



# **How Do Practitioners of Colour Experience Working in Higher Education Counselling Settings? A Grounded Theory Study.**

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## **ABSTRACT**

**Background:** Practitioners of colour are underrepresented within psychology and psychotherapy professions across all sectors including higher education. This has implications for both clients and practitioners of colour in terms of training, provision and uptake of services, staff recruitment and progression and therapy outcomes. While there is growing literature relating to the experiences of practitioners of colour working in the NHS, and those of students and academics in universities there is limited research into the experiences of mental health professionals of colour working in higher education counselling services.

**Aims:** To understand how practitioners of colour experience working in university counselling settings and to develop a model to illustrate how the experiences of interactions with counselling service colleagues, clinical supervisors and students shape personal and professional identities and clinical practice.

**Method:** Using purposeful sampling this research recruited nine qualified practitioners of colour and conducted in-depth semi-structured interviews to develop a theoretical model of the processes involved using constructivist grounded theory.

**Findings:** This study identified three theoretical constructs: 1) *Having conversations about race* which explores how these are influenced. Additionally conversations were found to be mediated by socio-political and counselling contexts; 2) *Holding practitioner beliefs about race as essential to clinical practice* which examines how beliefs influence how practitioners use supervision, engage with ongoing learning and adapt clinical interventions to provide the opportunity to explore racial identity and experiences; 3) *Navigating race, relationships and change in personal and professional identities* which illustrates how these processes are shaped by experiences of acceptance and racism and influence the development of personal and professional identities.

**Implications for clinical practice and research** are discussed in relation to: developing university counselling culture where conversations about race are engaged with rather than avoided in clinical meetings, counselling

sessions and supervision; for working with race to be an essential part of pre-qualification training curricula and ongoing CPD; the importance of increasing representation and promoting people of colour to lead counselling service teams; and recommendations for undertaking further research.

## TABLE OF CONTENTS

|      |                                               | <i>Page</i> |
|------|-----------------------------------------------|-------------|
|      | <b>ABSTRACT.....</b>                          | <b>3</b>    |
|      | <b>LIST OF TABLES.....</b>                    | <b>10</b>   |
|      | <b>LIST OF FIGURES.....</b>                   | <b>10</b>   |
|      | <b>LIST OF APPENDICES.....</b>                | <b>11</b>   |
|      | <b>TERMS OF REFERENCE.....</b>                | <b>12</b>   |
|      | <b>REFLEXIVITY AND</b>                        |             |
|      | <b>RELATIONSHIP TO RESEARCH.....</b>          | <b>14</b>   |
|      |                                               |             |
|      | <b>INTRODUCTION.....</b>                      | <b>18</b>   |
|      | Higher Education and University Counselling   |             |
|      | Service Context.....                          | <b>18</b>   |
|      | Critical Race Theory .....                    | <b>22</b>   |
|      |                                               |             |
|      | <b>CHAPTER ONE: LITERATURE REVIEW.....</b>    | <b>25</b>   |
| 1.   | Literature Search.....                        | <b>25</b>   |
| 1.1  | The Nature and Impact of Covert Racism.....   | <b>25</b>   |
| 1.2  | Strategies for Managing Microaggressions..... | <b>27</b>   |
| 1.3  | Student Experiences.....                      | <b>28</b>   |
| 1.4  | Academics' Experiences.....                   | <b>31</b>   |
| 1.5  | Mental Health Professionals' Experiences..... | <b>33</b>   |
| 1.6  | Clinical Supervision – Its Function.....      | <b>36</b>   |
| 1.7  | Cultural Competence and Sensitivity           |             |
|      | in Supervising Practitioners.....             | <b>37</b>   |
| 1.8  | Non-Disclosure in Supervision.....            | <b>40</b>   |
| 1.9  | The Construct of Identity.....                | <b>41</b>   |
| 1.10 | Ethnic Racial Identity (ERI) & Factors        |             |
|      | Influencing Development.....                  | <b>41</b>   |

|       |                                                                    |           |
|-------|--------------------------------------------------------------------|-----------|
| 1.11  | Dominant Hegemonies, Discourses,<br>and ERI Development.....       | 42        |
| 1.12  | Defining Personal & Professional Identity.....                     | 44        |
| 1.13  | The Shaping of Personal and<br>Professional Development (PPD)..... | 44        |
| 1.14  | Research Rationale and Relevance to<br>Counselling Psychology..... | 47        |
| 1.15  | Research Aims.....                                                 | 50        |
|       |                                                                    |           |
|       | <b>CHAPTER TWO: METHODOLOGY.....</b>                               | <b>52</b> |
|       | Overview.....                                                      | 52        |
| 2.1   | Axiology, Epistemology, and Ontology.....                          | 52        |
| 2.2   | Axiological Position .....                                         | 52        |
| 2.3   | Epistemological and Ontological Position .....                     | 53        |
| 2.3.1 | Critical Realism.....                                              | 54        |
| 2.3.2 | Social Constructionism.....                                        | 55        |
| 2.4   | Qualitative Design.....                                            | 58        |
| 2.5   | Selection of Qualitative Method.....                               | 59        |
| 2.6   | Selection of Grounded Theory .....                                 | 60        |
| 2.7   | Selection of Constructivist Grounded Theory.....                   | 61        |
| 2.8   | Procedure.....                                                     | 62        |
| 2.8.1 | <i>Participants.....</i>                                           | <b>62</b> |
| 2.8.2 | <i>Recruitment Strategy and Process.....</i>                       | <b>64</b> |
| 2.8.3 | <i>Pilot.....</i>                                                  | <b>66</b> |
| 2.8.4 | <i>Interview Process.....</i>                                      | <b>66</b> |
| 2.8.5 | <i>Interview Schedule.....</i>                                     | <b>67</b> |
| 2.8.6 | <i>Interviews.....</i>                                             | <b>67</b> |
| 2.8.7 | <i>Post Interview.....</i>                                         | <b>69</b> |
| 2.9   | Ethical Considerations.....                                        | 69        |
| 2.9.1 | <i>Ethical Approval.....</i>                                       | <b>70</b> |

|         |                                                                                                                                                                    |           |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 2.9.2   | <i>Informed Consent.....</i>                                                                                                                                       | <b>70</b> |
| 2.9.3   | <i>Confidentiality, Data Protection and Storage.....</i>                                                                                                           | <b>70</b> |
| 2.9.4   | <i>Topic Sensitivity.....</i>                                                                                                                                      | <b>71</b> |
| 2.10    | <i>Analytic Approach.....</i>                                                                                                                                      | <b>71</b> |
| 2.11    | Methodological, Personal and Professional                                                                                                                          |           |
|         | Reflexivity.....                                                                                                                                                   | <b>73</b> |
|         |                                                                                                                                                                    |           |
|         | <b>CHAPTER THREE: FINDINGS.....</b>                                                                                                                                | <b>78</b> |
|         | Overview.....                                                                                                                                                      | <b>78</b> |
| 3       | A Grounded Theory Model of How Practitioner of Colour Experiences in HE Counselling Services Shape Personal and Professional Identities and Clinical Practice..... | <b>79</b> |
| 3.1.1   | Conditions for conversations about race.....                                                                                                                       | <b>83</b> |
| 3.1.1.1 | <i>Having/Avoiding Conversations about race.....</i>                                                                                                               | <b>83</b> |
| 3.1.1.2 | <i>Having Confidence in Cultural Awareness</i>                                                                                                                     |           |
|         | <i>and Competence of Others.....</i>                                                                                                                               | <b>84</b> |
| 3.1.1.3 | <i>Keeping it on the Radar.....</i>                                                                                                                                | <b>88</b> |
| 3.1.1.4 | <i>Having Engaged and Supportive Management.....</i>                                                                                                               | <b>89</b> |
| 3.1.2   | Being The Only One or One of the Very Few.....                                                                                                                     | <b>90</b> |
| 3.1.2.1 | <i>Having a Visible Identity.....</i>                                                                                                                              | <b>90</b> |
| 3.1.2.2 | <i>Shouldering the Burden.....</i>                                                                                                                                 | <b>93</b> |
| 3.1.2.3 | <i>Evaluating Safety.....</i>                                                                                                                                      | <b>94</b> |
| 3.1.3   | Contexts Impacting Having Conversations.....                                                                                                                       | <b>95</b> |
| 3.1.3.1 | <i>Socio-political Context.....</i>                                                                                                                                | <b>96</b> |
| 3.1.3.2 | <i>Counselling Service Context.....</i>                                                                                                                            | <b>96</b> |
| 3.2     | Holding Practitioner Beliefs about Race as                                                                                                                         |           |
|         | Essential to Clinical Practice.....                                                                                                                                | <b>97</b> |
| 3.2.1   | Practitioner Beliefs about Race.....                                                                                                                               | <b>99</b> |
| 3.2.1.1 | <i>Believing Race Matters.....</i>                                                                                                                                 | <b>99</b> |

|         |                                                                     |            |
|---------|---------------------------------------------------------------------|------------|
| 3.2.1.2 | <i>Working or Not Working with Race.....</i>                        | <b>99</b>  |
| 3.2.2   | <i>Learning and Developing.....</i>                                 | <b>100</b> |
| 3.2.2.1 | <i>Engaging with Ongoing Continuous</i>                             |            |
|         | <i>Professional Development (CPD).....</i>                          | <b>100</b> |
| 3.2.2.2 | <i>Learning from Peers.....</i>                                     | <b>101</b> |
| 3.2.2.3 | <i>Learning from Formal Training.....</i>                           | <b>102</b> |
| 3.2.2.4 | <i>Learning from Supervision.....</i>                               | <b>102</b> |
| 3.2.3   | <i>Adapting Interventions to Explore Race in Clinical Work.....</i> | <b>103</b> |
| 3.2.3.1 | <i>Adapting Interventions in Therapeutic Practice.....</i>          | <b>103</b> |
| 3.2.3.2 | <i>Providing Opportunity to Explore.....</i>                        | <b>104</b> |
| 3.3     | <i>Navigating Race, Relationships and</i>                           |            |
|         | <i>Change in Personal and Professional Identities.....</i>          | <b>106</b> |
| 3.3.1   | <i>Navigating Relationships.....</i>                                | <b>108</b> |
| 3.3.1.1 | <i>Experiencing Acceptance.....</i>                                 | <b>108</b> |
| 3.3.1.2 | <i>Experiencing Racism.....</i>                                     | <b>109</b> |
| 3.3.1.3 | <i>Managing Experiences.....</i>                                    | <b>111</b> |
| 3.3.2   | <i>Seeking Alternative Individuals, Networks</i>                    |            |
|         | <i>and Organisations.....</i>                                       | <b>114</b> |
| 3.3.2.1 | <i>Dwindling Engagement and Lack of Change.....</i>                 | <b>114</b> |
| 3.3.2.2 | <i>Seeking Similarity and Validation.....</i>                       | <b>115</b> |
| 3.3.2.3 | <i>Seeking Cultural Awareness and Competence.....</i>               | <b>115</b> |
| 3.3.2.4 | <i>Seeking Way Out.....</i>                                         | <b>116</b> |
| 3.3.3   | <i>Making Personal and Professional Choices.....</i>                | <b>117</b> |
| 3.3.3.1 | <i>Being Authentic Self.....</i>                                    | <b>117</b> |
| 3.3.3.2 | <i>Relinquishing Responsibility.....</i>                            | <b>118</b> |
|         |                                                                     |            |
|         | <b>CHAPTER FOUR: DISCUSSION.....</b>                                | <b>120</b> |
|         | <i>Overview.....</i>                                                | <b>120</b> |
| 4.1     | <i>Findings, Contribution and Directions for Research....</i>       | <b>120</b> |

|       |                                                               |            |
|-------|---------------------------------------------------------------|------------|
| 4.1.1 | <i>Having Conversations about Race</i>                        | <b>120</b> |
|       |                                                               |            |
| 4.1.2 | <i>Holding Practitioner Beliefs about Race</i>                |            |
|       | <i>as Essential to Clinical Practice.....</i>                 | <b>128</b> |
| 4.1.3 | <i>Navigating Race, relationships and Change</i>              |            |
|       | <i>in Personal and Professional Identities.....</i>           | <b>129</b> |
| 4.2   | Research Strengths, Rigour and Validity                       | <b>132</b> |
| 4.3   | Research Limitations.....                                     | <b>133</b> |
| 4.4   | Implications for Counselling Psychology,                      |            |
|       | Clinical Practice and Services.....                           | <b>135</b> |
| 4.5   | Summary of Key Recommendations for Practice and Research..... | <b>138</b> |
| 4.6   | Conclusion .....                                              | <b>139</b> |
|       | <b>REFERENCES.....</b>                                        | <b>141</b> |
|       | <b>APPENDICES.....</b>                                        | <b>172</b> |

## **LIST OF TABLES**

TABLE 1: Participant Demographic Information

TABLE 2: Theoretical Construct 1: Having Conversations about Race

TABLE 3: Theoretical Construct 2: Holding Practitioner Beliefs about Race as Essential to Clinical Practice

TABLE 4: Theoretical Construct 3: Navigating Race, Relationships and Change in Personal and Professional Identities

## **LIST OF FIGURES**

FIGURE 1: How practitioner of colour experiences in HE counselling services shape personal and professional identities and clinical practice.

## **LIST OF APPENDICES**

|                   |                                                 |
|-------------------|-------------------------------------------------|
| <b>Appendix A</b> | <b>Service Lead Introduction Email</b>          |
| <b>Appendix B</b> | <b>Recruitment Flyer</b>                        |
| <b>Appendix C</b> | <b>Participant Information Sheet</b>            |
| <b>Appendix D</b> | <b>Interview Joining Instructions Email</b>     |
| <b>Appendix E</b> | <b>Consent Form</b>                             |
| <b>Appendix F</b> | <b>Demographic Questionnaire</b>                |
| <b>Appendix G</b> | <b>Interview Schedule</b>                       |
| <b>Appendix H</b> | <b>Interview Schedule Phase Two</b>             |
| <b>Appendix I</b> | <b>Online Follow-Up Questionnaire Email</b>     |
| <b>Appendix J</b> | <b>Online Follow-Up Questionnaire Questions</b> |
| <b>Appendix K</b> | <b>Research Ethics Committee Approval</b>       |
| <b>Appendix L</b> | <b>Distress Protocol</b>                        |
| <b>Appendix M</b> | <b>Debriefing Sheet</b>                         |
| <b>Appendix N</b> | <b>Transcript Extract</b>                       |
| <b>Appendix O</b> | <b>Transcript Extract</b>                       |
| <b>Appendix P</b> | <b>Transcript Extract</b>                       |
| <b>Appendix Q</b> | <b>Developing Codes and Relationships</b>       |
| <b>Appendix R</b> | <b>Informal Analytic Memos - Example</b>        |

## **Terms of Reference**

There is a variety of definitions of ‘race’. As stated by the Encyclopedia Britannica there is no precise meaning or consensus on a definition. A couple of examples are as follows:

The National Human Genome Research Institute defines race as a social ranking construct to categorize humans by way of ‘physical appearance, social factors and cultural backgrounds.’

The Institute of Race Relations (IRR) defines the terms race as the classifications or categories into which human beings have been divided based on physical characteristics and defines ethnicity and culture separately:

- Ethnicity - a social group united by common heritage, often common language, and culture.
- Culture - the customs and essential conventions of a specific nation, people, or community.

Dalal (2002) states that the terms race, ethnicity and culture are interchangeable when discussing racism. The Law Society state that the terms race and ethnicity, while often used interchangeably, are different in meaning although they intersect. In the Equality Act 2010, ‘race’ is a protected characteristic and is defined as ‘including colour, ethnic or national origin, or nationality’.

The concept of separate biological races is no longer accepted as scientifically valid. However, the terms race and racial group are often used in the literature. This thesis uses the term race while acknowledging that the terms ethnicity and culture are intrinsically linked to it when ‘race’ is used or discussed.

The term mental health practitioner refers to the roles of counselling/clinical psychologist, CBT therapist, psychotherapist, and counsellor. The terms mental health practitioner, mental health professional and practitioner are used interchangeably.

Considering Inc Arts UK's (2020) BAMEover UK statement, this research uses the term people of colour for people of African, Caribbean, Asian and Mixed heritages. Asian refers to individuals of Southern, Eastern, Western, Central and Southeast Asian descent. BME and BAME as defined by IRR refers to Black and Minority Ethnic or Black, Asian, and Minority Ethnic and are acronyms commonly used to describe people of non-white heritages in the UK. BME or BAME will be used when referring to grey literature or findings of specific pieces of research literature or statistical data.

Materials used to recruit participants originally used the term ethnically diverse practitioners during the recruitment process. But this completed thesis uses the terms people of colour (originating in the USA and increasingly used in UK) or practitioners/therapists/ of colour. While, as the Law Society states, there is an argument that these terms are also problematic in terms of grouping diverse ethnic groups of people under one label a number of participants in this research used 'people of colour' themselves. An alternative term such as minoritised ethnic was decided against as a couple of participants were explicit about not feeling minoritised in their teams.

## **Reflexivity and Relationship to Research**

*The bulk of this research was completed before October 7<sup>th</sup> 2023. Since then my experiences as a British Palestinian in both my personal and professional life have, perhaps needless to say been impacted, sometimes significantly. As the decades long aggression towards and dehumanization of Arabs and Palestinians reaches new heights implicitly and explicitly in political, mainstream and social media discourses I have noticed an increase in frequency of micro-aggressions directed towards me when in public spaces. At work and personally I have often been met with walls of silence including attempts to silence me and my experiences in both areas of my life by some. The following reflexivity piece was predominantly written before October 7<sup>th</sup> 2023.*

Our racial and ethnic identities ‘permeate our being in the world, our being with others, and our consciousness of oneself as a being for others’ (Martin Alcoff, 2006:194). This statement resonates strongly. I am mixed race (Palestinian/white British). My father, together with his parents and siblings was forced from his home and homeland in 1948, without the right of return, when the state of Israel was created. Our extended Palestinian family has lived separated in the diaspora across various Arab and western countries since. From an early age, I was acutely aware of my Palestinian heritage which has elicited feelings of pride, a sense of displacement and difficulties belonging together with feelings of anxiety and anger prompted by the social/political contexts and discourses used at any given period or in a specific geographical context. In her book, Martin Alcoff (2006) explores and discusses the complex area of visible identities and markers and their relationship with social identities, meanings of difference and power. While I have several visible markers of my Muslim Palestinian father, I have a light skin tone. My visible identity has had different meanings for me and seemingly for others over the years. As a child and teenager growing up in a UK town whose inhabitants had little exposure to ethnic minorities I was perceived as different. I was often asked where I came from, experienced social exclusion by peers at school, micro-aggressions associated with the Arab stereotypes of the time such as, to name a few, ‘lying’ ‘deaf’ and ‘dirty’

and name calling based on specific aspects of my facial structure. I felt insulted, confused, sad and, with hindsight, shame.

As numbers of mixed-race individuals have, over the years, grown in the UK I have noticed that my visible identity goes more uncommented on. I believe that my light skin tone has progressively enabled me to pass more easily as white, at least in some parts of the UK, and has protected me for the most part until some have become aware of my racial identity. Increasingly I have had the choice and therefore privilege of whether I disclose my racial identity to the people I meet in both personal and professional capacities. As an adult being called 'Yasser' or receiving questions about whether I am a terrorist or wear fatigues at home have only occurred when I disclosed that I am Palestinian. 'Yasser' is a reference to Yassir Arafat, a Palestinian, who was the Chairman of the Palestine Liberation Organization (PLO) from 1969 until his death in 2004. On reflection I have also come to see that having a light skin tone enables individuals who may be uncomfortable with my ethnicity to speak only to the white aspect of my identity which has often left me feeling frustrated and thinking that my Palestinian identity is unwanted or unacceptable to others.

I have held a range of professional roles and associated identities, unrelated to psychology, over the years and have worked in racially, ethnically and culturally diverse corporate environments, diverse up to middle management rather than that of senior. However, I changed direction and retrained in counselling psychology. For the past twelve years I have practiced as a chartered counselling psychologist in a range of contexts.

O'Driscoll *et al.* (2016) have described the professions of counselling psychology and psychotherapy as still predominantly white and psychological concepts, language and models of therapy are based on western philosophy (Tribe, 1999). Within this perspective there is an assumption that individualism is to be aspired to and worked towards even though different

cultures may conduct relationships in different ways (Skelton *et al.*, 2001) or have more community and family-based perspectives (Tribe & Keefe, 2007). As a counselling psychology trainee, I remember being explicitly described as ‘exotic’ and ‘dangerous’ by a counselling psychology trainee peer and I remember being very aware of the lack of ethnic and associated cultural diversity in terms of trainee cohort, lecturers and course content and subsequently feeling, perhaps naively, somewhat surprised.

For over a decade I have been practicing in a UK university counselling service. Though now changing, here too, the lack of ethnic diversity representation, particularly that of visible identity, amongst practicing clinicians and academics has been evident. I am aware I still have a physical anxiety response, particularly in work environments, when considering or sharing with others my ethnicity. This, I believe, while uncomfortable has given me some insight into how clients or colleagues might also worry about how I might respond if talking to me about their ethnic or cultural identities whether visible or not. My own ethnic or racial identity and experiences of episodic racism have attuned me to ‘difference’ and have led me to consider how it may feel for a colleague with a visible identity to sit in a team or work in an organization that is predominantly white.

It is perhaps not surprising that as a British Palestinian woman whose family are displaced, scattered geographically and living in the diaspora that I approach this research with a lens focused on anti-oppression and anti-discrimination. Therefore, this study is set within a critical race/social justice framework. I believe that racism is a common everyday experience for many. I believe that while racism and discrimination are systems of thinking, attitudes and discourses and therefore a social construction, I consider racism as the way in which ‘society allocates privilege and status’ (Delgado & Stefancic, 2017: 21). Racism and associated power dynamics often silence people. My hope is that this research is a way to hear the previously unheard voices of mental health practitioners of colour by centering and capturing

their lived experiences (Malagon *et al.*, 2009) in Higher Education counselling settings and so contribute to knowledge and meaningful change.

Conversations about race, ethnicity and associated cultures are seemingly taboo within the profession. As a member of a large team of practitioners I have witnessed and at times have been the object of people's discomfort, defensiveness, and unwillingness to talk about or be engaged with conversations about race and ethnicity within Service team meetings. This reluctance to having conversations about race together with my own experiences led me to wonder whether this was the case in other university counselling service teams and whether conversations relating to race were occurring in clinical teams, within supervision or with students in counselling and if so how these were happening or being experienced.

## **INTRODUCTION**

The purpose of this research is to examine the ways practitioners of colour experience working in university counselling services and to develop a theoretical model to illustrate how experiences shape personal and professional identities and clinical practice.

The thesis is divided into the following chapters. Chapter one outlines how a literature search was undertaken, reviews the relevant literature, provides the rationale for the research and its relevance to counselling psychology is given and finally states the full research aims and questions. Chapter two discusses the methodological approach adopted, describes the epistemological, ontological and axiological context, discusses critical realism and social constructionism, and explains the rationale for using grounded theory and specifically realist constructivist grounded theory. Full research procedures and ethical considerations are described. The chapter concludes with Methodological, Personal and Professional Reflexivity. Chapter three presents the findings and developed theoretical model. Chapter four discusses analysis results and the developed model together with literature review and considers directions for future research. The chapter discusses research strengths, validity and rigour, and limitations. Implications and recommendations for counselling psychology, clinical practice and university counselling services are discussed before concluding.

