a behaviour, e.g., social acceptance or adulation, and can motivate them to engage in such behaviour. Finally, personal goals refer to why one might engage in a behaviour, for example, to reach an achievement, such as becoming a psychologist. These goals can help organise one's behaviour, guide them down the correct path, and provide a target when inevitable setbacks are faced.

According to SCCT, an individual becomes interested in a career if they believe themselves capable and competent of performing the necessary tasks and activities of this career, and if they believe that, by performing these behaviours, there will be positive consequences. However, for this interest to develop, they must be exposed to an appropriate environment that encourages the development of their self-efficacy and assures them of positive outcome expectations from engaging in the career.

Once an individual becomes interested in a career, they must choose to pursue it. As noted, individuals will choose to pursue a career mainly due to the interaction between their level of self-efficacy and outcome expectations. However, again, a main determinant of this decision will come from environmental factors, that is, are they supported or constrained by it, for example, if they have responsibilities that could get in the way of them pursuing it.

Finally, SCCT suggests that an individual will consider how to succeed in the selected career. This can be determined via the level of success attained and their ability to persist when faced with obstacles. Those with higher levels of self-efficacy and positive outcome expectations will likely set higher performance goals and persist better; however, if these targets are set unrealistically high, these can have detrimental impacts, as when they are not achieved, they can negatively impact the individual's self-efficacy and positive outcome expectations.

1.5.4 Professional identity and race

Considering the theories reviewed on professional identity, I have added an additional filter of race to my literature search.

As discussed, it is suggested that ethnic minorities do not evaluate their abilities realistically and, therefore, do not believe they are capable enough to continue their desired career paths (e.g., Greene, 1990). This can be a result of various oppressions, which can restrict the view of what careers can be perceivably attained, such as occupational stereotypes, or if there are a limited number of relatable role models (Hackett & Byars, 1996). In addition to this, multiple studies show that black people expected a greater number of professional barriers than white people whilst having a lower confidence to cope with such barriers (e.g., Luzzo & McWhirter, 2001; Fouad & Byars-Winston, 2005). However, Byars's (1997) findings indicated that if the individual has a strong racial and ethnic identity, they will have an improved ability to cope with such barriers. This line of research alludes to the importance of having a strong sense of personal identity, as this will help

formulate a confident professional identity that has been shown to act as a limiting factor of the barriers that individuals might face.

The Association of Black Psychologists (ABPsi) issue an award recognising eminence within black psychology, aptly named ‘The Association of Black Psychologists’ Distinguished Psychologist Award’, partly justified because the trials endured by black psychologists are different to those of other races.

White et al. (2011) set out the task of identifying what common characteristics are found within a black psychologist that are “distinguished” and how this may differ from other less discriminated races. The purpose of this would serve to help current or future Black psychologists to identify the characteristics that they might be able to develop in order to achieve such distinction. One of the main characteristics identified is, ‘Improved resilience’. White et al. (2021) explained this to be survival skills that show resilience and an ability to “bounce-back from adversity”, an example of which is contending with discriminatory practices surrounding their professorships as a result of institutionalised racism.

Another intersection of professional identity and race is the black person’s difficulty in expressing their full identity. Watson (2021) has elaborated on Thibodaux’s (1994) theory of “code-switching”, explaining that the black man must be cognisant of his actions to coordinate them to fit with those they are around while negotiating the possibility that this may come at a cost to their perceived masculinity. The purpose of this code-switching, and extreme monitoring of behaviour is thought to be a means to portray oneself as less threatening to the majority White population. Examples of this type of

behaviour are changing the tone of one's voice or an overall decrease in communication and avoidant behaviour, such as reduced eye contact – behaviours that are reminiscent of submissiveness. Further, supported by William Cobb (Duvernay & Moran, 2016), who succinctly conveys how this possibly makes black men feel in a quote from the Netflix documentary '13th' (2016), "If you looked at the history of Black people's various struggles in this country, the connecting theme is the attempt to be understood as full complicated human beings. We are something other than this visceral image of criminality and menace and threat to which people associate with us."

McNeil (2010) found that black psychologists often attempted to minimise their skin colour, as a result of the negative stereotypes that might be associated, such as incompetence or being "lazy", which can be particularly damaging within a professional context. As a result, there is a preference from McNeil's participants to have their professional identities and competence recognised as a whole and not only be recognised as a 'cultural expert'.

Stereotyping is a theme that has shown up in multiple studies that I have come across (Steele, 1997; Steele, et al., 2002), in particular the idea of 'stereotype threat', which is the fear of being associated and judged in accordance with the negative stereotypes assigned to a particular group, as opposed to individual potential and performance (Roberson & Kulik, 2007). McNeil (2010) postulates that black males experience stereotype threat more severely than black females, with one explanation being that they experience a particularly strong stereotype of being an aggressor and, as such, reported having to work

hard against the specific stereotype of being ‘the angry black man’ (Gibbs, 1988).

When considering the professional identity of the Black male psychologist within the literature, it becomes apparent that the perceptions and stereotypes of the individual associated with the racial and gendered group are inseparable from their professional identities. Given that race and gender are so often an overt characteristic and not easily hidden, it can often force an individual to consider the implications of how their race and gender may contribute to the moulding of their experiences and, thus, the foundations of their professional identity. As Watson (2021, p. 16) states, “the intersection of identity and race cannot be understated given the significance of the hierarchical and racialized society in which we reside”.

1.6 Conclusion

Although there is a great deal of literature surrounding gender and race within society and within the workplace, the amount of literature that I have been able to find pertaining specifically to the profession of psychology when considering the combination of being black and male is limited. I have reviewed four areas of interest when considering Black men and therapy, ‘Therapist Gender’, ‘Black Men and Therapy’, ‘Combining Race and Gender’ and ‘Professional Identity’, each of which I will go through.

Therapist’s Gender

Research surrounding the therapists’ gender is encircled with ‘therapist effects’ and how their gender may impact the therapeutic alliance with the client. The literature that I have reviewed is inconclusive about the role of the therapists’ gender and its importance to therapeutic outcomes. As ‘therapist effects’ are well researched, I find myself considering the idea that, in isolation, the gender of the therapist does not always significantly affect therapeutic outcomes in clients. Further, given that my potential research is part of a professional doctorate qualification, I am limited in the amount that I would be able to delve into the impact that gender has on therapeutic outcomes, causing me to feel that if I were to focus on this purely, I would not be able to significantly contribute to the research in this area in comparison to pre-existing literature.

Black Men and Therapy

Research on Black people in psychology has been significantly assisted by the addition of organisations, such as the Association of Black Psychologists (ABPsi). However, even though research in the latter part of the 20th century

and in the current day has taken leaps and bounds in its inclusivity, there are major pitfalls surrounding the distrust that is felt by Black people when considering professional therapeutic help. This is an important barrier that is potentially holding back the progression of black people's mental health. Given that black people are more likely to suffer from mental health difficulties in comparison to white populations, it is something that must be addressed with any avenue that can be investigated.

There is also a large amount of literature surrounding how black people experience the workplace, with much of the research being conducted within the USA, with African Americans as the participants. However, this is generalisable to British populations given the similarities between American and British culture. Research in this area focuses on the difficulties that black people face in the workplace and, more specifically, on the struggle to be recognised as competent professionals who are worthy of recognition and subsequent promotion to senior roles. Given the seniority that is held by counselling psychologists in organisations such as the NHS, this may be one of the reasons why the number of black male practitioner psychologists is low within the profession.

Combining Race and Gender

The dynamic that is brought forth from this combination presents new issues to the counselling psychology profession, such as the strong negative stereotypes black males face, such as 'the angry Black man'. These are stereotypes that are found in the wider population and also within the workplace.

Research showing that Black male therapists are more likely to self-disclose to their clients shows a level of comfort and connection that feels important to explore. In addition to this, the experiences that are felt during supervision with different-race dyads and the thought that Black supervisees felt they were negatively evaluated as a result suggest that what makes up a psychologist's experiences are not just the relationships they have with their clients but also the professional relationships they create with their peers, colleagues, and others within a professional environment.

Professional Identity

The quote from William Cobb referred to in the Netflix documentary “13th” (Duvernay & Moran, 2016) regarding wishing to be “understood as full complicated human beings” is the quote that has stayed with me from my review of the literature on professional identity. Organisations such as the ABPsi have created awards that outline what characteristics and aspects of identity it takes to be distinguished in psychology as a black person. However, I have found this to be narrow in its focus, with much of the criteria being related to contributing to black-related psychological research instead of working with clients.

The research highlights the barriers black people must overcome to progress in their professional fields. It also suggests the measures needed to be taken to ensure they can counteract any negative stereotypes that might be assumed to be a part of their identity, such as having to “code-switch” depending on the audience they are speaking to in an act to avoid being perceived as a threat. The research also alludes to the idea that individuals with a strong sense of social identity will be better equipped to cope with such barriers. Therefore, it

would be interesting to better understand how professionals develop these professional identities, as these are the people within the population who have created such an identity to successfully thwart the challenges placed before them on their journey to qualifying as psychologists.

Following on from this, it is apparent that the lived experiences of Black male practitioner psychologists were underrepresented, particularly when considering their professional identities. Although there is research to show the experiences of black people in professional contexts, there does not appear to be research that sufficiently represents black men in the professional role of a practitioner psychologist. As such, the present research explores what these lived experiences are. As a result of my review of the literature, I was led to my research question, 'How do Black male counselling or clinical psychologists experience their professional identities?'

CHAPTER 2. METHODOLOGY

Chapter Introduction

Within this section, I will discuss the different characteristics of the methodology that I have selected and the reasons behind my deeming it appropriate for the purposes of this study. I will also be comparing my methodology with alternatives and discussing why it is the most appropriate. I will be providing details surrounding the design of my experiment, inclusive of recruitment and data collection, how participants were selected, the details of the interviews that have been completed and the ensuing approach to the analysis of the results found. Finally, I will present the ethical boundaries I am operating within and how these considerations have shaped my research, with a final word on the importance I have placed on the protection of my participants' data and confidentiality.

2.1 Choosing a Qualitative Methodology

I opted to use a qualitative approach due to it being best positioned to draw out and analyse participants' accounts of their lived experiences and how they make sense of these experiences (Willig, 2013). One way in which qualitative methodologies are effective in doing this is by offering participants the space to provide detailed answers to open-ended questions. Thus, using semi-structured interviews via a qualitative approach, as opposed to a quantitative approach provided me with the best opportunity to identify and analyse any instances of how my participants experience their professional identity as a phenomenon in the context where their race and gender are considered.

2.2 Rationale for Interpretative Phenomenological Analysis (IPA)

IPA has been described as one of the most effective ways in qualitative research to get to "the root cause of the phenomenon" (Creswell, 2013, p. 47)

when a problem has been identified or believed to be unexplored, particularly as Smith et al (2009) has described when being applied to the real world (p. 4-5).

One of the many benefits of conducting an IPA methodology is the development of a bond that it demands between participant and researcher. In order for the researcher to accurately capture the essence of the participants' experiences, they must embrace their relationship so as to have the best chance of understanding and effectively interpreting their participants' expressions of their experiences (Smith, 1996).

The aim of this research is to provide a detailed focus on a particular phenomenon (professional identity) and how the participants experience this phenomenon in isolation “without any distortions and/or prosecutions” (Creswell, 2012, p.76). From this I attempt to develop this into a theory for how a phenomenon might be commonly experienced. As Creswell (2012) has suggested, IPA has emerged as the most appropriate methodological approach in order to accomplish this goal given that it “describes the common meaning for several individuals” (p.76).

2.3 Characteristics of IPA

Interpretative Phenomenological Analysis is underpinned by three interrelated philosophical pillars: phenomenology, hermeneutics and idiography (Smith et al., 2009). These pillars shape its ontological and epistemological assumptions which are each aligned with the aims of my research.

The pillars of IPA are phenomenology, hermeneutics, and idiography, which I will explain briefly.

Phenomenology

Phenomenology is the study of how individuals experience phenomena, that is, the subjective perception of events, emotions, identities, and contexts.

Being phenomenological ensured that the focus of the research has remained on the first-person lived experience of the individual participants and how participants make sense of these experiences (Larkin & Thompson, 2012), as opposed to relying on existing theories to explain the participants' experience. This has been applied to the research by giving participants the space to express open-endedly, through semi-structured interviews how they make sense of their experience of their professional identities (the phenomenon in question).

Two streams of phenomenology influence IPA: Descriptive Phenomenology and Interpretive Phenomenology. The former was pioneered by Husserl (1931), who emphasised bracketing (or epoché), i.e., the importance of suspending assumptions and observing phenomena as they are experienced. The latter was first presented by Heidegger (1927) who suggested that it is not possible to completely remove ourselves from the phenomena, due to us already being embedded in the context, i.e., through its language, culture and history. Rather, Heidegger suggested that our understanding of phenomena arises from our reflective engagement with them, which he termed "Dasein", or "being-there".

This research works within both of these streams of phenomenology. I recognise the importance of bracketing to ensure my personal experiences do not completely veil the experiences of my participants, but I also understand that it is through my reflections of my participants' experiences that the

research is generated; therefore, it is not possible to completely remove myself from the data.

Hermeneutics

Hermeneutics refers to the theory and practice of interpretation and has been expanded upon by philosophers such as Heidegger's interpretive phenomenology (1927), as already described. Further adding to this importance of interpretation within hermeneutics, Ricoeur's hermeneutics of suspicion or critical hermeneutics (1970) suggests that narratives should be approached from a critical lens with the intention of uncovering their hidden or repressed meanings and therefore providing the best opportunity to understand the mechanisms that may have generated these narratives to begin with.

IPA adopts the use of double hermeneutics, that is, my interpretations of the participants' experiences have been recorded and used throughout my analysis, with the participants' accounts of their experiences recorded as raw data to back up my interpretations. This is an essential tenet of IPA, as without my interpretations, the phenomena/experience may firstly not be seen but also it would not be related to existing literature, which can help to better understand the phenomena, that is, professional identity and where the research sits within the existing rhetoric of literature (Smith et al., 2009).

Idiography

IPA's interpretivist ontology holds that reality is experienced subjectively. Ideography supports this by treating each participant's account as a valid representation of their own truth (Eatough & Smith, 2008).

As IPA is idiographic, it focuses on the particular experience of the individual and how they understand and relate to this experience, often involving micro-interpretations of language, emotion, and context (Smith et al., 2009). This requires the researcher to consider these reported experiences in great detail. To capture this experience and remain idiographic, I have placed equal value on each participant's account of their experience with their professional identity, analysing them in isolation from one another. This dovetails with IPA's double hermeneutics, i.e., interpreting participants' interpretations, while remaining attuned to how aspects of their being, such as identity, race and gender, may shape those narratives.

2.4 IPA and Other Qualitative Approaches

Alternative qualitative approaches were considered when determining the methodology to best meet the research aims. Each of these will be briefly considered.

Narrative analysis aims to use the chronological stories that participants would tell relating to their experiences (Creswell, 2014). This would be appropriate for the study if the aim was to understand how professional identity in participants is developed as a result of past experiences. Although this is partially appropriate for this research, as I am interested in the development of professional identity within my participants, I am also interested in the current lived experience of participants and how they experience their existing professional identity, which IPA is more proficient at providing.

Although Discourse Analysis (DA) would be valuable in assisting with a greater understanding of the linguistic elements of the interviews with my participants, its focus remains on the language being used. Although this will

have some importance to understanding how their idiographic experiences are constructed (Starks & Brown, 2008), DA would have fallen short in comparison to IPA in helping me understand the meaning-making process participants go through in understanding their professional identities.

Grounded Theory (GT) (Glaser & Straus, 1967) was initially considered the most appropriate methodology, given my interest in exploring theory development derived from the understanding of professional identity and how this can have an impact on informing our understanding of social processes and developing a conceptual framework. In addition, there are similarities in the analysis of GT and IPA, such as the development of themes. However, there are also distinct differences leading me to determine IPA as a more appropriate methodology for this study. Firstly, IPA requires fewer participants, and as there are very few black male practitioner psychologists (BPS, 2016), I had concerns about recruiting the required number of participants to conduct effective research under GT. Further, although an appealing concept, my goal from the research was not to develop theory or create conceptual frameworks, my aim was to better understand what meaning black male practitioner psychologists give to their experiences. Therefore, IPA better matches my research aims.

2.5 Reflexivity on Epistemology and Ontology

In the context of this research, I will be subscribing to the ontological belief of being a critical realist, i.e., there are fundamental truths to reality that are independent of my perceptions and that these truths can only be understood based on my interpretations of what I observe and experience (Finlay, 2006). Further, as the purpose of this research is to interpret how my participants

make sense of their idiographic experiences in relation to the phenomenon of professional identity, I consider my epistemological stance to be that of an interpretative phenomenologist (Willig, 2013).

Approaching the research from this perspective marries well with an IPA methodology. The recognition of fundamental truths that are only perceived through interpretations matches with IPA's dual hermeneutic and phenomenological-hermeneutic views. IPA firstly acknowledges the existence of existing phenomena (or fundamental truths) that are then interpreted by the primary individual, creating an idiographic, interpretative understanding of these phenomena. IPA then extends this through double hermeneutics, recognising the researcher's own interpretative lens in making sense of the participant's sense-making (Smith et al., 2009). Therefore, as the goal of the research is to understand how black male counselling and clinical psychologists idiographically experience their professional identities, and the only way to achieve this is through a researcher's interpretation of that experience, we can see how the IPA methodology and ontological and epistemological positions of the researcher complement one another to have helped best answer the research question.

The discovery of my ontological and epistemological stance has been a difficult one. Before beginning my doctoral training, I held positivist views aligning with my black-and-white thinking, where I saw things as right and wrong or good and bad. Throughout my training, this type of thinking has been challenged and often associated with maladaptive cognitions in literature, such as Beck's cognitive distortion of dichotomous thinking (Beck, 1963). I am currently of the belief that a person's epistemological and ontological

beliefs are more fluid in nature. In the sense that they reflect the person's current state of mind, perhaps due to their most recent experiences and influences, arguably akin to recency bias (Tversky & Kahneman, 1974).

Initially, I believed that in order to be an effective and accomplished counselling psychologist researcher, I would need to "get on board" with qualitative methodologies – approaches that, prior to beginning my studies, I may have considered to be lacking in scientific foundation. As such, I began to firmly subscribe to an appropriate ontological and epistemological stance. However, upon reflection, holding this belief was still my aged positivist views "in sheep's clothing" where I had to "be one thing".

My current stance is one in which I believe reflects the humanistic and pluralistic underpinnings of Counselling Psychology (Cooper & Macleod, 2010). It is a stance that allows the flexibility I believe we should have as humans towards our ever-changing environments and influences, which is why, although I hold a firm ontological and epistemological stance within the context of this study that will allow the most fruitful environment for the data to be extracted and analysed, I will avoid negating alternative approaches or claim to be synonymous with my currently held beliefs. This has been suggested as a tenet of IPA by Smith et al. (2009), stating that "IPA is not trying to operationalize a specific philosophical idea, but rather draws widely, selectively, from a range of ideas in philosophy" (p. 6).

In this way, my approach resonates with IPA's phenomenological focus on lived experience, its hermeneutic commitment to interpretation, and its

idiographic sensitivity to individual meaning-making, while also embracing the pluralism inherent in both IPA and counselling psychology.

2.6 Research Design

2.6.1 Data Collection and Recruitment

Purposeful sampling

I researched relevant professional organisations that I contacted when recruiting participants. These included the Association of Black Psychologists (ABPsi) and The Black and Minority Ethnic in Psychiatry & Psychology Network (BiPP Network). When contacting them, I provided them with a participant information sheet (see Appendix A) detailing the purpose of the study.

I included organisations with a distinct interest in ethnic minorities in psychology to advertise effectively to the target audience. Although this strategy presented the potential for participant bias, as Creswell and Plano Clark (2011) explain, it is important that participants included in the interview process are knowledgeable or experienced with the phenomenon in question. Furthermore, this bias was counteracted by open-ended, non-leading questions being asked, meaning participants could not simply agree or disagree with the questions posed.

Opportunity sampling

As I found it challenging to recruit participants through purposeful sampling, I also used opportunity sampling through the social media platform LinkedIn. This form of sampling was beneficial as I could approach individuals directly whom I could see met some of the inclusion/exclusion criteria. However, this strategy increases the researcher bias as I selected potential candidates based on their profiles.

2.6.2 Participants

Inclusion/exclusion criteria of the participant group

The purpose of each criterion is to ensure that the participants sampled were kept homogenous, which is in line with IPA's criteria for participants (Smith, 1996). As the aim of the research is to gain an improved sense of how a gender, race and profession-specific participant group experiences a specific phenomenon, the exclusion and inclusion criteria were upheld throughout recruitment. This is supported by Creswell (2013), who stated that "It is essential that all participants have [similar lived] experience of the phenomenon being studied" (p. 155).

The following four points make up the inclusion/exclusion criteria.

1. Those who identify as being male, as the research is looking at this underrepresented group within the field.
2. Those who identify as being of Black Caribbean, Black African, Black British, or any other Black background. This included those who are of mixed or multiple ethnic groups, i.e., those who are White and Black Caribbean, White and Black African, or any other Black Mixed or Black multiple ethnic background. This aligns with the definitions of ethnic groups identified in the UK by the Office for National Statistics (ONS, 2022). Once again, this is due to the research looking at this underrepresented group within the field.
3. To maintain a homogenous sample as per the requirements of IPA (Smith et al., 2009), counselling and clinical psychologists were selected due to their similarities in post-qualification work opportunities and the predominant use of psychotherapeutic

interventions (The American Psychological Association Research Office (2003).

4. Participants were not included should they score above 9 on the Patient Health Questionnaire (PHQ-9) scale, which Kroenke (2001) identified as showing a moderate and above level of depression and not above 9 on the Generalised Anxiety Disorder (GAD-7) scale, which Lowe (2008) identified as showing a moderate and above level of anxiety. This helped to minimise the likelihood of participants experiencing distress during the interview and post-interview stages (see Appendix B).

Participant size

Smith et al. (2009) suggest that IPA should be conducted with three to six participants. This is supported by Clarke's (2010) suggestion that doctorate students include between four and ten participants. Consequently, I recruited six participants. This aligns with Smith and Clarke's guidance and ensures that I have sufficient data to conduct meaningful analysis.

2.6.3 Interviews

My data collection method was one-to-one semi-structured interviews containing questions that guided the course of the interviews. The interview schedule (see Appendix C) was not used prescriptively but as a 'prompt sheet' containing themes to discuss with the participant (Biggerstaff & Thompson, 2008). Semi-structured interviews are an effective tool in data collection. They allow the researcher to collect information-rich, open-ended, qualitative data that allows the participants to explore their thoughts and emotions surrounding

the topic, often meaning that they consider their thoughts and emotions more deeply than they have previously (DeJonckheere & Vaughn, 2019).

Throughout the interviews, it was important for me to actively listen, allow moments of silence for reflection and give ample time and space for questions to be answered, leaving space to discuss any issues that came up for the participant. In addition to this, as semi-structured interviews and their outcomes depend on the relationship between the participant and the interviewer, I began with warm-up questions. This allowed me to build rapport with the participants, helping to put them at ease, meaning they were more relaxed when answering questions and providing more information-rich answers (Pietkiewicz & Smith, 2012).

Although IPA requires interpretation from the researcher, it was vitally important for me to ‘bracket’ (Husserl, 1931) any thoughts, feelings, or beliefs surrounding the topic or the questions. This allowed the participants to express themselves more fully and “make their claims on their own terms” (Smith, et al., 2009, p. 42).

As has been described by Smith et al. (2009), qualitative research interviews should be considered an interview with a purpose. This purpose aligns with the research question and allowed the participants to effectively explore their thoughts, emotions, and beliefs around the topic. It gave an opportunity for the conversation to result in deeply considered data that is idiographic in nature, given participants’ asynchronous experiences and personalities. Therefore, each participant and piece of data acquired has been treated with the same level of reverence.

2.7 Analysis

The process of data analysis and interpretation within an IPA study has been clearly described by Smith et al. (2009). However, this is not a prescribed methodology, and as Larkin and Thompson (2012) have expressed, the researcher should remain “innovative” during this process. The analytical steps that Larkin and Thompson have suggested (based on Smith et al.’s description) are what I used for my analysis and interpretation whilst attempting to innovate if I believed it would allow me to gain a more profound sense of the participants’ experiences.

The step-by-step analysis covering both descriptive and interpretative acts is as follows:

1. Transcriptions were created from the audio recordings of the interviews. These transcriptions were typed, and each line was assigned a line number to facilitate reference during the analysis and interpretation.
2. I read through the transcriptions multiple times, listening and re-listening to the audio recordings of the interviews. During this time, I considered how I was relating to the content emotionally and any potential preconceived themes I found myself making. This helped me bracket any thoughts, feelings, or beliefs I had during the following stages.
3. In the right-hand margin, I began by identifying and writing down poignant statements and ideas shared by the participant, a process Larkin and Thompson (2012) describe as ‘phenomenological

coding'. I was as detailed as possible during this process, approaching the transcripts line-by-line.

4. In the left-hand margin, I began by writing down any interpretations I drew from the transcript. These were derived from the participants' statements and ideas. As subthemes became clear during this stage, I also noted these down within the left-hand margin (see Appendix D).
5. Next, I began to cluster the subthemes I identified, showing consistency with one another.
6. I then repeated this process for each participant. This helped ensure that the analysis and interpretation aligned with the idiographic nature of IPA, as each participant's reported experience held equal value.
7. The final stage was to create a table of superordinate themes generated from the subthemes clustered in stage 5. I then shared my step-by-step analysis with my supervisor before generating the final themes. This helped me verify that I captured the "core essence" of what my participants expressed.*

The data was then discussed in relation to existing literature. This allowed the data to be contextualised, which made it easier to understand how it contributed to or challenged this literature. Further, this helped validate the findings and recognise that they are not anomalous and inform future research recommendations (Smith et al., 2009).

* An extension of the generation of themes came from the review of my thesis during my viva voce examination. Initially the subtheme of 'Childhood

experiences set me on the path’ was listed as ‘Childhood development set me on the path’ with the issue with this being that the terminology of “development” was not necessarily being seen as appropriate. I took the time to revisit and re-engage with the data, listening to and re-reading the interview transcripts, as well as my statements pulled from my initial phenomenological coding. From this, I recognised that although the importance of the participants’ childhood was still clearly relevant, the essence of what they were conveying was based upon their experiences in childhood and how these informed the paths they took into the psychological profession, as opposed to the suggestion that it was their childhood development that influenced their choice of profession.

2.8 Ethical Considerations

Ethical Standards

I have operated within London Metropolitan’s Policy on Research Integrity (2021) and the BPS Code of Human Research Ethics (Oates et al., 2021). I identified many potential ethical concerns before commencing my research to ensure the safety and security of my participants.

Informed consent, confidentiality and right to withdraw

All participants were provided with a participant information sheet (see Appendix A) explaining the purpose of the study and what participation involved. This allowed participants to provide informed consent to take part in the research.

To take part in the research, participants needed to read and sign a consent form (see Appendix E). This would mean they understood what the research involved, how confidentiality is maintained, and how their anonymity is

protected, for example, by assigning a pseudonym. The consent form also included their right to terminate the interview at any point and their right to withdraw their data from the study up to two weeks after the interview took place.

Location of interviews

The interviews took place in a quiet, secure, and confidential space. The participants attended via video conference call using Microsoft Teams, which provides end-to-end encryption, ensuring the participants' confidentiality.

Recording of interviews

An audio recording device was used to record the interviews. The data from this was uploaded to a secure, password-protected file on the university drive. A separate audio recording device was used, as opposed to the native 'Microsoft Teams' recording option, before being uploaded to the university drive. This ensured all data was not accessed by any third party software, as the recording device did not have internet connectivity.

Storing of data

Recordings and transcriptions were password-protected and stored separately on the university drive to increase the protection of the participants' anonymity. Physical copies of the transcripts and audio copies stored on the recording device will be destroyed once doctoral qualification has been granted, as per the guidance found within London Metropolitan University's Data Protection Policy (2018).

Debrief protocol

Participants were encouraged to discuss the rationale and research questions with the researcher. They were also informed of their right to request a final copy of the research once it has been completed.

Should participants feel that they had any concerns or required emotional support regarding the interview, they were provided with the contact details of the research supervisor, which can be found on the Debriefing Form (Appendix F), which was given to all participants.

Distress protocol

To ensure the safety of participants, I created a Distress Protocol (Appendix G). As the content raised was of a personal nature and I asked participants to revisit their experiences, this had the potential to cause participants to relive distressing experiences. The distress protocol outlines the signs that I looked out for from the participants and the steps to take if distress was experienced.