### **Higher Education and University Counselling Service Context**

The Higher Education (HE) sector has a vital role in providing opportunities to and the advancement of both local and national populations (Verma, 2022) and Advance HE is a sector specific member led charity the aim of which is to work with HE institutions globally to address systemic inequalities for staff, students, and society. The charity's Race Equality Charter covers staff (academic, professional and support) and students, student progression and diversity of curriculum. The charter is guided by the following key

principles: recognition that race inequalities are a significant issue; that the UK HE sector will not reach its potential unless all individuals irrespective of ethnicity have equal opportunity; that developed solutions focus on achieving long-term institutional change; that Black, Asian and Minority Ethnic staff and students are individuals with different experiences including those relating to higher education; that individuals have multiple, complex intersecting identities and all need to be considered.

Over recent decades the purpose and function of universities has evolved (Mair, 2016) together with the development, establishment and mainstreaming of equality, diversity, and inclusion (EDI) frameworks. Equality within HE is defined as ‘equitable fairness and equal opportunity to individuals within HE institutions’ (Verma, 2022: 6). Yet Kerr (2018) reports that people of colour in workplaces generally still lack opportunities. Since the murder of George Floyd universities have published many official statements and plans to diversify and decolonise the curriculum but little focus has been placed on supporting the progress of racialised minoritized staff into leadership positions (Grewal, 2022). If we are to achieve race equity, stated commitments to EDI need to extend beyond policies to that of anti-racist recruitment/selection for both new recruits and promotions and to anti-racist teaching and training (Duchenski *et al.*, 2022). Conceptualising racial equity in terms of numbers is insufficient (Mukherjee, 2022).

In 2019 the Equality and Human Rights Commission’s (EHRC) published ‘Tackling Racial Harassment’ an inquiry into university students and staff. The term racial harassment is defined as ‘unwanted behaviour which is related to a person’s perceived or actual race’ (EHRC, 2019: 13). This research interviewed staff working in EDI teams at thirty British universities to explore their experiences. Staff and students reported common occurrences of racial harassment and experiences of micro aggressions, dismissive stereotyping comments and ostracising behaviours. A frequently identified issue was the failure to recognize the serious nature or significance of claims of racism. The report highlights institutional difficulty in resolving

cases about micro-aggressions. This research focused on interviewing equality and diversity managers or staff. We do not hear from other staff members including university counsellors. Additionally due to the sometimes-covert nature of micro-aggressions it is possible that we do not get the full picture as experiences may not be reported for fear of not being taken seriously or concerns about recriminations. It is important to acknowledge, as the report does, that findings do not statistically represent all higher education organisations.

Bumpus (2020) states that racism is often ignored or minimized in academic institutions and D'Ardenne and Mahtani (1989) highlight a general lack of awareness and comprehension about the impact of racism more generally within the counselling profession. This is a problem because mental health professionals increasingly work with people from significantly different cultural backgrounds (Clarkson & Nippoda, 2002). Additionally, practitioners working in universities, practice in organizations that are constantly navigating ongoing and rapidly changing contexts (political, psychological, cultural and economic) and an important part of the work is understanding how external contexts impact or influence the students (Mair, 2016). It is useful to remember that clinicians, both personally and professionally, are also plotting their own course through these same contexts. Universities are complex and demanding settings (Jenkins, 2016) the intensity of which has been amplified by widening participation and the globalization of higher education (BACP, 2017). The profile of the student cohort has changed significantly and consists of students who may be mature, are parents, may be living in the family home and commuting to campus (Dufour, 2016) as well as those who have left home for the first time. As populations have continued to migrate, these changes taking place in the UK university sector have facilitated a significant growth in student numbers including a 30% increase in international students attending British universities (Caleb & Barden, 2019). International students may also have profiles that intersect with those life span experiences mentioned. As the number of international students has risen so has that of British students of colour. Caleb and Barden (2019) highlight an increase in students reporting

mental health difficulties. Unsurprisingly growing numbers of students are accessing university counselling services.

Practitioners working in HE counselling services often meet students at a particular and significant stage of their lives (Mair, 2016). Students are navigating various aspects of transition and development (Bell, 1999) while striving for academic achievement. Students may be grappling with issues of identity, values and beliefs (Mair, 2016). They may be trying to manage external pressures such as social, financial, political, and cultural demands, conflicts and expectations. They are also trying to manage their relationship with the broader institution (Bell, 1996) its policies and procedures. Staff members too are navigating their own relationship with the organization. Staff and students of colour may experience additional stress due to cultural differences (Mori, 2000). Whatever their reasons, when individuals access university counselling services they are usually doing it at a stressful time.

University counselling provision is diverse. Some offer services to staff and students, others students only. Sizes of services range from single counsellor to multi-disciplinary teams. Services may consist of a variety of individuals working in different mental health roles such as mental health or well-being advisors, counsellors, cognitive behavioural therapists (CBT), counselling/clinical psychologists and in some services group analysts. A variety of therapeutic models are used. Services may offer in person and/or video counselling. Some offer email interventions. Psycho-educational groups may be provided. As demand for services has grown, the majority of universities offer limited numbers of sessions up to usually a maximum of six, although some do still offer more. Practitioners often work across several campuses in the larger universities, attend regular clinical supervision and service team meetings.

## **Critical Race Theory**

Gillborn (2006) describes Critical Race Theory (CRT) as a group of held and inter-connected beliefs, rather than a theory, which relate to ‘the significance of race/racism and how it operates in contemporary Western society’ (p.19). A central principle is the commitment to social justice, associated change and the acknowledgement that ‘race’ and racism are central to society’s structure and life (Hylton, 2012). CRT has its origins in the United States and was formulated and developed in the 1980s by legal academics (Taylor, 1998) to elucidate questions or problems and ‘isolating realities’ (Hylton, 2012) to reveal racism in its various guises (Ladson-Billings, 1998). The theory holds that society is essentially racially structured and unequal whereby power processes are used to racially oppress people (Hylton, 2012). Consequently ‘individual racist acts are not isolated instances of bigoted behavior but a reflection of the larger, structural, and institutional fact of white hegemony’ (Taylor, 1998: 122-123). While as Ladson-Billings (1998) states deciding who is or who is not white shifts as political, economic social and cultural ideas and discourses change, race nevertheless remains ever present and is a significant and powerful social construct and descriptor (Morrison, 1992).

Critical race theory has been criticized on the grounds that its framework uses a binary, black-white, model to consider problems of race and that non-black minority groups have to compare their experiences to those of African Americans in order to have their injustices answered and settled (Delgado & Stefancic, 2017). This is further complicated by the fact that deciding who is or is not white changes as opinions relating to the political, economic, social and cultural are shaped by discourses (Ladson-Billings, 1998) of the time. As Delgado & Stefancic (2017) note ‘contemporary students of race, maintains that each disfavored group in this country (USA) has been racialized in its own individual way and according to the needs of the majority group at particular times in history’ (p.79). It seems to this researcher that this position is relevant to the UK also. So this binary perspective conceals the ways that dominant society sets minority groups against one another and is therefore unfavourable or harmful to each

(Delgado & Stefancic, 2017). This is partly why this research has recruited from a range of ethnic communities, to hear the voices of individuals of colour with potentially both similar and diverse experiences to determine whether they share something in common.

CRT focuses on scrutinizing and changing the relationship between race, racism and power and increasingly the fields of sociology, theology and healthcare including that of mental health have continued to build on critical legal studies to develop theory by using its principles to understand these problems and issues in their areas (Delgado & Stefancic, 2017). Race inequality is significant and persistent in both the US and English education systems (Gillborn, 2014). Since 2003 education policy has had an increasing academic focus in the UK and researchers have used CRT to focus on the significance of race, racism and white centeredness to explicate educational structures and social practice (Ladson-Billings & Tate, 1995; Warmington, 2020). CRT understands race as socially constructed, maintained and reinforced by society (Gillborn, 2015). Races are not objective, inherent and are not based in biological or genetic reality but are rather invented categories that are applied, shaped or retired as opportune (Delgado & Stefancic, 2017).

Warmington (2020) emphasizes that CRT understands racism as something that permeates social and political structures and is reproduced within various contexts and institutions including education. He also highlights that CRT sees racism as not purely related to the violence of extremism but rather that it is ordinary and every-day, that it is routinely denied and that denial is expressed as colour-blindness, a willful misrecognition of racialized relationships and practices. Racism is complex, subtle and often hidden and CRT is interested in how racial injustices are influenced and formed by processes that both mirror and are further affected by aspects of identity and social systems (Gillborn, 2015). To adopt a CRT perspective is to ensure that racialized or minoritized people remain central to the research, to see their experiences as valid sources of knowledge to understand marginalization,

alienation, and power relations in order to reduce practices that either increase or maintain inequality and racial hierarchies (Hylton, 2012) and so oppose assumptions about meritocracy and neutrality (Gillborn, 2015). This is facilitated by hearing their voices and stories that can reveal and name types of discrimination such as microaggressions, unconscious discrimination and structural racism (Delgado & Stefancic, 2017) to work towards social justice and empowerment of oppressed groups (Sablan, 2019).

## **CHAPTER ONE: LITERATURE REVIEW**

There is a scarcity of research that investigates the experiences of qualified clinicians of colour working in university counselling services. Despite the lack of research there is a growing body of literature relating to the experiences of students and academics in relation to racism and racial inequity in HE settings. There is also increasing research in the broader literature relating to practitioners of colour working in other sectors that provides some understanding and useful background. This chapter reviews the literature together with that of clinical supervision and personal professional identity development in relation to practitioners of colour.

### **1. Literature Search**

An initial search of the existing literature was made to inform me of key research articles, books and findings relating to the topic. The search was undertaken using London Metropolitan University's (LMU) access to relevant databases such as PsychINFO, PubMed, Google Scholar, Psychiatry Online, the LMU repository for dissertations and theses, MEDLINE (Ovid), Wiley Online Library. A range of search terms were used to interrogate databases such as but not limited to, "BAME", "BME", "Black", "Asian", "Mixed-Race", "Black, Asian, Minority Ethnic". These were used in combination with criteria such as "counsellor", "practitioner", "counselling and clinical psychologist", "psychotherapist", "university counselling services", "higher education", "supervision" and "professional identity development". Search criteria were combined in various permutations. Abstracts and research titles were screened for applicability. Citation chaining was used to find further relevant literature.

#### **1.1 The Nature and Impact of Covert Racism**

While overt racism has not been eliminated (Tate & Page, 2018), in higher education racial inequality is frequently understated and subtle (Singh, 2009). Research finds that racism is frequently covert (Verkuyten, 2005; Holtz &

Wagner, 2009; Chiang 2010; Goodman & Burke, 2010; Ong *et al.*, 2013; Malott *et al.*, 2015) is often under-reported and difficult to prove, (EHRC, 2019) but has significant implications and impact as will be discussed now. Incidents of micro-aggressions impact self-esteem, sense of self, performance and academic achievement (Sue *et al.*, 2007). O'Driscoll *et al.* (2016) found that during discussions in research focus groups prejudiced attitudes were communicated in subtle ways, often related to avoidance of criticism and were influenced by the context. This has potential implications for individuals, general working, and therapeutic environments. Hook *et al.* (2016) highlight the occurrence of micro-aggressions in counselling and associations with negative therapy outcomes and barriers to seeking further therapy (Crawford, 2011). Findings suggest that most common micro-aggressions relate to denials, lack of knowledge or understanding of prejudice, bias, or avoiding talking about cultural matters (Hook *et al.*, 2016). Davis *et al.* (2016) found a mediating effect of cultural humility, micro-aggressions, and therapeutic outcomes. High levels of cultural humility suggest that practitioners who were more aware of their mistakes made are more willing to raise this and work through this with clients (Hook *et al.*, 2013; Owen, 2013; Hook *et al.*, 2016). Within groups Kivilighan *et al.*'s (2019) findings suggest that the group's multi-cultural orientation as one entity impacts upon individual members of the group based on their cultural identity and the relationship with power dynamics. We do not know whether the same processes may be at play in clinical settings between colleagues in clinical and team meetings for example.

Microaggressions are the everyday snubs, invalidations, insults and criticisms made by others who may be oblivious to the fact that they have been racially demeaning (Sue *et al.*, 2007). They have both a conscious communication and a concealed message that may be outside the offender's awareness (Nadal *et al.*, 2014). Often microaggressions go unchallenged because the masked words or deeds enable their expression to be framed as minor and innocuous (Sue *et al.*, 2019). However, researchers have found that microaggressions have a significant impact on people of colour in a wide range of contexts including employment, education, and healthcare (Clark *et al.*, 2011; Sue,

2010). They can create antagonistic and undermining study and work environments (Purdie-Vaughns *et al.*, 2008; Solorzano *et al.*, 2000) and can impair employee performance (Hunter, 2011). Being constantly targeted with micro-aggressions has been described as akin to battle fatigue leaving the recipient depleted and stressed (Smith *et al.*, 2011). The denial or minimizing of the racialized experiences of individuals (Neville *et al.*, 2013) by others or the individual themselves can lead to a reduced sense of emotional well-being (Ong *et al.*, 2013). Some offenders and most bystanders view themselves as good, worthy human beings (Sue & Sue, 2016). However, they have a naivety about race and racism which shields them from their own bias, the discrimination in others or systems or how practices and institutions may disadvantage communities of colour or advantage themselves (Dovidio *et al.*, 2002; Obeir, 2016).

## **1.2 Strategies for Managing Microaggressions**

Research finds that individuals targeted with microaggressions have a range of ways of coping by internally managing the severity/strength of emotional distress (Lazarus & Folkman, 1984): striking back, educating offenders or seeking social support (Aguilar, 2006; Houshmand *et al.*, 2017; Mellor, 2004; Obeir, 2016; Shorter-Gooden, 2004). Other research has found the following self-care approaches: finding alternative explanations (Brondolo *et al.*, 2009); changing positions or roles (Jones & Shorter-Gooden, 2003); and retreating to find or maintain safety (Mellor, 2004). While strategies, both direct and indirect, are frequently employed to manage microaggressions, experiences often leave individuals not knowing how to respond in the moment (Goodman, 2011) causing feelings of anxiety, disappointment, or guilt. Feeling unable to respond and not being able to mobilize against the aggressor has been found to lead to rumination and negative self-judgments (Shelton *et al.*, 2006; Sue *et al.*, 2007).

### **1.3 Student Experiences**

Bhopal (2018) and Garibay *et al.* (2020) criticize suggestions that we live in a ‘post racial era’ as unproven and unrealistic. Although increasing numbers of students of colour attend university there is significant disparity in degree outcomes between Black, Asian and Minority Ethnic students and those of white majority students (HESA, 2018). This disparity does not correspond with earlier achievements of students of colour indicating that decreases in academic achievement may relate to university experiences (Guiffrida *et al.*, 2018). In their recent review of research undertaken between 2010 and 2020 Stoll *et al.* (2022) investigated the relationship between personal and institutional factors and Black students’ mental health to understand inequalities of experience and university attainment outcomes. Articles reviewed found the following key themes: academic pressure; teaching and studying context; Black gendered experience; feelings of loneliness and separation; culture shock; racism, and support.

Students have reported censoring themselves to be perceived as acceptable by both white peers and academics (Cummings, 2018) and being racially stereotyped as having lower intellectual ability (Cummings, 2018; Bunce *et al.*, 2019; Akel, 2019). There is also evidence that recognition of racial difference rather than being treated differently has a greater negative impact on a sense of wellbeing and that in cases of experienced racism students felt unable to express this to others for fear of not being understood and being negatively judged and rejected by both their peers and academics (Cummings, 2018). A significant number of these reported experiences are potentially applicable to mental health practitioners too.

Bantjes *et al.* (2018) highlight the influence of context on psychological distress and the need to acknowledge how social environments may impact on wellbeing. Dos Santos *et al.* (2019) stress the importance of considering how aspects of social identity such as race may impact on mental health of students. Akel (2019) explored the ‘experiences of Black and minority ethnic students and their sense of belonging and comfort’ (Rollock, 2019: 5) at a

London university. Akel (2019) noted that she had intended to include Student's Union staff members as part of her study but that it was not supported. The reasons for lack of support are unclear. However less than half of participant responders (195 survey, 6 individual interviews and 10 students participating in three focus groups) believed the union prioritized race equality. The published report highlights the lack of relatable role models across the institution whereby those few academics employed became mentors for the students and provided additional support. All concerned were subjected to significant emotional labour in either the giving or receiving of required support. Additionally, many students reported having to manage frequent racial microaggressions in learning environments when trying to participate in academic discussions. Consequently, Akel (2019) points out many became 'consciously strategic in navigating academic spaces, where code-switching, moderating one's identity and tactical withdrawal from race-related discussions are survival mechanisms' (p7-8). Additionally, 34% reported making modifications to their ethnic or cultural identity to fit in with western mores to avoid negative consequences. Data showed they had a lack of confidence when accessing support, in university mental health support due to cultural insensitivity and lack of cultural knowledge displayed by supporting individuals. It is unclear whether practitioners were in counselling roles specifically. However, students reported seeking private counselling which suggests that they were which is concerning. This raises three questions. Firstly, are mental health practitioners of colour employed at this institution? If so, what are their experiences in the service and university more broadly? Are these experiences replicated across university counselling services in the UK. This current research is particularly interested in these questions and looks at the experiences of practitioners of colour working at a range of university counselling services.

Wong *et al.* (2021) point to growing evidence of racism and inequalities in British universities. Their longitudinal research focused on the experiences of students from Black, East Asian, Middle Eastern, mixed South Asian and white European backgrounds studying in science, technology, engineering, and mathematics (STEM) disciplines at a middle sized, not untypical English

University. Bhopal (2018) highlights the absence of curricular diversity and representation of both BAME students and staff in STEM higher education and the lack of awareness by the privileged majority. If there is under-representation in a system or institution and positive messages of racial equality are not reinforced through action students will be under additional stress to manage experiences of racial stereotyping and lack of opportunities or reach their academic potential (Ong *et al.*, 2018). We know that practitioners of colour are under-represented within the psychological professions too. There may be similar stresses and barriers to reaching their professional potential which by extension would apply to university mental health professionals.

The findings of Wong *et al.* (2021) identified three discourses (naïve, bystander and victim) when their participants were asked to share their experiences of race and racism in their university lives. Findings draw attention to ongoing problems facing UK higher education relating to ethnic diversity. The naïve discourse relates to not considering race or racism as relevant. The bystander or silent witness refers to awareness of racism and related inequalities but an unwillingness to speak out and following the principle of not getting involved in others' business. This dimension reflects a sense of not knowing how to or what is the appropriate way to discuss issues and inequalities to do with race and ethnicity. The researchers found that being members of an ethnic majority made it difficult for them to empathize with the experiences of minority ethnic groups. One participant talks of not getting involved with issues to do with race due to fear of being labelled racist. The bystander discourse seems to 'encourage a culture of silence, passivity and non-interference' (Wong *et al.*, 2021: 366). It is not beyond the realms of possibility that similar bystander processes may be at work for individual mental health professionals working within university counselling teams. As a clinician working in an HE counselling service for over a decade I have observed the first two discourses in action. The final discourse, the victim, relates to experiencing microaggressions and unambiguous kinds of prejudice and discrimination due to ethnicity. This discourse was characterized by a

sense of feeling gagged and unable to react or answer. Similar processes may be in action for qualified practitioners of colour.

## **1.4 Academics' Experiences**

Dupree and Boykin (2021) explore challenges relating to systemic racism within academia focusing on academic patterns and practices from the perspectives of the psychological, the interpersonal and the structural. Other recent research demonstrates the extent to which racial inequality (Kraus *et al.*, 2017) is found in organizations, (Boykin *et al.*, 2020; Livesey, 2019; Ray, 2019; Rollock, 2021) is underestimated and how white adult peers tend to minimize their own racial advantages (Lowery *et al.*, 2007). While stereotypes used today may be less obviously negative those portraying ethnic minorities as inferior remain active. In predominantly white academic contexts these academics pick up signals that they do not fit in (Anderson, 2015) because 'stereotypes can leak into interracial interactions, leaving racial minorities feeling disrespected, unwelcome or simply unsure' (Dupree & Boykin, 2021:13). Similarly, race status associations that are aligned to incompetence can harm ethnic minority academics (Dupree & Boykin, 2021). This is relevant and applicable to mental health professionals too. Just as stereotypes potentially affect the experiences of academics and reduce their likelihood of remaining in academia it is highly possible that similar experiences will reduce the prospect of mental health professionals remaining within university counselling contexts. Rollock (2021) points out that Black students' experiences and their challenging educational journey is equal to that of Black academics and professional support staff.

Although many institutions are recruiting more academic minority ethnic staff, particularly since the more recent increase of global protests since 2020 against racial injustice, these new recruits can feel unwelcome in such predominantly white contexts (Dupree & Boykin, 2021) and are more likely to consider leaving UK institutions (Rollock, 2021). University counselling services too have been employing more mental health practitioners of colour. However, this researcher believes that further work is required to ensure that

staff feel supported and are retained. Arday (2022) highlights that the mental wellbeing of staff of colour in universities remains an afterthought. Being a single academic or one of a very few academics of colour in a department has been found to affect feelings of belonging or motivation and may communicate to those academics that they are perceived to be a threat by the institution (King *et al.*, 2010). Small numbers of ethnic minority staff in higher education means they are unduly and overly asked to work on activities relating to racial equity in their departments, institutions or services and disciplines (Rodriquez *et al.*, 2015; Syed, 2017). This is an additional burden. However, to decline doing the activity may be perceived negatively (King *et al.*, 2018). Again, it is possible that mental health professionals may have similar experiences and feel the same burdens. This current research aims to examine this to aid further understanding.

Rollock's (2021) qualitative research with twenty Black female professors examined career experiences in securing professorships, strategies employed to support their career advancement and their advice to potential future Black female professors. Similarly, to student experiences, participants reported regular forms of active and passive bullying and microaggressions. Professors' accounts demonstrate strategies to suppress or handle emotional responses to manage situations to protect colleagues who may have made racial faux pas and expressed racial biases to maintain professional relationships and safeguard their own careers. Employing activities such as 'going above and beyond' and being 'hypercompetent' are used to confirm academic legitimacy. The study shows the extent of labour, both actual and emotional, needed to navigate these institutional systems of inequity and a sense of isolation and depleted energy or fatigue is conveyed. This research highlights how Black female professors navigate and manage professional interactions with their peers. The purpose of this current research is to investigate the experiences of a range of practitioners of colour, practicing in university counselling services, and their interactions with peers and colleagues, including supervisors particularly when talking about race.

## **1.5 Mental Health Professionals' Experiences**

There is limited research relating to the experiences of Black, Asian and Minority Ethnic practitioners working clinically (Moodley & Dhingra, 2002; Kistan, 2004; Spalding *et al.*, 2019) and even less to those working in university counselling services. There is some published US and Canadian research into the experiences of BAME counsellors in training (McDowell 2004; Haskins *et al.*, 2013). McDowell's (2004) qualitative study found race was a significant theme to emerge. As found with client research, trainee counsellors revealed that they had experienced racism in the form of 'lack of racial awareness; lack of attention to race and negative assumptions and/or differential treatment based on race' (p: 308). White participants spoke of their awareness of their position of privilege compared to their colleagues of colour. While participants of colour spoke of strategies employed to resist racism including withdrawing, confronting, and making sense of. They reflected on the need to choose battles by considering the potential costs or likelihood that change would occur which appears to correspond with experiences of ethnic minority academics in UK university settings. Moodley and Dhingra (2002) found that black therapists emphasized relationships between their professional role and visible ethnic identities and expressed this in terms of relationships with both clients and colleagues. Kistan (2004) identified a theme relating to race and how and when this was raised with clients. Haskins *et al.*'s (2013) research also found race was a significant theme to emerge for participants in counselling training. They revealed experiences of racism in the form of lack of racial awareness, stereotyping, marginalization of experience and lack of representation in teaching faculties.

In Neo and Akhurst's (2016) small phenomenological study with four therapists three main themes were found: barriers to clinical work; awareness of cultural differences; the differences between working with clients of similar or different backgrounds. Two participants worked in higher education counselling. While most participants did not perceive themselves as minority counsellors, they reflected on clients acknowledging their difference and the assumptions clients made. When reflecting on working

with clients with similar heritage rather than those from the dominant culture preferences between participants varied. Some felt less comfortable working with clients with similar backgrounds due to potential client discomfort. Others felt it enhanced a sense of greater connection or understanding. Nearly all participants used supervision to explore and work through any barriers. It is unclear from findings how the participant, who did not use supervision, worked through barriers if they had barriers to work through or their reasons for not using supervision in this way. We don't know if participant supervisors were clinicians of colour or not. We also don't know what their experiences were working with colleagues, whether they worked in clinical teams, the actual detail of their experience working with supervisors and how race was explored in these situations all of which this current research intends to examine. All participants in Neo and Akhurst's (2016) study were known to the researchers and were either colleagues or had been met through training and worked in the north of England. This could be a limitation as there is the potential for participant confirmation bias. This current research has recruited practitioners from across the UK to reduce this risk and to examine both similarity and difference in experiences.

Odusanya *et al.*'s (2018) research into experiences of qualified female BME clinical psychologists found four main themes: 'standing out as different'; 'negotiating cultural and professional values'; 'sitting with uncertainty' and 'view of self as a clinical psychologist'. Participating clinicians felt conspicuously different, particularly in early careers and found their minority status within the profession taxing. A sense of feeling marginalized was experienced as diminishing over time as they became qualified for longer. Their visible identity was found to influence participant feelings of being rejected. Standing out due to visible identity was experienced as both positive and negative such as possible positive discrimination for one participant or fear of being perceived as inferior due to visible difference and feeling the need to work harder to prove legitimacy. Participants spoke of being irritated by being considered the cultural expert on race. When navigating cultural values some participants felt the need to modify or play down their cultural identities, and it was important for them to find ways to integrate their

professional and cultural identities. Feeling anger was a commonly expressed feeling, particularly when feeling they had to justify their place in the profession. Most participants cited their ethnicity as not being addressed by supervisors, in clinical teams or with clients. This experience seems to echo findings by other researchers who reported that therapists often avoid having open discussions about race and cultural issues with clients and colleagues in mental health teams (Dos Santos & Dallos, 2012). Not having their ethnicity acknowledged was experienced as invalidating and being the only ones to initiate conversations about race created a dilemma for them (Odusanya *et al.*, 2018). It should be noted that participants were all working in an NHS context which has its own dynamics and institutional culture which due to its organisational structure, purpose, funding, and stakeholders is likely to be different to that of university counselling service settings. Nevertheless, the finding that therapists avoid talking about race and cultural issues reflects this researcher's observations and experiences in a university counselling service and this current study examines whether and how conversations about race, ethnic and culture are had.

Spalding *et al.* (2019) interviewed eight participants (six female, two male), self-identified as Black, Asian, or dual heritage, working with predominantly white clients. The research focused on whether: participants felt more conscious of their race; race and culture might affect the therapy alliance; and they had received adequate training relating to culture and race. Findings highlighted three themes: training as colour blind; impact of client reactions to their ethnicity; how they worked with race clinically. During training, issues relating to race and culture were minimized and seemingly considered unimportant. Similar to Odusanya *et al.* (2018) the issue of race was the 'elephant in the room' (p:79). All were aware of it, but it went unacknowledged leaving participants feeling invisible. Participants reflected on clients' racialised reactions when first meeting them such as looking surprised or making comments which seemed to conform to stereotypes. It is possible that mental health practitioners working in university counselling services in the UK may have similar experiences.

Ragaven *et al.* (2020) interviewed eight female participants from BAME communities working in psychological roles who aspired to be clinical psychologists. Findings identified three main themes: 'Negotiating multiple identities and narratives'; 'Grappling with White privilege'; 'Finding value in being a BAME applicant'. Participants discussed challenges of navigating professional and personal values and identities, being the only minority ethnic person in the team and associated difficulties experienced with fitting in. They described the overt racism experienced from clients and the level of resilience and 'emotional work' they had to undertake to 'either rationalise or dismiss their experiences of racism and feeling silenced' (p 21). Findings highlighted an inequality in that participants had to work harder to receive the same prospects as white colleagues. They raised the difference in confidence talking about issues relating to race with BAME and white supervisors. This piece of IPA research provides rich descriptions of participants experiences but does not examine the processes involved with negotiating or navigating these experiences. Participants at the time of research interviews held psychological roles in their work areas but it is not clear whether they worked within the NHS, HE, or another sector. Nevertheless, and again it is possible that practitioners in HE counselling services may face similar challenges.

## **1.6 Clinical Supervision – Its Function**

Supervision is recognized as having increasing importance in caring professions (Dunsmuir & Lang, 2015). Mental health practitioners obtain knowledge through formal training theories and research, practice-based knowledge from expert practitioners and a growing self-awareness relating to identity and behaviours that impact on their practice all of which clinical supervisors mediate to facilitate the integration of these aspects of knowledge (Bernard & Goodyear, 2014). Proctor (1988) describes supervision as the means of continuously facilitating a clinician's professional development and reviewing clinical work to ensure professionalism, ethical approach and support of a clinician's welfare. The development of a solid supervision relationship is essential to the change process, and the extent of change may be a due to the intensity of that bond (Bourdin, 1983). Supervision is

evaluative, hierarchical and consists of power dynamics which has the potential to be problematic in relation to ethnicity and gender identities (Bernard & Goodyear, 2014).

Supervision is considered integral to good clinical governance, best practice around the world and is encouraged though not mandatory once qualified (McMahon *et al.*, 2022). Exceptions are in Ireland and the UK where ongoing clinical supervision within professions such as psychotherapy and counselling psychology is a requirement (McMahon *et al.*, 2022). Research into the practice of supervision is an ongoing and developing area and to date most literature focuses on perspectives of supervisees and the benefits to their clinical skills and practice (Watkins, 2011; Wheeler & Richards, 2007 and Wilson *et al.*, 2016). There are mixed findings. Watkins (2019) review of supervision research suggests there is limited evidence to back the widely held view that supervision benefits clinical skill. Others find that supervision is associated with improved clinical skills (Alfonsson *et al.*, 2020; Schwalbe *et al.*, 2014), increased job retention and lessened psychological pressure (Dawson *et al.*, 2013; Wallbank, 2013). Carpenter *et al.* (2013) found supervision positively associated with job satisfaction and the ability to manage workload although there was limited evidence for benefits to client outcomes. These researchers found that supervision is most effective when focusing on the supervisor/supervisee relationship and the provision of social and emotional support. Considering the above documented experiences of minoritized ethnic students, academics, clinical trainees and practitioners this would seem highly relevant for practitioners working HE counselling contexts.

## **1.7 Cultural Competence and Sensitivity in Supervising Practitioners**

Multicultural competence is defined as comprising of the understanding and skills to clinically practice, appropriately, well and ethically with those who are culturally different (Pope-Davis *et al.*, 1995; Sue *et al.*, 1992) and is

essential to psychology and psychotherapy. If we agree that supervision facilitates competency development (Mitchell & Butler, 2021) and, as Hensley (2002) suggests, is a vital resource for professional identity formation and the development of self-awareness, then ‘the style and personality that a supervisor brings to supervision are important ingredients to the learning process’ (p: 101). This will be especially relevant to clinical trainees or qualified practitioners in early careers. So, the way that a supervisor behaves and the skills and attributes they demonstrate forms the basis for supervisee clinical behaviour (Kadushin, 1992). They are in other words role models. This suggests that if supervisors are not having conversations about race with supervisees, they in turn may not be having these conversations with clients. If supervision is the main method for teaching clinicians (Mitchell & Butler, 2021) then ensuring that conversations regarding race are held in supervision is essential. It is essential because research shows that British mental health services have been described frequently as ‘discriminatory, culturally insensitive and inappropriate’ (Webb Johnson & Nadirshaw, 2002: 119). Netto (2006) found that provision of services didn’t acknowledge heterogeneity of Asian populations resulting in low uptake of services. Beck *et al.* (2019) recognize that while individuals from ‘all communities have benefited from increased availability of evidenced-based therapies’ (p.6) offered by NHS services, patients from BAME populations are less likely to approach services for help, have reduced positive outcomes and are more likely to report negative therapy experiences than white patients (Crawford *et al.*, 2016). Beck *et al.* (2019) recognize the need to develop appropriate psychological interventions that are culturally sensitive and appropriate for diverse populations. Hinton and Patel (2018) identify the key elements for culturally thoughtful and considerate work incorporating the need to engage with specific beliefs and practices relating to physical and mental health. Practitioners need to have an understanding of society’s structures as well as an understanding of psychology and pathology (Lago & Thompson, 1996) to limit reinforcing discursive hegemonies of a majority culture (Lee, 2017). This understanding and cultural sensitivity is essential to all organisational and clinical contexts and systems including those of higher education institutions (HEIs) such as embedded counselling

services. Therefore, this needs to extend to practitioners providing supervision too.

As clients with diverse experiences (Burnett & Peel, 2001), from heterogeneous, dynamic and constantly evolving cultures (Ventriglio *et al.*, 2019) access university counselling services psychological interventions demand that practitioners be sensitive to cultural variations and associated client needs (D'Ardenne & Mahtani, 1989). Mohamed (2006) reflects on how the lack of awareness of one's own prejudices may cause practitioners to take ethnocentric stances and stereotype clients and supervisees from minority ethnic backgrounds. While Neo and Akhurst (2016) found that most participants used supervision to explore their ethnicity and work through barriers in clinical work, McKenzie-Mavinga (2016) found some supervisees felt unable to take work related to race to white supervisors. This has significant implications for therapeutic alliances, outcomes, and practitioner development (McKenzie-Mavinga, 2016; Ade-Serrano & Nkansa-Dwamena, 2016). Just as clients may feel unable to discuss and explore intrinsic aspects of themselves, their histories, and identities (Ade-Serrano & Nkansa-Dwamena, 2016), supervisees may experience similar barriers.

Researchers propose that the supervisory relationship influences the link between supervisor multi-cultural competence and supervisee growth (Burkard *et al.*, 2009; Inman, 2006; Walker *et al.*, 2007). Soheilian *et al.* (2014) state that supervisor multicultural competence relates to the supervisor's ability to initiate and help cultural discussions take place, use culturally appropriate interventions, assessment and case conceptualisations and finally assess the multicultural competence of the supervisee. Ladany *et al.* (1999) found that many supervisors lacked sensitivity to cultural issues with both supervisee and client. Some supervisors were found unable to address multicultural issues or were uncomfortable to do so and avoided/ignored or minimized the value of doing so (Constantine & Sue, 2007) and contributed to reported negative experiences of supervision. Researchers emphasize the need to instigate and be responsive to cultural

discussions and highlight the consequences of lack of cultural awareness (Dressel *et al.*, 2007; Soheilian *et al.*, 2014). When unaware of positions of privilege supervisors grant further social power outside that of their supervisory roles and that this may lead to acts of discrimination towards supervisees and/or their clients (Ladany, 2014).

Somerville *et al.* (2019) highlight that while attitudes towards multi-cultural competence of supervisees and supervisors can be aligned, often they are not and this may lead to supervision clashes (Burkard *et al.*, 2006, Constantine & Sue 2007, Wong *et al.*, 2013) which could hinder the development of multicultural competence (Ancis & Ladany, 2010). This type of supervisory conflict has potential implications for clients and clinicians as it may stop supervisees, who have become more diverse than supervisors (Sommerville *et al.*, 2019) over recent years, discussing aspects of themselves or their clients in supervision.

## **1.8 Non-Disclosure in Supervision**

Supervisors evaluate whether trainees have adequate clinical skills to work as practitioners (Bernard & Goodyear, 2014). However, evaluations are based on supervisee self-report rather than observation (Amerikaner & Rose, 2012) and demands that supervisees disclose correctly, truthfully, and willingly (Hutman & Ellis, 2020). Models of supervision assume that supervisees disclose freely. However, research suggests that information is often withheld by supervisees (Mehr *et al.*, 2010; Yourman & Farber, 1996) and implies that supervision efficacy may be compromised (Knox, 2015). Research suggests that information withholding relates to anxiety about clinical mistakes made and negative reactions to a supervisor (Gibson *et al.*, 2019; Jakob *et al.*, 2013.) When supervisors dismiss or minimize cultural issues or ‘pathologize culturally congruent trainee or client behaviours (Hutman & Ellis, 2020: 309) supervisees may become more cautious, wary and withhold (Burkard *et al.*, 2006; Burkard *et al.*, 2009; Dresel *et al.*, 2007). Previous research has found that non-disclosures related more to the supervisory relationship than concerns about clinical mistakes and was consistent across various disciplines

(Pisani, 2005; Webb & Wheeler, 1998; Mehr *et al.*, 2010). In keeping with previous research Hutman and Ellis (2020) found that when supervisors are not culturally sensitive supervisees withhold information to protect both themselves and clients (Burkard *et al.*, 2009; Walker *et al.*, 2007). It should be acknowledged that participants in this study identified as or were predominantly Caucasian, were enrolled on graduate mental health programmes, were not qualified clinicians and most of their supervisors were white and female.

## **1.9 The Construct of Identity**

Social Identity Theory (SIT) posits that individuals endeavour to embody a specific and positive social identity (Tajfel & Turner, 1979). Others see identity as multi-faceted involving the assimilation and mixing of various aspects of an individual's identity (Moodley & Murphy, 2010; Campbell-Balcom & Martin-Berg, 2019). Social contexts, such as how a person is raised, their history and life experiences affect and shape their sense of identity, self-esteem, values and beliefs (Lago & Smith, 2010). Therefore the 'construct of identity has far-reaching implications – it shapes how we feel about ourselves and the kinds of futures we envision, but also shapes how we interact with others, how we parent, educate, police, and serve' (Rogers *et al.*, 2020:11).

## **1.10 Ethnic Racial Identity and Factors Influencing Development**

Ethnic Racial Identity (ERI) is an individual's 'sense of self related to ethnic heritage and racial background' (Williams *et al.*, 2020: 2) which involves how people use labels relating to their beliefs and attitudes together with the information they possess about their racial heritage (Umana-Taylor *et al.*, 2014). Until recently most ERI models and research have focused on adolescence. Williams *et al.* (2020) offer a lifespan model to explain a process starting in infancy and continuing throughout adulthood that manifests as ethnic-racial consciousness, membership, outlook, behaviours, and

knowledge. These dimensions, active throughout life at different times and rates, are not seen as linear and are not always affirming or fundamental to an individual (Williams *et al.*, 2020). Rogers *et al.* (2020) discuss ERI as universal across all groups. They argue that early models of identity development such as Erikson's (1968) are Eurocentric and based on racist assumptions, which consider racial/ethnic identity merely as an adjunct and used to compare and evaluate difference or deviation from the norm.

Williams *et al.* (2020) propose that ERI is a bidirectional process and that various factors influence ERI and visa-versa. Factors might include selection of friends or where to live. While research into ERI development in adulthood is scarce Williams *et al.* (2020) propose that adulthood brings transitions or experiences such as higher or further education or moving to more, or less diverse environments. Whether experienced as positive or negative, experiences shape meaning making (Atewologun & Singh, 2010) and influence an ever-evolving ERI process of construction and reconstruction (Williams *et al.*, 2020). If we accept that as individuals we strive for a positive social identity (Tajfel & Turner, 1979), then our ethnic racial identities are not merely self-validated private beliefs but rather require social expression and external social recognition and validation (North & Swann, 2009) to fulfil our need to belong (Baumeister & Leary, 1995). Therefore, how people present themselves from an ethnic or racial perspective is essential however expressed and strategies are used to influence others to accept them as belonging to a given group and the feedback received may cause 'confidence and pride or insecurity and shame regarding where one belongs' (Seaton *et al.*, 2017: 685)

### **1.11 Dominant Hegemonies, Discourses and ERI Development**

Lago and Smith (2010) state that dominant ideologies, dominating socio-political and cultural processes and associated discourses influence discriminatory and oppressive beliefs. They continue, stating that behaviours impact identity development through the transmission of 'different messages of worth, value, and treatment to different people and groups within society'

(p. 5). For individuals from minoritized groups the impact is wide ranging in terms of alienation, life expectations and opportunities, self-esteem, and economic position (Thompson, 1993).

Social contexts, processes and experiences such as discrimination are significant in shaping identity (Williams *et al.*, 2020). These experiences may include being racially stereotyped or misidentified based on skin tone (Clarke, 2022). Rennie (2004) discusses how skin tone influences how individuals perceive their identity and how others assign identity to the individual based on skin tone and this influences whether they are accepted into a particular group or not. Other research has found the burden to conform to European beauty ideals (Awad *et al.*, 2015; Stokes *et al.*, 2016). Others have noted code switching strategies (Vivero & Jenkins 1999) in order to be accepted by a given group.

Castillo *et al.*'s (2020) research into internalized oppression found that Black/Asian participants reported experiences of being 'othered' often and that in terms of privilege and internalized racism several spoke of the privilege and power involved in the use of racial or ethnic ambiguity to avoid discrimination. Nearly all were aware of negative social stereotypes attributed to Black individuals and some participants were keen to disprove these. Others raised that their treatment by others was dependent upon their appearance and described how their appearance affected how they navigated interpersonal interactions. Most participants told of slowly discovering their racial identity in adulthood and experiencing a sense of safety and belonging within multi-racial and multi-ethnic contexts as opposed to more homogenous environments. This research was undertaken in the USA. Asian in USA refers to East and Southeast Asians. Black and Asian communities have internalised oppression and become associated with stereotypes relating to being subhuman, inferior and alien (Castillo *et al.*, 2020) and the experiences of oppression and discrimination by individuals in the UK may or may not be similar due to the different community histories and political and cultural discourses of the two countries.

## **1.12 Defining Personal and Professional Identity**

Personal and professional identity development has been extensively investigated within the counselling profession (Burkholder, 2012) and is defined as ‘the process of developing understanding of the relationship between one’s own life history and clinical work’ (Walsh & Scaife, 1998: 21) and is linked with cultural competence (Goodbody & Burns, 2011). Ronnestad and Skovholt (2003) propose that understanding oneself and others relies on continuous reflection which demands stimulating and supportive work environments including interactions with colleagues and supervisors and is essential for professional development at all experience levels. Nugent and Jones (2009) define the construct of professional identity as combining professional training and personal qualities within a particular professional context. Burkholder (2012) states that professional identity is difficult to define perhaps due to different mental health disciplines, trainings and associated perspectives and epistemological positions. Therefore he explores the concept of professional identity through the expression of it using Boyer’s (1990) framework of application (applying knowledge or theory to a given problem in practice or way a supervisor works clinically with a supervisee); discovery (researching and reporting to the wider mental health professional community); teaching others and integration (connecting knowledge from counselling with other disciplines) together with Owen’s (2009) concept of intentionality which refers to how theory is applied to make focused interventions or decisions in a given contexts.

## **1.13 The Shaping of Personal and Professional Development (PPD)**

Personal and Professional Development (PPD) involves labelling oneself as a professional, integrating the skills and attitudes of the labelled professional and seeing oneself as belonging to a given professional population (Gibson *et al.*, 2010). Reissetter *et al.* (2004) define professional identity as the congruent integration of developed skills together with personal worldview and professional perspectives. What seems to be significant is how an individual defines the work of their profession which means that PPD is also shaped by

working context. This is relevant to this current research which focuses on university mental health professionals.

Rønnestad and Skovholt (2003) propose that PPD is significantly influenced by interpersonal private life experiences and interactions with others in professional capacities, including clients and associated professionals. Interpersonal aspects of PPD involve the professional community which has a particular role in shaping mental health professionals new to the profession in areas such as language, learning what is expected and what to expect (Gibson *et al.*, 2010). As Goodbody and Burns (2011) state, the integration of these aspects together with those of the self and the concept of PPD relies upon ongoing reflective practice and presupposes shared assumptions relating to the world and the profession. However, they go on to say that not all practitioners come from the same community group. They are likely to have diverse experiences, world views, values, and beliefs (Gibson *et al.*, 2010). The individualistic assumptions (Youngson, 2009) of PPD may inhibit the aimed for sense of congruence for some practitioners of colour. Gibson *et al.* (2010) found that across time individuals moved from external reliance and validation to an internalised locus of evaluation and self-validation. However, this piece of research did not look at participants from minoritized backgrounds whose experiences might shape their PPD in different ways and with different outcomes.

Goodbody and Burns (2011) looked at the personal/professional development of clinicians within clinical psychology. They found that the narratives of participants from minority backgrounds repeated problems relating to difference and discrimination. They also found that BME psychologists raised within their narratives a resistance to being devalued and the Other and used more collectivized discourses relating to PPD than white participants who drew upon more individualistic personal growth narratives. BME participants also tended to use numerous social identity standpoints to cope with identity challenges and engaged with special interest groups outside mainstream psychology to explain their development. The findings indicated that

participants managed the tension between personal and professional cultures by making an increased use of their personal identities in their clinical practice over time. It seems important to this researcher to see whether similar or different dilemmas are present for the practitioners working in higher education counselling services.

Locke (2022) found a specific theme relating to navigating professional identity and defined how participants coped with and persisted with their study in the face of feelings of isolation and engaging with white spaces while maintaining their cultural values. The researcher identified a propensity for the white faculty to ignore topics of race due to their power and privilege which led to participants navigating and operating between cultures. These participants had a collectivist worldview and were invested in social justice that aligned with their Latinx cultural values and professional identity. This research was undertaken in the USA rather than UK and while undertaken in a higher education setting participants were doctoral students rather than practicing qualified practitioners. It is important to hold in mind that the experiences of LatinX doctoral student participants in the USA and at the beginning of their clinical career may have different experiences to those of participants in a UK educational setting who are already qualified and practicing rather than training. As the fastest growing population in the USA LatinX (Locke, 2022) participants may have different experiences of White power and privilege to that of an heterogeneous group of clinically qualified participants of colour in the UK. Nevertheless, findings relating to the topic of race being ignored has also been found as previously discussed in published UK studies and so has utility for this current research.

Kuo *et al.* (2023) investigated how cultural insensitivity impacted on personal and professional development (PPD) among international doctoral counsellor students. They found that experiences of cultural insensitivity intensified feelings of difference from their cohort and ‘problematized their cultural differences’ (p141). Participants cited a range of cultural insensitivity and experiences of microaggressions such as stereotypes relating to questioning

of intelligence or competence and being made to feel that they were the lone representative of a given community. The frequency of these micro-aggressions related to participants having to regularly navigate environments and conversations that were belittling. Like Locke's (2022) research this study was undertaken in the USA and focused on the experiences of students, not qualified practicing clinicians in the UK. Additionally, Kuo *et al's* (2023) participants were international students who were simultaneously navigating cultural differences between their home country and that of the USA. Furthermore, findings show that as international students they were having to navigate language barriers and implications relating to visa status so some experiences may diverge from those of participants for this current study in the UK. That being said, reported experiences of microaggressions seem to echo that of UK based research participants outlined and discussed earlier.

## **1.14 Research Rationale and Relevance to Counselling**

### **Psychology**

Professionals of colour within the disciplines of counselling psychology and psychotherapy are still under-represented (O'Driscoll *et al.*, 2016). This has wide ranging implications for practitioners and clients of colour in terms of training, provision and uptake of services, staff recruitment and retention, professional identity, professional development and progression, practitioner daily work experiences, supervision, wellbeing, therapeutic alliances, and therapy outcomes.