CHAPTER 3. ANALYSIS & RESULTS

Chapter Introduction

The following section describes the different themes that emerged from the interviews collected from participants. The developed themes were categorised into four superordinate themes and eleven subthemes, as found in the table analysis (see Table 1). Throughout the analysis, exemplar quotes from the participant interviews have been used to depict each superordinate theme and subtheme.

Reflexivity

I was very mindful of what I was bringing into the space as the interviewer. Firstly, I was acutely aware of how challenging it had been to recruit six black men to participate in my study and felt as though I had exhausted all my avenues to reach all the available participants. This added a sense of pressure going into the interviews, a need for them to go well, be long enough, and generate the rich content necessary for effective and robust analysis. Furthermore, my aforementioned sense of duty to the research came to the forefront, as I wanted to ensure that I captured every aspect of my participants' experience to represent them accurately.

Although my initial questions were intended to build rapport, for the benefit of my participants, I found that I also benefited from this. Being able to see my participants as people and see how the conversation naturally flowed, as opposed to simply participants that I needed, drastically reduced the anxiety I was feeling. Ultimately, I found that I could have spoken with each of my participants for much longer; however, due to the constraints of my resources to analyse the data, it was necessary to limit the interviews to an hour.

In addition to this, during my analysis, many of the experiences brought up by my participants were ones I had also lived through, both as a Counselling Psychologist in training and as a working professional in other contexts. Often, I found myself needing to actively bracket in the moment to prevent myself from sharing my own similar lived experiences, but then also contend with the thought that if I were to share, could this create a deeper connection and elicit further details that could add to the depth of the research?

As my approach is of an interpretative phenomenologist, I recognise that I cannot be separated from the research, given that I am interpreting my participants' experiences. Therefore, although I actively avoided describing my own experiences to my participants, my body language, facial expressions, and acknowledgement of certain concepts, such as being referred to as a "unicorn," would have been evident. However, I believe that this demonstrated empathy and helped in building our rapport through shared understanding of the difficulties being discussed, which consequently added to the data produced.

Table 1. Superordinate and subthemes with quotes

Superordinate Themes	Subthemes	Representative quotes
Lack of belonging to the profession	Not having a role model for people that look like me	<i>... there was no one that I could sort of look to as, "Ohh there too. There's another doctor in the family." (Liam; counselling psychologist, 387-389)</i>
	Clinical vs Counselling Psychology	<i>clinical...only have to learn...this approach...do your supervision and then you get marked...cookie cutter...not be much challenge to themselves as a person (Liam; counselling psychologist; 670-677)</i>
	Being different to others and how to ameliorate the effects of this difference	<i>I would make sure that I'm wearing a nice shirt and my trousers and and my and my shoes. And as time progressed I I felt a bit more comfortable to just wear more casual clothes because my clothes weren't, because at one point the clothes were almost signifying of of my kind of proximity to whiteness (Richard; counselling psychologist; 785-789)</i>
Personal identity informs professional identity	Childhood experiences set me on the path	<i>"I was probably more like, temperamentally more easy going compared to some of my siblings...I think I was probably more amenable, more helpful, more less, kind of challenging... (Richard; 542-547)"</i>
	How race intersects with gender to impact professional experiences	<i>...there's times where I've walked to work and I'm wearing my jacket and I'm just quite cold just a long jacket and a member of staff may have seen me and I could see their terror...their uncomfortable embarrassment...they saw the black male before they saw me...how people may see me before they see me... (Richard; counselling psychologist; 1086-1087)</i>
	Personal progression aligns with professional progression	<i>I also think we have the potential to do more. So it's a limitation now but I I hope that we move in the direction of seeing how our ideas and our thinking and our frameworks can be used to place problems away from people and actually into systems and into environments...being part of a community that the current paradigm isn't working for motivates you and makes you more open to something else...doing the work we're doing now is not helping my brothers. It's not helping my sisters. It's not helping my siblings. It's not helping my aunts... how we make top level change, how we close the tap as opposed to mop the floor. (Kyle; clinical psychologist; 522-580)</i>

Representing my community	The importance of being authentic	<i>But I'm not showing up in my authentic self. They're they're getting parts of me, but not all of me. And I could observe how other people could bring more and more of their parts. Maybe not all their part, but more of their parts and their personality, whereas there's times where I didn't think I was always afforded that, and that could be down to me, in my sense of safety in that environment, but it's but, but my sense of safety is also going to be influenced by my lived experience of what it's like to experience racism or discrimination, and it's not going to just change because I'm working with well meaning psychologists, in that regard, you know? (Richard; counselling psychologist; 850-859)</i>
	Being a good enough black representative	<i>I'm very conscious of what I represent. It's when there's a black man which we need much more, many more black men in clinical psychology, in all practitioner psychology professions. When they're looking and they're thinking about wanting to do this I know what I represent. That's. I love that. That's that's beautiful. But it also comes with a certain level of pressure. I can't fail. You know, cause my failure is not just mine. (Kyle; clinical psychologist; 652-653)</i>
	Meeting the needs of my community	<i>I am trying to give people, the experience of what I haven't always been given. So it comes from a kind of lived experience of, as a black person in clinical psychology, realising the ways in which my own, my own past supervisor experiences have not served me, and I think that that's now, then enabled, or facilitated me ensuring that I provide that for other people. (Kyle; clinical psychologist; 246-252)</i>

3.1 Theme 1. Lack of belonging to the profession

Participants displayed a sense of being external to the profession. Despite having the title of practitioner psychologist, which, on paper, grants them access to this group/profession, this was not what was always conveyed. Tajfel and Turner (1979) suggest that a sense of belonging can evoke a feeling of unity in their shared experience; however, participants often described the opposite, that is, having different experiences and feeling separate from the

profession due to a variety of factors, such as race and gender, which prevent them from assimilating into the in-group of being a practitioner psychologist.

The theme of ‘Lack of belonging to the profession’ has been split into three subthemes representing participants’ experiences. All participants expressed a lack of black male psychologist role models to offer them guidance during their careers and the impact this had on their professional identity development. The four counselling psychologist participants express how the experiences of being a counselling psychologist vary from that of a clinical psychologist, in their development and how they are perceived within their professional environments. Finally, the theme explores the sense of difference between participants and their colleagues, how, at times, this can result in feeling threatened, and the measures for how participants protect themselves from this threat.

3.1.1 Subtheme 1. Not having a role model for people that look like me

... there was no one that I could sort of look to as, “Ohh there too. There's another doctor in the family.” (Liam; counselling psychologist, 387-389)

Participants would often refer to themselves as not having a psychological role model to turn to, that is, a figure in their childhood who might offer career direction or even present the career of a psychologist as a viable option, as Liam suggests.

...I'm basically not someone who's always wanted to become a clinical psychologist...I sort of fell into it... I was interested in being being a medic. And that's partly

not because I necessarily wants to be a medic, but I bought into and was living the story of the three options you have for a career you know with, you know from West African parents, doctor, lawyer, engineer. Psychology does not exist within that. So I bought into that and that was my aspiration. (Kyle; clinical psychologist; 436-446)

Participants suggested that they had not intended to pursue the role of a psychologist but that they had fallen into the profession, as represented by Kyle's comments. Instead, Kyle went on to explain that he had been convinced by a sibling that it could be something he would be interested in, as opposed to his initial thought of becoming a medic. However, we can see the importance of role models in determining which profession to pursue within Kyle's comment, as even the route that he had aspired to take was not based on his own interests but rather what he viewed as typical aspirations of his culture.

...because I didn't see many psychologists. When I thought about psychologists, I didn't see many psychologists who looked like me...I saw a lot of psychiatrists, who of course where we were black, I saw a lot of ethnic minority psychiatrists, so that wasn't that wasn't. And I and I think what's interesting is I think initially I when I when I think about how I practise how I presented myself, how I I sort of carried myself. I sort of modelled myself on on on the medics on the because those were kind of my reference point for. Yeah. For

what, what I thought was closest to maybe how I was supposed to be...I was unsure of how I was supposed to present myself as a black male psychologist...when I looked around me, the teams, you know, I saw mainly mainly Caucasian ladies...(Stanley; counselling psychologist; 96-125)

Stanley helps to explain the importance of seeing psychologists who look like him to show that being a practitioner psychologist is a viable career route. I have interpreted the statement of his experience of not seeing psychologists who look like him to be multifaceted. Initially, Stanley's comments focus on the clear racial and gender disparity amongst psychologists, so, understandably, Stanley does not see many psychologists who physically look like him. However, I have also interpreted this statement as, due to a lack of representation, Stanley's perceived view of the professional identity of being a psychologist does not fit with his personal identity. Instead, Stanley had to search for a "good enough" reference point or role model for "how to be a black psychologist" in black psychiatrists. It is poignant here that a role model was still required for Stanley; that is, he still turned to others for guidance even when they did not fully match the description of a black male practitioner psychologist.

This lack of an appropriate role model for Stanley led me to assume a sense of isolation and separateness from the profession for him. His comments raise the thought that his physical attributes must be taken into consideration when thinking about his professional identity, as without looking like a Caucasian

female, it was initially difficult for him to self-identify as a practitioner psychologist.

... now that I was qualified, I was getting every Tom, Dick, and Harry asking me if I could kind of have a conversation with their daughter or their or their niece or or their son about, "They wanna be a psychologist. Can you help them? Can you give them some advice? Tell them which which path to take?", and I was like, "Look at that, this is how people, some people, know how to navigate the system", but I was literally in the dark... (Richard; counselling psychologist; 444-450)

Richard outlines here what he envisaged a role model might have looked like when he was originally considering pursuing the career of a psychologist and how it would have been valuable to have a figure to help “navigate the system”. Richard’s comments emphasise the importance of being able to turn to a role model for assistance who one sees as having an assumed (based on race or gender) shared understanding or experience, as he can now see the desire from others in his culture to get advice from him. As a result, Richard’s statement shows how he has turned into this role model now and that this has become a part of his professional identity as a psychologist, in that he can help guide future generations to navigate the system in comparison to his own experience of being “in the dark”.

3.1.2 Subtheme 2: Clinical vs Counselling Psychology

The quest of counselling psychologists to seek acceptance, recognition and a sense of belonging regarding their profession strikes me as the same quest

regarding their ability to assimilate their gender and racial identity with their professional identity. Therefore, in addition to the journey of assimilating into the in-group of being a practitioner psychologist due to the barriers experienced regarding their race and gender, they face an additional barrier to entry due to them assuming that there are question marks around the legitimacy of their profession when compared to clinical psychologists also.

I think there's there's always a sense, I guess, of of being the the little brother...so, so I think there's always I mean that's always been an ongoing and still is an ongoing issue I think...in terms of the misunderstanding about who we are, as counselling psychologists, particularly in relation to clinical because clinical is kind of well known and is well understood...the advert would be for clinical psychologists and it's only maybe from 2001, maybe 5-6 years later, maybe you you'd find it to be a combination of clinical and counselling psychologists...so that there was always that kind of, I guess the process of trying to, trying to be recognised and and and be seen as as on par and with with, with clinical psychologists... (Christopher; counselling psychologist; 21-45)

...we are not as qualified or as a quick or as skilled to the same job as the clinical psychologist who are classed as the status quo... (Richard; counselling psychologist; 600-602)

As a profession, clinical psychology was often raised by the four counselling psychologist participants. Christopher and Richard's statements above provide

a succinct overview of the difficulties the counselling psychologist participants reported. Firstly how, as a counselling psychologist, Christopher feels misunderstood but sees clinical psychology as “well understood”. Further, Christopher highlights that it is only in recent times that counselling psychologist roles are being advertised alongside clinical psychologist job posts. Finally, Christopher’s reference to counselling psychologists being seen as the “little brother” trying to be recognised and seen on par with clinical psychologists stirs feelings in me of Christopher, as a counselling psychologist, feeling lesser than or overlooked in relation to his clinical psychology counterparts which Richard explicitly describes. As such, there was an added layer of isolation to the counselling psychologists’ experience of their professional identity, as they felt negatively judged amongst their peers (clinical psychologists) independent of any demographic reasons.

it's almost as if sometimes you want to hide that counselling psychology tag because it doesn't seem as strong or as accepting, acceptable...having to explain what who you are...you don't want to say. Well, I'm a senior counselling psychologist, maybe I'm a practitioner psychologist...maybe or I call myself a anything, but maybe a counselling psychologist... (Richard; counselling psychologist; 448-458)

Richard goes on to help highlight how perceived judgement from others negatively contributes to his self-perception as a counselling psychologist and his capabilities in comparison to clinical psychologists, that is, at times hiding their professional identity or creating a more ambiguous title, such as

practitioner psychologist. As Richard suggests, this would come about because the participants initially also see themselves as lesser than a clinical psychologist and, therefore, feel as though they may not be as accepted by their colleagues, peers or clients.

...I sometimes found my clinical psychologist colleagues again not all of them, of course, were not as person centred as I would be, were not. We're sometimes a little bit, uh, more inclined to again follow this very kind of this sort of a treatment plan that was maybe overly prescriptive... (Stanley; counselling psychologist; 700-705)

clinical...only have to learn...this approach...do your supervision and then you get marked...cookie cutter...not be much challenge to themselves as a person (Liam; counselling psychologist; 670-677)

However, once qualified and practising, the counselling psychologist participants took a different stance. There was a sense of rejecting clinical psychology while simultaneously accepting their Counselling Psychology status. At this point, limitations of Clinical Psychologists would emerge in our discussions. For example, Liam expresses that Clinical Psychology is “cookie-cutter” or, as Stanley expresses, it is less person-centred and too rigid, e.g., following a treatment plan to the letter.

...once you get into the role and into the job...that kind of division or misunderstanding is usually usually

*disappears because they actually find that you you
actually do the work very, very well...And and I think I
think over the years there's been a greater recognition
and understanding of who counselling psychologists
are....And the the value that we bring. (Christopher;
counselling psychologist; 47-55)*

Adulation for one's own profession would normally either proceed or lead on from these highlighted limitations. It would often take the form of a sense of being complementary to the profession of Counselling Psychology and how it is viewed once people have a better understanding and exposure to the profession, as Christopher speaks. As such, there is a sense that initially seeing counselling psychology as lesser is due to a lack of understanding from both others and the counselling psychologists themselves as to what value a counselling psychologist can offer.

It is important to note that the two clinical psychologist participants did not refer to counselling psychology as a profession or counselling psychology generally.

3.1.3 Subtheme 3: Being different to others and how to ameliorate the effects of this difference

*"... the difference in terms of disciplines... team meetings
and feeling different...people kind of struggled to know
how to place me, given that I don't think they saw black
psychologists before...I think I was almost like a novelty
at times...they were quite surprised to have a colleague,
a black male colleague, in this position...people assumed*

I was a social worker...possibly a teacher, they didn't think I could be a psychologist...(Richard; counselling psychologist; 278-290)"

All participants reported a sense of being different to others throughout the interviews. Richard outlines how he experienced this during interactions with other professionals, where there would be some confusion around their role based on the idea that black males are perhaps not seen very often within the role of a psychologist. Instead, what might happen is that the colleague would attempt to assign a different role, considered to be more akin to a black male, based on stereotypes and the roles where black males are seen, such as a social worker.

...something in me was telling me, just be cautious and be very careful how you dress, how you present yourself or you sit, how you talk... (Christopher; counselling psychologist; 663-665)

As Christopher explains, a consequence of feeling different was that participants would speak on how they felt the need to be cautious. There was a sense that there was an impending threat and that something needed to be done to counteract this threat, such as presenting themselves in a certain way, changing how they talked or being conscious of how they dressed:

...not ever believing in your own hype because at the point in which you believe in your own hype is the point in which you fully let your guard down and believe that

*you'll always being in the position that you're in. (Kyle;
clinical psychologist; 127-130)*

*...being a black man, being a black person...you
observe, you check things out. You see how when they
say that, this is what happens because you you you want
to know the rules of the game...you know that if
something can happen to one person, it can probably
happen to a black person...There is a very real threat...
(Kyle; clinical psychologist; 106-112)*

There was not always a clear idea of what it is that the participants needed to be cautious about; however, Kyle offered some insight into this, describing that as a black man/black person, if something bad could happen, then there is a higher probability that it will happen to a black person. Within the context of the research, the impression that I was left with was that there was a sense that the position of being a psychologist could perhaps be taken away. To further add to this, Kyle's account suggests that the need to be careful is not confined to the professional role of being a psychologist; instead, the need to be observant and cautious is a requirement of being a black man or a black person in all contexts because they are more likely to be subjected to negative experiences.

*I would make sure that I'm wearing a nice shirt and my
trousers and and my and my shoes. And as time
progressed I I felt a bit more comfortable to just wear
more casual clothes because my clothes weren't, because*

*at one point the clothes were almost signifying of of my
kind of proximity to whiteness (Richard; counselling
psychologist; 785-789)*

*...if I was talking in a way that I may talk to my friends
or family, it becomes a distraction from people hearing
my message...associated broken English or slang or
common talk as being less than, or less
intelligent...twang in my voice that may be linked to my
culture or my identity...that it's attached to groups of
people who don't carry power in society...code switching
is a way of assimilating into that in-group...falling
into stereotypical tropes that align with your identity,
your your perceived identity. (Richard; counselling
psychologist; 1042-1055)*

Participants suggested one distinct method to protect themselves from these threats of a negative experience, which Kyle has articulated: to be conscious about how they present themselves. This could come in the form of wearing appropriate clothing, e.g., “a nice shirt”, or needing to change how you speak, which at times was referred to as a form of “code-switching” (Thibidoux, 1994) – with the intention of this being to assimilate with one’s colleagues. As we can see from the quote, Kyle explained that if this code-switching did not occur, there is the belief that he may be seen as lesser than his colleagues due to the negative stereotypes associated with being black and male. As he notes above, it was advantageous upon qualifying to distance himself from these

“tropes” and align himself to what he saw as a psychologist and, in turn, “whiteness”.

However, as Kyle noted, as participants progressed in their careers, becoming more established and comfortable within themselves, this sense of threat sometimes reduced, leading to clear behavioural changes, such as Kyle wearing more casual clothes.

In conclusion, the sense of a lack of belonging to the profession of being a practitioner psychologist was felt across all participants. Without an appropriate role model to look up to, participants were not exposed to the industry deliberately but rather came across it by happenstance. The effects of this continued into the profession, as once they were qualified, it became difficult to understand “how to be”, as they recognised that they were different to their colleagues, so could not be the same as them, but were without any existing template as a black male practitioner psychologist, finding that they needed to step into this role for future generations. As a result of feeling this difference in therapeutic and peer relationships, participants initially consciously and unconsciously devised means to assimilate into what they perceived as the professional identity of a practitioner psychologist, such as dressing differently and talking differently. These methods subside only after gaining experience and feeling more comfortable and confident. Finally, counselling psychologists expressed an added layer of a lack of belonging. Being seen as the “little brother” to clinical psychology and thought of as having lesser ability resulted in counselling psychologists hiding their identity. However, experience has resulted in a rejection of clinical psychology and a

strong personal affinity to their counselling psychology sub-group, leading us on to our next theme of '*Personal identity informs professional identity*'.

3.2 Theme 2: Personal identity informs professional identity

...there are so many things that perhaps have shaped who I am, and this is just one of it. But the thing that initially comes to mind for me is respecting and or valuing being embodied in my practise. And and even more so than that, I think, and you know we we learn this in our training, but it doesn't necessarily translate into practise, the importance of how the professional intersects with the personal.

(Kyle; clinical psychologist; 187-193)

Although the focus of my research is the professional identity of my participants, it became apparent that their personal and professional identities were interwoven, and our discussions led us to consider the factors that have contributed to this. This often meant that the conversations began in childhood when they felt their personal identity first took form. It is then from this that their professional identities would be informed, for instance, feeling as though they were predisposed to pursue the profession of practitioner psychologist.

As Kyle states above, many different factors have shaped who he is. However, in the context of his professional practice, it is imperative to him that he feel “embodied,” and one way in which he achieves this is to allow his personal identity to intersect with his professional identity.

Within the context of this research and this theme, I will demonstrate in this subtheme the personal factors that have shown to be influential in the development of their professional identities: their childhood experiences, maintaining factors in the here and now, their race and gender, and their aspirations for their future development as practitioners.

3.2.1 Subtheme 1: Childhood experiences set me on the path

“I was probably more like, temperamentally more easy-going compared to some of my siblings...I think I was probably more amenable, more helpful, more less, kind of challenging... (Richard; 542-547)”

...I think all roads kind of led me to here...(Liam; 558)

Richard suggests that there was a sense of being predisposed to the profession due to his temperament and childhood experiences. His natural aptitude for being calm, “easy-going”, and “more helpful” lent him to a profession where these qualities aligned. Liam’s comment on the idea that all roads led to this profession complements Richard’s statement in that both participants are a product of their environment, whether that be due to the experiences that they have had or their predispositions. Richard and Liam’s responses have left me with a sense of inevitability or destiny that they became psychologists.

I know that throughout my own experiences, through childhood or my experiences through family and as relationships that actually maybe I've been drawn to this for other reasons as well. So for example it could be down to, just my own curiosity around my own family, curiosity around my own identity, curiosity around my own kind of emotions, and how that would have could have shaped my desire to help others (Richard; counselling psychologist; 408-416)

“...how I think I I I see the world as a psychologist. I'm constantly curious. I'm constantly thinking about, well, I'm. I'm often thinking about. You know, yeah. Like whether the, you know, the patterns of of

of behaviour and and you know how people are responding to things... (Stanley; counselling psychologist; 617-622)”

We can also see this natural aptitude in Stanley and Richard’s responses, where Richard explained how being curious whilst growing up about a multitude of different things, such as himself and his family, played into his desire to help others, which fits with the practitioner psychologists’ position of being in a helping profession. Stanley then builds on Richard’s comments, explaining how this natural state of curiosity has persisted in his adult, professional life and that being curious about others and curious about behaviour aligns with what Stanley perceives to be a typical trait of a psychologist’s identity, thus bringing together the personal and professional identities.

From London, I have access to certain things, maybe. That if I lived in a village outside of Liverpool I might not have had and I grew up in a very, very diverse location, like more diverse than most diverse places. So I was exposed to different ways of thinking from as early as I can remember (Brian; 971-978)

Brian noted the importance of his location in helping to define his personal and professional identities. Brian explained that he felt privileged to have grown up in a diverse area, which exposed him to many different cultures and races. This exposure helped him to recognise that there are various ways of thinking, exposing him to the prospect that others may hold alternative perspectives to his own. Brian’s comments also highlight how this early

exposure to diversity helped him to develop skills to effectively explore his clients' difficulties.

I was always very sensitive to like difference and to sort of you know neurodiversity...It allowed me to sort of if you like sit in a room with someone who might be in distress or sit in a room with someone different cause it's that was sort of my my life, you know, that was my natural. (Liam; counselling psychologist; 480-488)

Liam extends Brian's previous mention of exposure to diversity. The normalisation of being in an environment where neurodiversity existed, which became his "natural" environment, contributed to his ability to tolerate distress in others or simply be with others who are different, which is a pre-requisite for practitioner psychologists.

Participants demonstrated how their childhood informed the path of their professional development. Their natural aptitudes and interests align with characteristics seen in practitioner psychologists before those same characteristics keep them within the profession. Further, being exposed to certain diverse environments, such as within their family, primed them to pursue a career as psychologists.

3.2.2 Subtheme 2: How race intersects with gender to impact professional experiences

Participants' race and gender are at the forefront of my research. Throughout the interviews, participants would discuss how these two characteristics would interact with one another, at times suggesting that if their race or gender were different, then their experience might be different. However, there was an emphasis placed on how being black alone did not define their experience

without the intersection of also being male. This was explored within the context of colleague and therapeutic relationships. Participants felt they were exposing their colleagues and clients to a new demographic. They explained that this could be helpful for the profession. Still, at the same time, this can be taxing for the individual due to them having to endure similar tropes of racial stereotyping that they experience in their personal lives as well. An additional layer to this is that participants found it difficult to understand whether it is their professional ability and skill that is being revered or whether this is overshadowed by their physical characteristics of being black and male.

...my gender, I don't necessarily think it's been an issue, but when you intersect that being a black man, I think that's absolutely, because as I said before, I've been in kind of multi agency meetings with... with support agencies, with schools of social workers with foster care, with police, and I've turned up and they've just seen a black man... "OK you're you must be a youth worker, right?" (Richard; counselling psychologist; 1015-1027)

...there's times where I've walked to work and I'm wearing my jacket and I'm just quite cold just a long jacket and a member of staff may have seen me and I could see their terror...their uncomfortable embarrassment...they saw the black male before they saw me...how people may see me before they see me... (Richard; counselling psychologist; 1086-1087)

The first quote above from Richard highlights the theme that being a male alone is not seen as a disadvantage within the profession. However, when this

is partnered with being black, these advantages become attenuated. This is shown in both quotes from Richard, whereby it is highlighted that before knowing Richard's profession, other professionals often see a black man and assign a stereotypical role where they feel black men are more likely to be seen, such as a youth worker. This also reinforces the belief that there is a stereotypical look of a practitioner psychologist, which is black and male does not fit into.

In the second quote, Richard goes a step further to suggest that the autonomous response to him is to see a black man first before seeing him as a person and that this combination of demographics is enough to evoke a feared response by them. Therefore, although Richard wishes to be seen as a practitioner psychologist, there are times when his personal demographics get in the way of being seen as a profession of any denomination.

So even before I started working with them because they were assigned to me, they said "Hmm, it looks like your patients are getting better already." Even before I started to see them. And so whether it's a male thing or whether it's a black male thing. But there was something very pronounced in in that relationship... that there was a very strong recovery rate... (Christopher; counselling psychologist; 705-713)

In comparison, Christopher speaks to the advantages of being black and male within a therapeutic context. Christopher suggests more globally that "something" about being black and male has assisted him in the therapeutic room. Still, there is also the element that Christopher has externalised his

clients' recovery to something out of his control and remit of skill. Although I inferred that Christopher did not see himself as an ineffective psychologist throughout the interview, the suggestion here that where other practitioners were struggling with recovery rates, and he was successful, it was easier for him to believe that a reason behind this is down to his demographics as opposed to him simply being an effective psychologist for his clients.

...my clients may need others things that are important to, let's say, exploring their racial trauma, explaining some of their own lived experiences... You know we my my tool you know my tools are me, I'm part of my tools... part of my identity is me being a black man... it's important that I don't leave that out of the room... (Richard; counselling psychologist; 907-918)

Richard also explored the advantages of being black and male within a therapeutic context, but more specifically than Christopher. He expressed the importance of recognising that his race and gender are a part of him, and as a practitioner psychologist, he sees himself as a part of his toolkit. Therefore, he takes an active role in using his gender and race to help explore difficulties, such as racial trauma, and it is this shared experience which he feels puts him at an advantage over a practitioner who does not share the same race or demographic as his client.

...you're positioned often as what, you've probably heard of this, unicorn. You're a unicorn. And when you're a Unicorn, that means you're you're you're adored in some respects, people really like idolise you (Kyle; clinical psychologist; 50-53)

I'm more like likely to be listened to...people are probably more likely to advocate for me, because of my intersectional the the the sort of rareness...more likely to be put up for opportunities... (Kyle; clinical psychologist; 350-355)

Alternatively, Kyle described how being a black male is also advantageous in professional relationships. Being termed a unicorn on account of being rare (from a gender and race perspective) provides the environment where Kyle is “adored” and, as such, what he has to say holds greater value. This value is partially attributed to the idea that the perspective that Kyle can offer is thought to be one that is also rare and could offer more or a different insight to his colleagues. However, as with Christopher, this has left Kyle wondering whether it is because of the content of his perspectives that he is preferred for promotion, or whether it is due to the colour of his skin or his gender, or both. Therefore, although the idea of being adored initially sounds appealing, Kyle did not describe it as such; rather, I got the sense that he was being externalised to the “in-group”. Perhaps in the same way that a unicorn does not fit into any animal category, and although it is adored in fiction, it remains separate from reality. In the same way, Kyle feels separated from the reality of being a normal part of the practitioner psychologist community.

3.2.3 Subtheme 3: Personal progression aligns with professional progression

I fell into psychology and and I stayed in psychology because I saw it as offering me a way of making a change within society. (Kyle; clinical psychologist; 448-450)

I also think we have the potential to do more. So it's a limitation now but I I hope that we move in the direction of seeing how our ideas and our thinking and our frameworks can be used to place problems away from people and actually into systems and into environments...being part of a community that the current paradigm isn't working for motivates you and makes you more open to something else...doing the work we're doing now is not helping my brothers. It's not helping my sisters. It's not helping my siblings. It's not helping my aunts... how we make top level change, how we close the tap as opposed to mop the floor. (Kyle; clinical psychologist; 522-580)

Kyle highlights how the profession of psychology has allowed him to pursue his personal interests in instigating societal change, thus allowing his personal interest to direct his professional focus. This requirement for societal change is more clear in Kyle's second quote, where he speaks to the profession as a whole, expressing his view of the limitations of being a practitioner psychologist, that is, it is focused on people but addressing concerns at this level will not help societal change. At the same time, he is not accepting the profession's limitations. Instead, he has hopes to expand the remit of what it is to be a practitioner psychologist and, in essence, bring the standards of psychology up to his own personal standards. This suggests that Kyle assumes the profession is malleable enough to fit his needs. As a result, his professional identity is not affected by these limitations as he does not see his personal goals as too great or misaligned with being a psychologist.

Further, Kyle expresses the deeper connection he has to making such societal change, one that is not necessarily akin to his personal or professional goals

but more in terms of his sense of personal responsibility that comes from seeing his community's needs not being met. It is this group identification that spurs Kyle on.

I chose to leave in the end because I think my my interests I I felt I felt a tug towards other things so yeah. So that's that. That was a really another thought, "OK, I just want to expand my own experience", and and things that I wanted to do that I couldn't do in that particular service. (Brian; clinical psychologist 59-63)

The quote above from Brian highlights his freedom over his future. As previously mentioned in Kyle's responses, he can consider what route he would like to take regarding his professional goals. As we can see with Brian, there is also the possibility of making more exploratory changes that align with his personal interests. This gives the sense that, upon qualification, participants are able to carve out their individualised paths within the profession.

...it was almost like going through the fire to some to some degree... my experience of life now is actually, it's not just one fire you have to go through. It's not just once, it happens quite a lot. But I think this training has helped better prepare me for the different births and rebirths that we have to go through (Liam; counselling psychologist; 568-577)

Liam depicts the professional journey that the doctorate enforced upon him and how this has helped to inform him in his everyday life. He described how the difficulty of the course required a level of hardiness and resilience borne

out of the ups and downs, the different challenges and general requirements which he likened to everyday life after qualification and how this has continued to benefit him in his personal life now. Therefore, compared to Kyle and Brian's accounts, Liam shows how professional development and progression can contribute to a similar progression in his personal life. This gives the sense that once interwoven, it is difficult to separate the individual from their profession; that is, one informs the other.

In summary, the theme of 'Personal identity informs professional identity' is encapsulated by participants who explained how initially they were predisposed through childhood experiences within their family, a sense of destiny and a natural affinity to the characteristics required to be a practitioner psychologist, such as an innate curiosity. Their race and gender have played a distinct role in shaping their professional experiences and relationships. In some ways, being black and male offers advantages, such as therapeutically reaching communities and individuals who feel more comfortable sharing with someone with a shared cultural background. However, it also offers disadvantages, such as being seen as a black man first before being seen as a professional and then having to contend with negative stereotypes. Lastly, the theme captures how there is a synchronisation between participants' personal goals for the future and, at times, how being a practitioner psychologist will help them to achieve this, such as instigating societal change, but then again, how becoming a practitioner psychologist has helped to define who they are personally and how they see themselves as able to achieve their goals in the future.

3.3 Theme 3. Representing my community

Participants suggested a sense of being a representative of their community, whether that comes in the form of being a role model for others who are a part of their culture or being in a position to help those in their community because they feel more comfortable with them and more accessible to them. Then again, being the gender and racial representative brought a high level of responsibility, which can take its toll. This is shown through the idea that if they fail then there is the sense that this will negatively affect how the profession will perceive their community/race/gender.

3.3.1 Subtheme 1: The importance of being authentic

Authenticity, within this context, is the recognition that the participants' career path aligns with their personal identity and, therefore, they can be themselves in their role as practitioner psychologists. Further, authenticity is the acceptance of who one is and what one can offer, such as the recognition of being a black male and the advantages that this affords, particularly when considering reaching marginalised sections of the community and challenging stereotypes around black culture.

So the skills that I have I want to, I want them to fit into this kind of working environment cause I'm gonna get up in the morning and and get paid for doing something that that is me. (Christopher; clinical psychologist; 569-572)

Christopher highlights the importance of working in a field that allows him to feel fulfilled and aligned with his identity. This is shown by the phrase of getting “paid for doing something that is me”, as he can be authentically

himself within the profession, almost as though his professional and personal identities are intertwined.

...the more authentic I can be and stick to my who I am and the things that bring me joy and interest me then the more things would naturally flow as well (Liam; counselling psychologist; 313-315)

Liam adds to Christopher's statements, explaining how authenticity enhances his competencies and professional practice. By checking in with himself and understanding his personal interests, there is almost a natural flow between his professional competencies and his sense of authentic self rather than being at odds with his professional identity.

I realised the importance...of being human in, in, in, in therapeutic work and what I actually found was the the the more authentic I was to who I to who I was, the easier, in quotes, I found my work... I think they found it found that process more effective, you know. So I was able to and I guess I mean you know when we're less anxious typically we we you know. We're not as we're able to remember, actually what we want to what we want to talk about. You know, I'm able to properly utilise my interventions. (Stanley; counselling psychologist; 170-183)

Stanley adds to Liam's point by explaining that being authentic benefitted his practice, not just necessarily for his clients, but also in terms of his own capabilities. He describes how being accepting of himself and not attempting to create a façade or be something he is not, which takes up mental capacity, allows him to avoid certain anxieties which would take away from his ability

to offer effective psychological interventions or even remember the direction of his session(s).

But I'm not showing up in my authentic self. They're they're getting parts of me, but not all of me. And I could observe how other people could bring more and more of their parts. Maybe not all their part, but more of their parts and their personality, whereas there's times where I didn't think I was always afforded that, and that could be down to me, in my sense of safety in that environment, but it's but, but my sense of safety is also going to be influenced by my lived experience of what it's like to experience racism or discrimination, and it's not going to just change because I'm working with well meaning psychologists, in that regard, you know? (Richard; counselling psychologist; 850-859)

Richard also acknowledges the importance of being authentic; however, his ability to be authentic is hampered by his past experiences of racism and discrimination. Although there is perhaps little threat in his current environment, surrounded by fellow practitioners, he has no guarantee that they will not subject him to a similar adverse treatment. As such, the desire to protect himself supersedes his ability to be comfortable enough to be himself fully. As he says, that is not to say that he cannot be partially himself, but he recognises that others can be more of themselves because they already feel safe within their environment. Consequently, this will take away from his experience as a qualified professional who can operate to the best of his ability.

I'm very proud to be a counselling psychologist because I think being a counselling psychologist...aligns with my identity...I think that my philosophical positioning is that I I like to think that that I'm quite reflective in the work that I that I that I do and I bring myself into my work and that feeds into some of the ethos around kind of counselling psychology really. (Richard; counselling psychologist; 617-624)

Richard noted that the four counselling psychologist participants were proud of their titles. Feeling kinship to the ethos of counselling psychology's philosophical positioning and a sense of identity alignment validates their ability to authenticate themselves. Counselling psychology's underpinning of being pluralistic and humanistic provides a base of acceptance for whomever they are/what they want to be. It, therefore, offers them the freedom to be themselves.

I feel that, if we talk about my current work now. I am very much, very comfortable and confident showing up in my authentic self as a black man now I'd say. In terms of what I wear, how I talk, with my service users, my clients, I should say really. And I think that is because I think some of my clients need that where I work. I I work in a very deprived area. X. There's not many, well, there's not many black psychologists and some of the people that I work with really need to see my humanity...I'm trying to break down some kind of the norms around what it is to be a psychologist as well. You know, you know and I think that's really important cause some of those norms are rooted in kind of Western beliefs and you're essentially beliefs

about what psychology is (Richard; counselling psychologist; 889-902).

Richard explains here that being comfortable and confident as a black man has been essential to his journey. His ability to present himself as a black man increases his reach to his community and establishes a deeper connection with his clients. Being a black man who dresses and talks authentically exposes his clients to an alternative view of what a psychologist can look and operate like. Further, the new form of psychologist that Richard represents can connect to clients in these deprived areas who share a similar cultural background. In this, perhaps negative stereotypes clients hold towards the mental health industry can begin to be healed. As touched upon previously, Richard discussed the importance of portraying humanity – that is, showing respect for the idiosyncrasies of individuals. He exhibited this perspective as a counselling psychologist whose philosophical underpinnings are embedded in humanism.

I've found that even just down to the way I speak or just the the accents, I think people pick up where you're from and then I might throw in a a slang word from that particular region and they go "ohh like we could we could we, we could we could do this. OK. Great" And there's there's a familiarity and comfort and then that allows for other conversations. (Brian; clinical psychologist; 502-508)

Brian adds to Richard's point, suggesting that his ability to be his authentic self, such as speaking how he usually talks, offers the client the space to explore topics they feel he might have a shared understanding based on their mutual cultural background. This assumes that, in contrast, a practitioner who

may not embrace their demographics stifles a client's ability to freely discuss and consider how characteristics, such as their race, may have impacted or informed their experiences.

I do make an effort, I suppose, to present as professional, I dress quite professional...Take the durag, for instance. I, I I know that like for many people that doesn't they associate that with maybe rap music or with a certain a negative subculture, potentially...I hope by even saying yes I I I do rag helps me to protect my hair and moisturise and all the rest of it, I think my hope is that it then broaden colleagues minds of various aspects of black culture (Brian; clinical psychologist; 644-660)

Brian goes on to explain the importance of being authentic for the sake of his colleagues as well. His ability to remain authentic to his culture by wearing his durag allowed him to dispel some of the myths and negative associations he felt others held regarding this piece of clothing that is a part of black culture. By doing this, he hoped to broaden his colleagues' minds, but this represents the weight of responsibility he has to educate his colleagues on his culture. Therefore, although Brian needs to remain authentic within his profession, this also comes at the cost of explaining not just himself but also his culture.

3.3.2 Subtheme 2: Being a good enough black representative

...if there are any issues that are just that are raised, which may kind of allude to or are linked to race and culture, there's almost a kind of a wondering, What's my opinion on this really?" In that regard, as if I'm, I am the

voice. I'm the fount of knowledge when it comes to all things, kind of, Black or Asian... (Richard; counselling psychologist; 358-362)

The statement made by Richard describes the responsibility he felt in being a representative for their community regarding discussions around ethnic minorities. Richard's comments describe that on account of him being a member of an ethnic minority, his colleagues assume that he has a better understanding of ethnic minority clients' difficulties and, therefore, his opinion holds greater weight. Further, the assumption is made that this "fount of knowledge" that Richard possesses extends to other ethnic minorities with whom he does not share a cultural background, again with the assumption that he has some level of insider knowledge.

I think psychology is a very white middle class female dominated profession in the UK and there are a number of staff, who've not really worked.. They didn't go to school with a black person and and I think it was. On training this came up a few times, where I really appreciated some of my white colleagues saying look, I've never really had a conversation with that person outside of work...I recognise that I'm there sometimes I'm the only exposure to that and that can feel. Because I also don't wanna feel that I don't. I don't always wanna feel responsible to, to my, to my colleagues, there's enough with patients. But I do. It's there too. Like I I think even last week we had a conversation about I

talked about how I changed my Barber recently...my relationship to my Barber is very sacred...And then talked about how, how, how do people treat their hair? And I'm saying, well, yeah, I wear a durag, I do like I use oil (Brian; clinical psychologist; 606-635)

Brian adds to this by describing the toll that being the black representative for his colleagues can take on him. Although he understands that demographically, he is in the minority and, therefore, at times being the only exposure his colleagues have to someone who is a black male, he doesn't wish to always hold this responsibility of being a representative. Having to contend with these conversations within client work as well as within colleague interactions made Brian feel as though he was on show all the time, having to explain who he is, what he does and why he does it, such as through the simple act of changing his barber and managing his hair. Although on the surface, these conversations may appear superficial and in passing, Brian's fatigue at them feels apparent.

...I think I am a lot more, I'm just a lot more conscious of of my interactions with, with, with clients because I know that they probably...haven't met a black male psychologist before. (Stanley; counselling psychologist; 450-453)

...some people might go through their whole life and never actually see a doctor, a black male doctor... It was quite important to kind of represent that actually and yeah to show that we we exist and you just, you never

*know, you might inspire someone (Liam; counselling
psychologist; 366-371)*

Stanley and Liam continue this thread from Brian, highlighting the idea that they may be the first person their client will have encountered who looks like them as a psychologist and, therefore, they may become the representation of their culture/demographic. In the same way that Brian speaks to the responsibility of being the black representative to his colleagues, Stanley touches upon this same sense of responsibility, becoming more conscious of his interactions. This may be because these interactions may be perceived as holding weight in the client's mind, not just in judgement of who Stanley is as a person or practitioner, but also towards who Stanley is as a black male practitioner.

Liam's stance indicates a reason for representing his clients. He values the opportunity to show that not just psychologists but black doctors in general exist. Through this exposure, Liam is expressing that his existence could inspire others to pursue a similar level of career or at least feel as though it is an achievable target irrespective of the colour of their skin or their gender.

*...I guess it is a sense that you want to work even harder;
or prove yourself even more and and so when when you
get into that kind of place, I suppose you think, well,
actually you must be bloody good...there was a sense of
wanting to prove yourself and to make yourself strong
and to you know, to kind of show that it's, you know that*

*that, I'm good enough, I guess in a sense. (Christopher;
counselling psychologist; 888-896)*

In response to the question, “...*how do you feel your race impacts, perhaps your clinical work currently?*” Christopher gives an account of needing to prove himself to those around him. This conjures up the idea that if Christopher were judged by his appearance alone, he would have been found wanting, and as such, he believes he is starting from a less favourable position because of his race. However, in the long-run, this has pushed Christopher to now see himself as an accomplished professional.

*I'm very conscious of what I represent. It's when there's a
black man which we need much more, many more black
men in clinical psychology, in all practitioner
psychology professions. When they're looking and
they're thinking about wanting to do this I know what I
represent. That's. I love that. That's that's beautiful. But
it also comes with a certain level of pressure. I can't fail,
you know, cause my failure is not just mine. (Kyle;
clinical psychologist; 652-653)*

Kyle captures the ideas of this subtheme in terms of having to work hard to be good enough and being a black representative for those around him. Kyle explains that failure is not an option. On account of being a black male who is in the minority, Kyle recognises the importance of being in that space and accepts the responsibility of being a representative. However, he also describes the pressure that can come with this, that is, that failure would not

just be his own but for his whole community, demographic, or race. Given that there are so few black male representatives within the industry, Kyle feels one “failure” could be detrimental to others who also wish to pursue this career path. Still, this would mean one less black male who can offer psychological interventions for their clients, and it may be that a black male is precisely what that client needs to address their psychological needs.

3.3.3 Subtheme 3. Meeting the needs of my community

I've run a number of different presentations and workshops in different environments...all in the effort of increasing access or or making it making mental services feel accessible. So I I try and carry that in all of all of a lot of my work as I've said before that you know, I would. I want people to feel like this is. (Brian; clinical psychologist; 520-523)

Brian discussed that services have not always been seen as accessible to minority ethnic groups and has taken on the responsibility of helping raise awareness about the available services. The hope is that those from marginalised sections of the community feel they can access services. A strong part of Brian’s professional identity is to operate as an ambassador for his community, providing a spotlight on the help that they could seek from services and explaining to them that these are services that are open to people that come from their backgrounds as much as it is for anyone else.

I am trying to give people the experience of what I haven't always been given. So it comes from a kind of lived experience of, as a black person in clinical

*psychology, realising the ways in which my own, my own
past supervisor experiences have not served me, and I
think that that's now, then enabled, or facilitated me
ensuring that I provide that for other people. (Kyle;
clinical psychologist; 246-252)*

Alternatively, Kyle speaks to the shortcomings that he experienced within professional relationships and that these shortcomings have led him to want to provide for others. His reference to his lived experience as a black person in clinical psychology and the fact that he feels his needs were not met within supervision has spurred him on to ensure that others have a more positive experience.

*I've seen the ways in which we are not meeting the needs
and quite frankly, failing our black community. So the
current model as it stands, doesn't work...being part of a
community that the current paradigm isn't working for
motivates you and makes you more open to something
else... (Kyle; clinical psychologist; 545-567)*

Kyle continued to build on this topic of needs as shown above. Perhaps overlapping slightly with ‘*Subtheme 2: Being a good enough black representative*’, we can see that his desire to meet the needs of his community provides additional motivation to work as hard as possible to find solutions that will benefit them. So, on one hand, participants described the desire to be good enough to prove to others that people who are black and male are capable of being psychologists. And, on the other hand, they must work to

correct the failings that are seen within the industry on the topic of ethnic minorities.

...if I'm working with certain individuals, some people may use slang in our in our in our sessions and I may mirror that back if they've used that as well really, I'm not going to just avoid using that if if that's their mode of communication and I'm comfortable doing that because it's part of my mode of communication when I'm not working...it's led to deeper, deeper connections... (Richard; counselling psychologist; 957-965)

I've found that even just down to the way I speak or just the the accents, I think people pick up where you're from and then I might throw in a a slang word from that particular region and they go "ohh like we could we could we, we could we could do this. OK. Great" And there's there's a familiarity and comfort and then that allows for other conversations. (Brian; clinical psychologist; 502-508)

Richard's comments help to connect the subtheme of '*The Importance of Being Authentic*' to this subtheme. By being authentic, he found that he could create deeper relationships with his clients as there is the suggestion that the language chosen helps open up some of those conversations, putting his clients at ease. This is further built upon by Brian, who explains how speaking a certain way, for example, in slang, can help clients discuss topics that they

might not have been able to if they were being seen by a practitioner who did not represent their community or had shared experiences and understanding of their culture.

In summary this superordinate theme consists of participants recognising the importance of being authentic for their clients, colleagues and themselves. In remaining authentic it allows deeper connections to be created with their clients on the basis of an assumed shared cultural understanding; it allows a degree of exposure to a new culture for their colleagues, which can help to create the image of a psychologist being something other than white and female; and by operating authentically, practitioners have an improved sense of alignment to whom they see themselves as, meaning they can operate more comfortably. Participants also reported feeling the need to be good enough. On account of their numerical minority, they felt that there was pressure to perform well and work harder because if they didn't, then this would look bad on their culture/race/gender globally. Finally, participants expressed a wish to personally meet the needs of their community, whether that be by acting authentically or raising awareness. They highlight that the services provided, or advertised access to these services, for their communities, are falling short.

CHAPTER 4. DISCUSSION & CONCLUSION

Chapter Introduction

The data analysis generated three overarching themes: lack of belonging to the profession, Personal identity informing professional identity, and Representing my community. These findings are significant as they contribute to the existing body of literature, potentially bridging gaps and advancing the area of study. I will also discuss the study's strengths and limitations, the implications of the research, and my concluding remarks.

As Interpretative Phenomenological Analysis is underpinned by double hermeneutics (Smith, 2009), I will also share a reflexive statement on the profound impact that the process of analysing and discussing the participants' responses has had on me. I will discuss how I have attempted to bracket my own experiences, particularly due to sharing the demographics of my participants, by being a black male counselling psychologist (in training). This personal reflection will help you connect with the research more deeply.

This research aimed to gain an improved understanding and sense of how black male counselling and clinical psychologists experience their professional identities. It is crucial to note that black people and males are both underrepresented demographics within the profession of counselling and clinical psychologists in the UK (BPS, 2016). This underrepresentation underscores the urgency and importance of this research. There is a dearth of research regarding their professional practitioner psychologists' experiences. Therefore, gaining a better understanding of how they experience their professional identity and how it was formed may help grow this under-researched area.

As the superordinate themes suggest, the main findings of this research are that participants expressed a sense of lack of belonging to their profession, which was embodied by not seeing others in this profession who looked like them or shared their cultural background. This meant they felt they did not have role models to look up to and experienced a distinct difference between them and their colleagues and clients. This difference was often accompanied by a sense of being under threat, to which they found methods to attenuate these threats. In addition, the counselling psychologist participants expressed a sense of being different from their clinical psychology counterparts and the added layer this caused in excluding them from the 'in-group' of being a practitioner psychologist. Furthermore, participants expressed the importance of their personal identity in informing their professional identity. This was shown to come from their past regarding their childhood experiences. This encapsulates what they were exposed to in their youth, how this contributed to the development of their personal identities, and how this has then informed their professional identities before concluding with their desires for the future within their professional progression. The final theme encapsulates how they see themselves as a representative for their communities, shown through their desire to succeed because they believe their communities will be judged based on their successes or failures as a psychologist. This also touches upon the importance of them being themselves, maintaining a sense of authenticity, and how this can translate into them serving their communities, whose needs they saw as not being met.

4.1 Lack of belonging to the profession

4.1.1 Not having a role model

Participants reflected that they “ended up” in a psychological profession. For example, Kyle expressed that he “fell into” psychology because it was recommended by a friend and seemed more attractive than becoming a medical doctor, lawyer or engineer, as his cultural influences encouraged. Kyle noted that all career choices require further education and academic prowess. Therefore, it appears that Kyle, from an early age, had high aspirations for what he felt he could achieve based on what his ethnic culture determined he could/should be achieving. Although he took a different route, it still required the same degree of further education and self-efficacy. This is at odds with Green (1990), who suggested that due to historical discrimination, ethnic minorities may have reduced self-efficacy and lower career outcome expectations. Further, it also challenges Hackett and Byars (1996), who suggest that the impact of not having a role model or someone they can see themselves in (in their career path) can result in a person believing that the career path is not for them. Instead, it could be argued that Kyle is presenting with a strong sense of self-efficacy, which appears to be culturally driven. That is, his cultural expectations are that he will successfully pursue academically challenging careers because he is capable of doing so, as Zirkel (2002) suggests that role models positively impact the goals and academic performance of racial minorities. Therefore, in the absence of a professional role model, Kyle’s parents’ aspirations and belief in him to be able to achieve academically appear to have been instrumental in building his self-efficacy to a point where he felt capable of pursuing the career he wished.

Stanley's explanation of not being able to see psychologists who looked like him supports the findings of Bandura (1986), who explained that an individual will seek out a career role model and will only be able to identify with them to the degree in which they see themselves in them, termed the "similarity hypothesis". Supporting Stanley's experiences, research has shown that ethnic minorities are less likely to find same-minority role models, which can place them at a disadvantage (Covarrubias & Fryberg, 2015) due to the well-documented benefits of having role models, for example, seeing other successful individuals from the same stigmatised group in the roles that they aspire to be (e.g., O'Brien et al., 2016; Dennehy & Dasgupta, 2017). However, we can see from Stanley's explanation that he still required someone to model it, even if it was not within his career. As such, he made do with what was available to him, identifying with a role perhaps "similar enough" to black psychiatrists. As Stanley explained, this did not suffice, as he did not identify as a psychiatrist, seeing this as a medical profession that he was not a part of, but then also being left in a state of not knowing "how I was supposed to present myself as a black male psychologist", due to the surrounding models all being Caucasian women. The lack of representation of Stanley's gender and race characteristics, that is, being male and black, have negatively impacted his experience of being a professional psychologist, further adding to the support of the body of research noting the importance of having role models that one can identify with (e.g., Aronson, 1999; Fisher, 1988).

Richard explained that he felt "in the dark" when initially attempting to navigate the system of becoming a psychologist due to not having someone he could look to for direction. This is in line with Morgenroth et al. (2015), who

suggest that having a role model can function in one of three ways: being a behavioural model, representing that something can be achieved or as a source of inspiration. It is also supported by Bandura's (1986) Social Learning Theory, which suggests that people learn from watching others and, in particular, have role models whose race is the same as theirs. Further to this, Social Cognitive Career Theory (SCCT) (Lent et al., 1994) suggests that role models can increase one's career aspirations by providing outcome expectations. Thus, Richard's account supports these theories, showing that the absence of having an individual whose race and/or gender is similar to his meant that he did not have someone to provide a behavioural model for how a black, male counselling psychologist can "navigate the system [of a psychology career]", which left him feeling without direction.

Further to this, Richard discusses how he has become a model for others to turn to, painting a picture that he is inundated with his community turning to him for help, which is supported by Karunanayake and Nauta (2004), who explains that role models are often selected from people who are a part of one's social group. In addition, it supports the theory that career decisions can be influenced by those we deem worthy of emulation due to the assumption that these people have insider knowledge of how to manage their respective career fields (Pleiss & Feldhusen, 1995). Richard did not explicitly suggest that he was intentionally taking on the role of a role model; however, the suggestion that once he qualified, he became the go-to source of knowledge leads to the conclusion that he finds himself in this position. However, this also leads me to the assumption that there are not enough role models who look like Richard because if there were, he would have had access to them

during training, and his community would not have been as in need of his direction.

4.1.2 Being different to others and how to ameliorate the effects of this difference

Participants recognised that they differed from their colleagues through their gender and racial identities, which Wilder (1984) identified as specific dimensions. Frey and Tropp (2006) support the participants' view, suggesting that it is likely that participants would be viewed in terms of these dimensions due to them being conspicuous. Further, participants' accounts reported an overall sense that they were being judged regarding the negative stereotypes associated with these dimensions (as suggested by Avery et al., 2008), such as being a "threat". This concept of "threat" was a dominant characteristic within interviews, whether participants felt threatened or recognised that others felt threatened by them.

Participants, such as Christopher and Kyle's accounts reflect this theory of being potentially seen as a threat, given that they expressed the need to be "careful" or *"that if one something can happen to one person it can happen to a black person... There is a very real threat..."*. Research suggests where participants' sense of being threatened may come from. For example, Pendleton (2017) found that ethnic minorities within the NHS are more likely to be reprimanded than white staff members. They are also twice as likely to feel discriminated against by their superiors or colleagues – suffering from abuse and harassment from patients and colleagues alike (Hughes et al., 1984; West et al., 2015; Kline, 2013, 2014).

In addition, Carton and Rosette's (2011) account suggests that black leaders are negatively evaluated due to the belief that they are undeserving of their position, which is represented in Kyle's statement that the risk of denigration comes with idolisation. Being a black leader for Kyle resulted in those around him revering his opinion, which he was very conscious of. However, Kyle was brought back to the idea of there being a threat in that, by being put on a pedestal and being idolised, he became highly visible, meaning this could lead to him being more closely evaluated. Hypothetically, if this were to yield negative results, there is the threat that he could be removed from his pedestal or "denigrated". Christopher and Kyle's statements of needing to be careful and vigilant conjure the image of being on guard even when there is perhaps no discernible cause for this vigilance in the specific situation. However, as Kaiser et al. (2006) suggest, expecting to be stigmatised or negatively evaluated based on one's social identity (in this context, being black and male) can increase vigilance to identity-relevant cues.

For most participants, once a threat to their identity was identified, they would assimilate with the characteristics of the dominant demographic, that is, white. The belief that if participants change how they talk, dress and present themselves in a way that increases their, as Richard states, "*proximity to whiteness*" is reminiscent of Thibidoux's (1994) theory of "code-switching". The purpose of this is to portray themselves as less threatening to the white majority population, for example, by becoming more submissive through tactics such as changing the tone of their voice or reducing the amount they communicate altogether. This tactic of assimilation with the dominant characteristics of the group also supports research conducted by Van Laar et

al. (2019), who found that in reaction to a possible identity threat, participants may “display”, that is, they will emphasise characteristics from the dominant group, as shown by Richard’s chosen presentation. However, this could also be interpreted as the alternative strategy of “distancing” (Van Laar et al., 2019). By increasing his proximity to whiteness and detaching his identity from being black, he is also detaching his identity from a social group that *“don’t carry power in society”* in an attempt to prevent himself from *“falling into stereotypical tropes that align with your identity.”* that are negatively evaluated within the professional environment and thus, he reduces the likelihood of being negatively stereotyped (Faniko et al., 2017) which, in turn, protects his professional identity.

This fight against the negative stereotype that participants such as Richard, Christopher and Kyle have to face also supports the theory of stereotype threat (Steele & Aronson, 1995). Applied here, we can see that Richard feels associated with the negative stereotypes assigned to his cultural/gender group, as opposed to him being seen as an individual who is judged based on his merits and personal character, as suggested to be the case by Roberson and Kulik (2007). The strength of this stereotype threat is shown by the fact that the person Richard is approaching is a colleague, someone who knows his merits and personal character, but even in this scenario, the automatic response was to see him as a member of a negative collective, as opposed to the individual with whom his colleague has a positive relationship.

With participants' accounts supporting the stereotype threat theory, the individual and broader consequences should also be discussed. Lewis and Sekaquaptewa (2016) suggest that in order for stereotype threat to have a

deleterious effect, individuals must be aware of the stereotypes that exist, they must identify within the domain area and experience some difficulty about this domain, all of which we can see from the participant responses analysed.