Worldwide events and international protests in recent years have highlighted ongoing structural racism, prejudice, and inequality throughout global societies. Therefore, ensuring that we reflect upon our relationship to the context and setting of our work as counselling psychologists is essential (Parritt, 2016). The British Psychological Society (BPS) Practice Guidelines (2017) state that as psychologists we need to be conscious of the stereotypes and assumptions commonly associated with and made about different ethnic groups. The guidelines stress the need to understand the discrimination

experienced by people from diverse ethnic groups and that practicing psychologists are expected to have an awareness of the impact of ethnicity, culture and religion when assessing and working clinically with clients. It seems to me that it is apposite to explicitly state that these guidelines also apply to the supervisory work psychologists and psychotherapists do and interactions they have with colleagues in whatever context they are working.

The literature shows that academics, mental health professionals, trainees and students of colour are still experiencing various forms of racism and that there are still limits in clinician awareness of the impact of racism, social isolation, and other broader structural factors on clients. McKenzie-Mavinga (2016) states that there is ‘a need for less inhibited dialogue’ (p:2) to enable experiences of racial trauma to be explored and worked through in both therapy and supervision. If issues related to race are not being discussed this has significant implications for clients’ well-being, self-esteem, sense of identity and therapeutic outcome. It also has implications for practitioner development (McKenzie-Mavinga, 2016), sense of identity both personal and professional, and possibly a practitioner of colour’s well-being.

Although limited numbers of counselling psychologists work in university counselling services, higher education is an area of applied counselling psychology. The key principles of facilitating well-being, valuing and focusing on being in relationship with clients to understand subjective worlds rather than concentrating on pathology makes working therapeutically in university contexts a good fit for counselling psychologists (Strawbridge & Woolfe, 2003). Furthermore, as Parritt (2016) states counselling psychologists are well positioned to contribute to diversity policies and practices. If as the Race Equality Charter suggests HE institutions still have significant issues with racism, we as psychologists already working in this context, whether as academics or clinicians, together with other practitioner colleagues need to consider the influence of the institutional culture on the work that we do and our own relationship with the prevailing culture of the organization (Parritt, 2016). We know that racism and discrimination impact

on mental health and wellbeing of students. It follows that academic and non-academic staff including practitioners may be similarly affected and require support.

In its strategic framework for 2021/2022 The British Psychological Society describes itself as inclusive, with diverse membership and committed to promoting 'inclusivity and diversity and to be the voice of contemporary evidence-based psychology that improves lives and changes humanity for the greater good' (p. 3). As Parritt (2016) asserts, in our work with clients we need to familiarize ourselves with both their subjective experiences and their social, cultural, and contextual realities and find ways to inform ourselves to increase our understanding. It is not adequate for psychologists 'simply to identify the racial and ethnic identity and background of the client' (BPS, 2017: 37).

I believe it is also essential that we adopt a similar stance in relation to those we work alongside, our colleagues. We need to have a better understanding of what the experiences of qualified practicing mental health professionals of colour are. To date there is limited research and psychological knowledge in this area. Therefore, this research specifically examines the experiences of practicing clinicians working within universities. The aim is to make a contribution to the limited pre-existing literature by exploring experiences and identifying when and where experiences are similar or different to gain greater understanding to 'build knowledge' and develop 'explanatory theory' (Punch, 2016).

It is hoped that knowledge gained from this study will be highly relevant to all counselling psychologists and broader audience practitioners working in this sector and will contribute to facilitate increased sensitivity and culturally aware working across the profession. It is also hoped that the insight gained will have the potential to inform higher education counselling service policies, enhance clinical practice and supervision, focus continuous

professional development and support further development of counselling psychology and psychotherapy training programmes.

### **1.15 Research aims**

Understanding the experiences of qualified practitioners working in university counselling service will help higher educational institutions and the wider profession to recognize and to acknowledge any harms being caused and ensure steps are taken to address cultural insensitivity and discrimination. Lack of attention on bias faced by colleagues and the effect on professional identities and wellbeing reinforces systems of inequality and ongoing marginalization and serves to preserve western focused perspectives which does not support diversity and inclusivity.

As previously stated there is a paucity of UK research relating to the qualified practitioner of colour experience working in the UK higher education sector. There is a need and tangible value in hearing the voices and understanding the experiences of practitioners of colour. Cultural comfort is a requirement for service efficacy and greater depth of understanding should help to facilitate sensitive and culturally aware working with increasing diverse populations (Rea, 2004).

Due to the lack of representation of practitioners of colour in the profession, the paucity of literature relating to practitioner of colour experiences in the HE sector, increased mental health issues in the student population and the EHRC's findings, an overall aim of this research is to understand how practitioners of colour experience working in HE counselling settings.

Three research questions will be asked to understand:

- How practitioners of colour experience interactions with counselling service colleagues, clinical supervisors and students who come for therapy.
- How personal and professional identities of the practitioner of colour are affected and shaped by experiences because of these interactions.
- And subsequently how their clinical practice with students is further influenced and shaped by these interactions.

## **CHAPTER TWO: METHODOLOGY**

### **2. Overview**

This chapter describes the methodological approach adopted. The initial section provides the axiological, epistemological, and ontological context within which the qualitative design was chosen. The chapter then outlines qualitative approaches considered and the rationale for using grounded theory and specifically constructivist grounded theory (CGT). Research procedures and process together with ethical considerations are described.

### **2.1 Axiology, Epistemology, and Ontology**

Researchers assert that to consider different paradigms in relation to epistemological, ontological and axiological positions is essential when investigating a given research area or problem (Samy & Roberston, 2017) because a research paradigm is seen as reflecting the beliefs and perspectives the researcher holds and so shapes the research process itself (Guba & Lincoln, 1998). Briefly, as Kivunja & Kuyini (2017) state, epistemology relates to what knowledge consists of and how it is obtained and conveyed, ontology concerns the beliefs held about the existence of a given phenomenon as to whether it is objective reality or perception, and axiology involves the values and moral or ethical issues relating to conducting the research and how they will be managed and dealt with.

### **2.2 Axiological Position**

From the inception of this research project and through all aspects of the research process including writing up I was acutely aware of the influence of my personal identity and values on the process and what Parson's (2019) calls 'positionality'. As previously stated I am a British Palestinian, middle-class, woman counselling psychologist. While having a Palestinian identity does not afford one privilege in the West I do enjoy a position of privilege in the form of opportunities I have had coming from a middle-class, British born background and education. I was purposefully given a first name by my

parents that is both recognizable and used in the middle-east and is common in the UK. This and my skin tone has allowed me to choose if I hide, which I often did for years, or disclose my ethnicity and cultural identity to others and so potentially avoid racism and maintain access to opportunity. So part of my process was to consider whether as someone who is able to pass as white should undertake this particular research. I sought feedback from friends and practitioners of colour who were encouraging. I developed the research proposal. As Parson's (2019) discusses I was aware of the gains I could potentially make in relation to my own status as a counselling psychologist, such as the profit of publication and therefore increased merit. Furthermore as someone educated and trained as a psychologist in the UK I was aware that I will have been acculturated to a Euro-centric or western perspective on psychology. It was essential to me that I would not take actions or behave in ways to reinforce marginalization of underrepresented groups (Muhammad *et al*, 2014). As the control of the research process usually lies with the researcher in terms of research questions, who to recruit as participants, interview questions, how data is analyzed and interpreted, and then how data is presented as part of the part of the initial stages of the research proposal and ethics approval process I considered my beliefs about the existence of racism and how the language I proposed to use in my recruitment materials may be perceived. This awareness also informed how I collected data and how I developed my semi-structured interview schedule. I considered the significance of my role as a counselling psychologist working in a university counselling service, and how to express this to participants who might have been suspicious of my intentions. As I discuss later considering my positionality also led me to think about the importance of incorporating an anonymous on-line follow up questionnaire for participants to be able to comment on their experiences of me and of participating in the research.

### **2.3 Epistemological and Ontological Position**

Willig (2013) outlines the following three approaches for knowledge generation: realist, phenomenological and social constructionist. She describes the realist approach as assuming that the phenomena under

investigation exists independently from researcher awareness and that processes exist, can influence thoughts, feelings and behaviour and can be identified. The aim of realism, she explains, is to produce an accurate representation of the social world and psychology while acknowledging that generated information about reality it is mediated, is not a direct reflection and requires interpretation. Willig (2013) goes on to state that a phenomenological approach aims to produce knowledge by understanding through description the subjective experience of the individual and assumes more than one reality. Social constructionism ‘focuses on how sociocultural forces construct knowledge and on the kind of knowledge they construct’ (Burr, 2015: 222). The next sections focus on the positions of critical realism and social constructionism and how they may be seen as compatible rather than in conflict.

### **2.3.1 Critical Realism**

Critical realism promotes the idea of identifying causal mechanisms and processes discursive and non-discursive and how these shape and create the occurrence of incidents or events (Bunt, 2018). By examining the conditions and individuals in a given situation or context, the critical realist paradigm often centres research on issues which seek to address matters (political, social and economic) which have already or may lead to oppression and conflict, the research task being to increase social justice, equality and equity (Kivunja & Kuyini, 2017). Critical realism states that an entity has causal efficacy, is able to exist outside of our knowledge, and can exist independently of identification (Fleetwood, 2005). Hoddy (2019) asserts that critical realism enables researchers to examine social phenomena in order to formulate causal descriptions that explain them. Realists believe that the social world is driven by causal processes (Bhaskar, 1998 [1979]). Bhaskar (1979) argues that ‘events are caused by multiple interacting causal powers’ (Elder-Vass, 2012: 6) including those of individuals and those belonging to social structures (Archer, 1995). Critical realists acknowledge that mediation is always involved when we consider an entity as ‘our sense data are always

mediated by a pre-existing stock of conceptual resources.....that we use to interpret, make sense of, understand....' (Fleetwood, 2005: 199).

Fleetwood (2005) identifies four modes of things being real in the following way: 'materially real' entities which exist separately to people such as those of the natural world; ideally real entities which are conceptual such as discourses, language, opinions and beliefs; artefactually real identities which are both physically and socially real and are created, manufactured or produced and may be construed in many ways and finally socially real entities such as structures or practices which depend on human activity but also exist beyond identification. He argues that class structures and workplace rules may be reproduced and transformed without action or identification. As he states institutional racism has somewhat lately been recognized and named but existed prior to being found. As Hoddy (2019) asserts 'critical realist enquiry aims at developing causal explanations that map the components of a social phenomenon across stratified reality, spelling out what the relevant objects, structures, mechanisms and conditions are to that phenomenon' (p.113). So critical realism demands that contexts, structures and discourses that influence interactions be identified (Bunt, 2018). Hoddy (2019) also explains that while the world is real and exists 'out there' independent from us, our perception and our knowledge of it is socially constructed.

### **2.3.2 Social Constructionism**

Social constructionists understands knowledge as that which is not purely objective or drawn from unbiased examination (Burr, 2015). Rather knowledge, histories, world views are seen as concepts that arise through social interaction which is mediated through verbal and non-verbal communication and 'evolves in the space between people' (Hoffman, 1992, 1992: 8). Individuals act as a result of the meanings things have for them and meanings are mediated by the use of symbols and modified by interactions through a process of interpretation and experience with and of others (Blumer, 1969). This approach challenges assumptions relating to causality (Burr (2015) as it focuses on how realities are constructed through language and

discourse and are influenced by the stake held in the conversation and how discourses used will fluctuate and are contingent upon a given social context (Willig, 2013). This given context will be influenced by culture, power dynamics and economic situations which are constantly shifting and changing in both time and place (Burr, 2015).

Researchers conceptualise epistemological stances such as realism and constructionism as discrete and particular beliefs which then guide and direct research (Morgan, 2007). Historically positions of constructionism and realism have been considered incompatible. Social constructionism is identified as belonging epistemologically to that of relativism which argues that there is no one single truth and that reality consists of multiple social constructions depending on individual perception (Samy & Robertson, 2017). This suggests that social constructionism is at odds with critical realism which as discussed understands that entities exist independently from perception and have causal power. However critical realism epistemologically may also be called relativistic as it accepts that knowledge is mediated by our understanding of what exists externally to us (Samy & Robertson, 2017)

Cupchik (2001) argues for constructive realism which understands the world as multilayered and consisting of ongoing simultaneous interactions within and between phenomena. He explains that phenomena are physical or social events or episodes that take place in the world and may be perceived by some or all and that importantly these events can be explained or understood when placed in context. Physical occurrences, as discussed, can exist outside human awareness and become significant in terms of shaping activity when seen or identified by people. Cupchik (2001) elaborates to state that social phenomena are episodes that are understood and shared between individuals and groups and that phenomena occur and recur in and over time. They are processes which become meaningful only when grasped or known in context. Consequently the purpose of social research is to reveal the processes that underpin observed social phenomena, which exist in organisations or

communities independently of researchers (Cupchick, 2001). Bogna *et al.* (2020) posit that critical realism provides a structure to examine causal processes in relation to realities or phenomena produced within a constructivist paradigm. Elder-Vass (2012) argues a case for compatibility between critical realism and what he terms moderate forms of social constructionism. He conceives that social structures or organisations consist of people or entities with causal powers of their own. While, he says, individuals have the ability to think and act independently of a given context who we become as an entity and how we behave is influenced by socially constructed processes and discourses. Realist social constructionism, from his perspective, understands the influence of discourse on our beliefs and behaviour as a causal power and that the same can be said of the mechanisms of knowledge and language.

Willig (2016) states that constructivist qualitative research uses realist assumptions and ontology when posing questions and states that this type of research combines ontological realism with epistemological relativism. She argues that applying a realist ontology does not automatically involve a one to one relationship between objective reality and related knowledge but rather she explains that an individual's meaning making and social practices can be considered a real entity in itself that exists beyond a given researcher's awareness or what he/she/they might say about it. Furthermore as she explains if we are interested in hearing about an individual's experiences and construction of meaning it is important to examine the situations and conditions in which an experience has occurred because any subsequent actions will have consequences and are likely to transform both the social and physical context in which further or ongoing interpretation and action is produced. The purpose of this piece of research was to develop a credible explanation to understand the experiences of practitioners of colour working in HE counselling services. As Willig (2016) suggests the desire to understand the experience or worlds of participants working in this given context assumes that there is a reality out there which exists beyond constructed meaning making. A realist constructivist position as just outlined informed how this current research was developed and undertaken.

## **2.4 Qualitative Design**

A qualitative design was adopted to enable the examination of ‘institutional and social practices and process’ (Starks & Brown Trinidad, 2007: 1372). It gives primacy to voices of marginalised, disempowered, silenced or under-represented individuals and communities (Ponterotto, 2010; Ponterotto *et al.*, 2017) and aligns with the pluralistic position of counselling psychology and my understanding that knowledge comprises of complex and multiple realities (Corrie & Callahan, 2000) that may exist beyond my perception. Experiences of being a British Palestinian and practicing clinician have informed the value I place on developing knowledge through attending to diverse worldviews, including that of subjective experience (Strawbridge & Woolfe, 2003) and associated meaning making rather than claiming a single truth (McLeod, 2003). This design provides the potential to learn more (Silverman, 2017) and enables in-depth investigation of emotions, thoughts and processes, the subtlety of which would be difficult to capture using quantitative methods (Strauss & Corbin, 1998). Quantitative methods would limit my capacity to generate new meanings and understandings due to the traditional approach of testing pre-conceived hypotheses (McLeod, 2003). A qualitative approach enabled me to employ “critical and creative thinking – both the science and the art of analysis” (Patton, 1990: 434) supporting the philosophy of the science-practitioner paradigm of counselling psychology (Corrie & Callahan, 2000).

Qualitative approaches are used to explore under-researched areas and are seen as increasingly apposite within psychology when research areas are complex, unclear (Richardson, 1996) or sensitive (Hennink *et al.*, 2011). Ponterotto (2013) highlights the merit of qualitative approaches for psychological research of a multicultural nature. As this research is interested in hearing the voices (Rizq & Target, 2009) of practitioners from minoritized backgrounds and exploring their experiences relating to race in university counselling services I considered a qualitative framework most suitable.

## **2.5 Selection of Qualitative Method**

Qualitative psychological research has ‘global reach’ (Charmaz & Henwood, 2017) and offers possibility for immersion in participant narratives (Lyons, 2016) until essential meanings of lived human experiences become clearer (McLeod, 2003). There is an array of methods on offer and studies published to date have used various approaches to describe and gain understanding of therapist of colour experiences (Dos Santos & Dallos, 2012; Haskins *et al.*, 2013; Kistan, 2004; McDowell, 2004; Neo & Akhurst, 2016; Odusanya *et al.*, 2018; Spalding, *et al.*, 2019).

Three qualitative methods were considered: interpretive phenomenological analysis (IPA), discourse analysis, and grounded theory (GT). Idiographic approaches such as IPA have extensive applications due to their emphasis on subjective human experiences, meaning making (McLeod, 2003; Willig, 2013) and researcher reflexivity (Smith & Eatough, 2016; Storey, 2016). However, IPA does not provide the means to explain reasons for differences between subjective accounts (Willig, 2013). I was keen to gain greater understanding of both subjective experiences and any influence experiences may have on processes of personal and professional identity development and clinical practice. IPA would not meet all these interests. IPA findings often stop with identification and presentation of primary themes (Willig, 2013) and focus on homogeneity of researched groups (Smith & Eatough, 2016; Willig, 2013). Although recruiting practitioners working in university contexts might suggest homogeneity, practitioners of colour are not homogenous even though this might be implied by frequently used acronyms BME and BAME.

Discourse analysis, a social constructionist approach, places emphasis on construction of realities and knowledge through language rather than reflecting realities (Coyle, 2016). Researchers focus on how discourses are purposefully and contextually created and influenced by conversation stakeholders rather than how individuals experience the world (Willig, 2013). This approach can shed light on how discourses are used to create personal

identities (Starks & Brown Trinidad, 2007) and is interesting in that knowledge is perceived as action oriented and socially constructed through linguistic processes both oral and written (Coyle, 2016). However, this method would not meet the research aims and questions posed relating to psychological and social processes and how they happen in given contexts.

## **2.6 Selection of Grounded Theory**

This study aimed to make meaningful contribution to limited pre-existing literature to gain greater understanding and to ‘build knowledge’ and develop ‘explanatory theory’ (Punch, 2016). Grounded theory (GT) is described as particularly useful to assist with explanations of human responses and actions by presenting new perspectives (Glaser & Strauss, 1967) on social reality (Strauss & Corbin, 1998). GT has demonstrated that it is compatible with critical realism in terms of how data is collected, coded and analysed (Hoddy, 2019). The method’s versatility to investigate social units of any size as part of both small and large scale studies is also highlighted (Glaser & Strauss, 1967). GT also has many features to support a Critical Race Theory perspective such as working towards theory rather than population representativeness and examining contexts, social interactions and processes to understand the ways in which oppression and racism may be being perpetuated (Malagon *et al.*, 2009).

GT was seen as the most suitable way to offer an interpretation of the world using inductive, (Payne, 2016) flexible means of data collection and analysis (Charmaz, 2014). Practitioners of colour are members of heterogeneous groups. GT could give voice to their experiences by focusing on similarity and difference. This approach takes notice of action, time and processes as well as words or phrases and interpreted meanings (Charmaz, 2014). I considered concurrent data collection, analysis and theorising (Fassinger, 2005) the most fitting means to advance fresh theoretical knowledge (Strauss & Corbin, 1998). By using a constant comparative method and remaining close to the data, my aim was to generate theory that was both integrated and credible (Glaser & Strauss 1967). GT was particularly useful as it allowed me

to examine subjective experiences and investigate various meanings and processes to generate a theoretical scheme of “new understandings without constraint by priori hypotheses” (Levitt *et al.*, 2006: 317).

## **2.7 Selection of Constructivist Grounded Theory**

The original focus of grounded theory (GT) was to identify and understand the social processes and relationships within a given context (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Glaser and Strauss (1967) espoused that the guiding principles of GT are theoretical sensitivity and continuous development which is lost if committed to a pre-conceived theory.

More recently GT has been used to analyse and present psychological experiences of particular events as well as focusing on social processes rather than the context it occurs in alone (Willig, 2013). Qualitative researchers construct meanings and knowledge when engaging with data collection and analysis. The research interview, a common form of data collection (McLeod, 2003; Willig, 2013), is an intersubjective social interaction (Brinkmann & Kvale, 2015) and is a collaboration between participant and researcher, to create interpretations (Charmaz & Henwood, 2017) or construct new narratives of experiences (Gergen & Kaye, 1992).

Charmaz (2014) proposes using a constructivist grounded (CGT) approach, to take the opportunity to understand and make sense of participants’ experience while explaining “its quality in terms of wider social process and their consequences” (Willig, 2013: 78) and actions. CGT focuses on the constructions of meaning by participants and how these meanings shape the broader social and structural contexts and organisations they occupy and the social practices they engage with and are affected by whether perceived by individuals or not (Willig, 2016). As such this approach can be seen as compatible with a realist perspective (Willig, 2016).

The purpose of this research was to examine participants' realities rather than to compare experiences against a societal or psychological norm. I considered this to be most appropriately met by constructed grounded theory (Charmaz, 2014). I believed trustworthiness to be essential, particularly for participants, when considering how to undertake this study. I thought a constructivist-interpretivist lens which maintains trustworthiness as an important feature of the paradigm (Morrow, 2005) most suitable when deciding which GT approach to use. I was an active participant in co-constructing theory and knowledge rather than discovering it or it emerging from data (Charmaz, 2014). My personal and professional frame of reference could not be realistically bracketed. I played an active part in shaping both process and findings (Willig, 2013). This perspective reflects a clinical stance of counselling psychology in the use of one's self when seeking to develop new understandings and meanings with clients (Rizq & Target, 2009).

## **2.8 Procedure**

### **2.8.1 Participants**

Nine practitioners of colour working at various UK university embedded counselling services were recruited. Participants were of African, Caribbean, Asian and Mixed heritages. Participants were qualified practitioners accredited and/or registered with at least one of the following: the Health & Care Professions Council (HCPC), the British Psychological Society (BPS), the British Association of Counselling and Psychotherapy (BACP), the United Council for Psychotherapy (UKCP) and the British Association for Behavioural and Cognitive Psychotherapies (BABCP). Only one participant was male. This is discussed further in section 4.3 *Research Limitations*.

**Table 1** overleaf details participant demographic information.

**Table 1: Participant Demographic Information**

| <b>Age Range</b> | <b>Pseudonym</b> | <b>Gender<br/>(self-specified)</b> | <b>Ethnicity<br/>(self-specified)</b> | <b>Theoretical Orientation<br/>(self-specified)</b> | <b>Years<br/>Qualified</b> | <b>Years in<br/>H/E</b> |
|------------------|------------------|------------------------------------|---------------------------------------|-----------------------------------------------------|----------------------------|-------------------------|
| 25-34            | Lucy             | Female                             | Black African                         | Integrative- humanistic                             | 0-5                        | 0-5                     |
| 55-64            | Fred             | Female                             | South East Asian Mixed Race           | Person Centred                                      | 6-14                       | 6-14                    |
| 45-54            | Jesse            | Male                               | Mixed White/Black Caribbean           | Psychodynamic                                       | 6-14                       | 6-14                    |
| 45-54            | Amy              | Female                             | Black British or Afro<br>Caribbean    | Psychodynamic                                       | 6-14                       | 6-14                    |
| 25-34            | Amari            | Female                             | Pakistani                             | Integrative<br>Person Centred/Humanistic            | 6-14                       | 0-5                     |
| 35-44            | Orla             | Female                             | South East Asian                      | Person Centred                                      | 15 & Over                  | 15 & Over               |
| 55-64            | Camelia          | Female                             | Pakistani                             | Integrative                                         | 6-14                       | 0-5                     |
| 65 & Over        | Pearl            | Female                             | UK Black African                      | Person Centred/Black<br>Empathic/Integrative        | 0-5                        | 0-5                     |
| 35-44            | Anisa            | Female                             | Black British - African               | Integrative                                         | 6-14                       | 6-14                    |

### **2.8.2 Recruitment Strategy and Process**

A purposeful sampling method was adopted. The university counselling service I practice in and the London Metropolitan University counselling service were excluded to ensure colleagues from both institutions did not feel obligated to participate. Participation was voluntary. No incentives were offered.