Lewis and Sekaquaptewa go on to explain that these deleterious effects can include negative cognitions and appraisals, both of which we can see in Kyle's comments regarding "not ever believing in your own hype", having to be "cautious" as Christopher suggests and considering how they present themselves, as Richard explains. From a broader context, this threat of being stigmatised or associated with a negative stereotype can restrict the movement of individuals who perceive themselves as having "devalued identities" to environments considered less threatening to their identities (Crocker & Major, 1989). Arguably, this may help to provide some explanation for the low representation of black male practitioner psychologists; that is, black males are aware of the stereotypes associated with them, and therefore, they will avoid spaces where these stereotypes may be applied to them, such as practitioner psychologists. However, this presents some concern, as numerous studies have shown that being in the minority numerically, such as found by being black and male in psychology, can lead to a sense of a more significant threat to one's identity (e.g., Duguid, 2011). As such, this sense of threat coming from being in the minority can cause an increase in vigilance, as already noted, regarding the negative stereotypes and associated negative consequences (Emerson & Murphy, 2014). Therefore, I foresee difficulty in increasing the number of black males in psychology to reduce the numerical identity because the presence of a perceived/felt threat makes considering the profession an unattractive career path.

Participants challenge this theory, as although there is a sense of difference experienced by participants, this has not perturbed them from continuing to pursue their profession. As mentioned previously, White et al. (2011), as a part of ABPSi's Distinguished Psychologist Award, identified 'Improved Resilience' as a notable characteristic among minority ethnic practitioners. This resilience is perhaps being demonstrated by participants in the face of their differences. It further supports Lent et al. (1994), SCCT, which emphasises the importance of cognitive (e.g., self-efficacy) resources to assist career progression. Despite participants having to be cognizant of their racial and gender differences, they have succeeded and established themselves within the profession. Although this may still be present when they turn up to professional meetings and are mistaken as less qualified professionals, this does not take away from their sense of professional identity. Instead, participants saw an issue with the "other" and that it is their conscious or unconscious prejudices leading this rhetoric, as opposed to the individual doubting their abilities.

Although participants' experience of difference and how to ameliorate the effects of this difference has been discussed within the professional world, these experiences are not localised to such. Entering into the field of psychology and feeling like a token, being the odd one out, being different to others, talking differently, dressing differently or having a different cultural background that "the majority" are unaware of is not an alien place for participants to find themselves living in a predominantly white culture. Therefore, these are not new experiences being felt; instead, black males across the population are well-versed in how to traverse their relationships

with their white counterparts, with theories such as code-switching (Thibidoux, 1994) being well understood, e.g., changing how you talk, such as Richard denotes, in the hope of being more likely to be accepted into the in-group, as is in line with SIT (Tajfel & Turner, 1979).

4.1.3 Clinical vs Counselling Psychology

The specific experiences of the counselling psychologist participants differed from those of the clinical psychologists, which brings us back to the theories of ‘threat’ that have already been touched upon, but perhaps in a more miniature ecosystem between practitioner psychologist professions. The sense from the counselling psychologist participants was that not only did they feel disenfranchised by not meeting the ‘Social Categorisation’ (Tajfel & Turner, 1979) of what it is to be a psychologist, that is, white and female, but there is an additional barrier where their profession is felt not to be as respected as their clinical psychologist counterparts, adding to them feeling kept out of being a member of the ‘in-group’ during the early developmental stages of their professional identities.

One of these differences was an initial sense of being perceived as not good enough, or, as Christopher explained, feeling like “the little brother” and that he would have to try to be seen as on par with clinical psychologists. Wrosch et al. (2003) help explain why Christopher felt the need to try harder, noting that operating like this will help the stigmatised group (in this circumstance, the counselling psychologist) to overcome any doubts about their ability to be successful. This is also supported by other theories suggesting that stigmatised groups will feel more motivated, gain more energy, and use more resources in

the face of these stereotypes to prove them wrong (Leach & Livingston, 2015; Hoyt & Blascovich, 2007).

An alternative method of coping with this threat of being negatively evaluated because of their professional title of *counselling* psychologist is hiding their professional identity or altering their title to be ambiguous, for example, using the title “practitioner psychologist”. We have touched upon Van Laar et al.’s (2019) theories of “distancing” and “displaying” as means to reduce the threat to one’s identity; however, the final tactic described is “hiding” and is supported here through Richard’s account. The theory explains that hiding involves altering how one is presented, such as Richard explains, through the initial changing or omission of his title in the hope that this will help him assimilate with the accepted group (Newheiser et al., 2017). We are only able to see this strategy within the professional identity of being a counselling psychologist because it can be concealed, and not with racial or gender identities because they are easily identifiable and therefore cannot be hidden (Quinn, 2017).

Christopher outlined how it was when he qualified approximately two decades ago when there were fewer job opportunities available to counselling psychologists (still shown today through the British Psychological Society’s (BPS, 2018) audit of NHS posts) and some confusion around what it was that counselling psychologists did as suggested by Norcross (2000) was a common query at the time. The BPS’s audit recommended advertising posts based on competencies, using titles such as “Applied Psychologist” to improve the inclusivity of psychological professions other than clinical psychologists. These recommendations may be one reason why, as Christopher suggests,

there is now a better understanding that counselling psychologists can apply to roles listed for clinical psychologists.

However, seeing the shift in the counselling psychologist participants' perspective of Counselling Psychology was interesting as they became more confident and settled within their profession. The rejection of their clinical counterparts and embracing of their counselling psychologist identity shone through, as shown in counselling psychologist participants' accounts, such as Liam and Stanley, who described clinical psychology as “overly prescriptive” or “cookie cutter”, demonstrating this rejection of the majority subgroup of clinical psychologists that has perhaps become identified as an out-group. Research, such as that conducted by Payne and Hamdi (2009), supports the reaction of the counselling psychologists, showing that in adversity, such as racial prejudice, minority groups come together based on their shared experience as a means to support each other and grow resilience. This is also further supported by Voci (2006), who found that members of the ingroup will reinforce themselves with the aspect of their identity under threat by criticising the outgroup. What is evident from the counselling psychologists is that they reject the clinical psychology practices and develop their own ‘in-group’, ultimately developing an “us vs them” attitude or a firm ‘Social Comparison’ and, in essence, rejecting the group that was seen to be rejecting of them, as shown by Tajfel and Turner (1979). This is also in line with the Rejection Identification Model (Branscombe et al., 1999); that is, perceived discrimination can lead to increased ingroup identification as a means to buffer against the adverse effects of discrimination.

The clinical psychologist participants did not mention counselling psychology. This further points to the microcosm, as mentioned earlier, of the relationship between clinical and counselling psychologists, which may represent the broader picture this research explores. The majority of professional identities of clinical psychologists dwarf that of counselling psychologists in the same way that the majority of identities of being female and white (BPS, 2016) dwarf that of being black and male as practitioner psychologists. Therefore, although this is not the function of this research, themes found within this study may be helpful in better understanding how counselling psychologists experience their professional identities with clinical psychologists. Whether that be the sense of identity threat experienced among counselling psychologists upon initially entering the workplace or feeling misunderstood, as Christopher described, due to them being perceived as different. Nevertheless, then the eventual strong sense of unity with the profession of counselling psychology that they initially distanced themselves from has been discussed in terms of racial identity also.

4.2 Personal Identity Informs Professional Identity

4.2.1 Childhood experiences set me on the path

Participants' childhood experiences informed the foundations for becoming practitioner psychologists. Although they were unaware of the option of becoming psychologists, this organic route appeared for them based on meeting specific characteristics of the 'Social Categorisation' of what a practitioner psychologist does, as opposed to what they look like. When thinking about childhood experiences, race and gender did not seem to appear explicitly. However, we can see the influence of childhood environments on the development of participants' personal and professional identities.

Watts (1987) suggested that one's professional identity is a reflection of their socio-political and cultural values, with Stigler et al. (1990) offering further support for the influence that culture has on the development of our self-concepts. What we can see, for example, from Liam's account that "all roads led me here" and Brian's explanation of his exposure to an environment with a multitude of different cultures causing him to feel more comfortable in discussing them now is that these early personal experiences have all helped to develop this professional identity that participants perceive to be akin to that of a practitioner psychologist.

Further adding support to the importance of their childhood in the development of this identity, Erikson's (1968) developmental theory suggests that identity is formulated in childhood, which we see through accounts, such as Richard noting that he has shown traits of being helpful and amenable since he was a child or Stanley noting that he has always been curious about how people respond to things, traits that could be argued are tailored towards

working within the field of psychology. However, Erikson also notes that this identity is reorganised in adolescence due to psychosocial influence and development. So this combination of “natural” temperament combined with an environment where the opportunity to become a psychologist is presented during adolescence when selecting what you are going to be studying creates the foundations for the beginnings of the development of their professional identity, showing the importance of the personal identity integrating with the professional identity as Fourouzadeh et al. (2018) notes.

The link between participants’ childhood experiences and exposures and their current professional identity as practitioner psychologists is embedded in research. Stigler et al. (1990) suggested that culture informs our self-concepts, which, in turn, influences how we view our professional identities. We can perhaps see the stages of the formation of such an identity threaded across our participants, whereby Brian’s exposure to a diverse range of people provided the environment in which Richard’s innate childhood curiosity regarding his own identity and that of others could be applied, but that his ability to explore these concepts freely as a child perhaps bloomed into what Stanley suggests as still being present within his professional identity, that is, being “constantly curious”. Finally, we can see an apt summary of the process, which is Liam’s reflection, suggesting that all roads led him to becoming a psychologist. This theory is supported by research suggesting that identity development is based on a consistently evolving continuum involving our personal and social identities (Eccles, 2009; Gonzales-Backen et al., 2005). Further, research has shown that an individual must internalise the value system of their professional/social identity to sustain this identity and align themselves with

such values (MacIntosh, 2003). However, participants' responses propose an alternative, less linear view, that is, that one's personal identity helps the individual to determine the suitability of a prospective professional identity, in that one is drawn towards a professional identity shown to be already embodying the pre-existing values of their personal identity.

4.2.2 How race intersects with gender to impact professional experiences

The intersection of participants being male and black was more critical in understanding the impact on their professional identities than each characteristic in isolation. Participants suggested that the benefits they were afforded regarding being listened to and having their opinions revered because of their “rare” combination of demographics, as Kyle notes in his expression of being referred to as a unicorn. However, Williams (1995) suggests that men take their gender privilege into female-dominated industries. As Cross and Bagilhole (2002) add, men often find themselves as an advantageous rather than an oppressed minority in these professions. Therefore, the question remains as to what characteristic indeed affords participants their positive experiences of being listened to or feeling revered, that is, is it the “rare” combination of their race and gender or simply a result of their gender privilege as would be in line with Williams and Cross and Bagilhole's findings.

From the participants' perspective, they saw the combination of their race and gender as pivotal to their professional identities. As Quinn (2017) explained, being black and male are wholly conspicuous characteristics and, therefore, unavoidably seen by clients, whether during or before sessions begin.

Christopher explained feeling as though there was something about his race

and gender that helped his clients to get better, sometimes even before he began sessions with them. Partnering this with Richard's account of being able to explore topics that he believes only someone who is from a racial minority would be able to, such as racial trauma, we can start to see how being black and male may contribute to Christopher's "strong recovery rate". Grounding this in research, Thompson et al. (2004) support Richard and Christopher's perspectives, that is, when they share a cultural and racial background with their clients, this allows them to access clients' information better and provides a better sense of understanding than those from a different cultural or racial background. Further support for this perspective comes from Cabral and Smith (2011), who showed that black clients have a preference for working with mental health providers of African descent, and therefore, this comfortability that they feel when working with black male psychologists may provide a partial reason behind why Christopher experiences a strong recovery rate with his clients. Additionally, we can see how this fits within the theory proposed within Fitzgerald's (2020) description of the importance of 'actions and behaviours' as a tenet that contributes to a sense of the practitioners' professional identity, that is, in this context, participants' race and gender positively inform their experience of their professional identity because both demographics seemingly assist them to "do" what a psychological practitioner "does", i.e., to help their clients recover from psychological distress. However, it is important to note this is the case when working with ethnic minorities. Although not explicitly explored in the analysis section, participants did not identify distinct issues when working with white clients. The only moment Stanley touched upon this was when a client decided to cancel a session before

meeting him, which caused him to wonder if this was down to how he looked, but they did not linger on this thought. Although I am conscious that, as Sagan (2019) quotes, “absence of evidence is not evidence of absence”, participants were asked explicitly how they felt their race and gender impacted their relationships with their white clients, and it is essential to note that they did not provide accounts to support the theories that it does (e.g., Khoosal, 2004; Moodley & Dhingra, 2002).

On the other hand, participants described experiencing discrimination based on their race and their gender with colleagues. Richard expressed feeling as though he was seen as a black male first before being seen as a colleague and that the figure of a black male instilled fear. William Cobb (Duvernay & Moran, 2016) supports this perspective, stating that black men do not wish to be associated with “...this visceral image of criminality and menace and threat to which people associate with us.”. However, as Richard reports within his experiences of being in multi-agency meetings and being mistaken for youth work, how being a black male does not “go” with being a psychologist and, therefore, having to work against the stereotype that a black male would be in this type of role. Instead, black males are likely to frequent positions more befitting of them, such as the WRES Implementation Team (2020) found to be the case within the NHS, where ethnic minorities were overrepresented at the lower banded positions and severely underrepresented at the upper levels. Therefore, although the statistics show that ethnic minorities are overrepresented at the lower banded levels within the NHS, participants’ experience suggests that their colleagues also expect to see them at these levels and not in the role of a practitioner psychologist because, as the social

categorisation (Tajfel & Turner, 1979) denotes, being black and male is misaligned with being a psychologist.

4.2.3 Personal progression aligns with professional progression

Participants spoke about their experiences of professional progression and what that looked like. Some participants described this progression as the next step in their career, such as Brian, who described following his interests and using what he had learned during his training but also wanting to expand on these experiences. Kyle spoke about the future, what being a psychologist meant to him, and what he hoped to achieve as a psychologist. Alternatively, Liam spoke about his past experiences in training and how they have set him up to become the person he is today. Although all slightly different, there is an interplay between the participants' wishes to progress in alignment with their personal desires and to achieve their professional goals.

Firstly, participants' reflections represent a view of their social identity: being a psychologist and pursuing their careers in line with what they see "being a psychologist" means to each of them, as Kyle discusses what he hopes to achieve "as a psychologist". Secondly, their reflections also represent their personal identities (their sense of self), which we can see through their personal aspirations, such as Brian's notes and how Liam discusses how past professional experiences have informed who he is today. This integration of the two identities, that is, social and personal, supports research suggesting that identity is composed of these two levels (Tajfel & Turner, 1986; Turner, 1985).

Revisiting the concept of self-efficacy, as suggested within Social Cognitive Career Theory (Lent et al., 1994), the presence of future aspirational goals that

participants have expressed suggests that they have a high level of self-efficacy. When considering this in conjunction with them expressing a sense of being under threat, as discussed in '*Being different to others and how to ameliorate the effects of this difference*', this does not support the theory that when an individual's identity is under threat, their goals to achieve or to do well within their profession also comes under threat (Hall et al., 2015). Then again, perhaps this suggests that high levels of self-efficacy are a mediating factor in protecting one's identity from external threats.

Further support is offered to Fitzgerald's (2020) description of 'actions and behaviours' regarding the broader goals outlined by Kyle and, in part, Brian's desire to follow his interests. The theory is that what a professional "does" helps them to grow their sense of professional identity, and the amount that they identify with these behaviours and activities determines the level of this identity and job satisfaction. Therefore, Brian following his interests fits this mould and helps to strengthen his professional identity and job satisfaction. However, we can also see Kyle's view that the profession does not meet his needs and the needs of the community he identifies with. As such, we can see how this has impacted his job satisfaction to the point that he feels it necessary to remedy this by "doing more".

We can also see how Kyle's 'values' (Fitzgerald, 2020) of being able to help his siblings, aunts, brothers and sisters are not being met. Thus, he is not meeting the code of ethics and social values he has internalised and believes to be a part of the profession. In addition to this, the possessive language that Kyle uses in addressing *his* brothers, sisters, aunts and siblings provides the suggestion that he 'Socially Identifies' with these people as a group, which is a

central tenet of SIT (Tajfel & Turner, 1979). Through Kyle's statements, his various forms of identity become apparent, that is, his professional identity (as a psychologist), personal identity (as his race and gender) and his social identity (as a part of the social community he subscribes to). Kyle's description also shows us the interaction between his professional identity (what he can do) for his social group (who he is doing it for) and perhaps how he needs to be aligned with his values (personal identity). As Fitzgerald (2020) suggests, it is not possible to separate one's professional identity from one's social identity, but what we can perhaps see here is an extension of that in that Kyle's social, personal and professional identities are all integrated and that working in alignment with each is what can provide one with a sense of fulfilment.

Building on this further, as described by Fourouzadeh et al. (2018), a person's professional and personal identities integrate, making it very difficult to separate one from the other. We can see this from Liam's commentary in that throughout his professional training and perhaps due to the difficult nature of the training, he now feels as though he has developed as a person who can cope with the ups and downs of life as a whole. This is important to note because this shows that it is not just the personal identity that informs the professional identity; it can be the opposite, too.

4. 3 Representing my community

4.3.1 The importance of being authentic

Participants described the importance of representing their community. One's personal and social identities can merge with one's professional identity, creating the whole person. This theory extends to how the participants felt

they could represent and serve their communities by using the ‘Knowledge and Skills’ they have gathered from being a part of the professional group of practitioner psychologists (Oeffelt et al., 2018), and by being their whole authentic self as they are now, inclusive of their race and their gender and all that has gone into their development, such as their childhood experiences and what their environments have exposed them to.

Although participants recognised the importance of being authentic for their clients and colleagues, their ability to be authentic took time to achieve and, to a degree, remains on their minds and perhaps comes at the cost of being “othered”. We see an example of this through Brian’s experiences whereby his being authentic (part of which is talking about his culture) requires explanation, justification, and the need to dispel harmful myths about his culture’s practices, whereas assimilating to the predominant culture may save having these conversations. There is a juxtaposition within the framework of Social Identity Theory (Tajfel & Turner, 1979). On one hand, participants identify with their social and cultural identities of being a black male, such as how they dress or talk, as this is an integral part of their personal identity. However, other group members to whom they attach their professional identity do not share these characteristics. As such, the ‘Social Categorisation’ phase of SIT (Tajfel & Turner, 1979), which helps them to categorise themselves as psychologists, is perhaps not met. Then again, by dressing/talking authentically, they meet the requirements within their cultural and gender groups. Therefore, initially, there is a conflict for participants between meeting the perceived categorisation of a psychologist (when the perception is that a psychologist is a white female) or of their personal identity as a black male,

which initially feels incompatible with being a psychologist (their professional identity). Further, this conflict is perhaps compounded by the types of questions Brian has to field regarding his durag, which may have the potential to alienate him, reminding him that these traits are not associated with the “ingroup” (Tajfel & Turner, 1979) of being a psychologist because the majority of the “ingroup” do not share them.

Leading on from the subtheme of ‘*Clinical vs Counselling Psychology*’, the need to represent one’s community is not just kept to one’s personal characteristics. The counselling psychology participants demonstrated a strong desire to be considered separately from clinical psychology, describing their differences, strengths, skills and knowledge, categorising themselves as their own profession, and creating their own “ingroup”. This them vs us attitude demonstrates the final stage of SIT (Tajfel & Turner, 1979), in that they compare themselves to the “outgroup” and evaluate themselves favourably. As noted previously, this rivalry is reminiscent of other minority groups, such as the black male in psychology, where they desire to be understood and have their experiences validated and heard (as explained by William Cobb, (Duvernay & Moran, 2016)) whilst carving out their own space. Further to this, the desire to specifically refer to themselves as counselling psychologists, as opposed to ‘psychologists’ (as the clinical psychologists often did), further supports the theory that they have created their own “sub-ingroup” among psychologists and perhaps act as a means for counselling psychologists to continually affirm their separate professional identities.

As already discussed, the counselling psychologist participants presented a sense of being in a stigmatised group. Rasinski et al. (2013) proposed the idea

that if a member of such a group does not confront the stigmatisation of their group, they may be left with a sense of feeling inauthentic or as though they have let their group down (Shelton et al., 2006). Therefore, in proclaiming their pride in being a counselling psychologist, as Richard does, he is reaffirming his membership to his social group, keeping him feeling authentic and helping him to maintain a positive sense of self (Rasinski et al., 2013).

Participants' reflections on the importance of being authentic for their clients and colleagues were present throughout the interviews. Being authentic with their colleagues potentially unlocks doors for budding black men and other ethnic minority psychologists. By simply being practitioner psychologists, they diversify what a practitioner psychologist is socially categorised as (Tajfel & Turner, 1979), that is, not only white, female or middle class. The importance of being authentic largely came from what this means in the participants' client work, both for themselves and also for their clients and the therapeutic relationship generated. The idea that being themselves, such as dressing, speaking and being as they would usually be, thus not allowing their perception of what their professional identity is supposed to look like superficially, is the first step in helping to open up conversations and create a deeper connection with their clients – which we see from their desire to meet the needs of their community. This is also shown through many examples within research, such as the correlation between the lack of engagement in mental health services from clients and a lack of representation in service providers who share their cultural commonalities (Whaley, 2006). Whaley further supports the importance of participants remaining authentic by finding that the bonds created within a therapeutic relationship between black male

therapists and black male clients are strong, partly due to them replicating similar bonds found informally within their communities. However, research also highlights the benefits for the psychologist in working with black clients due to them also feeling more comfortable, shown by their increased likelihood to self-disclose (Boyd-Franklin, 2003), as can be seen by Brian, who explains that he “might throw in a slang word”, also noting that “there’s a familiarity and comfort and then that allows for other conversations”.

4.3.2 Being a good enough black representative

As has been touched upon previously, Kyle commented upon being black and male attributes him as being a “unicorn”, i.e., being rare and valuable, which is closely related to Richard’s statements regarding how he perceives himself as being viewed, that is, as the “fount of knowledge when it comes to all things, kind of, black or Asian...”. This supports McNeil’s (2010) findings that black psychologists desire their competencies and identities to be recognised as a whole and not just as a ‘cultural expert’. This also alludes to the idea that Richard feels he is visible to his colleagues because of his race and gender because, without these attributes, they may not turn to him as the expert. This has also been found to be the case by Settles et al. (2018), who found that black therapists can feel “hypervisible” on account of their numerical minority.

Participants discussed being a good enough black representative in relation to their relationships with colleagues and clients. The pressure that participants express to be good enough as psychologists conjure the feeling that something about them does not belong within the profession, relating to the subtheme of *‘Being different to others and how to ameliorate the effects of this difference’*.

Due to this difference and sense of not being good enough, participants conveyed a sense of needing to prove themselves, even once they have completed their studies, as shown by Christopher's comments, such as "...you want to work even harder, or prove yourself even more...". This view, once again, aligns with a negative consequence suggested to be associated with stereotype threat (Steele, 1997), as well as McNeil (2010), who suggested that a negative stereotype that is perceived by black psychologists to be associated with their ethnicity is to be incompetent or lazy. Kyle talked about "knowing" what he represents, recognising that his failure is not just his standing out to me. This is perhaps another example of the burden felt by participants to represent their communities. If they were to fail at being a successful psychologist, then the assumption is that this would represent a failure for all black psychologists. In line with attribution bias or fundamental attribution error (Ross, 1977), this supports the view that minority groups believe they are viewed prejudicially based on the colour of their skin (Shelton, 2005) because if a white, female, middle-class psychologist were to "fail" at being a practitioner, it would not be assumed that all white, female, middle-class psychologists are thought less of. Further support for this comes from Causadias et al. (2018), who have termed this "cultural (mis)attribution bias", meaning that ethnic minorities are viewed as individuals whose development is shaped by their culture. Therefore, they are representatives of their culture, as Kyle denotes feeling with knowing what he represents and that his failure is not just his own, in comparison to their white components who are viewed as independent individuals.

For participants, the burden of representing their community extends past their professional relationships and into client work. Liam and Stanley believe they may be the first contact someone has had with a black male psychologist or doctor in general, which is supported by the British Psychological Society's (BPS) comments that the profession is mainly white and female. This pressure is felt within the clinic room itself and is perhaps a pressure to represent more than just themselves, which can lead to this sense of not being good enough, as Christopher notes when he first started in the profession. Showing that "we exist", as Liam mentions, is perhaps a tip of the hat to white colleagues and clients, but also to part of their cultural community as well – connecting the subtheme of not having a role model, black male psychologists also present a target for other budding black males (amongst other underrepresented ethnic minorities) too, showing them that their racial and gender characteristics are not a barrier for them reaching one of the upper levels in the field of psychology. Thus, with such pressure being felt on what feels like all sides, I am reminded and more so in agreement with one of the ABPsi's characteristics of a distinguished psychologist, that is, one who is resilient and therefore able to carry such pressure, which we see in Kyle's response of "accepting" this burden.

4.3.3 Meeting the needs of my community

The need to meet the needs of their community was prevalent among all participants. Brian talks about his desire to make mental health services feel more accessible, which he attempts to do by reaching out to different communities in different ways, such as at corporate events and giving talks. The broader conversation around black people not accessing mental health

services and, therefore, not having their needs met feels present in this, with one explanation for why this may be the case being the distrust that is felt within black communities towards mental health services (e.g., Stevenson et al., 2021; Henfield, 2011; Lindsey et al., 2010; Beasley et al., 2015). However, by being in this space, as Brian alludes to, he bridges the gap and helps clients to recognise that these services are here. They can be provided by someone who shares an understanding of their cultural background (Thompson et al., 2004), but this can also perhaps start to work towards a trusting relationship and move away from the distrust they feel.

Furthermore, Brian's willingness to make communities feel more accessible and Kyle's desire to meet the needs of "the community" but feeling the system is currently failing these communities relate to the importance of increasing the number of black males within psychology because they are more likely to provide services to these communities (Graves et al., 2014; Truscott et al., 2014). Kyle's comments also support this stance, shown by his supervisory experiences that left him feeling misunderstood but motivated to ensure that he could provide these services to others to prevent them from having the same experiences. Kyle continues to express the feeling that he feels the black community is failing, noting that "the current model, as it stands, does not work". This is also supported by research suggesting that services should be considered to provide culturally appropriate interventions because currently, non-white ethnicities are not served as effectively as their white counterparts by these interventions (Naz et al., 2019). Further support is perhaps offered to Kyle's comments because, on a more logistical level, the underrepresentation of black males within psychology is desperately apparent (BPS, 2016).

Therefore, given the knowledge that is currently available suggesting the positive impact that would be had in increasing the number of black therapists on engagement with black clients (e.g., Wade, 2006; Whaley, 2001; Stevenson et al., 2021), we are failing these communities by not having enough representation to help these communities feel at ease at accessing services.

However, it is not necessarily just about the access to the services; these failings also extend to when clients decide to access services. The quality of connections participants can create with their clients felt essential to how participants could contribute to their communities as professionals. As Richard suggests, the ability to organically communicate using language that emulates their community's language helps generate these deeper connections. As Wade (2006) and Whaley (2001) suggest, this is perhaps a contributing factor in allowing black male practitioners to contribute more culturally appropriate clinical work to their clients, further supporting the belief that it would be beneficial to increase the number of black male practitioner psychologists serving these communities.

4.4 Strengths & Limitations

A primary strength of this research is the methodology that has been selected. Interpretative Phenomenological Analysis (IPA) has given me an in-depth account of each participant's experience. As I am a black male and therefore identify with many of the experiences expressed by participants, IPA's emphasis on bracketing (Husserl, 1931) one's own experiences and views has been extremely helpful in generating reliable data. In particular, reflecting at regular intervals throughout the research process has been essential to this bracketing experience.

However, connecting to the data and remaining close to it sometimes represents a distinct strength of the research. Recognising the importance of conducting such research has driven my passion to remain diligent and earnest throughout the process.

The sample size selected has pros and cons. On the one hand, the sample is homogenous, with all participants being black and male, therefore meeting the requirements of the IPA methodology and directly meeting the aims of the research regarding a study on black male practitioner psychologists. Although the sample size aligns with the suggested numbers for an effective study (Smith et al., 2009), the recruitment of further participants may have increased the themes' reliability.

On the other hand, recruiting participants proved difficult, as the number of participants that met the inclusion criteria was limited due to the small number of black male psychologists currently existing (BPS, 2016). Further to this, the research treats all black people the same, assuming that themes can be drawn from the experiences of black people as though they are all of one culture and have the same experiences based on the colour of their skin. In contrast, there are many subcultures, such as African, Caribbean, African American, etc.

Then again, as the pool of possible participants is already small to recruit from, this additional inclusion criteria may have reduced the pool of possible participants to an untenable number, not associated with impactful or reliable research.

Most importantly, the research has filled a void in the existing literature. It represents a meaningful step to recognising the value of giving a voice to a

group of people who have previously not had a light shine upon them. I believe that this research presents a springboard that future research can use to gain footing, even if only to recognise that black male, clinical and counselling psychologists have a voice and are more than willing to engage in research should they be presented with the opportunity to do so.

4.5 Implications and Recommendations for Future Research

The research helps in raising awareness of the issues that black male practitioner psychologists experience. The development of the themes can be beneficial in generating conversations around a topic that can be sensitive to approach. This can be in the form of an individual considering their own conscious or unconscious prejudices they may hold, whether that is to black male practitioners, other ethnic minorities, or even other minority groups, as shown in the disparities between clinical and counselling psychologists. Alternatively, it can provide a chance for those who have had a similar experience to feel validated in their feelings, recognise that they are not alone in this and name what they may have felt, for example, code-switching or stereotype threat. Further, growing an understanding of a population's professional experiences can help inform service development in the hope of improving their experiences, which can be beneficial in attracting and retaining team members. Finally, the themes generated within the research create a foundation for further research to be considered, continuing to contribute and grow this underrepresented area in the literature.

Contrasting these findings with a black female participant group to understand their experiences would be helpful. This may then help us to understand further how gender specifically impacts how black people experience their

professional identities. This may be helpful because being a female is the majority demographic, so if their opinions are not revered similarly, we may consider the male aspect essential. However, this may also be put down to discriminatory practices against black females. Therefore, it would also be helpful to garner the experiences of white females who could act as a control group when considering racial prejudices.

Further, it would be interesting to find out how different generations of black psychologists experience their professional identities. That is, to see if there is a distinct impact on their professional identities if an individual is the first generation of their family to be in the UK, meaning that they were born abroad before coming to the UK, or if they were born in the UK but their parents were born abroad, or further if their parents were born in the UK but their grandparents were born abroad.

Similarly, when considering demographics, the practitioner's age could be considered. On one hand, this could be helpful in understanding how the treatment of black males has changed over time. For example, someone who qualified in the early 2000s could be compared to someone who qualified in 2020+, meaning a 20-year gap.

Given the research findings regarding the experiences of counselling and clinical psychology, it would be beneficial to explore how each profession experiences its professional identity differently. Perhaps combining this with a variable of the practitioner's age, given how the understanding of counselling psychology has changed over the past 20 years, could yield interesting findings.

4.6 Conclusion

This research aimed to improve our understanding of how black male counselling or clinical psychologists experience the phenomenon of their professional identities while considering the role that their gender and race may play in this identity.

The research effectively contributes to the existing literature, with it being the only study that the researcher is aware of that solely focuses on the experience of black male practitioner psychologists. Although, as noted, cross-comparison with other demographics may be helpful, in this vacuum, I have felt able to truly grasp how the intersection of their gender and their race has contributed to their professional experiences, helping me to meet the aims of this study.

The research helps to raise awareness and understanding around the experiences of black male practitioner psychologists. The superordinate theme of there being a lack of belonging highlights the distance that practitioners may feel from their profession on account of the sense of threat that their race and gender enforce upon them, whether that be through their perceptions of underrepresentation, such as not having role models, or how they feel “othered” as practitioners. This theme also helped to identify that although statistically accurate (BPS, 2016), societally, the profession is also perceived as white and female, perhaps contributing to sustaining the underrepresentation of black males in the profession. An additional subordinate theme that may garner some interest is the difference in experience between counselling and clinical psychologists and how these experiences of being in the numerical minority yield similar experiences to that of black practitioner psychologists.

The superordinate theme of personal identity informing professional identity supports research suggesting that identity is multifaceted, with it not being possible to separate one form of our identity from another (Fourouzadeh et al., 2018). Instead, the two concepts are interwoven. Participants' identities form in childhood because of their experiences and exposures and how society perceives them, such as via race and gender, which then informs how participants experience their professional goals and identities.

The final theme of representing my community highlights the connection between their professional and personal identities. Participants expressed a sense of a journey from recognising how being themselves can benefit their clients therapeutically and help to demystify what it is to be black and male for their colleagues who have not had exposure to diverse cultures. This culminated in an underlying goal to help those within their communities, with participants hoping to operate in ways that will prosper their communities. However, this responsibility to represent their communities was not without a sense of pressure to be good enough, lest their whole community/race/gender be judged on their merits or failings.

I am grateful for the encouragement that I have received to do disseminate this research from my colleagues and my participants. I will be aiming to do this as widely as possible to ensure the experiences of my participants are heard. I have identified three academic journals of publication that I believe will be most appropriate for this purpose, 'The Journal of Counselling Psychology', 'The Journal of Clinical Psychology', and the 'The Journal of Black Psychology'. Publishing to these journals is in keeping with the nature of this research and the demographic of the participants. However, I am also

conscious that not all who could benefit from the findings of this research will search for it via academic journals. Therefore, I will endeavour to adhere to the ten steps of innovative dissemination as set out by Ross-Hellauer et al. (2020), in particular considering methods, such as presenting to my service within the National Health Service (NHS) and actively seeking out opportunities to speak at events that have helped to inspire this research, such as TEDx.

4.6.1 Relevance to Counselling Psychology

The research has also shown its relevance from a counselling psychology perspective. The profession's humanistic and pluralistic underpinnings (Cooper & Macleod, 2010) have allowed me to stay close to the topic while organically unravelling the research question. The research has remained firm in its importance placed on the idiographic and subjective nature of personal experience through the methodology of IPA. Further adding to this, as the focus of this research has been on identity, a personal concept, remaining humanistic has been particularly effective in assisting me to think about the participants as a whole, considering their subjective experience of being a person with multiple identities. The pluralistic nature of counselling psychology has also helped me to be flexible in their approach, fostering the environment for data to be analysed appropriately through qualitative means. The research helps to highlight broader issues, such as psychologists' well-being, which is not just localised to black male clinical and counselling psychologists but also to other types of therapists. My participants discuss the professional issues they have experienced, but these issues often relate to their personal demographics, such as their race and gender, intersecting with the

environments in which they work. As such, other practitioners within the same environments may also have similar experiences and may benefit from this research.

Returning to the “real-world problems” that Counselling Psychologists are concerned with (Kasket, 2012), from a practical perspective, the research may be considered for informing or contributing to training programmes, particularly, although not limited to, modules on diversity and inclusion which are commonly run.

Finally, as an important goal for me is to disseminate this research, I aim to reach not only psychologists, therapists, and service providers, but also service users, clients, and patients. As noted previously, Martin (2015) states that cultural diversity is a central tenet of Counselling Psychology; however, this extends to those who are receiving therapy. The process of decolonising therapy is vast and extends beyond the remit of any one piece of research. Nevertheless, if I, through the medium of my research, reach the eyes and ears of service users, resulting in an increased likelihood of them engaging in therapy, then this will also help to improve the cultural diversity of Counselling Psychology.

4.7 Final Reflexive Statement

Throughout my thesis, I have had to be very conscious of my experiences and professional journey in various ways, ensuring they did not impact the validity of depicting my participants’ experiences.

Firstly, my role models have significantly impacted my personal and professional journeys. My father is a black male, and my mother is a

psychotherapist, both of whom have consistently nurtured and supported me on any journey I wish to take, representing very prominent and positive role models for me. Therefore, it felt as though I was speaking from a place of privilege when discussing the positive impact of role models, albeit anecdotally. Secondly, my route into psychology has emulated what my participants have suggested, in that I “stumbled” into the profession, not initially knowing that this is the route I would take; as such, separating my experiences from theirs has been difficult.

Furthermore, I see the divide between counselling and clinical psychology, such as within my own NHS role, where they do not have a ‘counselling psychologist’ or ‘counselling psychologist in training’ title available for me and assign me the title of ‘clinical psychologist’. As such, I agreed with the counselling psychologist participants in expressing their feelings as though their profession is misunderstood. Having to field questions about what counselling psychology is and how it differs from clinical psychology, it is almost as though counselling psychology’s identity can only be discussed in terms of its absence of clinical psychology. At times, this has left me feeling like I do not belong within my role or that I am an imposter, not deserving of it because this is not my title.

More generally, I have often felt conflicted about whether this is the right topic for me, not wanting to engage in research regarding black men due to being a black man myself and finding it difficult to explain to others that this is the topic of my research. Initially, I believed this was because it was almost cliché and expected, while I craved to be different. However, this research has enlightened me about many underlying processes I may have been subjected

to, such as “hiding” my identity or “distancing” myself from my social group. Further, at times, it has been difficult to see how I also emulate many of the behaviours of participants in order to ameliorate the effects of being different and reduce the possibility of threat at work, for instance, how I dress compared to my colleagues. However, by listening to and reading the participants' accounts, I feel validated in my feelings and behaviours, understanding them better and recognising their origins.

Although the nature of the research is not generalisable due to a small sample size and qualitative methodology based on subjective experiences, how the research has impacted me gives me hope for this research, that it may positively impact even one other individual who may read it also.

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APPENDICES

Appendix A

Participant Information Sheet

To whom it may concern,

I am a trainee counselling psychologist at London Metropolitan University; I am contacting you to offer you the opportunity of participating in my doctoral research on 'How do Black male counselling or clinical psychologists experience their professional identities: An Interpretative Phenomenological Analysis'.

The issue that we are currently facing is that Black men are underrepresented as clinical and counselling psychologists. As such, there is a dearth of research considering the Black males experiences of the industry. One's professional identity is closely linked with how one personally identifies, with strong links made between an individual's attitudes, beliefs, values and knowledge and their professional environment. Although this is just one aspect of experience, it is important that we begin to grow our foundational knowledge of Black males as counselling and clinical psychologists to improve counselling psychology's diversity.

Improving diversity in the practitioner group has links to improving diversity in the clients that engage with therapeutic services. This means that a greater proportion of the population may access mental health services who truly need them.

Your involvement will include a 60-minute interview, which will be audio recorded where we will be discussing your experiences as a counselling/clinical psychologist. This data will only be used within my doctoral research and will be destroyed 5 years after my thesis has been submitted.

You will have the right to withdraw from the research at any point up until the time your data has been aggregated into the research (two weeks after the interview takes place).

Your data will be held in line with the Data Protection Act (2018) and upon inclusion in the research it will be anonymised so that you would not be identifiable.

There is the chance that the data collected from the participants will be presented within publications, such as journal articles and books, conference presentations and policy recommendations. Please note that should this be the case, any information, such as quotes from participants will be strictly confidential and anonymised to prevent any identifying features.

Inclusion/Exclusion Criteria

Given the research is being conducted based on Black male clinical/counselling psychologists, your professional title must be either, 'clinical psychologist' or 'counselling psychologist'.

In addition to this, you must identify as a Black male, which includes the following categories:

- Black British
- African American
- African
- Caribbean
- Any other Black background
- Mixed Origins, e.g., Black/White Caribbean, Black/White African or any other Black Mixed or Black multiple ethnic background.

Debrief Protocol

Upon completion of the interview process, you will be offered the opportunity to debrief with the interviewer, where you will be welcomed to discuss any feelings that you experienced throughout the interview. You will also be provided with a copy of the completed research when this time arises.

If you have any questions at all, please do not hesitate to contact me on 07950658544 or eog0012@my.londonmet.ac.uk. Thank you very much for considering to be a participant in my research, I hope to hear from you soon.

Yours sincerely,

Elliott Gibbs

Appendix B

PHQ-9 & GAD-7 scales

PATIENT HEALTH QUESTIONNAIRE & GENERALIZED ANXIETY DISORDER (PHQ-9 & GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use ☒ to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
Low Mood				
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety /restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3

Anxiety

1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
	0	1	2	3

Appendix C

Interview Schedule - Questions & Prompts

Introduction

Within this interview I will be asking you a series of semi-structured questions with the intent of better understanding how you experience your professional identity as a clinical/counselling psychologist within the context of identifying as a black male. Although there are specific questions I have written down, due to the semi-structured nature of the interview, I may not ask all of the questions due to the possibility of answers being given within our conversation together. The interview will last 1 hour.

Before we begin do you have any questions?

Questions

General

1. What is your experience of being a clinical/counselling psychologist since qualifying so far?

Prompt

- a. How does it feel to be considered/referred to as a clinical/counselling psychologist?

Identity

2. What drew you to choose to become a clinical/counselling psychologist?

Prompt

- a. How do you feel your experiences influenced your desire to pursue a career in clinical/counselling psychology? Can you give any examples of these experiences?

Prompt

3. How do you feel the context in which your professional identity has developed has contributed to your existing professional identity?

Prompts

- a. Are there any external influences that have contributed to the construction of your professional identity, if so, how?
 - i. For example, training courses, the country where they trained and the services they trained in.
 - b. Have the services that you have worked in influenced the development of your existing professional identity, if so, how?
4. How do you feel your perceived professional identity impacts your work with clients/patients?

Prompt

- a. Are there any ways in which you sense that it impacts it positively?
- b. Are there any ways in which you sense that it impacts it negatively?

Race

- 5. How do you sense your race influences your experience of being a clinical/counselling psychologist?

Prompts:

- a. How do you sense your race impacts your client work?
- b. How do you sense your race impacts your professional relationships, e.g., with colleagues?

Gender

- 6. How do you sense your gender influences your experience of being a clinical/counselling psychologist?

Prompts:

- a. How do you sense your gender impacts your client work?
- b. How do you sense your gender impacts your professional relationships, e.g., with colleagues?

Other

- 7. Is there anything you feel that we have not covered in relation to the topic that you would like to add?

Prompts:

- a. Any questions for me?
- b. How have you found the interview?

Appendix D

Example of Analysis process & Sample Transcript

	17	
Clinical vs Counselling Psychology	626 ... I do sometimes wonder, what, how things would have been if I	...I do sometimes wonder, what, how things would have been if I trained as a clinical psychologist...
Negative view of Clinical Psychology	627 trained as a clinical psychologist and and and, and what would that	... historically I saw it as being very establishment very white, very institutional, and that's not who I am physically, but also character and personal personality wise...
Lack of understanding of Counselling Psychology	628 mean in terms of kind of how are I would have been positioned in a	...I'm proud to be a counselling psychologist...
	629 lot of ways and I haven't got the answer to that, but I do sometimes	...how it is positioned within the industry is quite frustrating...
	630 wonder because in one sense when I think about clinical	People's lack of awareness and understanding.
	631 psychologists, I do think it's changed now, but historically I saw it as	
	632 being very establishment very white, very institutional, and that's	
	633 not who I am physically, but also character and personal personality	
	634 wise as well. So, so yeah, I'm proud to be a counselling psychologist,	
	635 but I'm also very much aware how how it is positioned within the	
	636 industry is quite frustrating at times as well. People's lack of	
	637 awareness and understanding.	
	638 00:33:54 Interviewer	
	639 Hmm. And I guess that that lack of understanding and awareness is	
	640 it sounds like that's the sort of underpinning of of somebody not	
	641 necessarily valuing the the the professional, yourself within the	
	642 service. But then on the other hand, after, and is it always after an	
	643 explanation of what a counselling psychologist is, then suddenly	
	644 there's this affirmation.	
	645 00:34:17 Participant	
Others' surprise at competencies as a Counselling Psychologist	646 Yeah, absolutely. So, so I, I, I took example, I was on training with a	...people were quite surprised...
	647 group of clinical psychologists and I supervise trainee clinical	... people are surprised when I share what we do in addition to what some of the clinical psychologists do...
	648 psychologists at the Birmingham course and assistant psychologists	
	649 and I think some people were quite surprised, really, when I was	
	650 sharing what we do in our training and the fact that I'm working in a	
	651 team of clinical and counselling psychologists, you know, I meet the	
	652 competencies to get the job. I think people are surprised when I	
	653 share what we do in addition to what some of the clinical	
	654 psychologists do. So I think that, yeah, I I think when people know	
	655 more about what we do, you're quite surprised. Surprised.	
	656 00:35:08 Interviewer	
	657 And you mentioned about almost viewing clinical psychologists or	
	658 clinical psychology as well as quite white, quite establishment. Can	
	659 you tell me a bit more about that? Is that perhaps something that is	
	660 currently existing or is it something that maybe is from the past?	
	661 00:35:30 Participant	
Negative view of Clinical Psychology	662 So I think it's historic. Historically, I don't think that. So I've got two	...historically been a very much elitist role as a clinical psychologist.
	663 points here. The first point is yes, I think if I talk about how I feel and	
	664 what I've observed and noticed, it's historically been a very much	
	665 elitist role as a clinical psychologist. When we think about your	
	666 psychology and the roles that psychology to have...	
	667 00:35:54 Participant	

	668 ... and and you and you can see that because you can see where how 669 we're positioned in service is really where the like worked in local 670 authorities, I've worked in schools, I've worked in education, I've 671 worked in social care, I work in health services and in all of those 672 organisations, I see where psychology, how they're positioned and 673 how in some organisations...	
Psychologists are untouchable	674 00:36:15 Participant 675 ... they're almost seen as untouchable in some respects, really. And 676 I've benefited from that at times as well-being a psychologist. But I 677 can see how their positioned as being very knowledgeable, very 678 articulate, intelligent, having some level of power and autonomy and 679 sometimes sitting outside of certain systems, the way that they work 680 or other part of the systems. So I've seen that. I've and I can 681 recognise that...	...they're almost seen as untouchable...I've benefited from that at times as well-being a psychologist. ...positioned as being very knowledgeable, very articulate, intelligent, having some level of power and autonomy and sometimes sitting outside of certain systems...
Psychology was historically racist	682 00:36:37 Participant 683 ... But also, if we think about psychology as a whole as profession, 684 and we think about its origins, in kind of like the intent of 685 psychodynamic and psychoanalytic, it was very much, a very racist 686 profession. You think about race theory, race theory is where, 687 where, where different races were categorised based on the colour 688 of their skin and inferred their intelligence and inferred their abilities 689 and inferred in terms of their emotional capacity. That's what race 690 theory as as proposed, really or reported. That was done by 691 psychologists.	...origins, in kind of like the intent of psychodynamic and psychoanalytic, it was very much, a very racist profession.
Traits of racism still exist in psychology; Underrepresentation; Surprise	692 00:37:17 Participant 693 These are the people that we read about. These are the people that 694 that we that we have taken lectures from. These were some of these 695 traits are still kind of still still there if you think about some of the 696 some of the research on the therapy approaches that we, that we 697 use. Some of them haven't been normed on on, on minority 698 populations or yet classed as evidence based. So, you know, so 699 we've gotta think about that as a profession, that actually, things are 700 changing, but there's still still still a way to go in... 701 00:37:44 Participant 702 ... terms of where we started and where we are now in that regard 703 and you you only need to look at the diversity data on HCPC, that 704 that I think it's only 3% of psychologists are are are, are black male 705 and female meaning you know 5% Asian I think, 5% mixed in the rest 706 of white. 707 00:38:05 Participant 708 So, you don't need to look any further to see really, in that regard. 709 And the numbers are very similar within clinical and counselling	...some of these traits are still kind of still still there... Some of them haven't been normed on on, on minority populations... ...things are changing... still a way to go... ... only 3% of psychologists are are are, are black male and female meaning you know 5% Asian I think, 5% mixed in the rest of white.

Don't fit the
stereotypical identity
of a psychologist

Growing into your
jumper

710 psychology as well that regard. So I do think that **there is still a level**
711 **of elitism**. I think **it's changing dramatically** and it's very encouraging
712 **when I see assistants and clinical and counselling psychologists**
713 **entering into the profession but it's not always been like this**. And I
714 think there are still some things that kind of hark into ~~into~~ the
715 profession, which is why when people know that I'm a psychologist...

716 00:38:35 Participant

717 ... some people are **quite surprised that, they assume that not many**
718 **black and Asian people would be psychologists**. We don't fit the
719 **model, the typical model**. Things are changing in terms of the typical
720 **model**.

721 00:38:46 Interviewer

722 What is the typical model of a psychologist which you say a clinical
723 or counselling psychologist?

724 00:38:51 Participant

725 I think I think it's **it's getting harder to, to have that kind of that,**
726 **that stereotypical identity**, but historically it would be a **white middle**
727 **class female or male**. If you look into, if you look into many services,
728 you'll find a **large proportion of psychologists will be white and they**
729 **will be female**, OK? Yeah.

730 00:39:20 Interviewer

731 And in terms of, I guess, when we're when we're thinking about first
732 of all in the in the here and now we've got this idea of white female
733 equals psychologist, and then also in the past we have things like
734 race theory that you've touched upon, and ~~and~~ how does that
735 intersect with how you view your professional identity now, if we're
736 part of a profession where these things exist currently, and also in
737 the past.

738 00:39:48 Participant

739 Yeah, you know what? It's interesting you say that, Elliott because as
740 I have, there's a there's a there's an analogy which I use with kind of
741 the trainees, it's the idea about **growing into your jumper** and the
742 idea is that, you know, when you buy a jumper, when your parents
743 buy your jumper, it's really big the arms are floppy, it's maybe too
744 long and as ~~as~~ you grow, you grow into your jumper. **You don't know**
745 **when it happens. It just happens that you don't need to roll the**
746 **sleeves anymore. And it fits**. I feel like that's how I've been in terms
747 of my identity as a, as a black psychologist, whereby I didn't
748 understand that, that, the political context, I just knew...

749 00:40:27 Participant

...there is still a level of
elitism.

... it's **changing**
dramatically and it's
very encouraging
when I see assistants
and clinical and
counselling
psychologists entering
into the profession but
it's **not always been**
like this.

... some people are
quite surprised that,
they assume that not
many black and Asian
people would be
psychologists.

We don't fit the
model, the typical
model. Things are
changing in terms of
the typical model.

... it's getting harder
to, to have that kind of
that, that stereotypical
identity...

...white middle class
female or male.

...growing into your
jumper... You don't
know when it
happens. It just
happens that you
don't need to roll the
sleeves anymore. And
it fits.

Grown into my
psychologist identity;
Growth of confidence;
Being understood

Being true to myself
gives me freedom

Liberated to talk about
race; Bringing myself
into the room

What clothes
represent; Proximity
to whiteness

750 ... I was one of a few black men who were in this profession at the
751 time, and as time has progressed and I've seen black males and
752 females working in this profession and I've grown in terms of my
753 competencies as a psychologist. With, with the growth of my
754 competencies grows my my confidence. And with the growth of my
755 confidence allows me to become more assertive in how I
756 communicate and being more assertive allows me to talk about
757 things that may be uncomfortable for other people to hear. And they
758 know that they know the content of my character, they know my
759 personality, so therefore the things that I'm saying are coming from,
760 I like to believe, are coming from a good place.

761 00:41:09 Participant

762 And by being able to be true to who I am as a person, while sharing
763 my views, that has been a place that's allowed me to to really talk
764 about things that are really important. So for example, if I'm in
765 supervision with my too far back then when I was newly qualified,
766 being able to bring race into my formulations and think a little bit
767 about actually what are we not talking about in terms of working
768 with this, this young, this young black boy who's now been excluded
769 from school a couple of times or he's been moved at different
770 placements. Actually bringing that up. I wonder, I wonder how race
771 plays it's role in our understanding of his difficulties really.

772 00:41:48 Participant

773 And I could never do that before. When I when I was newly
774 qualified. So having those conversations be really helpful. And then
775 also being able to bring myself into the room. So not just speaking
776 from a third party, but thinking about my experience, as being a
777 black man or being a black psychologist and sharing how that may
778 influence the work that I do in that regard so, so as I've gotten more
779 confident and being able to sit on my experience, sit on my
780 competence, I've been able to feel more...

781 00:42:15 Participant

782 ... liberated to talk about race and really integrate that into my
783 identity as a, as a, as a, as a counselling psychologist, even down to
784 the way that I dress. So before, when I was, when I, when I, when I,
785 when I was first newly qualified, I would make sure that I'm wearing
786 a nice shirt and my trousers and and my and my shoes. And as time
787 progressed I felt a bit more comfortable to just wear more casual
788 clothes because my clothes weren't, because at one point the
789 clothes were almost signifying of of my kind of...

790 00:42:43 Participant

791 ... proximity to whiteness in that sense, and the idea behind
792 proximity to the whiteness, is that if if white is the status quo, if

...one of a few black men who were in this profession at the time and as time has progressed and I've seen black males and females working in this profession and I've grown in terms of my competencies as a psychologist... grows my my confidence...being more assertive...

...being able to be true to who I am as a person, while sharing my views, that has been a place that's allowed me to to really talk about things that are really important.

...being able to bring race into my formulations...

...what are we not talking about...how race plays it's role in our understanding of his difficulties really.

...being able to bring myself into the room.

as I've gotten more confident and being able to sit on my experience, sit on my competence

...liberated to talk about race...

...the way that I dress.

...clothes were almost signifying of of my kind of proximity to whiteness...

Appendix E

Consent form

Title of research: How do Black male counselling or clinical psychologists experience their professional identities: An Interpretative Phenomenological Analysis.

Description of procedure: In this research you will be asked a number of questions within a semi-structured interview regarding your experience of being a Black male counselling or clinical psychologist whilst being audio recorded.

- I understand the procedures to be used.
- I understand I am free to withdraw at any time during the interview without question as well as up to two weeks post-interview. After this date, all data will be aggregated and I will not be able to withdraw my data.
- I understand that participation in this study is anonymous. My name will not be used in connection with the results in any way and all information that may otherwise identify me will be changed prior to transcription. There are limits to confidentiality, however, confidentiality will be breached if any information is disclosed that indicates a risk to safety.
- I understand that the results of the study will be accessible to others when completed and that excerpts from my interview (minus explicit identifying information) may be used within the study.
- I understand that I may find this interview upsetting and that it may evoke a number of difficult and distressing feelings for me. I will be offered support and the opportunity to discuss these feelings at length post interview with the researcher. The researcher will also give information on further support available if required.
- I understand that I have the right to obtain information about the findings of the study and details of how to obtain this information will be given in the debriefing form.
- I understand that the data will be destroyed 5 years after my thesis has been submitted.
- I understand that there is the chance that the data collected from me may be presented within professional publications, such as journal articles and books, relevant conference presentations and policy recommendations. Should this be the case, I understand that any

information, such as quotes, will be strictly confidential and anonymised to prevent any identifying features.

Signature of participant:.....
researcher:.....

Signature of

Print name:.....
name:.....

Print

Date:

Date:

Appendix F

Debriefing form

Thank you for taking part in my research study. This is part of a professional doctorate thesis that I am conducting. If you are interested in the results of the study, have any questions about this study, or if you wish to withdraw, please contact me on the following email addresses: eog0012@my.londonmet.ac.uk. Emails will be checked regularly.

Please remember that if you wish to withdraw your data from this study it should be done two weeks after your interview date, as it may not be possible at a later stage.

Equally, if you have any questions or concerns you are more than welcome to address them now. If you have any complaints regarding any aspect of the way you have been treated during the study, please contact my research supervisor Dr Catherine Athanasiadou-Lewis on: c.athanasiadoulewis@londonmet.ac.uk.

If participation has raised any concerns or issues that you wish to discuss further, a number of agencies can provide advice and support in confidence:

- NHS Direct: <http://www.nhsdirect.nhs.uk/>
 - Operate 24/7 and should be able to provide details of local crisis support services or advise on accessing local A&E
 - Tel: 0845 4647
- Samaritans: <http://www.samaritans.org/>
 - 24-hour emotional support line
 - Tel: 08457 90 90 90
- Saneline: <http://www.sane.org.uk>
 - Emotional support line for people in mental distress
 - Tel: 0845 767 8000 opening hours: 6pm-11pm everyday
- No Panic: <http://www.nopanic.org.uk/>
 - Helpline for people with anxiety disorders. Also has telephone recovery group for members
 - Tel: 0800 138 8889 opening hours: 10am-10pm everyday
- Anxiety Alliance: <http://www.anxietyalliance.org.uk/>
 - Helpline for people with anxiety disorders
 - Tel: 0845 296 7877 opening hours: 10am-10pm everyday
- Maytree: <http://www.maytree.org.uk/>
 - London based respite centre that provides short-term respite to people who are suicidal. People can ring them directly to discuss arranging a stay. Can only stay there once.
 - Tel: 0207 263 7070
- In an emergency, always call the police on 999

Appendix G

Distress Protocol

Protocol to follow if participants become distressed during participation:

This protocol has been devised to deal with the possibility that some participants may become distressed and/or agitated during their involvement in the present research study on, 'How do Black male counselling or clinical psychologists experience their professional identities: An Interpretative Phenomenological Analysis'.

Such participants, by virtue of being a part of an ethnic minority, may have experienced some form of prejudicial treatment, which may have caused emotional or physical trauma. Elliott Gibbs is a trainee counselling psychologist at London Metropolitan University and has experience in managing situations where distress occurs. There follows below a three-step protocol detailing signs of distress that the researcher will look out for, as well as action to take at each stage.