Recruitment and interviews occurred between August 2021 and May 2022. Various channels were used for recruitment and activity was phased in-line with GT approaches to allow for simultaneous interviewing and coding. I became increasingly mindful to avoid peak periods of the academic year when demand on counselling services is typically and significantly increased, periods I considered it less likely that practitioners would respond. A recruitment flyer was sent out via channels described below and practitioners were invited to contact me by email if interested in participating.

One hundred and six university websites were researched to ascertain whether in-house counselling was provided and whether it was possible to contact the counselling service directly. In many instances it appeared only possible to contact the counselling services once enrolled as a student. Fifty-four UK universities with embedded counselling services were identified as directly contactable. Where possible the head of service was identified and directly contacted by email [*Appendix A*] to request that a recruitment flyer [*Appendix B*] be circulated. When not possible to make direct contact with service heads the email introduction was sent to the service administration team with the request to forward to the relevant service lead. Introductions were sent out between September and November 2021. Of fifty-four contacts seven service leads replied. Five reported that they had circulated the recruitment flyer. One stated that their service was not participating in external research due to lack of capacity. This is interesting. Individuals who may have met the inclusion criteria and might have been willing to participate outside work hours and were not given the opportunity to make that decision. Another stated that

they did not have team members who would meet participation criteria. It is possible that other service leads may have circulated the recruitment information without replying or they may not. This activity generated seven potential participants.

Of seven responders one did not meet inclusion criteria, another did not respond after being sent the participant information sheet [*Appendix C*] and a third cancelled the interview on the interview day and did not respond to any further contact made. This recruitment activity generated four participants. It is worth noting that one participant interview was rebooked because the participant forgot to attend and was unable to attend a rescheduled interview for two months. Another participant contacted me to participate three months after receiving a recruitment flyer. Both delays were due to workload pressures.

To maximize potential responses other channels were used. As a member of an HE network consisting of practitioners using a Cognitive Behavioural Therapy (CBT) modality, I requested permission from the network chairperson to email members the recruitment flyer. This did not yield responses. In October 2021 the recruitment flyer was sent, via a colleague, to the BABCP in Higher Education Special Interest Group (SIG) lead who had expressed an interest in incorporating this in their newsletter. I do not know whether this activity happened. No participants were generated.

In February 2022 the recruitment flyer was posted via the Higher Education based platform BACPUC journal/mail base. It was purposefully posted at this time to coincide with Race Equality Week which focused on race inequality in recruitment, progression and development. This activity immediately produced five responses from interested individuals all of whom participated.

When practitioners cited interest in participating they were sent an information sheet [Appendix C] giving further details of what participation involved. To maintain momentum suggested interview dates were given at this point. If individuals remained interested and an interview was booked a further email was sent [Appendix D] outlining interview joining instructions together with an attached consent form [Appendix E], and short demographic questionnaire [Appendix F]. Participants were asked to self-specify gender, ethnicity and religion. Ultimately information about religion has been omitted from **Table 1** as several answers could potentially compromise anonymity if included. I also asked individuals to think about what pseudonym they would like to represent them in transcripts, thesis and any article submissions. I saw this as a way of limiting assumptions made by me and potentially increase their sense of my trustworthiness, and their comfort and safety.

### **2.8.3 Pilot**

One participant was recruited to test recruitment process and research materials. Attention was given to identifying whether initial semi-structured interview questions elicited material relevant to research questions, to test for distress, ascertain whether the study should continue and to check interview and debriefing timings. This participant was informed, in writing, prior to the interview that they were participating in a pilot and that their contributing material may or may not be used as part of the overall research depending on the pilot outcome. They were reminded verbally before the interview started. The participant was made aware of how important their contribution was to shaping the focus of the study even if their interview data was not directly used in the analysis. As the interview schedule was not modified as a result of pilot findings the data was used and included in the analysis.

### **2.8.4 Interview Process**

Data was collected using audio-recorded, semi-structured interviews and follow-up anonymous on-line questionnaires. The research was started and undertaken during a global health crisis. Therefore interview location was at

times subject to COVID-19 government restrictions. Although it was potentially possible to interview in person at different phases of the pandemic, I interviewed all participants online for consistency, health and safety. Participants were asked to ensure that they had access to a location that provided privacy, limited interruption and allowed confidentiality to be maintained. I purchased a subscription from the Whereby.com platform to conduct interviews.

### **2.8.5 Interview Schedule**

Intensive interviewing suits GT methods well as both processes are open-ended, directed, paced, flexible and interview transcripts represent the verbal expressions of participants' psychological and cognitive processes (Charmaz, 2014). The interview schedule (*Appendix G*) was designed with questions developed from background reading, literature review findings and my observations and reflections as a counselling psychologist working in a HE counselling service. Participants were asked an initial question relating to their overall experience of working in a university counselling service. The broad open-ended nature of this question was adopted to elicit an expansive participant response. Further specific questions were asked about experiences of interacting with peers and colleagues, taking clinical work relating to race to supervision, challenges faced talking about race, if experiences have shaped their personal and professional identities and how clinical practice may have been influenced. Auxiliary unplanned questions were asked throughout interviews to explore meanings and responses of particular interest. In line with GT the interview schedule evolved as interviews progressed and data gaps were identified (*Appendix H*).

### **2.8.6 Interviews**

A Sony IC recorder (icd-px470) was used to record interviews. Intensive interviewing enables in-depth exploration to facilitate the expression of participants' own perspectives, interpretations and meanings (Charmaz, 2014). I believe this was the best way to explore a sensitive research area

(Lewis & McNaughton Nicholls, 2014). I am an experienced clinician and I believe that I am able to form empathic alliances quickly. I saw this as essential to creating a safe space for participants in case the interview elicited feelings of discomfort or anxiety. While important for any research interview it seemed particularly relevant for this topic. It is important to note that one participant, during the interview, suddenly became aware of their anxiety and sense of vulnerability, as an employee, should they be recognized in any analysis. It was helpful that in an interview setting I was able to re-iterate the mechanisms put in place to protect anonymity. Another participant stated in their online feedback that certain phrases and words they had used to describe their experiences had prompted feelings of anxiety. I wondered if the participant was asking me indirectly not to include in the analysis certain terms they had used. Both participants named the feeling experienced as anxiety and stated an accompanying sense of surprise. This demonstrates the sensitive nature of the research area and seems to highlight the vulnerability individuals can unexpectedly feel.

Participants were briefed about how interviews would proceed in the event of wi-fi disruption. To manage connectivity issues, I elected to use a back-up mobile hotspot. In cases of complete internet outage it was pre-agreed that the interview would be re-scheduled. In practice these planned contingencies were not required.

The interview process lasted for 60-90 minutes, allowing for introductions, running through the participant information and interview process, answering participant questions or concerns and checking verbally that written consent remained valid. Debriefing occurred immediately after recording stopped. Recorded interviews lasted approximately 60 minutes.

### **2.8.7 Post Interview**

A week after interview I invited participants by email [*Appendix I*] to share their experience of participating via an online free-text survey using the trusted supplier [onlinesurveys.ac.uk](https://www.onlinesurveys.ac.uk) (*Appendix J*). I saw these reflections as valuable sources of information and believed they might facilitate understanding further (British Psychological Society, 2014). Although a questionnaire given to volunteering participants had the potential for confirmation bias, I saw the feedback form as providing an anonymous space for participants to express thoughts and feelings they might have felt unable to express face to face due to perceptions about me, the research area or process. Due to the participant sample size I waited to read online responses until all interviews had been completed for anonymity. Four of nine participants provided feedback.

Audio-recorded interviews were transcribed verbatim by me. Although a time-consuming and labour-intensive process, it enabled me to immerse myself in the data (McLeod, 2003; Lyons, 2016) at the earliest opportunity. I wanted to capture the quality of the detail, including pace, tone, silences, participant emphases (Charmaz, 2014) and repetitions (Brinkmann & Kvale, 2015). Transcribing interviews helped me maintain a consistent transcribing approach across interview data collected and increased reliability, to start analysing meaning early and become more aware of my interview style (Brinkmann & Kvale, 2015). Identifying my interview technique helped to shape subsequent interviews. This is discussed further in *Methodological, Personal and Professional Reflexivity*.

## **2.9 Ethical Considerations**

Research data was collected, analysed, and stored in accordance with The Health & Care Professions Council's (HCPC) *Guidance on conduct and ethics for students*, London Metropolitan University's *Code of Good Research Practice*, and the British Psychology Society's *Code of Human*

*Research Ethics* (BPS, 2018), the Data Protection Act (2018) and General Data Protection Regulation (GDPR) (2018).

### **2.9.1 Ethical Approval**

This research was subject to the approval under the procedures of the London Metropolitan's Research Ethics Committee at London Metropolitan University and was granted on 8 June 2021 [*Appendix K*].

### **2.9.2 Informed Consent**

Written informed consent was obtained before interviews began and the right to withdraw or modify consent was highlighted. Participants were given the opportunity to withdraw from the study up to three weeks after being interviewed. Participants were provided with contact details of an alternative individual if I was unable to resolve an enquiry or issue.

### **2.9.3 Confidentiality, Data Protection and Storage**

Interviews were audio-recorded rather than video-recorded because I thought that video-recording interviews involving a sensitive topic could be a potential barrier for participation. Before commencing each interview, the aims of the research and interview, confidentiality and anonymity assurances were reiterated. Participants were reminded to maintain anonymity and confidentiality relating to clients, colleagues and places of work when discussing experiences. I was the sole researcher present during interviews and was the sole researcher for all interviews.

Identifying information was deleted from digital recordings and omitted from transcripts and research analysis to preserve anonymity and minimize information being tracked back to participants. Transcripts were provided to the relevant participant after interview for them to review, validate, check meaning and comment on. As Brinkmann and Kvale (2015) state participant

meanings may be inadvertently altered during transcription by the use and placement of punctuation marks. Participant transcription checking also allowed for any changes relating to issues of confidentiality (Rizq & Target, 2009) and enhances the validity and robustness of the research. This process was completed before data analysis commenced on each transcript.

Collected data was stored on a password protected laptop. Transcripts were password protected. Electronic data was backed up on an encrypted USB stick and kept in a locked drawer at my home. Transcripts and signed consent forms were kept securely and separately in a locked location at my home. A copy of written consent is held by the participant and me.

#### **2.9.4 Topic Sensitivity**

Sensitive topics may be defined as those which contend with emotive issues and have the potential to be affecting for both participant and researcher (Legard *et al.*, 2003). Although participants were qualified therapists and not considered vulnerable, it was possible that talking about their experiences in relation to race and ethnicity might evoke distress. Therefore, I developed a distress protocol (*Appendix L*). A debriefing process was incorporated to enable participants and I to visit any areas of the interview that raised difficult or sensitive issues. An accompanying debriefing sheet (*Appendix M*) was emailed to the participant immediately after the interview debriefing. Participants were advised that this would happen during the debriefing. My contact details were provided again should any subsequent questions arise. Referral points were provided as part of the de-briefing process in the unlikely event that support/counselling was required.

#### **2.10 Analytic Approach**

Grounded Theory offers interpretations of the world (Charmaz, 2014) by drawing findings from data, rather than pre-considered hypotheses, which are supported by examples of relevant meaning units of data (Glaser & Strauss,

1967). Throughout this research a systematic approach to gathering and analysing data was adopted. Collected data was analysed using initial coding to identify, label and interpret abstract concepts and categories and focused coding to explore relationships between developed salient categories and concepts (Charmaz, 2014). A ‘constant comparative method’ was used (Glaser & Strauss, 1967; Strauss & Corbin, 1998) to examine units of meaning of any size, for similarity and difference, by moving back and forth between data units within and across interview scripts (Willig, 2013). This approach demands looking for negative case examples by searching for the units of meaning that do not fit (McLeod, 2003), so incorporating diversity and heterogeneity into the developing theory. Developed conceptual categories were used to manage and direct further data collection and analysis (Glaser & Strauss, 1967; Strauss & Corbin, 1998).

Data analysis started after I had transcribed the first interview and it had been validated by the participant. I undertook an initial detailed reading of transcripts (*Appendix N, O & P*) while listening to audio recordings in order to gain an overall sense of participants’ experiences (Rizq & Target, 2009) and to start capturing early thoughts about what I heard. Using Charmaz’s (2014) approach I began the process of initial coding to study fragments of data to identify and label concepts together with their characteristics and dimensions. Codes were used to portray meanings and actions, capture events, contexts and viewpoints.

Firstly, a line by line approach was used to look at single words, phrases, sentences, tone and silences for significance. Concepts were labelled with words or phrases used by participants (in-vivo) or assigned by me. Concepts were coded, where possible in the gerund to show action and remain open to expanding options for meaning (Charmaz, 2014). Identified concepts were grouped according to their properties and dimensional ranges, into broader abstract explanatory terms or categories (*Appendix Q*) (Strauss & Corbin, 1998).

As analysis and data collection progressed focused coding was used to identify most useful initial codes and test them against extensive data, comparing data with data and codes with further data (Charmaz, 2014). Focused coding was used to examine connections between initial code categories and their sub-categories and link them together moving towards an explanatory model (Charmaz, 2014). Data continued to be collected and coded towards theoretical saturation whereby no new categories were developed and no new instances of variation were identified. This was an aim rather than certainty as “modification of categories or changes in perspective are always possible” (Willig, 2013: 71).

Reflexive notes were kept during the research process, from conception to post analysis and write up to capture changes in ideas arising from the interview experiences, supervisory meetings, literature review (Silverman, 2000) and my reflections and observations while continuing to work clinically in a university service. Informal analytic memos (*Appendix R*) were used to enhance the data analysis process by capturing thoughts, insights, assumptions and connections made as they developed, merged and evolved (Charmaz, 2014) in the progression from low to higher levels of category abstraction towards theory integration (Willig, 2013).

## **2.11 Methodological, Personal and Professional Reflexivity**

Tubaro *et al.* (2021) argue that reflexivity is essential to ethical research. Reflexivity can be described as an on-going process of learning (Kleinsasser, 2000), of exploration and self-analysis which enables researchers to see themselves as active participants who influence and shape the research process in potentially positive and negative ways (Ryan *et al.*, 2014; Ryan, 2020).

Grafanaki (1996) speaks of the tension that dual roles of researcher and therapist can create. I hold dual roles as practicing clinician and top-up

doctoral research candidate and I have felt the tension of these positions keenly. I am an experienced counselling psychologist but not an experienced research interviewer. In an under-researched area, using semi-structured interviews for data collection enabled me to give participants the freedom to speak about what was important to them and to hear their voices. My experience as a practicing clinician helped me to travel with participants to where they wanted to go. However this was a challenging process and at times I found giving participants this freedom while still being able to collect research related data demanding particularly within an hour time frame. As stated I listened to each recording soon after interview. I realised while reflecting on early interviews that my approach to participant meaning making was more akin to clinical work and I was at times using interpretation (implicitly or explicitly) or sensing meaning rather than prompting further with a question such as ‘what does that mean? Or what does that mean to you?’ I have reflected on whether my ethnicity too led to assumptions about shared understandings (Chavez, 2008). My first participant talked of her race ‘being a thing’. I didn’t prompt further. I felt I understood. Transcribing the interviews manually facilitated an awareness of assumptions I was at times making and enabled me to ask further questions, frame my prompts or follow up questions differently in subsequent interviews.

Much has been written about being the ‘insider’ or ‘outsider’ in relation to research participants. As a mixed-heritage researcher I have been very aware from the conception of this research of my potential insider/outsider status with regards to ethnicity. I have been highly conscious of the responsibility I have felt to protect and avoid misrepresenting participants and this led me to asking participants to choose their own pseudonym. It was interesting that one participant commented that this was the first time they had been asked to do this.

While I have been aware of my positionality in relation to ethnicity and being a practicing clinician I had not thought much about positionality in relation to

work and research context. Several participants checked this during interviews. One participant requested a conversation with me before agreeing to participate and before giving consent. Others made statements such as ‘as you would know’ which may have been used to check my understanding or to form a connection. Based on the context I work in I made assumptions about the barriers participants might face about talking about race, ethnicity and culture in supervision and this was at times borne out by participant narratives. However with some participants I found myself feeling surprised and maybe even disappointed that the ethnicity or race of a student was not necessarily included when discussing clinical work at supervision or during clinical meetings. Age, degree studied and other personal identity information would routinely be shared but for some participants race, ethnicity and culture was infrequently mentioned.

At the beginning of the research process my focus of concern was very much about whether I held an insider or outsider position with my prospective or actual participants and the impact this may have on participation or extent to which individuals would be willing to share their experiences with me. As the research process, recruitment and interviewing progressed, as I read more about these positions I have become more aware experientially of the nuance and complexity of being an insider or outsider. Dwyer and Buckle (2009) talk about occupying the space in between. This is interesting and resonates with me as a counselling psychologist, a role that holds the tension between both scientist and practitioner and for my position as mixed race and sitting in between, being perhaps neither insider or outsider to the ethnic and related cultural groups I was born to.

Ryan (2015) challenges the concepts of insider/outsider and Dwyer and Buckle’s (2009) occupying the space in-between as both ideas suggest the existence of binary positions. She goes on to posit that as researchers we hold multiple positions with and for our participants and during the research process as a whole. While I do not know or cannot be sure how I was

positioned by participants, and some may not have felt curious at all, it was interesting to note that one participant commented on my hair being similar to hers when describing a negative experience she had had with a practitioner; another checked whether I was mixed race and stated that I would always be perceived by others as Black; during the debrief one participant told me that she had been trying to place my ethnicity throughout the interview. I wonder about the extent to which this influenced how much or what participants decided to share with me. It led me to consider whether I should or shouldn't disclose my ethnicity at the beginning of interviews. I think that to disclose my ethnicity prior to interviews would more likely have reflected an anxiety on my part so I decided not to. If asked directly however I told participants.

As a practicing clinician, reflecting on therapeutic practice is part of my process. But documenting my reflections is not easy. Having regular research meetings with a critical friend/colleague has been an important way for me to transition from my more natural position of oral reflexivity to increased written. It has afforded me the opportunity to play verbally and to find ways to express those thoughts and meanings in writing.

As Stiles (1993) states 'qualitative researchers often study concepts or topics that are personally significant and thereby involve them in self-examination, significant personal learning and change' (p. 604). Undertaking this research has contributed to an enhanced understanding of the relationship between my ethnic identity and my clinical work (Walsh & Scaife, 1998) and I have noticed that in my iterations of reworking of the section on reflexivity and my relationship to the research I became increasingly direct or definite in labelling my ethnic identity. In some ways I have been experiencing a parallel process to that of my participants in the development of confidence to find my voice which for me relates to being authentic about my ethnic identity. I no longer hide my Palestinian heritage with colleagues. In terms of my clinical work while I have always had conversations about race, ethnicity and

culture with students I believe that I have become increasingly active with this in my clinical practice.

## **CHAPTER THREE: FINDINGS**

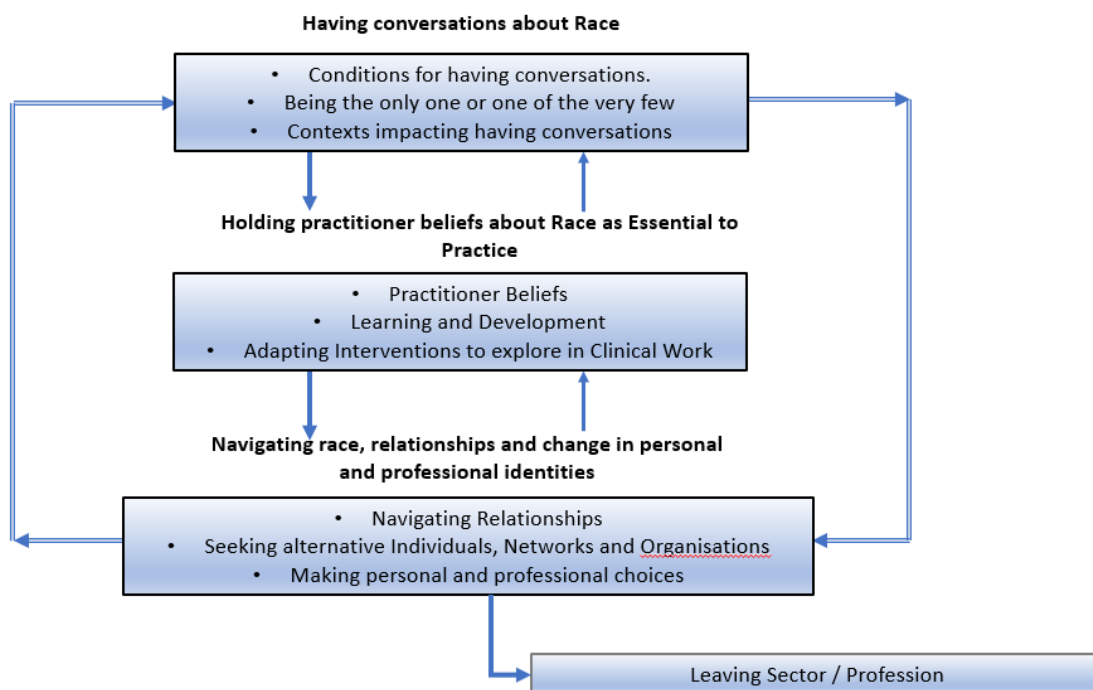
### **Overview**

The purpose of this research was to understand how practitioners of colour experience working in higher education counselling settings and develop a grounded theory model of the processes involved. This chapter presents the findings of nine interviews using a constructivist grounded theory (CGT) approach (Charmaz, 2014). This chapter and its findings deliberately centres the voices of practitioners of colour, which have been under-represented in the literature, as it outlines how the initial categories relate to focused codes and overall process in the development of the theoretical model. These findings are further analysed and discussed in Chapter Four together with the reviewed literature of Chapter One. Participant quotes are given as page number followed by line numbers.

The model (see overleaf) provides a story of the ways in which the experiences of practitioners of colour influence and shape their personal and professional development. The process is dynamic, fluid and changes through time.

### **3. A Grounded Theory Model of How Practitioner of Colour Experiences in HE Counselling Services Shape Personal and Professional Identities and Clinical Practice.**

**Figure 1:**



This process illustrates how conversations about race are inhibited or facilitated by conditions relating to clinical teams, supervision or students in counselling. Conversations are influenced by how much confidence practitioners have in the cultural awareness and competence of others, such as colleagues, supervisors and from a student perspective, practitioners. Maintaining continuity, regularity and frequency of conversations is considered important by many practitioners together with having engaged and supportive management.

Representation, being the only one or one of the very few practitioners of colour in a service impacts on the burden practitioners feel to initiate conversations, do extra work or shoulder the responsibility to culturally

educate. Being the only one or one of the very few can also impact on sense of wellbeing, feelings of isolation and lack of safety to express opinions or give feedback. Conversations are also mediated by socio-political and counselling contexts.