Mild distress:

Signs to look out for:

- Tearfulness
- Voice becomes choked with emotion/ difficulty speaking
- Participant becomes distracted/ restless

Action to take:

- Ask participant if they are happy to continue
- Offer them time to pause and compose themselves
- Remind them they can stop at any time they wish if they become too distressed

Severe distress:

Signs to look out for:

- Uncontrolled crying/ wailing, inability to talk coherently
- Panic attack- e.g., hyperventilation, shaking, fear of impending heart attack
- Intrusive thoughts of the traumatic event- e.g., flashbacks

Action to take:

- The researcher will intervene to terminate the interview.
- The debrief will begin immediately
- Relaxation techniques will be suggested to regulate breathing/ reduce agitation
- The researcher will recognize participants' distress and reassure that their experiences are normal reactions to abnormal and distressing events.
- If any unresolved issues arise during the interview, accept, and validate their distress, but suggest that they discuss with mental health

professionals and remind participants that this is not designed as a therapeutic interaction

- Details of counselling/therapeutic services available will be offered to participants as listed in the 'Debriefing form'.

Extreme distress:

Signs to look out for:

- Severe agitation and possible verbal or physical aggression
- In very extreme cases- possible psychotic breakdown where the participant relives the traumatic incident and begins to lose touch with reality

Action to take:

- Maintain safety of participant and researcher
- If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as their GP.
- If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
- If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency)

Appendix H

Ethical Approval

London Met Research Ethics Review Form For Research Students and Staff

Postgraduate research students (MPhil, PhD and Professional Doctorate):

This form should be completed by all research students in full consultation with their supervisor. All research students must complete a research ethics review form before commencing the research or collecting any data and no later than six months after enrolment.

Supervisor:

This form should be completed by the member of staff responsible for the research project (i.e. Principal Investigator and/or grant-holder) in full consultation with any co-investigators, research students and research staff before commencing the research or collecting any data.

Timeline:

The aim is to assess applications within two weeks. The reviewers may ask for a re-submission that addresses concerns they have. In this case, a further two weeks apply from receipt of the re-submitted form. The length of the process depends on the applicant addressing the reviewers' requests explicitly and quickly. To be on the safe side, applicants should allow six weeks for the process.

Definition of Research

Research 'is defined as a process of investigation leading to new insights, effectively shared. [...] It includes work of direct relevance to the needs of commerce, industry, culture, society, and to the public and voluntary sectors; scholarship [¹]; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction. It excludes routine testing and routine analysis of materials, components and processes such as for the

¹ 'Scholarship for the REF is defined as the creation, development and maintenance of the intellectual infrastructure of subjects and disciplines, in forms such as dictionaries, scholarly editions, catalogues and contributions to major research databases.'

maintenance of national standards, as distinct from the development of new analytical techniques. It also excludes the development of teaching materials that do not embody original research.²

London Met's [Research Ethics Policy and Procedures](#) and [Code of Good Research Practice](#), along with links to research ethics online courses and guidance materials, can be found on the Research & Postgraduate Office [Research Ethics webpage](#):

[London Met's Research Framework](#)

Researcher development sessions are listed on [Student Zone](#) and [Eventbrite](#).

Please add your name to the beginning of the filename when saving the form.

² REF 2021, Guidance on Submissions (2019/01), p. 90

This form requires the completion of the following three sections:

- [Section A: Applicant Details](#)
- [Section B: The Project – Ethical Issues](#)
- [Section C: The Project – Risks and Benefits](#)

Section A: Applicant Details	
A1	Background information Research project title: How do Black male counselling or clinical psychologists experience their professional identities: An Interpretative Phenomenological Analysis. School: London Metropolitan University Date of submission for ethics approval: Proposed start date for project: Couples of months after the ethics submission Proposed end date for project: September 2024 Ethics ID # (to be completed by RERP chair, for students this is your ID number): 19004155
A2	Applicant details, if for a research student project Name: Elliott Gibbs Student number: 19004155 Degree (MPhil, MPhil/PhD, PhD, DLitt, DSc, ProfDoc in): ProfDoc in Counselling Psychology London Met Email address: eog0012@mylondonmet.ac.uk
A3	Principal Researcher/Lead Supervisor Member of staff at London Metropolitan University who is responsible for the proposed research project either as Principal Investigator/grant-holder or, in the case of postgraduate research student projects, as Lead Supervisor Name: Dr Catherine Athanasiadou-Lewis Job title: Research Supervisor London Met Email address: c.athanasiadoulewis@londonmet.ac.uk Additional Researchers / Supervisors Name: Job title: London Met Email address:

	Name:
	Job title:
	London Met Email address:
	Name:
	Job title:
	London Met Email address:

Section B: The Project – Ethical Issues

B1 The Research Proposal

Please attach a brief summary (**max. 1,000 words**) of the research project including:

- Background/rationale and conceptual framework of study
- Research questions/aims/objectives
- Research methodology
- Key references

If you plan to recruit participants, be sure to include information how potential participants in the study will be identified, approached and recruited; how informed consent will be obtained; and what measures will be put in place to ensure confidentiality of personal data. Please include participant consent forms and information sheets.

Background/rationale and conceptual framework of study

The British Psychological Society (BPS) (Bullen & Hughes, 2016) has stated that psychology as an industry is largely White and female. Patel and Fatimilehin (2005) have echoed this, finding that clinical psychologists are largely White, female, and middle-class. As Black males are distinctly underrepresented as counselling and clinical psychologists, there is a similar underrepresentation of their experiences of the profession within literature.

One element of this experience that I wish to highlight, is professional identity. Professional identity has been defined by different researchers (e.g. Ibarra, 1999; Adams et al., 2006) with a common theme being that it is related to the individual's attitudes, beliefs, values and knowledge within the context of a professional environment. Verling (2014) has concluded that there is no single professional identity inherent within counselling psychology, rather, there are a multitude of identities which find basis in the individuals history and heritage which is in line with the humanistic and pluralistic underpinnings of counselling psychology.

Given the strong connection between the individual and their professional identity, there may be the assumption that it would be beneficial to maintain a consistent personal identity in order to maintain a consistent professional identity. However, research conducted by Thibodaux (1994) suggests that Black people often feel the need to "code-switch", i.e., to be conscious of White people by monitoring their behaviour, and altering it to be

perceived as less threatening. Inferring from this, Black males in the role of a counselling or clinical psychologist may not feel that their displayed professional identity is congruent with their true professional identity.

Stigler (1990) suggests that culture informs our self-concepts which influences how we view our professional identity, whilst Boychenko (2020) expresses that professional identity has an influence on the individual's identification with a group, based on shared knowledge. These theories help us to highlight that the formulation of one's professional identity is informed by their cultural background, as well as the importance of professional identity in feeling accepted by your peer group.

Given the dearth of research currently existing on Black males as counselling and clinical psychologists, there is still much to learn regarding how this specific group of people experience their professional identities, which is reflected in my research question below.

Research questions/aims/objectives

Research Question

How do Black male counselling or clinical psychologists experience their professional identities?

Aim/objective of the research

To gain an improved sense of how Black male clinical or counselling psychologists experience the phenomenon of their professional identities, whilst considering the role that their gender and race may play in this identity.

Research methodology

As the aim of this research is to provide detailed analyses of a particular phenomenon (professional identity) IPA is the most appropriate methodological approach.

Here follows the step-by-step analysis as described by Smith et al., (2009) and interpreted by Larkin and Thompson (2012) that I will be using:

1. Transcriptions will be created from the audio recordings of the interviews. These transcriptions will be on lined paper and each line will be assigned a line number to easily refer to during analysis and interpretation.
2. I will read through the transcriptions multiple times and listen and relisten to the audio recordings of the interviews. I will consider how I am relating to the content emotionally and any preconceived themes I find myself making. This will help me to bracket any thoughts, feelings or beliefs I

have during the following stages.

3. In the right-hand margin I will identify and write down poignant statements and ideas shared by the participant, in the process Larkin and Thompson (2012) describe as 'phenomenological coding'. I will be as detailed as possible during this process, approaching the transcripts line-by-line.
4. In the left-hand margin I will write down any interpretations I have drawn from the transcript. These will be derived from statements made by the participant. If subthemes emerge, I will also note these down within the left-hand margin.
5. Next, I will cluster the subthemes identified and that show consistency with one another.
6. I will repeat this process for each participant. This will help to ensure that the analysis and interpretation is in line with the idiographic nature of IPA, as each participants' reported experience will hold equal value.
7. The final stage will be to create a table of master themes. These will be generated from the subthemes clustered in stage 5. I will share my step-by-step analysis with my supervisor prior to the generation of the final themes. This will help me to verify that I have captured the "core essence" of what has been expressed by my participants.

Key References

- Adams, K., Hean, S., Sturgis, P. and Clark, J.M. (2006), Investigating the factors influencing professional identity of first-year health and social care students. *Learning in Health and Social Care*, 5: 55-68.
- Boychenko, I. (2020). The influence of mentoring on the professional self-identity formation of a psychologist. *Problems of Psychology in the 21st Century*. 14. 93-101.
- Bullen, K. & Hughes, J. H. (2016, March 7). *Achieving representation in psychology. A BPS response*. The British Psychological Society. The Psychologist. Retrieved April 4, 2022, from <https://www.bps.org.uk/psychologist/achieving-representation-psychology>
- Ibarra, H. (1999). Provisional Selves: Experimenting with Image and Identity in Professional Adaptation. *Administrative Science Quarterly*, 44(4), 764–791.
- Larkin, M., & Thompson, A. R. (2012). Interpretative phenomenological analysis in mental health and psychotherapy research. *Qualitative research methods in mental health and psychotherapy*, 101-116.

	<p>Patel, N., & Fatimilehin, I. (2005, May). Racism and clinical psychology: Has anything changed. In <i>Clinical Psychology Forum</i> (Vol. 48, pp. 20-23).</p> <p>Smith, J.A., Flowers, P. and Larkin, M. (2009). <i>Interpretive phenomenological analysis: Theory, method, and research</i>. London: Sage.</p> <p>Stigler, J. W., Shweder, R. A., & Herdt, G. E. (1990). <i>Cultural psychology: Essays on comparative human development</i>. Cambridge University Press.</p> <p>Thibodaux, D. (1994). <i>Beyond political correctness: Are there limits to this lunacy?</i>. Huntington House Publishers.</p> <p>Verling, R. (2014). Exploring the Professional Identity of Counselling Psychologists: A mixed methods study. Retrieved from https://core.ac.uk/download/pdf/42606371.pdf</p>
B2	<p>Research Ethics</p> <p>Please outline any ethical issues that might arise from this study and how they are to be addressed.</p> <p><i>NB All research projects have ethical considerations. Please complete this section as fully as possible using the following pointers for guidance. Please include any additional information that you think would be helpful.</i></p> <ul style="list-style-type: none"> • Does the project involve potentially deceiving participants? Yes/No • Will you be requiring the disclosure of confidential or private information? Yes/No • Is the project likely to lead to the disclosure of illegal activity or incriminating information about participants? Yes/No • Does the project require a <u>Disclosure and Barring Service (DBS)</u> check for the researcher? Yes/No • Is the project likely to expose participants to distress of any nature? Yes/No • Will participants be rewarded for their involvement? Yes/No • Are there any potential conflicts of interest in this project? Yes/No • Are there any other potential concerns? Yes/No <p>If you answered yes to any of the points above, please explain.</p>

	<p>Will you be requiring the disclosure of confidential or private information?</p> <p>The nature of the study is to better understand the experiences of participants in relation to their professional identity. As identity is an innately personal phenomenon there is a high probability that participants will be disclosing information that would be considered confidential or private. In such instances, participants' confidentiality anonymity will be treated with utmost importance and through the following means:</p> <ul style="list-style-type: none"> • Pseudonyms will be used throughout the research to mitigate any identifying factors. • Interview recordings will be kept separate in separate files to transcripts created, as well being separate to any notes regarding interpretations made by the researcher. • All electronic data will be password protected. • Any physical data will be locked in a secure location. <p>Participants will be informed of these steps in the 'Participant Information Sheet' (see Appendix B) and the 'Consent Form' (see Appendix C).</p> <p>Participants will also be made aware of their right to withdraw from the study up to two weeks after the interview takes place.</p> <p>Is the project likely to expose participants to distress of any nature?</p> <p>As the research project will be discussing participants' personal experiences in relation to the development of, and existing, professional identity, there is the possibility that some of these experiences have negatively affected them. As such, the discussions generated may raise strong emotions that could expose the participants to a degree of distress. I have attempted to mitigate this risk by ensuring that participants who are eligible for participation are not currently considered to be experiencing low mood or anxiety (please see inclusion/exclusion criteria in 'Research Proposal Submission Form' below). In addition to this, I will follow a strict distress protocol (please see Appendix E) should any incidents arise of distress, as well as offering a comprehensive debrief (please see Appendix D).</p>			
B3	<p>Does the proposed research project involve:</p> <table border="1" data-bbox="411 1892 1303 2024"> <tr> <td data-bbox="411 1892 1157 2024">The analysis of existing data, artefacts or performances that are not already in the public domain (i.e. that are published, freely available or</td> <td data-bbox="1157 1892 1303 2024">Yes/No</td> </tr> </table>		The analysis of existing data, artefacts or performances that are not already in the public domain (i.e. that are published, freely available or	Yes/No
The analysis of existing data, artefacts or performances that are not already in the public domain (i.e. that are published, freely available or	Yes/No			

	available by subscription)?	
	The production and/or analysis of physical data (including computer code, physical entities and/or chemical materials) that might involve potential risks to humans, the researcher(s) or the University	Yes/No
	The direct or indirect collection of new data from humans (e.g. interviews, observations, photos, surveys)?	Yes/No
	The direct or indirect collection of new data from animals?	Yes/No
	Sharing of data with other organisations?	Yes/No
	Export of data outside the EU?	Yes/No
	If you answered yes to any of the points above, please explain below:	
	<p>The research data will be collected through the use of semi-structured interviews with humans. The interviews will be conducted either face-to-face or via video/telephone call. Should they be conducted face-to-face, they will take place in a quiet, secure and confidential space. The specific location of the interviews will be agreed with each participant individually and can include locations such as the clinic rooms of the practitioner, or another room regularly used for client work that I will hire on an hourly basis. Should the participant be unable to attend in person, they will be offered the opportunity to take part via a video conferencing call, using 'Zoom'. Zoom provides end-to-end encryption, ensuring that the participants' confidentiality is assured. In the event of video conferencing calls being used, the participant will be required to ensure they are in a quiet, secure and confidential space.</p>	
B4	<p>Will the proposed research be conducted in any country outside the UK? If so, are there independent research ethics regulations and procedures that either:</p> <ul style="list-style-type: none"> Do not recognise research ethics review approval from UK-based research ethics services? Yes/No and/or Require more detailed applications for research ethics review than would ordinarily be conducted by the University's Research Ethics Review Panels and/or other UK-based research ethics services? Yes/No 	

	<p>If you answered yes to any of the points above, please explain.</p>
B5	<p>Does the proposed research involve:</p> <ul style="list-style-type: none"> • The collection and/or analysis of body tissues or fluids from humans or animals? Yes/No • The administration of any drug, food substance, placebo or invasive procedure to humans or animals? Yes/No • Any participants lacking capacity (as defined by the UK Mental Capacity Act 2005)? Yes/No • Relationships with any external statutory-, voluntary-, or commercial-sector organisation(s) that require(s) research ethics approval to be obtained from an external research ethics committee or the UK National Research Ethics Service (this includes research involving staff, clients, premises, facilities and data from the UK National Health Service (NHS), Social Care organisations and some other statutory public bodies within the UK)? Yes/No <p>If you answered yes to any of the points above, please contact your school's RERP chair for further guidance.</p>
B6	<p>Does the proposed research involve:</p> <ul style="list-style-type: none"> • Accessing / storing information (including information on the web) which promotes extremism or terrorism? Yes/No • Accessing / storing information which is security sensitive (e.g. for which a security clearance is required)? Yes/No <p>If you answered yes to any of the points above, please explain. To comply with the law, researchers seeking to use information in these categories must have appropriate protocols in place for the secure access and storage of material. For further guidance, see the Universities UK publication Oversight of Security Sensitive Research Material in UK Universities (2021).</p>

Section C – The Project – Risks and Benefits

C1 Risk Assessment

Please outline:

- the risks posed by this project to both researcher and research participants
- if applicable, the risk involved in research abroad
- the ways in which you intend to mitigate these risks
- the benefits of this project to the applicant, participants and any others

Risks posed by this project to both the researcher and research participants

Participants, by virtue of being a part of an ethnic minority, may have experienced some form of prejudicial treatment, which may have caused emotional or physical trauma. Elliott Gibbs is a trainee counselling psychologist at London Metropolitan University and has experience in managing situations where distress occurs. There follows a three-step protocol detailing signs of distress that the researcher will look out for, as well as action to take at each stage.

As the researcher is also a Black Male who is studying on his Counselling Psychology doctorate, there may be similarities found in the content that participants bring to the interviews in the answers they provide. The researcher will ensure both to follow the risk protocols for himself as listed below as well as having adequate time before and after the interviews have taken place to reflect on the content that was discussed and debriefing with their supervisor on the subject matter should this have been considered distressing in any way.

Clients will not be included should they score above 9 on the PHQ-9 scale which Kroenke (2001) identified as showing a moderate level and above of depression and not above 9 on the GAD-7 scale which Lowe (2008) identified as a moderate level and above of anxiety. This will help to minimise the likelihood of participants experiencing distress during the interview and post-interview stages. Although this presents the difficult decision to exclude those that are experiencing high levels of low mood and anxiety, I believe that given the context in which the participants

will be interviewed, i.e., via video session or in a private clinical setting (as opposed to in-patient facilities), participants with these presentations increase the possibility for distress to a point that I do not believe would be ethically appropriate.

The ways in which I intend to mitigate these risks

1. Mild distress:

Signs to look out for:

- Tearfulness
- Voice becomes choked with emotion/ difficulty speaking
- Participant becomes distracted/ restless

Action to take:

- Ask participant if they are happy to continue
- Offer them time to pause and compose themselves
- Remind them they can stop at any time they wish if they become too distressed

2. Severe distress:

Signs to look out for:

- Uncontrolled crying/ wailing, inability to talk coherently
- Panic attack- e.g., hyperventilation, shaking, fear of impending heart attack
- Intrusive thoughts of the traumatic event- e.g., flashbacks

Action to take:

- The researcher will intervene to terminate the interview.
- The debrief will begin immediately
- Relaxation techniques will be suggested to regulate breathing/ reduce agitation
- The researcher will recognize participants' distress and reassure that their experiences are normal reactions to abnormal and distressing events.
- If any unresolved issues arise during the interview, accept, and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction
- Details of counselling/therapeutic services available will be offered to participants as listed in the 'Debriefing form'.

3. Extreme distress:

Signs to look out for:

- Severe agitation and possible verbal or physical aggression
- In very extreme cases- possible psychotic breakdown

where the participant relives the traumatic incident and begins to lose touch with reality

Action to take:

- Maintain safety of participant and researcher
- If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as their GP.
- If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
- If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency)

The benefits of this project to the applicant, participants and any others

Cultural diversity is a central tenet of Counselling Psychology (Martin, 2015). By better understanding the experiences of a marginalised section of the population, this research may help to uncover some of the issues that remain within the profession, allowing these issues to be more efficiently addressed and thereby encouraging future generations of culturally diverse counselling psychologists.

Furthermore, Boyd-Franklin (2003) has shown that improving diversity can be beneficial for therapy clients as they can often feel more comfortable with a same-race therapist, based on an assumed shared cultural understanding. This could lead to the suggestion that increasing the numbers of culturally diverse practitioners, may lead to a greater uptake of therapeutic services by clients from diverse cultural backgrounds.

In addition to this, The Division of Counselling Psychology of the British Psychological Society has specifically stated as a part of their vision, to be committed to "Inclusivity, equality and social justice" (BPS, 2022). Therefore, the research proposed is in keeping with the divisions outlook on the future of counselling psychology, as it aims to continue the conversation of diversity within the profession.

Please ensure that you have completed Sections A, B, and C and attached a Research Proposal before submitting to your School Research Ethics Review Panel (RERP)

Please sign this form and submit it as an email attachment to the Chair of your school's Research Ethics Review Panel (RERP) and cc all of the staff and students who will be involved in the proposed research.

You can find more information on [Research Ethics](#) on Student Zone
There are GDPR compliance guidelines here which should be read carefully.

Research ethics approval can be granted for a maximum of 4 years or for the duration of the proposed research, whichever is shorter, on the condition that:

- The researcher must inform their school's Research Ethics Review Panel (RERP) of any changes to the proposed research that may alter the answers given to the questions in this form or any related research ethics applications
- The researcher must apply for an extension to their ethics approval if the research project continues beyond 4 years.

Declaration


I confirm that I have read London Met's [Research Ethics Policy and Procedures](#) and [Code of Good Research Practice](#) and have consulted relevant guidance on ethics in research.

I confirm specifically that I have read and understood Appendix 1 Data Protection and Handling of the [Research Ethics Policy and Procedures](#).

I confirm that I will carry out risk assessment before embarking on my research and if any risks are identified I will submit a report to Health and Safety.

I confirm that, before doing research abroad, I will carry out risk assessment incl. observing [UK Government travel advice](#). I will

discuss any concerns with my supervisor and will submit any documentation that may be required.

Researcher signature:.....

Date: 07.01.2023

Feedback from Ethics Review Panel


<i>Date of First Reviews:</i>		
Reviewers ONLY		
	Approved	Feedback where further work required
Section A	x	No further work required
Section B		<p>B2 – Please state how long you are keeping their data for in this section. Add this information in the information and consent forms as well. Currently, this is ambiguous. For instance:</p> <p><u>Storing of data</u> Recordings and transcriptions will be password protected and stored separately on the university drive to increase the protection of the participants' anonymity. Physical copies of the transcripts and audio copies stored on the recording device will be destroyed once doctoral qualification and, if pursued, publication of the doctoral thesis has been granted, as per the guidance found within London Metropolitan University's Data Protection Policy (2018).</p> <p><u>Participant information sheet</u> This data will only be used within my doctoral research and will be destroyed once the research has been assessed.</p> <p>A specific date or timeline is preferable. Typically, 5 years is recommended, but you may want to state 5 years after thesis submission.</p> <p>Relatedly, you should also state how the data will be used (as anonymised quotes). For instance, in conference presentations, posters, publications such as journal articles and</p>

		<p>books, and policy recommendations. This information should be in the application, as well as the information and consent forms.</p> <p>B3 – “The direct or indirect collection of new data from humans (e.g. interviews, observations, photos, surveys)?” – This should be YES, as you are planning to conduct semi-structured interviews. As such, you must expand on this section.</p> <p>Please confirm approval of outside agencies when obtained with Deputy Chair of RERP</p>			
Section C	x				
Applicants Response <i>(Please highlight changes in the colour indicated for each version)</i>					
Version*:	2	3	4	5	Other:
Reviewer's comment	Response				Page on application
<p>B2 – Please state how long you are keeping their data for in this section. Add this information in the information and consent forms as well. Currently, this is ambiguous. For instance:</p> <p><u>Storing of data</u> Recordings and transcriptions will be password protected and stored separately on the university drive to increase the protection of the participants' anonymity. Physical</p>	<p>I have now updated these sections to indicate the length of time that I will be keeping participants information, i.e., for 5 years after my thesis has been submitted. This can be found under the 'Ethical Considerations' section on page 31; in the 'Participant Information Sheet' on page 38 and in the 'Consent Form' on page 40.</p> <p>I have also altered my 'Use of Data' section under the 'Ethical Considerations' on page 31 to better clarify how the participants' data might be used, and explicitly explained that any data used will be anonymised, should it be used within publication. This can also be found in the 'Participant Information Sheet' on page 38 and in the 'Consent Form' on page 40.</p>				<p>Page 31, 38 and 40</p>

<p>copies of the transcripts and audio copies stored on the recording device will be destroyed once doctoral qualification and, if pursued, publication of the doctoral thesis has been granted, as per the guidance found within London Metropolitan University's Data Protection Policy (2018).</p> <p><u>Participant information sheet</u> This data will only be used within my doctoral research and will be destroyed once the research has been assessed.</p> <p>A specific date or timeline is preferable. Typically, 5 years is recommended, but you may want to state 5 years after thesis submission.</p> <p>Relatedly, you should also state how the data will be used (as anonymised</p>		
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quotes). For instance, in conference presentations, posters, publications such as journal articles and books, and policy recommendations. This information should be in the application, as well as the information and consent forms.		
B3 – “The direct or indirect collection of new data from humans (e.g. interviews, observations, photos, surveys)?” – This should be YES, as you are planning to conduct semi-structured interviews. As such, you must expand on this section.	This has been changed to YES and the following explanation has been provided: “The research data will be collected through the use of semi-structured interviews with humans. The interviews will be conducted either face-to-face or via video/telephone call. Should they be conducted face-to-face, they will take place in a quiet, secure and confidential space. The specific location of the interviews will be agreed with each participant individually and can include locations such as the clinic rooms of the practitioner, or another room regularly used for client work that I will hire on an hourly basis. Should the participant be unable to attend in person, they will be offered the opportunity to take part via a video conferencing call, using ‘Zoom’. Zoom provides end-to-end encryption, ensuring that the participants’ confidentiality is assured. In the event of video conferencing calls being used, the participant will be required to ensure they are in a quiet, secure and confidential space.”	Page 9
Please confirm approval of outside agencies when obtained with	Approval of outside agencies will be provided to the Deputy Chair of RERP once Ethics has been approved, to ensure that I am able to provide these	

Deputy Chair of RERP	agencies with my participant information sheet, which they would be able to disseminate to their members.	

Date of approval	17May2023
<p>NB: The Researcher should be notified of the review outcome within <u>two</u> weeks of the submission of the application. If the outcome is re-submission of the application because of requests for further information or suggested adjustments of the project, a <u>further two</u> weeks from receipt of the re-submitted application applies, and so on. A copy should be sent to research@londonmet.ac.uk.</p>	
Signature of RERP chair	

London Metropolitan University Professional Doctorate in Counselling Psychology
Research Proposal Submission Form

Student no:	19004155
Supervisor:	Dr Catherine Athanasiadou-Lewis

1. Provide a preliminary, descriptive title for the proposed investigation (30 words or less):

Your title should accurately reflect the research question, aims, method and methodology

How do Black male counselling or clinical psychologists experience their professional identities: An Interpretative Phenomenological Analysis.

2. List the research question(s) and describe aims and objectives of the proposed research, thereby demonstrating its originality and contribution (approx. 800 words)

Clearly list the research question(s) and hypotheses/predictions (for quantitative studies) of the proposed research. Provide a succinct summary, based on a distillation of your literature review, of how existing theory, research, practice, and policy in the field points to the necessity and value of the proposed study, and thereby demonstrate how the proposed study will make a unique contribution to knowledge and professional practice (both to clients and practitioners) within counselling psychology.

The British Psychological Society (BPS) (2016) has stated that psychology as an industry is largely White and female. Patel and Fatimilehin (2005) have echoed this, finding that clinical psychologists are largely White, female, and middle-class. As Black males are distinctly underrepresented as counselling and clinical psychologists, there is a similar underrepresentation of their experiences of the profession within literature.

One element of this experience that I wish to highlight, is professional identity. Professional identity has been defined by different researchers (e.g. Ibarra, 1999; Adams et al., 2006) with a common theme being that it is related to the individual's attitudes, beliefs, values and knowledge within the context of a professional environment. Verling (2014) has concluded that "there is no single professional identity inherent within counselling psychology", rather, there are a multitude of identities which find basis in the individuals history and heritage which is in line with the humanistic underpinnings of counselling psychology.

Given the strong connection between the individual and their professional identity, it would be beneficial to maintain a consistent personal identity in order to maintain a consistent professional identity. However, research conducted by Thibodaux (1994) suggests that Black people often feel the need

to “code-switch”, i.e., to be cognizant of White people by monitoring their behaviour, and potentially altering it to be perceived as less threatening. Inferring from Thibodaux’s theory, Black males in the role of a counselling or clinical psychologist may not feel that their displayed professional identity is congruent with their true professional identity due to “code-switching”.

Stigler (1990) suggests that culture informs our self-concepts which, as mentioned, influences how we view our professional identity, whilst Boychenko (2020) expresses that professional identity has an influence on the individual’s identification with a group, based on shared knowledge. These theories help us to highlight that the formulation of one’s professional identity is informed by their cultural background, as well as the importance of this professional identity when it comes to feeling accepted by peers.

After reviewing the existing literature, there is a clear gap in the research to show how Black males that operate as clinical or counselling psychologists experience their professional identities. As Verling (2014) concluded, there is no single professional identity within counselling psychology and any identity is based on the individuals’ history and is informed by their culture (as Stigler (1990) explains). Therefore, given the dearth of research currently existing on Black males as counselling and clinical psychologists, there is still much to learn regarding how this specific group of people experience their professional identities, which is reflected in my research question below.

Research Question

How do Black male counselling or clinical psychologists experience their professional identities?

Aim of the research

To gain an improved sense of how Black male clinical or counselling psychologists experience the phenomenon of their professional identities, whilst considering the role that their gender and race may play in this identity.

Relevance to Counselling Psychology

Cultural diversity is a central tenet of Counselling Psychology (Martin, 2015). By better understanding the experiences of a marginalised section of the population, this research may help to uncover some of the issues that remain within the profession, allowing these issues to be more efficiently addressed and thereby encouraging future generations of culturally diverse counselling psychologists.

Furthermore, Boyd-Franklin (2003) has shown that improving diversity can be

beneficial for clients as they can often feel more comfortable with a same-race therapist, based on an assumed shared cultural understanding. This could lead to the suggestion that increasing the numbers of culturally diverse practitioners, may lead to a greater uptake of therapeutic services by clients from diverse cultural backgrounds.

In addition to this, The Division of Counselling Psychology of the BPS has specifically stated as a part of their vision, to be committed to “Inclusivity, equality and social justice” (BPS, 2022). Therefore, the research proposed is in keeping with the divisions outlook on the future of counselling psychology, as it aims to continue the conversation of diversity within the profession.

3. Describe and justify the chosen methodology and method (approx. 450 words)

Give a clear description of both the broad methodology and epistemology to be adopted (e.g. qualitative, quantitative, mixed, social constructionist vs. hypothetic-deductive) and the specific method(s) to be employed (e.g. IPA vs. Grounded Theory or regression vs. mediation analysis). Provide a clear rationale for the choice of methodology and method that a) demonstrates why it is best suited to the research question, b) explains how the chosen approach will help address particular short comings, challenges and needs in the existing knowledge base and c) shows adequate understanding of relevant epistemological issues.

Ontology & epistemology

As this research will heavily involve my interpretations, I will first explain my beliefs about the nature of reality (ontological stance), how I believe we are able to access that reality (epistemological stance) and how this may influence my interpretations. I subscribe to the ontological belief of being a critical realist, i.e., there are fundamental truths to reality that are independent of my perceptions and that these truths can only be understood based on my interpretations of what I observe and experience (Finlay, 2006).

As the purpose of this research is to interpret how my participants make sense of their idiographic experiences in relation to the phenomenon of professional identity, I consider my epistemological stance to be that of an interpretative phenomenologist (Willig 2013).

Rationale & description of methodology

My ontological and epistemological stance is in line with my proposed methodological approach, Interpretative Phenomenological Analysis (IPA) (Smith, 1996).

IPA is a qualitative approach and is best positioned to draw out and analyse participants’ accounts of their lived experiences and how they make sense of

these experiences (Willig, 2013). One way in which qualitative methodologies are effective in doing this, is by offering participants the space to provide detailed answers from open-ended questions.

As the aim of this research is to provide detailed analyses of a particular phenomenon (professional identity) IPA is the most appropriate methodological approach.

The pillars of IPA are phenomenology, hermeneutics, and idiography, which I will explain briefly.

Phenomenology

Being phenomenological in nature will ensure that the focus of the research remains on the first person lived experience of the individual participants and how participants make sense of these experiences (Larkin & Thompson, 2012), as opposed to relying on existing theories to explain the participants' experience.

Hermeneutics

IPA adopts the use of double hermeneutics, i.e., it will be my interpretations of the participants' experiences that will be recorded and used for analysis, with the participants' account of their experiences recorded as raw data to back up my interpretations. Without my interpretations, the phenomena/experience may not be seen or related to existing literature (Smith et al., 2009).

Idiography

As IPA is idiographic in nature, I will be able to place equal value on each participant's account of their experience of their professional identity because they will be treated equally in isolation.

Alternative discounted methodologies

Grounded Theory (GT) (Glaser & Strauss, 1967)

Although there are similarities in analysis of GT and IPA, there are also distinct differences causing IPA to be more appropriate for this piece of research. There is a limited amount of knowledge around the phenomenon of professional identity within the Black male counselling and clinical psychologist population. As the goal of this study is to understand the lived experience of the particular phenomenon of professional identity and not "...develop an explanatory theory of basic social processes..." and analyse

how these elements interact with one another (Starks & Brown, 2008, p. 1374), which is what GT would be helpful in achieving, IPA is the more appropriate methodology to choose.

Narrative Analysis (NA)

Narrative analysis aims to use the chronological stories that participants would tell relating to their experiences (Creswell, 2014). This would be appropriate for the study if the goal was to understand how professional identity in participants is developed as a result of past experiences. However, as I am interested in the current lived experience of participants and how they experience their existing professional identity, IPA is the most proficient methodology for this.

Discourse Analysis (DA)

Although DA would be valuable in assisting with a greater understanding of the linguistic elements of the interviews with my participants, it's focus remains on the language being used. The narrative that the participants will create will have some importance to understanding how their idiographic experiences are constructed (Starks & Brown, 2007), however, my focus is the participants existing professional identity and not how it is constructed.

4. Describe your participants and recruitment strategy (approx. 450 words)

Define and justify the intended participant group, size, and sampling strategy. Detail and explain the rationale for inclusion and exclusion criteria, based on the research question, the research method and ethics. For quantitative studies, show your power calculation to establish the required sample size. Describe where you will recruit from, and how. Where recruitment will involve an external organization, describe the steps you have taken to explore this possibility. Identify what the potential challenges to recruitment might be (including non-availability of your preferred sample) and how you will overcome any such challenges.

Inclusion/exclusion criteria of the participant group

The purpose of each criteria is to ensure participants sampled will be kept homogenous, which is in line with IPA's criteria for participants (Smith, 1996). As the aim of the research is to gain an improved sense of how a gender, race and profession specific participant group experiences a specific phenomenon the exclusion and inclusion criteria must be upheld throughout recruitment. This is supported by Creswell (2013) who stated that "It is essential that all participants have [similar lived] experience of the phenomenon being studied" (p. 155).

The following four points make up the inclusion/exclusion criteria.

1. Those who identify as being male, as the research is looking at this underrepresented group within the field.
2. Those who identify as being of Black Caribbean, Black African, Black British, or any other Black background. This will include those who are of mixed or multiple ethnic groups, i.e., those who are White and Black Caribbean, White and Black African, or any other Black Mixed or Black multiple ethnic background. This is in line with the definitions of ethnic groups identified in the UK by the Office for National Statistics (ONS) (2022). Once again, this is due to the research looking at this underrepresented group within the field.
3. Participants must be qualified and operating under the protected titles of counselling and/or clinical psychologist, as recognised as practitioner psychologists by the Health and Care Professions Council (HCPC, 2018). Counselling and clinical psychologists were selected due to their similarities in post-qualification work opportunities and predominant use of psychotherapeutic interventions.
4. Participants will not be included should they score above 9 on the PHQ-9 scale which Kroenke (2001) identified as showing a moderate and above level of depression and not above 9 on the GAD-7 scale which Lowe (2008) identified as a moderate level and above of anxiety. This will help to minimise the likelihood of participants experiencing distress during the interview and post-interview stages.

Participant size

Smith et al. (2009), suggests for IPA studies to use between three and six participants. This is supported by Clarke's (2010) suggestion for doctorate students to include between four and ten participants. Consequently, I will aim to recruit six participants. This is in line with both Smith and Clarke's guidance and will ensure I have sufficient data to conduct meaningful analysis.

Sampling strategy

Purposeful sampling

As a part of this strategy, I have researched relevant professional organisations that I will contact when recruiting participants, these include the Association of Black Psychologists (ABPsi) and The Black and Minority Ethnic in

Psychiatry & Psychology Network (BiPP Network). When contacting them, I will provide them with a participant information sheet (see Appendix B) detailing the purpose of the study.

I have included organisations with a distinct interest in Black Psychology in order to advertise effectively to the target audience. Although this strategy presents the potential for participant bias, as Creswell and Plano Clark (2011) explain, it is important that participants included in the interview process are knowledgeable or experienced with the phenomenon in question. Furthermore, this bias will be counteracted due to open-ended, non-leading questions being asked, meaning participants will not be able to simply agree or disagree with the questions posed.

Opportunity sampling

Should I find it challenging to recruit participants through purposeful sampling, I will also consider opportunity sampling through the use of the social media platform, 'LinkedIn'. This form of sampling could be beneficial as I will be able to approach individuals directly, who I can see meet some of the inclusion/exclusion criteria. However, this strategy increases the amount of researcher bias as I will be selecting potential candidates based on their profiles.

5. Research instruments, measurements, data collection and materials (approx. 350 words)

Describe and justify the method of data collection (e.g., semi-structured interview; questionnaire; focus group) and append a draft of your proposed materials (e.g., interview schedule, survey questions, experimental procedure).and provide evidence of supporting references to inform materials development

My method of data collection will be one-to-one semi-structured interviews containing questions to guide the course of the interview. This interview schedule (see Appendix A) will not be used prescriptively, but rather as a 'prompt sheet' containing themes to discuss with the participant (Biggerstaff, & Thompson, 2008). Semi-structured interviews have been shown to be an effective tool in data collection. They allow the researcher to collect information-rich, open-ended, qualitative data that allows the participants to explore their thoughts and emotions surrounding the topic, often meaning that they consider their thoughts and emotions more deeply than they have previously (DeJonckheere & Vaughn, 2019).

Throughout the interviews, it will be important for me to actively listen, allow moments of silence for reflection and give ample time and space for questions

to be answered, as well as leaving space to discuss any issues that may come up for the participant. In addition to this, as semi-structured interviews and their outcomes are dependent on the relationship between the participant and the interviewer, I will begin with warm-up questions, this will allow me to build rapport with the participant, helping to put them at ease, meaning they will be in a more relaxed state when answering questions, thereby providing more information-rich answers (Pietkiewicz & Smith, 2012).

Although IPA requires interpretation from the researcher, it will be vitally important for me to ‘bracket’ (Husserl, 1931) any thoughts, feelings, or beliefs I may have surrounding the topic or the questions. This will allow the participants to express themselves more fully and “make their claims on their own terms” (Smith, et al., 2009, p. 42).

As has been described by Smith et al. (2009), qualitative research interviews should be considered an interview with a purpose. This purpose is one that is both in line with the research question, but also one which allows the participants to effectively explore their thoughts, emotions, and beliefs around the topic. It is an opportunity for the conversation to result in deeply considered data that is idiographic in nature given the asynchronous experiences and personalities of all participants. Therefore, each participant and piece of data acquired should be treated with the same level of reverence.

6. Data synthesis, analysis and interpretation (approx. 450 words)

Describe and explain your analytic strategy for your data, demonstrating your understanding of the proposed method.

The process of data analysis and interpretation within an IPA study has been clearly described by Smith et al. (2009). However, this is not a prescribed methodology, and as Larkin and Thompson (2012) have expressed, the researcher should remain “innovative” during this process. The analytical steps that Larkin and Thompson have suggested (based on Smith et al.’s description) are what I intend to use for my analysis and interpretation, whilst attempting to innovate if I believe it will allow me to gain a deeper sense of the experiences of the participants.

The step-by-step analysis covering both descriptive and interpretative acts is as follows:

1. Transcriptions will be created from the audio recordings of the interviews. These transcriptions will be on lined paper and each line will be assigned a line number to easily refer to during analysis and interpretation.

2. I will read through the transcriptions multiple times as well as listening and relistening to the audio recordings of the interviews. During this time, I will consider how I am relating to the content emotionally and any potential preconceived themes I find myself making. This will help me to bracket any thoughts, feelings or beliefs I have during the following stages.
3. In the right-hand margin I will begin by identifying and writing down poignant statements and ideas shared by the participant, in the process Larkin and Thompson (2012) describe as ‘phenomenological coding’. I will be as detailed as possible during this process, approaching the transcripts line-by-line.
4. In the left-hand margin I will begin writing down any interpretations I have drawn from the transcript. These will be derived from the statements and ideas made by the participant. During this stage, if there is an emergence of subthemes, I will also note these down within the left-hand margin.
5. Next, I will begin to cluster the subthemes that I have identified and that show consistency with one another.
6. I will then repeat this process for each participant. This will help to ensure that the analysis and interpretation is in line with the idiographic nature of IPA, as each participants’ reported experience will hold equal value.
7. The final stage will be to create a table of master themes. These will be generated from the subthemes clustered in stage 5. I will share my step-by-step analysis with my supervisor prior to the generation of the final themes. This will help me to verify that I have captured the “core essence” of what has been expressed by my participants.

7. Ethical considerations (approx. 450 words)

Describe how you will gain informed consent, protect confidentiality, ensure data security (storage and disposal), provide debriefing, and offer follow-up contact or support. With reference to the School of Psychology and BPS ethical guidance, give your assessment of the sensitivity of the research topic and the vulnerability of the participants, and in either case, how you will minimise and manage participant discomfort and distress. If the research involves external organisations, describe how you will gain (or have gained) their consent to access data or participants (append any written evidence of this).

Within this section, I will outline each ethical dilemma and how I aim to

counteract this in line with London Metropolitan's Policy on Research Integrity (2021) the BPS Code of Human Research Ethics (Oates et al., 2021) and the Health and Care Professions Council's (2012) code of professional conduct. I hope to identify as many potential ethical concerns before commencing my research to ensure the safety and security of my participants.

Informed consent, confidentiality & right to withdraw

A participant information sheet (see Appendix B) will be provided to all participants. The information sheet explains the purpose of the study and what participation will involve. This will allow participants to provide informed consent should they wish to take part in the research.

To take part in the research participants will need to read and sign a consent form (see Appendix C) prior to the interview taking place. This will mean they understand what the research will involve, how confidentiality will be maintained and how their anonymity will be protected, for example through the assignment of a pseudonym. The consent form also includes their right to terminate the interview at any point and their right to withdraw their data from the study up to two weeks after the interview takes place.

Location of interviews

The interviews will take place in a quiet, secure and confidential space. The specific location of the interviews will be agreed with each participant individually and can include locations such as the clinic rooms of the practitioner, or another room regularly used for client work that I will hire on an hourly basis. Should the participant be unable to attend in person, they will be offered the opportunity to take part via a video conferencing call, using 'Zoom'. Zoom provides end-to-end encryption, ensuring that the participants' confidentiality is assured.

Recording of interviews

An audio recording device will be used to record the interviews. The data from this will be uploaded to a secure, password protected file on the university drive. Should the participant and researcher meet online using 'Zoom', a separate audio recording device will be used, as opposed to the native 'Zoom' recording options before being uploaded to the university drive. This will ensure all data is not accessed by any third party software, as the recording device will not have internet connectivity.

Storing of data

Recordings and transcriptions will be password protected and stored separately on the university drive to increase the protection of the participants' anonymity. Physical copies of the transcripts and audio copies stored on the

recording device will be destroyed 5 years after my thesis has been submitted, as per the guidance found within London Metropolitan University's Data Protection Policy (2018).

Use of data

Data collected from the participants may be presented within publications, such as journal articles and books, conference presentations and policy recommendations. Should this be the case, any information, such as quotes from participants will be strictly confidential and anonymised to prevent any identifying features.

Debrief protocol

Participants will be encouraged to discuss the rationale and research questions with the researcher. They will also be informed of their right to request a final copy of the research once it has been completed.

Should participants feel that they have any concerns or require emotional support in relation to the interview they will be provided the contact details of the research supervisor, which can be found on the Debriefing Form (Appendix D) which will be given to all participants.

Distress protocol

To ensure the safety of participants, I have created a Distress Protocol (Appendix E). As the content that will be raised is of a personal nature and I will be asking participants to revisit their experiences, this may cause participants to relive distressing experiences. The distress protocol outlines the signs that I should be looking out for from the participants and the steps to take if distress is being experienced.

8. Draft timetable (word count not included)

Give a timetable for the completion of the research that covers the key research stages (e.g., literature review and proposal, materials development, university and external ethical clearance, recruitment, data collection, analysis, writing up, draft submission to supervisor, further revisions, final submission), appears realistic and ends with final submission sometime between June and September 2015.

Activity	Estimated completion date
Literature review	6 June, 2022
Research proposal	26 August, 2022
Materials development	26 August, 2022
University and ethical clearance	December 2022
Participant recruitment	February 2023
Interviews	April 2023
Analysis	September 2023
Writing up	December 2023
Draft submission to supervisor	March 2024
Further revisions	May 2024
Final submission	July 2024

9. Researcher development programme (word count not included)

Research students at London Met are encouraged and expected, in conjunction with their supervisory team, to develop their personal, professional and research competencies, skills, and knowledge throughout the research process, using resources from the London Met Researcher Development Programme and other sources. Give an indication of any of following activities and resources that you have accessed already or plan to engage with:

a) sessions of the London Met Researcher Development Programme

b) on-line courses:

- Introduction to Phenomenology and its Application in Qualitative Research – The Open University (Future Learn)
- Research Methods: A Practical Guide to Peer and Community Research – King's College London (Future Learn)

c) taught master's modules

- Module PY7PB4 – 'Research Project and Critical Skills' - London Metropolitan University, 2021-22
- Module PY7164 – 'Advanced Research Design and Analysis for Psychology' – London Metropolitan University, 2021-22

d) attendance at relevant conferences (as delegate or presenter)

e) Dissemination via journal articles, posters, presentations, etc.

f) attendance at research groups, communities, or networks relevant to your topic or method

- Attending the Annual Convention of the Association of Black Psychologists, July 19-23, 2023

g) other areas where you plan to develop your research competence

- Using the division of British Psychological Society's learning tools:
 - Inclusion webinar series: Decolonising the curriculum
 - Inclusion webinar series: Exploring barriers to men talking about their mental health
 - Inclusion webinar series: Talking about class in psychology
- Watching SAGE Publications video on "How to Get Published in an Academic Journal".

Please note: Word counts for each subsection are for guidance and need not be followed rigidly. However, note that to pass, your proposal overall (excluding sections 8 and 9 as indicated) must be 3000 words \pm 10%. Submissions less than 2700 words and greater than 3300 will be subject to a marking penalty which could result in a fail.

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Appendices

Appendix A

Interview Schedule - Questions & Prompts

Introduction

Within this interview I will be asking you a series of semi-structured questions with the intent of better understanding how you experience your professional identity as a clinical/counselling psychologist within the context of identifying as a black male. Although there are specific questions I have written down, due to the semi-structured nature of the interview, I may not ask all of the questions due to the possibility of answers being given within our conversation together. The interview will last 1 hour.

Before we begin do you have any questions?

Questions

General

8. What is your experience of being a clinical/counselling psychologist since qualifying so far?

Prompt

- a. How does it feel to be considered/referred to as a clinical/counselling psychologist?

Identity

9. What drew you to choose to become a clinical/counselling psychologist?

Prompt

- b. How do you feel your experiences influenced your desire to pursue a career in clinical/counselling psychology? Can you give any examples of these experiences?

Prompt

10. How do you feel the context in which your professional identity has developed has contributed to your existing professional identity?

Prompts

- a. Are there any external influences that have contributed to the construction of your professional identity, if so, how?
 - i. For example, training courses, the country where they trained and the services they trained in.
 - b. Have the services that you have worked in influenced the development of your existing professional identity, if so, how?
11. How do you feel your perceived professional identity impacts your work with clients/patients?

Prompt

- a. Are there any ways in which you sense that it impacts it positively?
- b. Are there any ways in which you sense that it impacts it negatively?

Race

12. How do you sense your race influences your experience of being a clinical/counselling psychologist?

Prompts:

- a. How do you sense your race impacts your client work?
- b. How do you sense your race impacts your professional relationships, e.g., with colleagues?

Gender

13. How do you sense your gender influences your experience of being a clinical/counselling psychologist?

Prompts:

- a. How do you sense your gender impacts your client work?
- b. How do you sense your gender impacts your professional relationships, e.g., with colleagues?

Other

14. Is there anything you feel that we have not covered in relation to the topic that you would like to add?

Prompts:

- c. Any questions for me?
- d. How have you found the interview?

Appendix B

Participant Information Sheet

To whom it may concern,

I am a trainee counselling psychologist at London Metropolitan University; I am contacting you to offer you the opportunity of participating in my doctoral research on 'How do Black male counselling or clinical psychologists experience their professional identities: An Interpretative Phenomenological Analysis'.

The issue that we are currently facing is that Black men are underrepresented as clinical and counselling psychologists. As such, there is a dearth of research considering the Black males experiences of the industry. One's professional identity is closely linked with how one personally identifies, with strong links made between an individual's attitudes, beliefs, values and knowledge and their professional environment. Although this is just one aspect of experience, it is important that we begin to grow our foundational knowledge of Black males as counselling and clinical psychologists to improve counselling psychology's diversity.

Improving diversity in the practitioner group has links to improving diversity in the clients that engage with therapeutic services. This means that a greater proportion of the population may access mental health services who truly need them.

Your involvement will include a 60-minute interview, which will be audio recorded where we will be discussing your experiences as a counselling/clinical psychologist. This data will only be used within my doctoral research and will be destroyed 5 years after my thesis has been submitted.

You will have the right to withdraw from the research at any point up until the time your data has been aggregated into the research (two weeks after the interview takes place).

Your data will be held in line with the Data Protection Act (2018) and upon inclusion in the research it will be anonymised so that you would not be identifiable.

There is the chance that the data collected from the participants will be presented within publications, such as journal articles and books, conference presentations and policy recommendations. Please note that should this be the case, any information, such as quotes from participants will be strictly confidential and anonymised to prevent any identifying features.

Inclusion/Exclusion Criteria

Given the research is being conducted based on Black male clinical/counselling psychologists, your professional title must be either, 'clinical psychologist' or 'counselling psychologist'.

In addition to this, you must identify as a Black male, which includes the following categories:

- Black British

- African American
- African
- Caribbean
- Any other Black background
- Mixed Origins, e.g., Black/White Caribbean, Black/White African or any other Black Mixed or Black multiple ethnic background.

Debrief Protocol

Upon completion of the interview process, you will be offered the opportunity to debrief with the interviewer, where you will be welcomed to discuss any feelings that you experienced throughout the interview. You will also be provided with a copy of the completed research when this time arises.

If you have any questions at all, please do not hesitate to contact me on 07950658544 or eog0012@my.londonmet.ac.uk. Thank you very much for considering to be a participant in my research, I hope to hear from you soon.

Yours sincerely,
Elliott Gibbs

Appendix C

Consent form

Title of research: How do Black male counselling or clinical psychologists experience their professional identities: An Interpretative Phenomenological Analysis.

Description of procedure: In this research you will be asked a number of questions within a semi-structured interview regarding your experience of being a Black male counselling or clinical psychologist whilst being audio recorded.

- I understand the procedures to be used.
- I understand I am free to withdraw at any time during the interview without question as well as up to two weeks post-interview. After this date, all data will be aggregated and I will not be able to withdraw my data.
- I understand that participation in this study is anonymous. My name will not be used in connection with the results in any way and all information that may otherwise identify me will be changed prior to transcription. There are limits to confidentiality, however, confidentiality will be breached if any information is disclosed that indicates a risk to safety.
- I understand that the results of the study will be accessible to others when completed and that excerpts from my interview (minus explicit identifying information) may be used within the study.
- I understand that I may find this interview upsetting and that it may evoke a number of difficult and distressing feelings for me. I will be offered support and the opportunity to discuss these feelings at length post interview with the researcher. The researcher will also give information on further support available if required.
- I understand that I have the right to obtain information about the findings of the study and details of how to obtain this information will be given in the debriefing form.
- I understand that the data will be destroyed 5 years after my thesis has been submitted.
- I understand that there is the chance that the data collected from me may be presented within professional publications, such as journal articles and books, relevant conference presentations and policy recommendations. Should this be the case, I understand that any information, such as quotes, will be strictly confidential and anonymised to prevent any identifying features.

Signature of participant:.....
researcher:.....
Print name:.....
name:.....
Date:

Signature of
Print
Date:

Appendix D

Debriefing form

Thank you for taking part in my research study. This is part of a professional doctorate thesis that I am conducting. If you are interested in the results of the study, have any questions about this study, or if you wish to withdraw, please contact me on the following email addresses: eog0012@my.londonmet.ac.uk. Emails will be checked regularly.

Please remember that if you wish to withdraw your data from this study it should be done two weeks after your interview date, as it may not be possible at a later stage.

Equally, if you have any questions or concerns you are more than welcome to address them now. If you have any complaints regarding any aspect of the way you have been treated during the study, please contact my research supervisor Dr Catherine Athanasiadou-Lewis on: c.athanasiadoulewis@londonmet.ac.uk. If participation has raised any concerns or issues that you wish to discuss further, a number of agencies can provide advice and support in confidence:

- NHS Direct: <http://www.nhsdirect.nhs.uk/>
 - Operate 24/7 and should be able to provide details of local crisis support services or advise on accessing local A&E
 - Tel: 0845 4647
- Samaritans: <http://www.samaritans.org/>
 - 24-hour emotional support line
 - Tel: 08457 90 90 90
- Saneline: <http://www.sane.org.uk>
 - Emotional support line for people in mental distress
 - Tel: 0845 767 8000 opening hours: 6pm-11pm everyday
- No Panic: <http://www.nopanic.org.uk/>
 - Helpline for people with anxiety disorders. Also has telephone recovery group for members
 - Tel: 0800 138 8889 opening hours: 10am-10pm everyday
- Anxiety Alliance: <http://www.anxietyalliance.org.uk/>
 - Helpline for people with anxiety disorders
 - Tel: 0845 296 7877 opening hours: 10am-10pm everyday
- Maytree: <http://www.maytree.org.uk/>
 - London based respite centre that provides short-term respite to people who are suicidal. People can ring them directly to discuss arranging a stay. Can only stay there once.
 - Tel: 0207 263 7070
- In an emergency, always call the police on 999

Appendix E

Distress Protocol

Protocol to follow if participants become distressed during participation:

This protocol has been devised to deal with the possibility that some participants may become distressed and/or agitated during their involvement in the present research study on, 'How do Black male counselling or clinical psychologists experience their professional identities: An Interpretative Phenomenological Analysis'.

Such participants, by virtue of being a part of an ethnic minority, may have experienced some form of prejudicial treatment, which may have caused emotional or physical trauma. Elliott Gibbs is a trainee counselling psychologist at London Metropolitan University and has experience in managing situations where distress occurs. There follows below a three-step protocol detailing signs of distress that the researcher will look out for, as well as action to take at each stage.

Mild distress:

Signs to look out for:

- Tearfulness
- Voice becomes choked with emotion/ difficulty speaking
- Participant becomes distracted/ restless

Action to take:

- Ask participant if they are happy to continue
- Offer them time to pause and compose themselves
- Remind them they can stop at any time they wish if they become too distressed

Severe distress:

Signs to look out for:

- Uncontrolled crying/ wailing, inability to talk coherently
- Panic attack- e.g., hyperventilation, shaking, fear of impending heart attack
- Intrusive thoughts of the traumatic event- e.g., flashbacks

Action to take:

- The researcher will intervene to terminate the interview.
- The debrief will begin immediately
- Relaxation techniques will be suggested to regulate breathing/ reduce agitation
- The researcher will recognize participants' distress and reassure that their experiences are normal reactions to abnormal and distressing events.
- If any unresolved issues arise during the interview, accept, and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction
- Details of counselling/therapeutic services available will be offered to participants as listed in the 'Debriefing form'.

Extreme distress:

Signs to look out for:

- Severe agitation and possible verbal or physical aggression
- In very extreme cases- possible psychotic breakdown where the participant relives the traumatic incident and begins to lose touch with reality

Action to take:

- Maintain safety of participant and researcher
- If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as their GP.
- If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
- If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency)

Appendix I

Journal Article

Proposed Journal – ‘Journal of Clinical Psychology’

Abstract

Objectives

The aim of this study was to gain an improved sense of how black male clinical or counselling psychologists experience the phenomenon of their professional identities while considering the role that their gender and race may play in this identity.

Method & Design

A qualitative methodology of Interpretative Phenomenological Analysis (IPA) was used to capture the participants’ experiences of their professional identities in the context of their gender and race. Six participants who identified as being male, of black heritage, and HCPC registered counselling or clinical psychologists were recruited before being interviewed via semi-structured interviews. This data was subsequently analysed and discussed in the context of existing literature.

Results

Three superordinate themes were developed: (1) Lack of belonging to the profession; (2) Personal identity informs professional identity; (3) Representing my community.