The majority of participants talk about the importance of having conversations about race. This is shaped by the beliefs practitioners hold about whether race matters and whether they believe it is essential to work with race therapeutically. This impacts on how and in what ways practitioners engage with learning and development including that of supervision and subsequently how and whether interventions are adapted to explore race in clinical work. Clinical work refers to all contexts and aspects such as therapy sessions, supervision, clinical/team meetings and counselling session notes.

Having or not having conversations about race together with associated experiences in HE counselling services has a bi-directional influential relationship with the beliefs held by practitioners about the importance of talking about race in clinical practice. Participants often speak of a lack of Service time given to have meaningful conversations with colleagues and peers about race. This is described as impacting on practitioners of colour and influencing how they perceive themselves in the team. They also speak of the impact it has on students and the dynamic formed between practitioner and student when race is talked about or not talked about in clinical work.

The process explains how practitioners navigate race, manage experiences and relationships and how personal and professional identities are shaped by experiences of acceptance and racism from others together with perceived engagement from others and change or lack of change in services. Practitioners speak of seeking alternative individuals, networks and organizations as a response to dwindling engagement and lack of change and to find others to have these conversations if not in their service teams or in

supervision. For some practitioners seeking others is also a means of finding cultural similarity and validation. The seeking of others sometimes leads to practitioners considering leaving a setting or workplace when change and adaptation is recognized as not possible. Finally, whether feeling the need to leave or not, over time, participants come to a position of developing confidence to be authentic in their professional roles. For many this also involves relinquishing the responsibility to be the only individuals to consistently raise race explicitly with service teams colleagues.

### **3.1 Having Conversations about Race**

Table 2 (overleaf) summarizes the first theoretical construct and its associated categories.

**Table 2: Categories for Theoretical Construct One:**

| <b>Theoretical Construct: <i>Having Conversations about Race</i></b><br><br>Explores the ways in which having or avoiding conversations about race are influenced by visible identity, confidence individuals have in practitioner cultural awareness and competence, having engaged and supportive management and willingness to keep them (conversations) on the radar. The construct also illustrates how conversations are mediated by socio-political and counselling contexts |                                                                  |                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Focused Category</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Initial Category</b>                                          | <b>Example Quotation</b>                                                                                                                                                                                                                                                                                            |
| Conditions for Conversations About Race                                                                                                                                                                                                                                                                                                                                                                                                                                             | Having/Avoiding Conversations about Race                         | “And then also erm the relationships with colleagues and the inability in services to really kind of have those conversations in clinical meetings. Erm even when it’s just about clients and what’s going on with them let al.one necessarily feeling that I can talk about my own differences”. (Anisa, 2: 11-14) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Having Confidence in Cultural Awareness and Competence of Others | .... “I think my supervisor’s really great about being able to acknowledge that we don’t keep it separate so to speak. So we’re very much aware of my cultural identity and its impact on my work and on my colleagues and you know all of that. And we can, I feel okay to explore all of that”. (Orla, 11: 11-14) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Keeping it on the Radar                                          | ... “And just the difficulty of continuity really. That it, to kind of , if you have a little moment of a conversation that begins a bit there’s nowhere really to take it next”. (Anisa, 3: 1-3)                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Having Engaged & Supportive Management                           | “But I’ve generally speaking had good colleagues and I’ve always had the same manager who is excellent. So I’ve been very fortunate in that regard so it’s quite, it’s supportive an environment”. (Amy 2: 12-14)                                                                                                   |
| Being the Only One or One of the Very Few                                                                                                                                                                                                                                                                                                                                                                                                                                           | Having a Visible Identity                                        | “Being the only Black person in my colleagues, erm in my, in my employment teams so on and so forth. So yeah it feels very lonely”. (Lucy, 16: 24-25)                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Shouldering the Burden                                           | “Like there can be a sense of as, as the only person of colour in the room it’s my responsibility to educate”. (Orla, 3: 26)                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Evaluating Safety                                                | “But there’s something that happens in the room when you know somebody’s not accepting you for you. And there’s some kind of, I can’t really pinpoint it but I just pick it up. Because I’ve been racially abused as a child I just pick it up and am super vigilant”. (Camelia, 13: 15-17)                         |
| Contexts Impacting Having Conversations                                                                                                                                                                                                                                                                                                                                                                                                                                             | Socio-Political Context                                          | “since all George Floyd all the kind of erm, the er, that’s becoming into people’s awareness and then the, on the back of that really I guess the Black Lives Matter stuff and the kind of er white privilege and things like that. So we did have quite a few discussions”. (Jesse, 7:19-22)                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Counselling Service Context                                      | “I’ve been working within the er lockdown period it’s been, it’s been a bit erm uncomfortable really because I’ve had to be in and out of the, the organisation. And in the main out of the organisation working on line” (Pearl, 1: 12-14)                                                                         |

### **3.1.1 Conditions for Conversations About Race**

#### **3.1.1.1 Having/Avoiding Conversations about Race**

There are several contexts and conditions in which conversations about race are had, excluded or shut down (clinical/weekly team meetings, supervision, and counselling sessions). Some clinical teams have regular discussions. But the majority of practitioners highlight the limited extent to which conversations occur.

*“Erm with race and culture there’s only been race a few times this year” (Camelia, 2: 13).*

Anisa returns several times, to the inability of different counselling teams she works with to have conversations and reflects on the lack of conversations between practitioners about clinical work. This impacts on her personally and serves to inhibit her ability to talk about her identity and experiences.

*“.... the inability in services to really kind of have those conversations in clinical meetings. Erm even when it’s just about clients and what’s going on with them let alone necessarily feeling that I can talk about my own differences”. (2: 12-14)*

Amari understands the lack of conversations as due to *“it’s all work and this is not supposedly considered work related”*. (5: 14) This idea extends to excluding student ethnicity as seemingly irrelevant to clinical material and is excluded when presenting a client. To introduce a student’s ethnic identity is interpreted as bringing something unwanted to the team.

*“.. as a minority within the team I would sometimes be surprised that with the presentation of client material they would leave out the client’s ethnicity. Erm regularly” (4: 24-25) (...) feeling like I’m bringing something in that’s unwanted” (5: 16-17)*

The level of perceived psychological comfort or discomfort experienced by individuals also influences whether race is explored or avoided. On speaking about the team he works in Jesse states the following:

*“...people saying that they feel uncomfortable speaking about stuff like that”. (Jesse, 2: 17-18)*

The discomfort felt at times relates to the fear of being perceived as racist. When describing a colleague talking about clinical work during a team meeting Fred has highlighted their colleague asking a direct clarifying question of a student relating to their cultural and ethnic identity. Here Fred goes on to reflect on how practitioners fear and avoid asking such questions due to perceptions of racism which leads to not fully understanding a client's experience or narrative.

*“...if you have issues with racism you are not going to raise it you are not going to follow it and then not know.” (Fred, 10: 2-3)*

When reflecting on talking about race in supervision the majority of participants describe their supervisors as white. Many participants reflect on the limited extent and reluctance to discuss race with supervisors. Conversations are had in a general way, or practitioners decide to reflect on race by themselves or race is raised as a contextualizing factor only.

*“I don't normally bring up race. I just bring up their age what they're studying erm what issues they are having. Erm but he was the only one I did bring up about race (...) because I think it gave a better, a clearer understanding of the context of his issue and what's going on for him”. (Camelia,10: 6-9)*

### **3.1.1.2 Having Confidence in Cultural Awareness and Competence of Others**

Having conversations about race relies on whether individuals, both practitioners and students are willing to introduce them. This demands having confidence in the cultural awareness and competence of others. White peers

and colleagues are often described as avoiding raising the topics of race and racism with students.

*“I have had several students actually where er and this is actually in terms of erm ethnicity, one of and racism (...) sometimes those same students will have been assessed by a white colleague and they won’t have mentioned racism as the issue. But they would tell me. And sometimes they won’t name it until I do”. (Amy, 3: 10-14)*

Amy’s statement that ‘they would tell me’ suggests her own visible identity at times enables race to be raised. She also seems to highlight that students don’t always easily initiate conversations about experiences of racism and wait until raised by the practitioner. Other participants speak of the minimizing or questioning of the validity of experiences of racism and/or the shutting down of conversations by colleagues when working with students.

*“[students of colour] tell me about their counsellors that they’ve seen previously in HE (...) clients who have worked with white counsellors who have said ‘oh yes I had a white counsellor and they said erm I should try not to think about the racist thing that has happened. Or am I sure that’s what was happening? Maybe they meant something else’. And so that shuts down the conversation”. (Anisa, 12: 6-10)*

Key features of cultural awareness and competence are understanding the impact of race on client experiences, feeling understood, and of individuals ‘getting it’. “*You either get it or you don’t get it*”. (Anisa, 19: 4). Orla describes being with a small group of individuals at a training event who demonstrate an understanding of the minoritized experience in contrast with other groups that did not.

*[there was] “good discussion around the points that were raised and really got what was being said around erm minoritized people and their experience of, of counselling, of therapy (...) the feedback from other groups was that they didn’t really get what the paper was about or the points that were being made”. (2: 1-3)*

Getting it relates to not having to explain racial experiences, and not being challenged about experiences. This facilitates a sense of confidence and validation of the experience. The concept of ‘getting it’ or not extends to supervisors too. Anisa describes particular supervisors.

*“And they get it. So I don’t have to explain in too much depth, you know, what’s going on. I’m not being challenged about the reality of it” (11: 27 to 12: 1)*

Getting it facilitates both understanding and therapeutic usefulness. Camelia talks of receiving emailed thanks from a student client who had found sessions helpful because she hadn’t needed to explain cultural references and experiences to be understood.

*“...because I understood the difficulty and the complexity of the culture she didn’t have to explain too much to me.” (1: 24-25)*

Not getting it or a lack of cultural awareness and competence is also spoken of in terms of holding ethnocentric perspectives. On talking about client work within the clinical team Pearl describes hearing Western individualistic perspectives espoused by practitioners when discussing international student experiences.

*“... some of the viewpoints were around the individualistic aspect of that student’s lives”(...) I felt very aware that they would be bound and held by their cultural erm, their cultural erm identity, and erm and essentially erm the communal aspect of that (...) I didn’t feel that, at times, people coming from a white perspective understood the significance of that” (9: 16-25)*

When individuals are perceived as not getting it a barrier is created, the individual’s interventions are seen as unhelpful or not useful and important clinical information may be withheld. There is a similar experience of withholding information for students and practitioners. Similar to Amy’s earlier description of students avoiding sharing information with white practitioners at assessment Amy does not share clinical work with her supervisor relating to race. In addition to Amy questioning supervisors

usefulness, as she reflects she seems to struggle to determine whether she trusts her supervisor to get it.

*“.. if I wanted to reflect on issues of race in the therapy room I don’t think any supervisor I’ve ever had I would feel [slight pause, audible breath out] would have much to contribute to that. Maybe they could facilitate my reflection well. But I don’t know that I, not that I wouldn’t trust them, to have those conversations with them. (Pause, breath out) Maybe I wouldn’t. Erm, yeah maybe I wouldn’t trust them. ....Erm [to] understand it thoroughly”. (17: 23-28)*

Not getting it impacts on a sense of trust and directs practitioners to feeling the need to explain or educate too much to feel understood. Orla describes having what she called a ‘tussle’ with a white supervisor about some clinical work relating to race.

*“ ...they didn’t really get where I was coming from and missing the point and stuff. So I’m having to talk about and educate a bit”. (8:14-15)*

Some participants highlight the importance of their own cultural identity being acknowledged. Anisa shares the impact of colleagues not having an awareness of how she, a Black woman, might have been impacted by the racialised murder of George Floyd in 2020. The lack of acknowledgement or concern leads Anisa to withhold aspects of herself from colleagues.

*“I think every Black person that I know was going through a lot and yet there was no.. If you think about your check ins you might do as a team kind of you know, those couple of minutes when you say how you are. It was hard to kind of bring that part of myself, kind of, in. And I didn’t really get a sense of there was concern for me and how I might be under the circumstances”. (2: 24-27)*

Orla too reflects on the importance of having her cultural identity acknowledged in supervision and having an understanding and awareness of the impact of this on clinical work and professional relationships.

*“So we’re very much aware of my cultural identity and its impact on my work and on my colleagues and you know all of that. And we can, I feel okay to explore all of that”.* (11: 12-14)

### **3.1.1.3 Keeping It On The Radar**

Another condition for having conversations about race is keeping it on the radar. This is a process defined by a willingness to engage, a prioritizing of and the maintenance of continuity of engaging with race and anti-racism work. Dwindling engagement is an outcome of not actively keeping it on the radar. Amari highlights that the demands on the service leaves inadequate opportunity to engage with anti-racism work. Planned yearly anti-racism team activity is experienced as insufficient within the context of ongoing daily societal racism.

*“Once a year we have our away days, you know our team days. It is not enough. You know racism is happening every day”.* (4: 15-16)

A feature of keeping it on the radar is an active willingness to engage if having conversations is to be authentic and not performative.

*“But....it all depends people’s level or willingness to really participate (...) they can feel a bit performative”.* (Lucy, 10: 26 -11:3)

So keeping it on the radar requires, active willingness, continuity and prioritization. Some participants speak of having team conversations which feel useful and valuable. But there is little follow up or no action. The ‘vague promise’ suggests a limited willingness to engage further and perhaps reflects the performative aspect Lucy speaks of.

*“we had a good conversation I would say in terms of talking about it for a bit longer erm with a vague promise of we’ll pick this up again. And then it didn’t happen”.* (Anisa, 3: 10-11)

#### **3.1.1.4 Having Engaged And Supportive Management**

Having and maintaining conversations about race or keeping it on the radar demands that management create facilitating and supportive environments. This relates to providing or prioritizing time and the provision of space which extends to systems used to record counselling sessions. Pearl refers to not having a fit for purpose system to capture the cultural dynamics involved for students of colour. Due to technical system barriers significant aspects of student identities and experiences have to be withheld.

*“I felt I was trying to document these things erm and [sighs] yeah I didn’t feel there was the space within the, how can I say it? Er that erm the notes system didn’t really allow you to elaborate in that way.*  
(13: 24-26)

Reduced media attention also seemingly influences engagement with anti-racism work. Engaged management teams and individuals are required to keep conversations and anti-racism activities progressing. Lucy emphasises how discussions about race are diminishing.

*“the discussion was hot topic last year. It’s not so hot now”.* (11: 19-20) She goes on to say *“But when the discussion in media stops how are you going to keep this going forward? And again, that’s what I’m not seeing now. I don’t see it going forward”* (12: 6-7).

Participants describe the significance and importance of having culturally aware and competent management. Fred highlights the process of the service head noticing a team member of colour being the one to raise the issues relating to race rather than others. The manager is perceived as recognizing

the implications of how race potentially affects the daily lives of some practitioners. She also has the confidence to recognize her mistake in not seeing it earlier and raising it first. This recognition is appreciated by Fred.

*“She said it does feel like as a white person speaking to the team you can read it and you hear an option of whether you have an interest in the subject or not. But if you’re not a white person you have no option. It affects you. And so she’s disappointed that why didn’t she bring it up?(...) Why did, why was it a cliché that non-white person who brings it up. So she’s recognized that and so she has organized some training for us er from a variety of very expensive sources actually, found the money for it. She has been very pro-active about it”.*

(8: 4-9)

### **3.1.2 Being The Only One or One of the Very Few**

This focused category relates to the representation of practitioners of colour within the counselling team, having a visible identity, having a different experience from others in the team, being the initiators of race related conversations and evaluating safety to speak out.

#### **3.1.2.1 Having a Visible Identity**

Typically, within university counselling teams the majority of participants are either the only one *“I am the only er I guess person of colour really”*. (Orla, 1: 12-13) or one of the very few practitioners of colour.

*“I’m typically the only or one of very few er counsellors of colour in teams”*. (Anisa, 2: 7-9)

Jesse, however, has a different experience as he works in a racially and ethnically diverse team and university as a whole and describes those with visible ethnic identities as over-represented.

*“...there’s maybe twelve or thirteen of us, and (...) six of us are kind of BAME so, so actually we’re overrepresented to think about it. I’ve not really thought about that. Yeah, and then in the university as a whole as well I think that’s actually erm majority non-white as well”.*

*(2: 25-28)*

Having a visible identity for many has perceived personal and clinical costs and benefits. For some being the sole practitioner of colour in a service or team fosters feelings of isolation. Lucy mentions being the only Black person in her teams suggesting a recurring theme in employment.

*“Being the only Black person in my colleagues, erm in my, in my employment teams so on and so forth. So yeah, it feels very lonely”.*

*(16: 24-25)*

Pearl has a similar experience in her role in HE. Previously she has worked in more diverse teams and organisations. She is relatively new to HE and to this position. She has spoken of starting the role during the pandemic and working online which has felt lonely and distant. Being the only practitioner of colour in her team amplifies this sense of isolation for her.

*“I was erm, erm the only erm, the only erm non-white counsellor in the team (...) So that exaggerated the sense of isolation”.* (5: 6-9).

For students accessing counselling services having a visible identity also holds meaning. Orla speaks of the relief that students of colour have seeing her for the first time.

*“Because I know with my minoritized clients as soon as they see me they know (...) And the relief (...) when they see me and know that It’s okay to talk about”.* (7: 22-25)

Anisa remarks on how her visible identity and how she inhabits her identity is an important non-verbal communication in the therapeutic process. It becomes an enabler for students to talk about, explore and make sense of their own identities and experiences.

*“...I guess my ability to be in my own cultural identity even though I’m not verbalising it does I think, kind of, communicate itself through to them (...) and seeing something in me that enabled them to talk about that or make sense of that in some way.” (21: 17-24)*

Other participants relate opposite experiences whereby the practitioner’s visible identity is received as unwanted. Lucy describes going out to the waiting area to meet students for the first time and receiving negative looks. The look is difficult to explain and consists of a range of emotions. Previous accumulated experiences of perceived negative non-verbal communication have sensitized Lucy to what she has previously described as ‘a look’. She holds in mind that there may be other reasons for this look but has a felt sense and understands it as a negative response to her visible identity.

*“.... it’s a kind of shock, kind of fear, a kind of dis....kind of displeased. Like disappointed. Erm and obviously that could (laughs) I could one be reading people’s faces wrong. I can’t read minds. (...) But it’s a, it’s a felt sense that the response that I’m getting is because of the way that I look and it’s that I am of a darker skin tone”. (3: 18-24)*

Having a visible identity involves having different lived experiences to peers. It can involve additional labour. Lucy, on advice from a supervisor started sending out information about herself prior to meeting students for the first time to reduce potential negative responses.

*“But when my supervisor first suggested it again, I was a bit peeved with it, to be honest er cos it wasn’t something that the whole team had to do necessarily”. (6: 25-26)*

This raises a sense of injustice and feeling aggrieved as white colleagues do not have to do this. Jesse reflects on his experience of feeling different in that he does not feel that he has to navigate racism in his daily life as a practitioner.

*“But even my everyday experience isn’t of a country riddled with, it isn’t a profession that’s riddled with racism at all”. (10: 18-19)*

His challenge is how to express this to peers of colour. He speaks as someone who has the dilemma of swimming against the tide of broader narratives about the prevalence of racism and that to speak out is not helping the cause.

*“You know, people don’t want to hear that at the moment because we’re supposed to be trying to say that we’re all being oppressed and there’s a real problem that needs to be addressed”. (11: 18-20)*

### **3.1.2.2 Shouldering the Burden**

Being the only one or one of the very few relates to shouldering the burden which involves being the ones to raise issues relating to race. This suggests that if they did not initiate these conversations then they would not happen at all or at least rarely.

*“Unless I’m raising it, it is rare for it to come from erm my white colleagues”. (Orla, 7: 13:14)*

Having a visible identity is associated with shouldering the burden of unspoken internal expectations to be the ones to raise the issues. *“There’s an expectation because like we can’t walk away from it. If no-one else is interested I suppose”* (Fred, 15: 3-4). This causes frustration and is unwanted. *“I didn’t want to always be the one that was raising issues of culture, or race or ethnicity”* (Pearl, 9: 5-6). There is also an expectation from teams and the wider university for practitioners of colour to lead activities and policy responses relating to diversity. For Amy there is a difference in expectations she has and those of the institution she works for. Eyes are on her. She speaks

of thinking she is being asked to participate to then discover that the expectation is for her to lead or develop the university response or activity.

*“There was a lot of focus on me to er participate in whatever in, well I thought it was to participate in, but it was more kind of like developing (laughs) almost what was going to er happen in the university’s response and so on”. (10: 23-25)*

Due to the lack of diverse practitioners in the sector Anisa reflects on the additional responsibility of becoming the informal resource for other minority practitioners to come to from across the HE sector for mentoring,

*“So, they’ve been coming to me”. (20: 1)*

Shouldering the burden also involves feeling the responsibility to educate others. Amari speaks of the expectations and incorrect assumptions made about her as a Pakistani practitioner to represent, educate and explain cultural and religious practices and her personal need to correct peer inaccuracies.

*“....it was almost like all eyes fell on me to explain, you know, about Islam and Ramadan and I’m Pakistani but I’m not Muslim either (...) everyone looked to me to kind of explain and when they got it wrong, I felt it was important for me to say actually that’s not what it’s like.”. (8: 3-9)*

### **3.1.2.3 Evaluating Safety**

Being the only one or one of the very few often means that practitioners feel the need to evaluate how safe they are in a given context, to express their view and to be authentic. Orla describes a process, of watching and monitoring the responses of others to identify how accepted or not she is and modifying her behaviour by tactically withdrawing to maintain safety.

*“I think it is my sense of the people around me and how open or accepting they seem to be (...) observing and noticing even little things that indicate it’s not safe or it’s not safe enough. Don’t go there. Or erm protect and withdraw”. (5: 4-6)*

Working in a predominantly white team within a white organisation for some elicits a sense of a lack of safety in and of itself. The visible difference between Pearl and her colleagues suggests difference in perspective and possible lack of safety. So Pearl needs to find out who her colleagues are and what their perspectives are likely to be in order to feel comfortable.

*“So within a white organisation I am feeling particularly isolated. And I also want to know where, who I’m working with. So I, you know, I said I don’t know who I’m working with. There is nothing here that tells me how safe I can feel” (17: 22-24)*

Practitioners often describe feeling anxiety and they go through a process of questioning themselves about how safe it is to express a view, to challenge another’s view or raise an issue relating to race whether in the team or in supervision.

*“I would say something similar goes on with me in supervision that goes on in general which is like, is this a safe place to talk about this”? (Anisa, 13: 12-13).*

### **3.1.3 Contexts Impacting Having Conversations**

Having conversations about race are mediated by socio-political and counselling contexts.

### **3.1.3.1 Socio-political Context**

Significant related world events are described as raising practitioner awareness of race and prompting conversations and associated cultural competency training in counselling teams. Amy highlights the increase in conversation and training due to global Black Lives Matter protests.

*“..we’ve recently actually, very recently and I should think it’s because of er you know all the changes that have happened, since Black Lives Matter we’ve had some training in diversity (...) some kind of cultural sensitivity training. Especially to do with being therapists”. (14: 18-21)*

Other significant events such as the war in Ukraine stimulate conversation and the raising of the issue by several participants of colour. Conversations within clinical teams and with students are prompted due to the witnessing of inequality in response to the war in Ukraine and those of other African or Middle-Eastern countries.

*“I just saw there’s such a disparity between the way that people from the Ukraine have been treated and the people from the BAME you know like from Syria or Iraq or all these other countries how they’ve been treated. (...) So I brought that up in the meeting...”. (Camelia, 6: 14-20).*

### **3.1.3.2 Counselling Service Context**

Participants work in various sizes of team with varying levels of diversity. As discussed the size of the team and representation of ethnic diversity impacts on the experiences of team members such as feelings of safety and isolation. A significant related contextual factor influencing meeting colleagues and conversation is the global pandemic. The pandemic has changed the way that team members interact with one another and for many participants there is less opportunity to connect in person.

*“..... we don't really get to connect as a huge team anymore. Because we don't see each other in person much”. (Amari, 6: 15-16)*

For some working on-line and during national lockdown periods influences feelings of separation. There is a sense of discomfort caused by the need to navigate working for an institution but doing the work while sitting outside the concrete structure of the organisation.

*“I've been working within the er lockdown period it's been, it's been a bit erm uncomfortable really because I've had to be in and out of the, the organisation. And in the main out of the organisation working on line”. (Pearl, 1: 12-14)*

For Pearl, who is a new team member, working on-line creates artificial doors as she tries to work out the operational processes of the service and leads to limited or lost opportunities to meet other practitioners of colour. Pearl goes on to say that meeting on line rather than in person with colleagues creates barriers to having clinical conversations about client students from a cultural perspective. She wants to discuss this with other people of colour.

*“...and that feedback coming from another non-white practitioner. It is really important. It was not accessible”. (Pearl, 6: 12-13)*

### **3.2 Holding Practitioner Beliefs about Race as Essential to Clinical Practice**

Table 3 (overleaf) gives a summary of categories related to theoretical construct two.

**Table 3: Categories for Theoretical Construct Two:**

| <b>Theoretical Construct:</b> <i>Holding practitioner beliefs about race, as essential to clinical practice</i><br>This theoretical construct examines how practitioner beliefs about actively working with race as part of clinical practice influence how practitioners use supervision, engage with ongoing learning and adapt clinical interventions to provide the opportunity to explore racial identity and experiences. |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Focused Category</b>                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Initial Category</b>                                        | <b>Example Quotation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Practitioner Beliefs about Race, Ethnicity and Culture                                                                                                                                                                                                                                                                                                                                                                          | Believing Race Matters                                         | “Erm so yeah, I don’t know, I feel like maybe there’s these layers within me, from my experience, that I’m, you know that I’m conscious to it. I’m acutely aware. I’m switched on to it. Whereas other people, you know for them in their mind race doesn’t matter. But it, but it does to the person of colour”. (Amari, 12:15-18)                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Working or not working with Race                               | “Me, I don’t think of that, for me I don’t think that that should be an issue. I’m looking at them as a human being. I’m not looking at them as part of their race. If their race is having an impact on them or their religion is having an impact on them just discussing that would be something..... But if it’s not part of the work I don’t think it should be necessary. I think what it needs is to meet them as human beings. To give a context yes, it’s nice, but I don’t think it’s necessary to bring it unless it is part of the work”. (Camelia, 11: 4-15) |
| Learning and Developing                                                                                                                                                                                                                                                                                                                                                                                                         | Engaging with ongoing CPD                                      | “it’s made me, and thinking back to the CPD that I do and the reading and the conversations, the podcasts, the conferences, the, you know all of those things, erm although the services haven’t done a lot in terms of conversations or thinking about service provision for Black and [unable to hear word] clients etcetera it’s pushed me into doing that”. (Anisa, 17: 7-10)                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Learning from Peers                                            | “.... to talk about, like, podcasts or things that we’ve read, or something that we’ve watched or an incident that may have happened so it’s just an open discussion on, on race and working so it, it’s good”. (Lucy, 10: 11-13)                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Learning from Formal Training                                  | “So we had this amazing kind of day long training as part of our away day, our team day erm and it was all about race, anti-racism erm and inclusivity and diversity”. (Amari, 4: 3-4)                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Learning from Supervision                                      | “I tell you I have taken, I have taken my er issues around my er cultural prejudices to supervision. Erm especially early on where I’ve kind of had to learn that the kind of way of understanding maturation and separation from parents and independence and so on that’s part of the Western culture”. (Amy, 16: 14-16)                                                                                                                                                                                                                                                |
| Adapting Interventions to Explore Race in Clinical Work                                                                                                                                                                                                                                                                                                                                                                         | Adapting interventions in supervision and therapeutic practice | “I’m er I’m more aware of when someone is telling me a story that actually it’s about racism and they haven’t mentioned it. And, and I might even ask well do you think that happened because you are Black or do you think that happened because you know you’re Iranian?” (Amy, 21: 24-26)                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Providing opportunity to explore                               | And the other way would be, you know, for the supervisors to be challenging. Or, or just inviting that conversation”. (Amari, 12: 25-27)                                                                                                                                                                                                                                                                                                                                                                                                                                  |

### **3.2.1 Practitioner Beliefs about Race**

#### **3.2.1.1 Believing Race Matters**

Beliefs held by practitioners about race mattering influence clinical practice. Amari reflects on how her own experience has attuned her to race. She perceives that while race may not be significant or important for white majority individuals in their daily lives or thinking it is for a person of colour.

*“I feel like maybe there’s these layers within me, from my experience, that I’m, you know that I’m conscious to it. I’m acutely aware. I’m switched on to it. Whereas other people, you know for them in their mind race doesn’t matter. But it, but it does to the person of colour”.*  
(12: 16-18)

Anisa echoes Amari’s perspective. She elaborates and points out that not only race matters but ethnicity, culture and religion too and they matter to students. She wonders how this is being explored with students in the counselling room. The lack of conversations about race in clinical meetings suggest to her that students are not being offered the opportunity to explore these aspects of themselves and their lives in counselling and this leads her to believe that this is not important to her peers.

*“I think that is just to say that this matters. So race, culture, ethnicity, religion is sometimes kind of part of that. Like these things all matter and they really matter to the clients. But they don’t seem to matter to the counsellors in HE erm as much (...) Erm so how have they been able to create that space for clients to bring some of that in? But from what I see erm in the kind of team meetings like if, if the team meetings mirror the sessions it’s not happening”* (22: 15-22)

#### **3.2.1.2 Working or Not Working with Race**

Believing that race matters leads some practitioners to work actively with race as part of their regular clinical practice. This extends to capturing the identity and context of the student client within their clinical notes. Pearl reflects on

this and notices that other practitioners do not record this information in session notes. This leads Pearl to question her clinical process.

*“To me that would be significant. So I would put that in the initial presentation. And I noticed that was absent in many people’s notes (...) and [students] coming from so many different backgrounds how could you not actually write that down? To me it’s as important as the date of birth or the name (...) I felt like I was putting things down that maybe I didn’t see in other people’s notes. So I started thinking why is no-one? why am I putting this down? It seems like no one puts this in their notes”. (12: 12-20)*

Camelia holds a different perspective in that unless race is the presenting issue and explicit reason for attending counselling that aspect of a client’s identity is not significant to the work. For Camelia to work with race if it is not the explicit presenting issue is seemingly dehumanising.

*“For me I don’t think that that should be an issue. I’m looking at them as a human being. I’m not looking at them as part of their race. If their race is having an impact on them or their religion is having an impact on them just discussing that would be something (...) But if it’s not part of the work I don’t think it should be necessary.”. (11: 4-13)*

### **3.2.2 Learning and Developing**

#### **3.2.2.1 Engaging with Ongoing Continuous Professional Development (CPD)**

Practitioner beliefs about race as essential to clinical practice influence the type of CPD engaged with. For Anisa, for whom exploring race and ethnicity is critical to the work, she remains committed to CPD in this area.

*“And I still do CPD on it in a way that my white colleagues don’t.”  
(15: 25)*

Amari reflects on how engaging with CPD is her way to develop a new understanding of the issues. An external international event such as the murder of George Floyd is the instigator for Amari to engage with significant reflective practice which facilitates both personal and professional development and the movement from not seeing colour to a belief that it is essential to see colour to understand the experiences of others.

*“I learned so much you know on the back of George Floyd and you know I was you know I suppose prior to that yeah in general I was non-judgemental, fundamentally ‘I don’t see colour’ that kind of platitude. (...) But now I am understanding and have come to understand that it is really important to see colour and to create spaces where people can take up space as a different body. Erm and how important that is for people of colour (...) So you know I’m really, really coming to terms and understanding this idea of actually ‘I don’t see colour’ and how it’s problematic”. (17: 5-16)*

#### **3.2.2.2. Learning from Peers**

Participants describe sharing resources as a widely used form of increasing knowledge and learning in teams. This often takes place ad-hoc by email or in planned meetings in some services.

*“we would send each other email resources, you know send out to the whole team if it was like a video or a TED talk or author, specific author”. (Amari, 4: 21-22).*

Lucy elaborates on this theme describing colleagues meeting once a month to talk about racism and share knowledge.

*“.... to talk about, like, podcasts or things that we’ve read, or something that we’ve watched or an incident that may have happened so it’s just an open discussion on, on race and working so it, it’s good”. (10: 11-13)*

### **3.2.2.3 Learning from Formal Training**

Some participants describe the potential for learning from formal CPD training courses provided by employers. Amari enthusiastically describes having the opportunity to attend sessions to focus on race and anti-racism work as amazing.

*“So we had this amazing kind of day long training as part of our away day, our team day erm and it was all about race, anti-racism erm and inclusivity and diversity”. (4: 3-4)*

Orla echoes Amari’s point and also focuses on the importance of colleagues who are not from a minority background attending trainings and learning by hearing the experiences of their colleagues.

*“I think a turning point for me was the service having [training provider] cultural awareness training which was excellent. And er having open discussion, in big groups but in the smaller groups we broke out into about these things and erm yeah being able to be heard.” (6: 9-11)*

### **3.2.2.4 Learning from Supervision**

Learning from supervision is contingent upon practitioners beliefs about the purpose of supervision. Anisa describes using supervision as part of her ongoing learning to continually develop her multi-cultural awareness and practice.

*“I am still going to go to supervision sessions to kind of go let me do a bit more. Let me look at this aspect of it”. (15, 26-27)*

Amy describes taking her own cultural prejudices to supervision to explore. She highlights the impact of western theory on her understanding of maturation and the process of separating and individuating and the impact of using supervision to increase her own cultural awareness and competence.

*“I have taken my er issues around my er cultural prejudices to supervision. Erm especially early on where I’ve kind of had to learn that the kind of way of understanding maturation and separation from parents and independence and so on that’s part of the Western culture. It’s radically different from say Chinese culture or some African cultures. And you know, where I was trying to facilitate growth away from parental expectations that was just inappropriate for some students who want to fulfil parental expectations”.* (Amy, 16: 14-18)

### **3.2.3 Adapting Interventions to Explore Race in Clinical Work**

#### **3.2.3.1 Adapting Interventions in Therapeutic Practice**

Practitioners have differing perspectives about adapting interventions when working with students. Some hold the view that their interventions remain unchanged.

*“No I don’t think it has to be honest with you. I’m just, I am the way I am”.* (Camelia, 18: 9)

Others find it difficult to express whether they modify clinical interventions but conclude that they don’t deviate from their therapeutic model.

*“yeah it’s hard to say really. Erm [pause 6 seconds] Mmm [pause 8 seconds] It’s er not, not really.”.* (Jesse, 19: 3)

Other practitioners state that they modify or come out of their therapeutic model, become more direct and ask if race has a part to play in the difficulties faced by the student. This suggests the importance attached to exploring race and identity. By asking the question practitioners highlight that it is possible to talk about these aspects of identity and convey their belief in the importance of acknowledging race and ethnicity even if the offer is dismissed.

*“But learning to say ‘is race a part of this issue’? Or you know, do we need to talk about any racial identity stuff as well? And, and you know, it’s, it slightly goes against my person centred approach but I do feel like I’ll put it out there. If it’s not anything they’ll bat it away”. (Orla, 10: 13-16)*

Amy highlights using her intuition and knowledge about racism to ask direct questions when issues of racism aren’t being explicitly expressed by students.

*“I’m er I’m more aware of when someone is telling me a story that actually it’s about racism and they haven’t mentioned it. And, and I might even ask well do you think that happened because you are Black or do you think that happened because you know you’re Iranian?” (21: 24-26)*

Anisa describe using interventions that include sharing knowledge and providing psychoeducation about racism, how it manifests and naming microaggressions as forms of racism.

*“so with the interventions I would say that my knowledge of racism and how it operates has meant that I can do a bit of psychoeducation around that for people who are just starting to make sense of micro-aggressions and how those, kind of, might show up and giving it a name. (21: 11-14)*

### **3.2.3.2 Providing Opportunity to Explore**

Linked to adapting interventions practitioners reflect on the various ways and contexts in which providing the opportunity to explore can be offered and experienced. Some believe in the importance of having conversations about race and inviting exploration. Pearl cites the importance of actively acknowledging race and ethnicity as part of establishing a working alliance

and creating an environment where talking about an individual's racial identity and related experiences is possible.

*“in the initial stages of erm making a relationship with that client. I would always acknowledge that for them or what that meant for myself. Erm so that it was mentioned and noticed and spoken about erm at the outset. So that I guess it enabled people to feel free to talk about aspects of their culture that erm that was pertinent to them”.*  
(8:15-18)

Amari believes that if trainings about race and ethnicity were regular and frequent practitioners would be thinking about and talking about race more in supervision and being challenged by or encouraged to by supervisors. This would lead to reflecting on the influence and impact of race on student experiences and how therapy is conducted with clients.

*“We'd be thinking about race more in supervision. We'd be thinking about how it interplays with our therapy with our clients. Erm I think that's one way. And the other way would be, you know, for the supervisors to be challenging. Or, or just inviting that conversation”.*  
(12: 24-27)

Providing the opportunity creates a sense of choice and possibility to explore a range of experiences relating to race. Anisa describes the importance for her of having a supervisor who provides the opportunity to explore experiences of racism from students towards her. Orla highlighted earlier the importance of offering the opportunity to explore issues relating to race to students. This is raised as important by Anisa as a clinician. She too is able to explore or not if she wants. She has the choice. While Anisa describes the opportunity to explore from her supervisor as helpful she is also drawing attention to her experience of racism from students.

*“I had a Black supervisor before that made it really helpful as a space to be able to talk about my work with white clients as well as what*

*happens when I experience a sense of their racism towards me. So that's been a good place to be able to talk about that. Erm and again what it does is just give me a sense of we can talk about this. And so I then I choose to talk about it or not to talk about it.”. (13: 16-19)*

### **3.3. Navigating Race, Relationships and Change in Personal and Professional Identities**

Table 4 (overleaf) summarizes the category codes for theoretical construct three.

**Table 4: Categories for Theoretical Construct Three:**

| <b>Theoretical Construct:</b> <i>Navigating race, relationships and change in personal and professional identities</i><br>Describes how navigating race and relationships are shaped by experiences of acceptance and racism from others together with perceived engagement from others and change. Relinquishing responsibility and being authentic self are facilitated by seeking alternative individuals, networks and organizations. |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Focused Category</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Initial Category</b>                   | <b>Example Quotation</b>                                                                                                                                                                                                                                                                                                                                                                                                            |
| Navigating Relationships                                                                                                                                                                                                                                                                                                                                                                                                                  | Experiencing Acceptance                   | “I think it’s acceptance what helps me, being accepted for who I am. That’s what enhances me in any aspect of life. So the fact that they accept me for me and not, for me I think more colourless”. (Camelia, 13: 7-8)                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Experiencing Racism                       | “I have been asked more than once what my qualifications are. None of my other colleagues, who are, who are white have experienced that” (Lucy, 2: 1-2)                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Managing Experiences                      | “Being perfect. There is no room for mistake. There is you know a lot of people pleasing. Definitely. Erm make them like me. They have to like me. If they don’t like me then you know they might be horrible to other people of colour (...) So there was a lot of pressure on me to sort of feel like erm I had to speak a certain way. Look a certain way. Behave a certain way, in order to feel accepted..” ( Orla, 4: 17-21). |
| Seeking Alternative Individuals, networks and organizations                                                                                                                                                                                                                                                                                                                                                                               | Dwindling Engagement and Lack of Change   | “So it’s just really interesting that it feels like a lot of surface level talk happening. Erm and not much solidifying” (Amari, 15: 10-11)                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Seeking Similarity and Validation         | “So recently it has been more important to see people that look like me. To see professionals that look like me. Looking for mentor type figures and yeah just people that I feel that I can connect with and I think that’s at the moment that’s really, really important that I see other people like me”. (Lucy, 17: 3-5)                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Seeking Cultural Awareness and Competence | “I chose someone who’s very aware and thinks inter-sectionally, erm inter-sectionally. Erm and that, and that helps as well. So I, you know, again I know that we can do this if we needed”. (Anisa, 13: 18-20)                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Seeking Way Out                           | “I feel that for me that it is costing a lot to be in this work in these teams. Erm and it’s ...it’s making me think about my exit strategy”. (Anisa, 19: 9)                                                                                                                                                                                                                                                                        |
| Making Personal and Professional Choices                                                                                                                                                                                                                                                                                                                                                                                                  | Being Authentic Self                      | “the transparency, honesty, openness, authenticity. All of that has improved”. (Fred, 22: 16-17)                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Relinquishing Responsibility              | “I copied them and I sent them to the head of my service and I said that I found this I think you might be, and I’m recently saying if you go and share this with the team. You share it. Not me” (Fred, 20: 7-9).                                                                                                                                                                                                                  |

### **3.3.1 Navigating Relationships**

#### **3.3.1.1 Experiencing Acceptance**

Many participants describe having an overall positive or neutral experience working in university counselling services. Jesse considers the question about his overall experience of working as a mixed-race Black Caribbean man in an HE service. He answers from the perspective of feeling accepted and not experiencing racism.

*“I don’t think, I don’t think it’s ever really come up. I don’t think it’s ever been a erm any time when I’ve felt well erm, well no higher education no I don’t think there’s been any time when it’s come up (...), certainly not in any kind of negative way. Erm yeah I just feel that I’m just yeah just part of the team really”. (1: 9-12)*

For Camelia her experience of acceptance is about not feeling or being treated differently. She attributes this to her accent and behaviour fitting with Anglicized individuals.

*“It just doesn’t feel different. I feel like I’m any other Anglicized [laughs] person. I think because probably of my accent and the way that I talk and behaviour maybe?” (2: 3-4)*

Camelia elaborates later that being accepted for herself is to be seen as colourless.

*“So the fact that they accept me for me and not, for me I think more colourless”. (13: -8)*

So for Camelia feeling accepted seemingly depends on skin colour not being seen, and on accent and behaviour. Amari extends this idea further. She makes a link between lack of negative experiences with passing as white. However Amari wants to visually embody her ethnicity and not experience negative experiences.

*“And I haven’t had any negative experiences thankfully. (...) I also from a, I feel like I pass as white as well very often. So you know this*

*whole concept of passing. Erm and I think, yeah, for me you know, I don't want that. I don't want to be, I want to be brown". (2: 22-25)*

### **3.3.1.2 Experiencing Racism**

Navigating relationships also involves the experiences of racism described by some participants in their professional roles. Amy refers to negative experiences had with colleagues. She names the comments made by colleagues in trainings she has delivered to wider university colleagues as overt and explicitly racist in nature. The way that racism is managed or coped with and addressed is changeable and is subject to how she feels at the time.

*"I've had a few issues with colleagues. I think actually most of the erm er most of the racism I've experienced, it's been overt anyway, has been more in running groups and trainings than in one to one situations or in issues with colleagues and things like that. (...) which fortunately or unfortunately depending on how I feel on the day in a training I'm in a position to be able to address it". (2: 20-24)*

Other ways of encountering racism is to have one's experience minimized or dismissed and attributed to something else. This also relates to lack of cultural awareness and competence as discussed in *Theoretical Construct One – Having Conversations about Race* Orla describes the process of taking an issue about race to supervision and having it reconceptualized as one of class. While not explicitly stating her emotional response Orla stresses particular words conveying the sense of frustration and offense felt.

*"In this example it was missing the point of what I was saying and making it about something else. Making it about class. And it wasn't about class. It was about race. Erm making erm, trying to almost overcompensate for whiteness by 'I can relate to this. This is really similar to an experience that I've had'. It's like no. No it's not. It's not at all similar.". (8: 24-26)*

Orla expands on this and makes a distinction between racialised experiences to emphasise prejudice relating specifically to anti-Black racism. The lack of supervisor understanding leads Orla to believe that supervision is not the place to explore topics relating to race and ethnicity.

*“Just as if it would be offensive for me to suggest that racist abuse that I’ve experienced is in the same league as somebody who is Black and has experienced racist abuse. It’s, they’re similar. But they’re not in the same league at all. Yes they raise some really horrible feelings and stuff like that. So it just felt, not, not really heard. Not really validated. Trying to erm er white space it. And so that makes me think oh okay this isn’t the space”. (9: 2-6)*

Another feature of racism experienced is racial stereotyping. Lucy describes being racially stereotyped as less academic or capable which leads to being questioned about her professional qualifications on more than one occasion by a range of individuals. Lucy highlights the different treatment she experiences in relation to her white colleagues, who she is more qualified than, to illustrate the injustice and inequity and interprets her treatment as being based on her skin colour.

*“...what are your qualifications?’ and again it might not be because I’m Black. But none of my white colleagues have been asked that. You know, there’s somebody in our team who is not a therapist at all, hasn’t trained as a therapist. They have never been asked about their qualifications. I’m actually the most qualified in my team erm and most experienced. But I’ve been asked that question more than once. on more than one occasion by, by different individuals.” (4: 13-21)*

Some Black participants recount instances of being misidentified. Amy speaks of being misidentified as a student on a poster. She describes in detail the different ways she and the poster student look and present to explain her level of irritation about the micro-aggression and elaborates to describe the

challenge she receives from her colleague when she explains that she is not the poster individual.

*“we have a poster that’s got a young student on it who actually doesn’t look like me except that she’s Black (...) Erm and a few of my colleagues at different times have said oh that’s you in that picture. (...) And I’ve said no it, it isn’t. And one of them even was like, ‘Well are you sure?’” (12: 26 to 13: 1)*

Other experiences of racism described relate to the defensive responses mounted when practitioners raise issues of race and associated culture with colleagues. Fred’s professionalism is called into question, when they give some culturally related feedback in a team meeting. Raising the issue is perceived by one colleague as aggressive and inappropriate.

*“...one member, in fact the same member who raises her eyes every time we talk about er this stuff erm thought that no, no, no it was just, she felt that it was just aggressive on my part. And perhaps inappropriate” (7: 18-20)*

### **3.3.1.3 Managing Experiences**

Experiences are managed in various ways when navigating relationships and are changeable and shaped by context or situation. Some participants convey an internal struggle. Lucy describes a process of questioning whether to share experiences with her colleagues. Previous negative experiences, in other contexts, of disclosing influence subsequent questioning and hesitancy and lead her to withhold from colleagues and choose to disclose to friends.

*“I struggle with whether I should share it with my colleagues. (...) Previously when I shared things like this it hasn’t gone very well my colleagues. So a little bit of hesitancy with expressing it with people around me. Generally I will speak to my friends over my colleagues”.*  
(6: 6-9)

Withholding aspects of self is a strategy that is employed to manage experiences of perceived resistance from others. Anisa describes having a sense that resistance to conversations about race is a resistance to her. This leads to an editing of her life and to sharing only those aspects of herself that she thinks will be digestible for others. Anisa's personal experiences of withholding lead her to wonder if students do the same.

*"because of that sense of that resistance that I can see is also resistance to me as much as to the topic of race. So why would I bring me more? Why would I share stuff that's personal and meaningful to me? Erm because of how I've seen you respond, you know, so far. So I bring the easy bits in. Erm and I wonder if clients end up doing the same thing". (9: 4-7).*

Feelings of fury and annoyance are also described together with a process of rumination by practitioners when they have experienced forms of micro-aggressions or overt racism and feel that they don't manage the experiences well.