Conclusion

These findings help us better understand how race and gender may influence how black male practitioner psychologists experience their professional identities. Further, the hope is this research can perhaps become a base to encourage further research surrounding black male practitioner psychologists. Perhaps then any negative conditions identified could begin to be addressed, which may encourage growth in their numbers, which in part will assist in engaging black people in mental health services, such as psychological therapy.

Background/Introduction

Professional identity has been defined by different researchers (e.g., Ibarra, 1999; Adams et al., 2006; Fitzgerald, 2020) with a common theme being that it is related to the individual’s attitudes, beliefs, values and knowledge within the context of a professional environment. However, it remains a complex concept with research suggesting that there is no single professional identity (Verling, 2014). Alternative research focuses on the impact that one’s social identity can have on informing one’s individual identity and, thus, professional identities, such as Social Identity Theory (Tajfel & Turner, 1979), Social Learning Theory (SLT) (Bandura, 1977), and Social Cognitive Career Theory (SCCT)

(Lent et al., 1994). Within such research, the positive impact of having role models who are similar to the individual is explored, termed the “similarity hypothesis” (Bandura, 1977) but also how one’s social and cultural development as children can inform their ability to pursue their chosen careers via mediating factors, such as levels of self-efficacy.

The British Psychological Society (BPS) (2016) has stated that psychology as a industry is largely white and female. This view is supported by Patel and Fatimilehin (2005) who explain that clinical psychologists are largely white, female, and middle-class. As such, the experiences of black male practitioner psychologists are underrepresented in research.

The characteristics of gender and race have often been found to impact experiences in the workplace, with black people at times feeling subjected to stereotype threat (Steele, 1997) and an increased probability of experiencing discrimination from their colleagues (Pendleton, 2017). In the face of such threats, methods are adopted to counter them, such as “displaying” and “distancing” as proposed by Van Laar et al., (2019) in the hope they will be accepted by their white colleagues. This is where black people will assimilate with their white colleagues in their characteristics, such as the way they talk, which in turn means that they reduce the amount they exhibit characteristics associated with their negatively stereotyped ethnic group (e.g., McNeil, 2010; Avery, 2008).

The relationship between black people and mental health services is lined with distrust, as such, there is a reported difficulty to engage black people in mental health services (e.g., Stevenson et al., 2021; Beasley, Miller & Cokley, 2015). However, the need to engage black people in mental health services is apparent with the third largest cause of death (up to the age of 19) and the fourth largest cause of death (between 20-44) being suicide. This is then compounded by the notion that evidence-based treatments have not been researched with black people in mind, therefore, findings show that these interventions are not as effective for them due to them not being culturally appropriate (Naz et al., 2019).

However, research has also demonstrated the positive impact of increasing the number of black men as counsellors, in terms of engagement. It is suggested that this is due to them being able to provide culturally appropriate clinical work, reduce mental health stigma (Wade, 2006; Whaley, 2001) and have a better understanding of the clients’ difficulties based on a shared cultural background (Thompson et al., 2004). Specifically, Stevenson et al. (2021), found that by manipulating the environment to one in which black men and boys felt comfortable to share (i.e., a barbershop), they were able to see positive outcomes. Although research recognises that increasing the number of black males in counselling positions could be beneficial to black clients, therein lies an extensive task. As shown by the BPS’s (2016) reported memberships, under a quarter of psychologists are male (~23%) and from those that provided their details, ~1.7% are black. However, before

considering this task, it is important to understand the status quo of existing black male psychologists and what their experiences are. One aspect of this experience to consider is their professional identities, which will help us to better understand what has led them to becoming psychologists and how they experience the profession, positively and negatively.

A qualitative approach was used due to it being best positioned to draw out and analyse participants' accounts of their lived experiences and how they make sense of these experiences (Willig, 2013). One way in which qualitative methodologies are effective in doing this, is by offering participants the space to provide detailed answers from open-ended questions. Thus, using semi-structured interviews via a qualitative approach, as opposed to a quantitative approach provided me with the best opportunity to identify and analyse any instances of how my participants experience their professional identity as a phenomenon in the context where their race and gender are considered.

Method

Participants

Six participants were included as interviewees, as is in line with typical IPA studies to ensure that the data collected is rich and can allow in-depth analysis to be conducted into each participant's account of their experience (Smith et al., 2009; Clarke, 2010). Inclusion criteria for the participants were set to maintain a homogenous sample (Smith et al., 2009); participants had to identify as male, be of a black ethnic background; and be HCPC registered counselling or clinical psychologists as the professions are deemed similar in work opportunities and interventions utilised (The American Psychological Association Research Office, 2003). Further, participants would not be included if they scored above nine on the PHQ-9 scale or above nine on the GAD-7 scale to help minimise the likelihood of distress being experienced during and after the interviews.

Design and Data Collection

Relevant professional organisations, such as the Association of Black Psychologists (ABPsi), were contacted to recruit participants; however, no participants responded. As such, opportunity sampling was used to recruit participants from the social media platform, LinkedIn. Participant responses were collected via semi-structured interviews using an interview schedule containing open-ended questions. This allowed clients to speak freely but also maintain focus on the topic (Smith et al., 2009).

Procedure and Analysis

An information sheet was distributed to participants, who provided informed consent to participate in the research. Interviews were conducted online via 'Microsoft Teams'; a separate audio recording device was used to capture the interviews, to allow transcription and analysis (Smith et al., 2009). Each transcription was analysed separately, in line with the idiographic nature of

IPA (Smith et al., 2009). Transcriptions were typed and assigned a line number to quickly refer to them before being read multiple times. The audio was listened to multiple times, during which any potential preconceived codes and themes were noted. These initial codes and themes were continually developed, capturing the essence of the participants' lived experience, before final subthemes were arrived at. These subthemes were collated before final superordinate themes were derived from them (see Table 1).

Results

Table 1. Superordinate and subthemes

Superordinate Themes	Subthemes
Lack of belonging to the profession	Not having a role model for people that look like me
	Clinical vs counselling psychology
	Being different to others and how to ameliorate the effects of this difference
Personal identity informs professional identity	Childhood development set me on the path
	How race intersects with gender to impact professional experiences
	Personal progression aligns with professional progression
Representing my community	The importance of being authentic
	Being a good enough black representative
	Meeting the needs of my community

Lack of belonging to the profession

Participants experienced a sense of being separate from their profession in terms of their gender and their race. They felt as though they did not have similar role models to them to look up to when they were developing as practitioners and that their race and gender caused them to feel different to their colleagues and clients, often not being seen as psychologists and evoking a sense of having to be careful as though under threat, therefore, participants, take steps to reduce this threat. Finally, this theme encapsulates the sense of the difference between counselling and clinical psychologists' experiences, as reported by counselling psychologists.

Not having a role model for people that look like me

Without an appropriate role model to look up to, participants came across the psychological industry by happenstance generally by some external influence. This is shown in Kyle referencing his sibling and suggesting a career path. Kyle's comments also show the influence of cultural role models that existed

for participants, such as his parents in determining what his career route looked like:

“...I'm basically not someone who's always wanted to become a clinical psychologist...I sort of fell into it...I was interested in being being a medic. And that's partly not because I necessarily wanted to be a medic, but I bought into and was living the story of the three options you have for a career you know with, you know from West African parents, doctor, lawyer, engineer...So I bought into that and that was my aspiration.” (Kyle; clinical psychologist; 436-446)

The effects of not having a role model continued once they were qualified. They found it difficult to understand how to present themselves, as they did not have any existing model of a black male practitioner psychologist to model from. In this stead, they would turn to other professions where they found representation of their race and gender, as Stanley explains in reference to psychiatrists.

“When I thought about psychologists, I didn't see many psychologists who looked like me...I saw a lot of ethnic minority psychiatrists...when I think about how I practise how I presented myself, how I I sort of carried myself. I sort of modelled myself on on the medics on the because those were kind of my reference point...I was unsure of how I was supposed to present myself as a black male psychologist...when I looked around me, the teams...I saw mainly mainly Caucasian ladies...” (Stanley; counselling psychologist; 96-125)

As qualified practitioners, participants filled this space and became role models for future generations. Particularly in their community, participants found themselves becoming a resource to provide direction in navigating the psychology industry. However, this further solidified the feeling that they went without during their development, as described by Richard below.

“... now that I was qualified, I was getting every Tom, Dick, and Harry asking me if I could kind of have a conversation with their daughter or their or their niece or or their son about, “They wanna be a psychologist. Can you help them?...and I was like, “Look at that, this is how people, some people, know how to navigate the system”, but I was literally in the dark...” (Richard; counselling psychologist; 444-450)

Clinical vs counselling psychology

Counselling psychologists expressed an added layer of a lack of belonging. As Christopher expresses being seen as the “little brother” to clinical psychology and thought of as having lesser ability

“I think there's there's always a sense, I guess, of of being the the little brother... in terms of the misunderstanding about who we are, as counselling psychologists, particularly in relation to clinical because clinical is kind of

well known and is well understood so that there was always...the process of trying to...be recognised and and and be seen as as on par...with clinical psychologists..." (Christopher; counselling psychologist; 21-45)

In response, counselling psychologists might try tactics to reduce the feeling of being external to the dominant group of clinical psychology, e.g., by hiding their identity.

"it's almost as if sometimes you want to hide that counselling psychology tag because it doesn't seem as strong or as accepting, acceptable...I call myself a a anything, but maybe a counselling psychologist..." (Richard; counselling psychologist; 448-458)

However, upon gaining experience, counselling psychologist practitioners began to reject clinical psychology and develop a strong affinity to their counselling psychology sub-group, feeling as though their value is recognised as described by Liam and Christopher.

"clinical...only have to learn...this approach...do your supervision and then you get marked...cookie cutter..." (Liam; counselling psychologist; 670-677)

"...I think I think over the years there's been a greater recognition and understanding of who counselling psychologists are...And the the value that we bring." (Christopher; counselling psychologist; 47-55)

Being different to others and how to ameliorate the effects of this difference

Participants sense of being different to their colleagues often came in the form of their colleagues surprise that they are in the role of a psychologist. Further, they were aware that they may be the only black psychologist their colleagues had encountered, making them a novelty as Richard expresses:

...team meetings and feeling different...I think I was almost like a novelty at times...they were quite surprised to have a colleague, a black male colleague, in this position...people assumed I was a social worker...they didn't think I could be a psychologist...(Richard; counselling psychologist; 278-290)"

Participants also explained feeling a sense of threat and the subsequent need to be cautious around this threat because they are vulnerable as black males in psychology, as noted by Kyle:

"...being a black man...you observe...You see how when they say that, this is what happens because you you you want to know the rules of the game...you know that if something can happen to one person, it can probably happen to a black person...There is a very real threat..." (Kyle; clinical psychologist; 106-112)

In response, participants explained that they would find ways to reduce the likelihood of them being subjected to such threats by assimilating with their

colleagues, for example, in how they speak or dress. However, their need to assimilate over time became lesser as participants began to feel more comfortable in their professional identities, as shown through Richard's comments below:

"I would make sure that I'm wearing a nice shirt and my trousers and and my and my shoes. And as time progressed I I felt a bit more comfortable to just wear more casual clothes...because at one point the clothes were almost signifying of of my kind of proximity to whiteness." (Richard; counselling psychologist; 785-789)

Personal identity informs professional identity

Throughout the interviews, participants reflected on the impact that their personal identity has had on their development as practitioners and their current experience as psychologists. In particular, this was referenced in the context of their upbringing as children, their race and gender, and their future aspirations.

Childhood development set me on the path

Participants noted that their childhoods influenced their eventual career paths. They felt that they possessed intrinsic components that matched their profession, such as their curiosity, as Stanley notes below. In addition to this, they expressed a sense of inevitability as a result of these early childhood experiences all leading to this point, as Liam expressed.

"...I'm constantly curious...I'm often thinking about. You know, yeah. Like whether the, you know, the patterns of of of behaviour and and you know how people are responding to things..." (Stanley; counselling psychologist; 617-622)"

"...I think all roads kind of led me to here..." (Liam; 558)

Further, what participants were exposed to during their childhood helped them to develop into practitioner psychologists. This exposure could come from the diverse environments they found themselves in or the different thinking styles, as Brian explains:

"...if I lived in a village outside of Liverpool I might not have had and I grew up in a very, very diverse location, like more diverse than most diverse places. So I was exposed to different ways of thinking from as early as I can remember" (Brian; 971-978)

How race interacts with gender to impact professional experiences

Participants' race and gender, when intersected, presented a range of positive and negative experiences. Initially, as Richard explains below, this combination of demographics was seen as being associated with negative stereotypes of black men, such as the perceived threat posed by a black man and that this is what is seen before he is seen as a psychologist/colleague.

“...there's times where I've walked to work and I'm wearing my jacket...and a member of staff may have seen me and I could see their terror...their uncomfortable embarrassment...they saw the black male before they saw me...how people may see me before they see me...” (Richard; counselling psychologist; 1086-1087)

Alternatively, participants expressed that the combination of being black and male had a positive impact on clinical work. For example, Christopher suggested that these demographics contributed to an increased recovery rate compared to his colleagues.

“So even before I started working with them because they were assigned to me, they said “Hmm, it looks like your patients are getting better already.” Even before I started to see them. And so whether it's a male thing or whether it's a black male thing. But there was something very pronounced in in that relationship... that there was a very strong recovery rate...” (Christopher; counselling psychologist; 705-713)

Finally, Kyle captured the sense of being unique in psychology as a black male, which can lead to the practitioner becoming idolised for the assumed unique insight they can offer.

“...you're positioned often as... You're a unicorn. And when you're a Unicorn, that means...people really like idolise you.” (Kyle; clinical psychologist; 50-53)

Personal progression aligns with professional progression

Lastly, the superordinate theme captures how there is a synchronisation between participants' personal goals for the future and, at times, how being a practitioner psychologist will help them to achieve this, such as instigating societal change, for Kyle which, although falling into psychology, presented him with an opportunity to enact his personal goals.

“I fell into psychology and and I stayed in psychology because I saw it as offering me a way of making a change within society.” (Kyle; clinical psychologist; 448-450)

On the other hand, participants expressed how there is a two-way relationship between their professional and personal identities, in that becoming a practitioner psychologist has helped them to develop personally, as shown by Liam.

“...it was almost like going through the fire to some to some degree... my experience of life now is actually, it's not just one fire you have to go through...But I think this training has helped better prepare me for the different births and rebirths that we have to go through.” (Liam; counselling psychologist; 568-577)

Representing my community

Participants expressed a need to represent their communities as practitioner psychologists. To achieve this, they expressed a need to be authentic for themselves, their clients, and their colleagues. They noted that being the black representative can cause them to feel as though they are the expert on ethnic minority difficulties and that this responsibility can come with a sense of pressure to be good enough. Finally, participants expressed a need to serve the members of their community by making services feel more accessible and authentic.

The importance of being authentic

Participants explained that they needed to be authentic for themselves, as this allowed them to create a better experience for their clients. As Stanley explains, being himself meant that he could feel more relaxed when providing clinical interventions, which meant that they were better delivered.

“I realised the importance...of being human in...therapeutic work and what I actually found was the...more authentic I was to...who I was, the easier, in quotes, I found my work... I think they [the clients]...found that process more effective...you know when we're less anxious typically...I'm able to properly utilise my interventions.” (Stanley; counselling psychologist; 170-183)

More specifically, the practitioners felt that remaining culturally authentic benefitted their clients. This made them feel more relatable to their clients because they displayed a shared background, thus passively informing the clients of their nuanced understanding of their difficulties.

“...I think people pick up where you're from and then I might throw in a a slang word from that particular region and they go “ohh like we could we could we, we could we could do this. OK. Great” And there's there's a familiarity and comfort and then that allows for other conversations.” (Brian; clinical psychologist; 502-508)

In addition, participants also felt that being culturally authentic was beneficial for their colleagues. They felt that it exposed their colleagues to their culture, based on the assumption that their colleagues would not have encountered many black people before, especially black psychologists/doctors. Brian provided one example of this exposure:

“Take the durag, for instance. I...know that like for many people...they associate that with...a certain a negative subculture...I hope by even saying yes a durag helps me to protect my hair and moisturise and all the rest of it, I think my hope is that it then broaden colleagues minds of various aspects of black culture” (Brian; clinical psychologist; 644-660)

Finally, counselling psychologist participants expressed their pride at being a counselling psychologist and how they felt aligned with its philosophical underpinnings, as noted by Richard:

“I'm very proud to be a counselling psychologist because I think...it aligns with my identity in the sense that...I think that my philosophical positioning is

that I I like to think that that I'm quite reflective in the work that I that I that I do and I bring myself into my work and that feeds into some of the ethos around kind of counselling psychology really.” (Richard; counselling psychologist; 617-624)

Being a good enough black representative

Practitioners felt as though their colleagues turned to them when an ethnic minority experienced some difficulty. The sense was that, by being an ethnic minority, their colleagues felt they could better understand the clients' difficulties.

“...if there are any issues that are just that are raised, which may kind of allude to or are linked to race and culture, there's almost a kind of a wondering, “What's my opinion on this really?” In that regard, as if I'm, I am the voice. I'm the fount of knowledge when it comes to all things, kind of, Black or Asian...” (Richard; counselling psychologist; 358-362)

This would play into the sense of responsibility that they are the only representative of black psychologists for their colleagues, but that this weight is willingly accepted as described by Liam. Kyle continued this thought, adding that this responsibility was partnered with a pressure to be good enough, as if they were to individually not be good enough then this would negatively impact how their race and gender were viewed.

“...some people might go through their whole life and never actually see a doctor, a black male doctor... It was quite important to kind of represent that actually and yeah to show that we we exist and you just, you never know, you might inspire someone.” (Liam; counselling psychologist; 366-371)

“It's when there's a black man which we need much more, many more black men in clinical psychology, in all practitioner psychology professions. When they're looking and they're thinking about wanting to do this I know what I represent. That's. I love that. That's that's beautiful. But it also comes with a certain level of pressure. I can't fail. You know, cause my failure is not just mine.” (Kyle; clinical psychologist; 652-653)

This pressure to be good enough then pushes participants to prove themselves and work harder in a quest to demonstrate their abilities to their colleagues and clients, Christopher suggests.

“...I guess it is a sense that you want to work even harder...there was a sense of wanting to prove yourself and to make yourself strong and to you know, to kind of show that it's, you know that that, I'm good enough, I guess in a sense.” (Christopher; counselling psychologist; 888-896)

Meeting the needs of my community

Participants expressed that they wanted to improve the ability of clients from their community to access mental health services, for example, as Brian explained, through raising awareness.

“I’ve run a number of different presentations and workshops in different environments...all in the effort of...making mental services feel accessible...” (Brian; clinical psychologist; 520-523)

However, as Kyle describes, this was partnered with the thought that, currently, their communities were being let down by services. This is both in terms of what is offered to clients and also what is offered to aspiring black psychologists, recognising that their own needs were not met on their professional journeys. Sharing this cultural background encouraged participants to be the change they saw the mental health industry needs.

“I’ve seen the ways in which we are...failing our black community...being part of a community that the current paradigm isn’t working for motivates you and makes you more open to something else...” (Kyle; clinical psychologist; 545-567)

“I am trying to give people the experience of what I haven’t always been given. So it comes from a kind of lived experience of, as a black person in clinical psychology, realising the ways in which my own, my own past supervisor experiences have not served me, and I think that that’s now, then enabled, or facilitated me ensuring that I provide that for other people.” (Kyle; clinical psychologist; 246-252)

Lastly, by remaining authentic, participants felt that this helped them meet the needs of their community by creating deeper connections with their clients, helping them feel better understood through a shared cultural understanding.

“...if I’m working with certain individuals, some people may use slang in our in our sessions and I may mirror that back if they’ve used that as well really...I’m comfortable doing that because it’s part of my mode of communication when I’m not working...it’s led to deeper, deeper connections...” (Richard; counselling psychologist; 957-965)

Discussion

The main findings of the research are the three superordinate themes; participants experiencing a sense of not belonging to their profession, recognising how their personal identities informed the development, maintenance, and future aspirations of their professional identities, and feeling a sense of duty to represent their communities in a positive light. Within this section, we will discuss how each theme fits within the existing literature.

Lack of belonging to the profession

Not having a role model

Kyle’s childhood aspirations to become a medical doctor and subsequent success at becoming a psychologist counter the argument from Greene (1990) regarding the impact of not having a role model, that is, due to historical discrimination, ethnic minorities have less self-efficacy and lower career outcomes. This also counters Hackett and Byars (1996), who suggest you need

to have a role model to recognise that the career path is for you. Kyle's cultural expectations to achieve academically appear to inform his strong sense of self-efficacy. This suggests that in the absence of professional role models, the aspirations his culture ask of him and his parents' belief in him were instrumental in building his self-efficacy, thus mediating the impact of an absent career role model.

Bandura's (1977) SLT suggested that individuals seek out a similar role model, termed the "similarity hypothesis". This is supported in Stanley and Richard's comments, as they could not see others they could model off of to present themselves as a black male psychologist. This also supports Covarrubias and Fryberg (2015) who found that ethnic minorities are disadvantaged from the well-documented benefits of having role models (e.g., O'Brien et al., 2016; Lent, 1994). Further to this, Richard's explanation that others turned to him for guidance is supported and explained in research, that is, that career decisions can be influenced by those we deem worthy of emulation due to the assumption that they have insider knowledge of how to navigate their fields (Pleiss & Feldhusen, 1995).

Clinical vs counselling psychology

The counselling psychology participants' experience of their professional identities differed from their clinical counterparts. The sense from counselling psychologists is that they had an additional barrier in accessing the "in-group" and 'Social Categorisation' (Tajfel & Turner, 1979) of being a psychologist. This was shown in Christopher's account of initially needing to work hard to be seen on par with clinical psychologists. Wrosch et al. (2003) suggested that doing this would help those in the stigmatised group (the counselling psychologists) overcome doubts that they can be successful.

Richard suggested that initially hiding his identity was a method by which he could cope with the negative stereotype of being a counselling psychologist. This is in line with Laar et al.'s (2019) theory of 'hiding', noting that this will help Richard to assimilate with the dominant in-group of clinical psychologists, with the premise that this will result in him being accepted by them,

As the counselling psychologists gained experience in their roles, their confidence and affinity with their profession of counselling psychology and rejection of clinical psychology became apparent. This is supported by research, such as the Rejection Identification Model (Branscombe et al., 1999), which suggests that perceived discrimination can lead to increased ingroup identification to buffer against the negative effects of discrimination.

Being different to others and how to ameliorate the effects of this difference

Participants felt different to their colleagues, and this was often discussed alongside the concept of perceived threat. As Kyle noted, participants felt that they needed to be cautious because bad things are more likely to happen to a black person. This is in line with Pendleton's (2017) findings, who found that

ethnic minorities are more likely to experience discrimination by their superiors or colleagues.

One way participants could cope with this threat was by assimilating with their colleagues' for example, in how they speak or dress, as suggested in Thibidoux's (1994) theory of "code-switching". The purpose of this is to portray themselves as less threatening to the white majority population by taking on the characteristics of the dominant group, which is also in line with Laar et al.'s (1994) theory of "distancing", in that the participants will distance themselves from the perceived negatively stereotyped group, therefore reducing the threat that they will also be negatively stereotyped (Steele & Aronson, 1995).

Personal identity informs professional identity

Childhood development set me on the path

Participants' acknowledgement of their intrinsic nature supports Erikson's (1968) developmental theory, suggesting that identity is formulated in childhood. Further, Liam's comments that all roads led him here. Thus, he has been influenced by many factors supporting the theory that identity development is a consistently evolving continuum involving our personal and social identities (Eccles, 2009). Further, their recognition of the importance of the environments they were exposed to as children is supported by research that suggests that culture influences the development of our self-concepts (Stigler, 1990) as well as that professional identity reflects socio-political and cultural values (Watts, 1987).

How race interacts with gender to impact professional experiences

As Quinn (2017) suggests, race and gender are conspicuous characteristics, and as such, as participants reported, they have unavoidably impacted their professional experiences.

Kyle's depiction of being seen in a positive light and revered aligns with research suggesting that men in female-dominated industries bring their gender privilege (Williams, 1995) and can then find themselves as an advantageous rather than oppressed minority (Cross & Bagilhole, 2002). Further, research supports participants experiencing positive outcomes with clients. Thompson et al. (2004) noted that sharing a cultural and racial background can be beneficial to better understanding a client's needs.

The negative impact of this intersection, as Richard expressed, is prominent within research. Cobb (Duvernay & Moran, 2016) described black men as being seen as "an image of criminality and menace and threat." Further, the idea that Richard is being seen as a black man first instead of a professional is again representative of how these characteristics do not fit into the Social Categorisation (Tajfel & Turner, 1979) of what a psychologist looks like.

Personal progression aligns with professional progression

Participants' reflections represent their personal identities (their individual sense of self), which we can see through their personal aspirations, such as Kyle and Brian's note, but also how Liam discusses how past professional experiences have informed who he is today. This integration of the two identities, that is, social and personal, supports research suggesting that identity is composed of these two levels (Tajfel & Turner, 1986; Turner, 1985) and that one's personal and professional identities are integrated (Fourouzadeh, et al., 2018).

Representing my community

The importance of being authentic

Participants expressed the positive impact of being authentic for themselves, their clients and their colleagues. Shelton (2006) supports this, suggesting that if participants were not acting authentically, this could lead to them feeling as though they have let their group down when faced with negative stigmatisation about their racial group. For the counselling psychologists, the need to confront this stigma (Rasinski et al., 2013) is also essential as they feel they are negatively judged compared to their clinical psychologist colleagues.

Further validation of participants' experiences is provided by SIT (Tajfel & Turner, 1979). By offering exposure to their colleagues to a different culture operating within a psychological profession, they also emphasise the difference between them and their colleagues, leaving them feeling "othered" and separate from what a psychologist is socially categorised as. Then again, as Brian suggests, by simply being themselves, this familiarity and comfort is felt by both practitioner and client. Whaley (2006) backs this position, noting that sharing cultural commonalities this can improve therapeutic engagement. Additionally, Boyd-Franklin (2003), support the comfortability expressed on Brian's part; that is, a benefit of working with clients of a shared background is the increased likelihood of the practitioner to self-disclose.

Being a good enough black representative

McNeil (2010) supports Richard's sense of being a fount of knowledge on account of his race and gender by finding that black psychologists desire their competencies and identities to be recognised as a whole and not just as a 'cultural expert'.

Christopher's experience of needing to work hard to prove himself is in line with Steele's (1997) theory of stereotype threat, given that there is a threat that Christopher is having to work hard against. For example, as McNeil (2010) found, in that black people can be negatively associated with being incompetent or lazy.

Kyle's expression of being a representative of black men in psychology and the pressure that this can come with not to fail, lest it be attributed as a failure of their entire culture is represented in research. Causadias et al. (2018) termed

this cultural (mis)attribution bias, meaning that ethnic minorities are viewed as individuals whose development is shaped by their culture.

Meeting the needs of my community

Brian's desire to make mental health services seem more accessible is understandable, given the extensive research explaining the distrust felt within black communities towards these services (e.g., Stevenson et al., 2021). Adding to this, Kyle's description of his community being failed by the system points to research informing us that by increasing the number of black males within psychology, there is a greater ability to serve these communities (Graves et al., 2014; Truscott, et al., 2014).

Finally, Kyle comments regarding the desire to provide experiences to others that he was not always afforded, which shows a connection to the subtheme of '*Not having a role model for people that look like me*', once again highlighting the need for an increased number of black, male psychologists (e.g., O'Brien et al., 2016; Lent, 1994).

Conclusion

This research has shed light on the experiences of black male practitioners, contributing to the literature on black male psychological practitioners and helping us better understand one aspect of their being: their professional identities and the role their race and gender play in this.

The superordinate themes capture the essence of the participants' experiences. Their lack of a sense of belonging to their profession points to the concept of an ever-present threat, which supports research depicting the importance of recognising the impact that negative stereotypes can have on the experience of black males in the workplace – showing that psychologists are no different. The professional identities of the participants have been shown as complex, bolstering research supporting this, with the interaction between their professional, individual and social identities appearing inseparable in informing one another. Finally, their desire to represent their communities in supporting their clients, educating their colleagues, and being the best they can be comes at a cost of holding such responsibility as being a representative of their culture and gender.

Recommendations for future research

Future research could expand the participants' demographics, e.g., the comparison of black female and black male practitioner psychologists. This may be beneficial in helping to identify where the advantageous elements reported by participants come from, that is, the intersection of their gender and race or due to their gender privilege. Further, counselling psychologists' experience being different from clinical psychologists is an area that could benefit from further study. Although similar in numerous ways, the research has helped to highlight how marginalised counselling psychologists may feel

in relation to their clinical counterparts, on account of how they perceive themselves to be viewed within the profession.

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Conflict of Interest Statement

The author has no conflict of interest to declare.

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