*"I really, really struggle (laughs) to manage. Erm the last time that it happened that it got, I was just furious about I think I don't think I was outwardly defensive but I felt quite defensive" (Lucy, 6: 12-14).*

Amy elaborates, describing a process of ruminating and feeling dissatisfied however she has responded. Feelings of frustration and fury remain for some considerable time. Part of managing the experience is to find others at work to express her feelings to, her manager, someone perceived as supportive and helpful.

*"I tend to erm er internally I actually don't necessarily manage them that well. If I get annoyed I feel livid for a long time. And I might ruminate on it and think about how I could have handled it differently or what I could have said. What I wished I said. Or even sometimes if I've handled it very well and very calmly. I feel annoyed. Whatever I do I feel I should have done something different. Sometimes if I've handled it very calmly I'll, I ruminate and wish I'd really let the*

*person have it..... Yeah but I tend to ruminate, really stew erm I do talk to my manager about things. I talk things through with her quite a lot. Erm and that's quite helpful". (8: 10-16)*

Expressing emotion is considered unprofessional by some. Amari describes being able to express her emotions when discussing race with friends and family. It is permissible to emote in personal life. However at work she uses a strategy of withdrawing and keeping quiet when experiencing intense emotions in relation to race to maintain a sense of professionalism, causing feelings of incongruence.

*"So I become really heated and passionate. You know and worked up when I speak to them because I feel I can just be myself. But it almost like requires a level of professionalism at work. You know I can't, I didn't feel able to be congruent at that point and didn't have the confidence to I suppose eloquently share why she was so mistaken. (10: 18-21)*

Communication styles are adapted to manage relationships and to fit in. Fred describes using a strategy of educating and explaining the direct cultural communication style of Chinese as a form of protection against being perceived as rude or aggressive.

*"I go ahead and explain as well because English in South East Asia, it's my mother tongue, but it was English then the Patois has come from being translated directly from native languages. And it's just a direct translation. So in Chinese I'd say, you know, I wouldn't say 'would you like a cup of tea?' In Chinese it's 'you want tea or not?' So in English they say 'you want tea?' 'you already eat? You want eat?, you want eat?' You know"? (15: 14-17)*

Code switching too is used to fit in and be a respected member of the clinical team. Anisa reflects on how she needs to do this in team settings but is able to be her authentic self with students.

*“And how is it possible there’s more masking in the team or code switching? Or kind of oh this is the way we counsellors be together. And this is how we talk. Erm so that I am respected by my colleagues, to be valued by my colleagues, to fit in with my colleagues, you know”.*  
(8: 10-12).

### **3.3.2 Seeking Alternative Individuals, Networks and Organizations**

Practitioners seek alternative resources to navigate race and professional relationships. Participants speak of seeking similarity, validation and culturally competent and engaged others in an effort to keep conversations about race going and to manage experiences and feelings.

#### **3.3.2.1 Dwindling Engagement and Lack of Change**

Seeking alternative individuals is a response to dwindling engagement with conversations about race and perceived lack of change in services and within teams. Fred expresses frustration at the lack of change in perception within a meeting but also perceived lack of progress within the profession.

*“I’ve been talking about this for forty-five bloody minutes and we are back to square one and you say well nothing is going to change. You know have you not heard what we’ve been saying? We’re saying something has to change”* (7: 10-12).

Amari speaks of the lack of change occurring in service team meetings after 3 years and all plans and ideas not being implemented. Amari believes that not enough prioritisation is given to affect change and goes on to highlight dwindling engagement with conversations.

*“But you know, it’s not happening now for example two, three years later down the line. Not, not about race anyway”* (5: 16-19)

### **3.3.2.2 Seeking Similarity and Validation**

A way of managing lack of representation in services and feeling isolated in the minority is to seek connections with individuals from similar cultural heritages to feel part of a community, to feel validated as one's authentic self. There is a sense that this also happens over time.

*“So recently it has been more important to see people that look like me. To see professionals that look like me. Looking for mentor type figures and yeah just people that I feel that I can connect with and I think that's at the moment that's really, really important that I see other people like me. Again for the sense of validation I suppose knowing that I'm okay the way that I am you know”.* (Lucy, 17: 3-6)

For some seeking others externally is also a strategy to stay within the organisation, to have clinical work with Black students validated by other Black clinicians if access to relevant practitioners of colour are not available within the university context.

*“I go to my other erm Black counselling colleagues erm I go to CPD outside of the organisation which is around er Black counselling, needs around Black counselling and Black clients. So I go outside constantly for this verification of the work that I'm doing. And the way forward. So I just notice more and more of a separation. And I'm spending more time out of the organisation to help me to resource me to stay within it”.* (Pearl, 19: 20-24)

### **3.3.2.3 Seeking Cultural Awareness and Competence**

Participants seek alternative networks and organisations to access others with cultural awareness and competence. Participants speak of seeking others in their institutions or in other organisations where diversity representation is greater and where white colleagues are culturally aware and competent particularly around different forms of racism and anti-Black racism specifically.

*“It is very noticeable. I’ve been working with them for a short amount of time actually. Erm and it’s, it’s their awareness of ...what they represent and their whiteness to the clients. (...) They really are trying to work in an anti-racist way. Particularly when it comes to anti Black, you know, anti-Blackness. That’s its own particular form of racism”. (Anisa, 11: 5-14)*

Seeking alternative others extends to finding supervisors of colour to work with to feel able to have conversations about race and to feel comfortable to do so.

*“I might think about with other colleagues of colour. Erm I’m in the process of trying to find a supervisor erm a non-white supervisor. And, and so that I can feel more comfortable exploring that”. (Orla, 8: 18-20)*

#### **3.3.2.4 Seeking Way Out**

Seeking others is a way for some participants to leave services and university contexts due to the cost to themselves of working in current teams. One cost identified is the barrier to career progression for practitioners of colour, particularly Black individuals.

*“I feel that for me that it is costing a lot to be in this work in these teams. Erm and it’s ...it’s making me think about my exit strategy. (...) You know I’ve been doing it for years. It’s not changing any time soon. Erm I also can’t imagine what it would be like for me to manage a service as a Black woman. I’ve spoken to people who have managed services and er aren’t white and you, there are few and far between”. (Anisa, 19: 9-13).*

Lucy echoes this and describes the barriers she perceives to career progression and considers leaving the profession completely. She highlights the lack of representation at senior management level and stresses the promotional opportunities given to white colleagues whether qualified or not suggesting she experiences this as racial discrimination.

*“But I do not see people who look like myself anywhere in the kind of, within the hierarchy, higher structures of the university, kind of senior management teams, And I don’t see people like me being offered those positions. I see people that look completely opposite to me being offered those positions whether they’re qualified or not” (2: 11-16).*

Pearl too reflects on the cost involved to remain in the context which also leads her to question the value of continuing in the sector. The value of working in the sector will only be realised and experienced if the situation changes extensively. Pearl’s words suggest how depleted she feels to maintain things as they are. To affect meaningful change would demand further energy from Pearl that she perhaps does not have.

*“It just doesn’t feel like it’s valuable. Erm until things change massively. Erm yeah and how much energy it takes pushing that change. I’ve only been part of it for short time and I can see how much energy it has taken from me to stand still let alone if I was helping with this change agenda” (23: 12-15)*

### **3.3.3 Making Personal and Professional Choices**

#### **3.3.3.1 Being Authentic Self**

Navigating race, relationships and change in personal and professional identities includes being authentic and involves the process of making personal and professional choices and becoming more confident to express views and thoughts directly. Amy describes how over time she has become less worried about both her own or others’ comfort when considering expressing an opinion. Becoming clearer about her own thoughts and position facilitates greater confidence to speak out.

*“I think I’m far more outspoken than I used to be and more direct. And I am not really erm concerned about people being comfortable, in a way that I might have been more concerned about in the past. Or about my own comfort actually. Erm I think I’m much more confident*

*and much clearer in my thinking. Erm and so I'm prepared to say whatever it is that I think". (19: 14-17)*

Being authentic involves the process of accepting oneself, being honest and transparent. Amy describes how being honest also extends to expressing emotions. Amy cites becoming confident to harness and express feelings of anger when encountering and challenging racism.

*"I've realized I can say something without totally losing it, or getting really annoyed or and not really afraid erm (...) and I didn't mind him knowing I was angry(...) but it didn't stop me from saying what I felt I needed to say". (21: 2-12)*

The concept of being authentic includes stopping conforming to others' expectations both personally and professionally, and how to present or express oneself visually and verbally. Here Lucy describes becoming more present in her clinical work and conforming less to be herself. She speaks with an air of defiance. This development is also experienced as having changed over time.

*"But I stopped after a while. And I did what the hell I like. Wore my hair the way I wanted. I speak the way I want. Erm and I bring myself to my work as much as much as I bring myself to, to any work". (16: 21-23).*

### **3.3.3.2 Relinquishing Responsibility**

Making personal and professional choices is associated with relinquishing responsibility and involves discarding the perceived need be the one to start race related conversations. There is a re-drawing of lines of responsibility, handing over the responsibility to others to speak up. For Lucy this means taking a back seat in discussions during anti-racism discussion groups, letting colleagues take the responsibility to do the work that she does not believe is

hers to do. This also involves making choices about what and when to contribute.

*“I don’t feel like it’s, it’s my work personally. Erm so I do take a bit of a step back in those groups. Erm I share where I want to and need to share”. (10: 19-20).*

Relinquishing responsibility involves dropping the task to educate and re-assign responsibility to others. Orla emphasises the element of choice involved. She will share her knowledge if she wants to. Otherwise it is the responsibility of colleagues to educate themselves.

*“after a while I just kind of decided, you know what I don’t have to be compelled to give an answer if I don’t want to. (...) It’s not my responsibility to educate. If you want to be educated you go off and educate yourself. I don’t have to be the one. I might choose to. But I don’t feel that I have to”. (4: 7-13).*

## **CHAPTER FOUR: DISCUSSION**

### **Overview**

This chapter analyses and discusses this study's findings and developed model in relation to extant literature and directions for future research. The chapter then examines this study's strengths, rigour, validity and limitations. Implications for counselling psychology, clinical practice, and counselling service provision are discussed next. The chapter then provides a summary of key recommendations for practice and research before concluding.

### **4.1. Findings, Contribution and Directions for Research**

This research examined the experiences of nine qualified practitioners of colour working in university counselling services and developed a grounded theory process model consisting of the following theoretical constructs:

- Having conversations about race
- Holding practitioner beliefs about race as essential to clinical practice
- Navigating race, relationships and change in personal and professional identities.

#### **4.1.1 Having conversations about race**

This research found that having conversations about race are influenced by a range of factors such as, but not limited to, team diversity or representation, visible identity, cultural awareness and competence, having engaged and supportive management and willingness to keep conversations on the radar. Findings show that conversations are also mediated by socio-political and counselling contexts.

Conversations about race were described as being had or avoided in clinical/team meetings, supervision, and counselling sessions. Dos Santos &

Dallos (2012) report that clinicians avoid having discussions about REC with both clients and other mental health professionals in clinical teams. Over ten years later this current study found that while some clinical teams have regular discussions, most participants spoke about the lack of conversations taking place. Similarly, to the research of Odusanya *et al.* (2018) participants described the burden of being the ones to introduce the subject of race to colleagues and having the dilemma of whether to continue to be the ones to consistently raise the subject or not.

The reasons for not having or avoiding conversations about race is interpreted by participants in various ways. For some the lack of attention given to race (McDowell, 2004) and related conversations in service teams is interpreted as race being irrelevant to clinical work or unimportant (Spalding *et al.*, 2019), echoing aspects of the naïve discourse of students found by Wong *et al.* 's (2021) research. In this current study this was illustrated in part by the frequent exclusion of students' race and ethnicity when presenting clinical material in teams and at times in supervision. To not have conversations was experienced by some participants as personally invalidating and to consistently be the ones to start conversations is perceived as bringing something unwanted to the team. So not having conversations is experienced as a resistance to them and their own ethnic identity leads to participants withholding aspects of themselves. As discussed earlier withholding and feeling invalidated has the potential to impact negatively on practitioners' sense of emotional well-being (Ong *et al.*, 2013). Practitioners of colour are already under-represented in the profession and higher education. Feeling invalidated and the taxing experience of persistently being in the minority (Odusanya *et al.*, 2018) could lead practitioners, particularly Black practitioners to leave their positions in HE as was found by Rollock (2021) when researching the experiences of Black female professors, so reducing representation further.

Feelings of discomfort seemingly influence whether race is discussed in teams, in supervision and with or by students. Some interpret this as

colleagues' fear of being perceived as racist (Wong *et al.*, 2021) and speak of how the fear of having conversations due to perceptions of racism is likely to lead to not fully understanding a client's experience or narrative. The lack of conversations about race in clinical teams leads several participants to believe that their ethnic majority colleagues may be avoiding talking about race and racism with students. Wong *et al.*'s (2021) bystander discourse reflects a lack of knowledge about how to discuss race and racism and it is possible that this is also relevant to university counselling practitioners. Further research should explore ethnic majority practitioners experiences of having conversations about race in university counselling services, including in clinical teams, in supervision and with students to understand this further as this has significant implications for working relationships, practice and therapeutic outcomes.

As discussed, racism and topics of race are often ignored or minimized in universities (Bumpus, 2020; Locke, 2022), white centredness prevails (Ladson-Billings & Tate, 1995; Warmington, 2020) and a lack of awareness and appreciation of the impact of racism is described as still prevalent in the counselling profession (D'Ardenne & Mahtani, 1989). These assertions appear to be supported by this current study. McDowell (2004) and Haskins *et al.*'s (2013) studies both found that their participants experienced racism in a range of ways including lack of racial awareness. This was a significant theme for their participants. While not describing it expressly as racism participants in this current study also highlighted as significant a lack of cultural awareness and competence which impacts on whether conversations are engaged with. Talking about race was found to be contingent upon whether individuals, participants and students, perceive others as culturally aware and competent. This echoes Akel's (2019) findings which report that students lack confidence in university mental health practitioners' cultural awareness and competence when accessing counselling support. In this current study for some participants, white peers and colleagues were perceived as avoiding raising the topics of race and racism with students. Other participants, like that found in Haskins *et al.*'s (2013) research, speak

of the minimizing or questioning the validity of experiences of racism and/or the shutting down conversations by colleagues when working with students.

As stated, supervision is also a context where conversations about race are either had or avoided. While Neo and Akhurst's (2016) participants described using supervision to explore issues relating to race, this current study found that several participants spoke of the limited extent to which race was discussed with them and most participants described supervisors as white. This in part supports the findings of Ragaven *et al.* (2020) and McKenzie-Mavinga (2016) in that their participants expressed a difference in confidence in talking about race with BAME and white supervisors. In this current research talking about race is also found to be influenced by participant beliefs. Some participants would include race as a contextualizing factor only. Others highlighted the importance of discussing race in supervision, having their own cultural identity acknowledged and exploring the impact of this on clinical work and professional relationships. Further research should look to examine further the ways that supervision is used by both practitioners of colour and ethnic majority practitioners in relation to race. As student cohorts continue to be increasingly diverse and supervision is considered to be a significant context for learning and clinical development this activity seems essential.

A key feature of cultural awareness and competence found is the concept of 'getting it' which describes the appreciation of the impact of race on a person of colour's experience. When clinicians don't get it, individuals can feel their experiences of racism is minimized and invalidated. As mentioned some practitioners highlight the importance of their own cultural identity being acknowledged. One participant spoke specifically about the impact of the murder of George Floyd in 2020 on her, a Black practitioner, and she highlighted the seeming lack of awareness about how this highly reported and distressing event might have affected her. It is unlikely that this is an isolated case as there is anecdotal evidence about similar experiences from this researcher's peers. This participant's experience highlights how important it

is for all practitioners to be actively aware and hold in mind how events, contexts (Bantjes *et al.*, 2018) and social identity (Dos Santos *et al.*, 2019) can impact on wellbeing for both students and colleagues alike.

“Getting it” was also found relate to not having to explain cultural references or racialized experiences, and not being challenged about experiences. This engenders confidence and validation of the experience. The concept of ‘getting it’ or not was found to extend to supervisors too. When experienced, getting it was shown to facilitate both understanding and therapeutic usefulness as cultural references and experiences are understood. This emphasises the need for practitioners, including supervisors, to be constantly engaged in developing their cultural knowledge and sensitivity because not getting it creates barriers and potentially leads to important information being withheld at the very least. This study found that there is a similar experience of withholding information for students and practitioners alike. Where students were described as avoiding sharing information with white practitioners at assessment some participants also described not sharing or feeling reluctant to share race and associated information or work with supervisors. They cite a perceived lack of usefulness, or lack of understanding and cultural sensitivity demonstrated by their supervisor as found by Hutman & Ellis (2020). This means that in some instances participants withheld race related clinical information as found by other researchers (Burkard *et al.*, 2009; Hutman & Ellis, 2020; Walker *et al.*, 2007). This demonstrates how important supervisor multicultural competence is to be able to facilitate relevant race conversations. If we agree that supervision is the main method for teaching (Mitchell & Butler, 2021), is integral to clinical governance (McMahon *et al.*, 2022) and increases clinical skills (Alfonsson *et al.*, 2020; Schwalbe *et al.*, 2014) then it is essential these conversations are had. If supervisors do not initiate or facilitate these conversations then governance and supervisee development (Soheilian *et al.*, 2014) and practice may be compromised.

Having conversations about race also relies on all, including management, to be culturally aware and to have conversations consistently and frequently to keep it on the radar. While participants talked of not having the space and time to have these conversations to engage fully with anti-racism work this might be described more accurately as a lack of prioritization. The findings suggest that demands on services can lead to a deprioritizing of anti-racism work and that current planned anti-racism activities are perceived as inadequate by some participants. Keeping it on the radar is seen as requiring active willingness to engage if conversation is to be ongoing, authentic, and not performative. Prioritizing anti-racism work, investing in relevant diversity training or CPD and having conversations about race is essential if counselling services and institutions more broadly are to support Advance HE's aim to tackle systemic inequalities.

The prioritization of race related conversations was described as the responsibility of individual practitioners and management. This extends to electronic client management systems. Providing or prioritizing time and space was found to also relate to what and how client information about race and associated information is recorded. For one participant the notes system was seemingly unfit for purpose in that it was not possible to capture the cultural complexities of some students. It is possible that electronic systems used may reinforce the lack of importance and attention given to race, ethnicity and culture and so be disadvantaging people of colour's (Dovidio *et al.*, 2002; Obeir, 2016) therapy. Not providing adequate systems to capture race, ethnicity and cultural client information may reflect an upholding of white hegemony (Taylor, 1998) in the psychology and psychotherapy professions and a reinforcing of racial hierarchies and inequality (Hylton, 2012). Future research should look to examine how and to what extent this type of client information is captured by UK HE counselling services and the ways it is used by practitioners in clinical practice.

King *et al.*'s (2010) and Anderson's (2015) research with academics found that lack of representation or being the only or one of the very few individuals

of colour in a department or faculty impacts on a sense of belonging or not fitting in. In this current study although one participant works in a diverse team and university, most participants described being the only one or one of the very few ethnically diverse practitioners in their clinical teams. This research also found that being one of the only or one of the very few was a significant theme and held various meanings for participants and related to the representation of practitioners of colour within the counselling team, having a visible identity, having a different experience from others in the team, being the initiators of race related conversations and evaluating safety to speak out.

Having a visible identity has been found to have costs and benefits (Odusanya *et al.*, 2018). In this current study having a visible identity was found to hold meaning for students of colour and was described as positive to the therapeutic process as a non-verbal facilitator for students to talk about their own racial, ethnic and cultural identities. This highlights the importance of having increased representation and racially, ethnically and culturally diverse university counselling teams and teaching faculties. This study also found being the sole practitioner at times fosters feelings of isolation and impacts on participant sense of safety to be authentic or give opinions, feedback and start conversations about race. Participants often described feelings of anxiety and a process of questioning themselves about whether to speak up. Odusanya *et al.*'s (2018) participants reflected their irritation about being considered the cultural expert on race.

This current study found similar related experiences. Having a visible identity was also related to having different lived experiences to colleagues. This involved additional labour (Ragaven *et al.*, 2020) such as sending out information about themselves prior to meeting students for the first time to reduce potential negative racialised responses (Spalding *et al.*, 2019) which elicits a sense of being different and feelings of injustice as white colleagues do not have this burden. Additional labour was also related to becoming an informal mentoring resource for practitioners across the sector, being asked

to work on additional activities relating to race equity (Rodriquez *et al.*, 2015; Syed, 2017) and to shouldering the responsibility to educate others and correct inaccurate cultural assumptions made. Depleted energy and emotional costs (Rollock, 2021) were also highlighted by this current research's Black participants.

Having conversations about race are influenced by socio-political and counselling contexts. Participants work in various sizes of team with varying levels of diversity as discussed and the size of the team and representation of ethnic diversity impacts on the experiences of team members such as their feelings of safety and isolation. World events such as recent Black Lives Matter protests and some world conflicts also influence issues relating to race. They are seen as prompts for having conversations about race. It begs the question, had these events not occurred whether even less conversations would have been had. Certainly, participants perceived dwindling engagement as media attention waned.

Another significant factor potentially influencing conversations about race has been the global pandemic, the necessity to work online and subsequent introduction of hybrid working. This meant that many participants were having limited or no in person contact with their colleagues when interviewed for this study. This served to increase feelings of isolation and separation. Future researchers could replicate this study now that governmental restrictions no longer apply to see if conversations are engaged with more. However hybrid working has changed the working context considerably for many professions including psychology and psychotherapy and may still foster feelings of lack of connection in counselling service teams. This may mean that more innovative ways to maintain service cohesion need to be considered particularly when some practitioners of colour may already be feeling isolated in teams.

#### **4.1.2 Holding practitioner beliefs about race as essential to clinical practice.**

The developed model describes how practitioner beliefs about actively working with race, as an essential aspect of clinical practice, influences how practitioners use supervision, engage with ongoing learning and adapt clinical interventions to provide the opportunity to explore racial identity and experiences.

Many participants believed that race matters in clinical practice. They highlighted the difference between their beliefs about this and that of their peers who they thought did not believe that race matters. This research suggests that when practitioners hold beliefs that race matters, they want to have conversations about race. When practitioners don't hear their colleagues talking about race in clinical meetings and don't see references to race in clinical notes it can lead practitioners to questioning their own clinical process. Others were found to hold a different position. Unless race was expressed as an explicit reason for attending counselling that aspect of a client's identity is not considered significant to the work. It seems likely that pre-qualification trainings, therapeutic models and associated epistemological positions influence whether race is actively explored in clinical work or not. The assumption seems to be that if race or racism is a presenting issue it will be raised by the student. However, as already discussed, findings suggest that students often don't initiate conversations but may be more likely to explore if raised by the counsellor. Further research could examine how much attention is given to race in current pre-qualification trainings and how therapeutic models influence practice in relation to race, ethnicity and culture.

Participants hold varied views about adapting interventions when working with students. For some their interventions remain unchanged and they don't deviate from their therapeutic model. Others do modify their therapeutic approach suggesting the importance attached to exploring racial identity. The acknowledgement and offer to explore participant identity in supervision and

in clinical teams was also considered important for participants who believe that race matters. These beliefs were also found to influence the type of self-directed CPD engaged with. The current study found that when practitioners engaged with CPD and other forms of learning such as supervision that focused on issues related to race it provided a rich opportunity for clinical and cultural awareness development.

#### **4.1.3 Navigating race, relationships and change in personal and professional identities.**

This research developed an understanding of the process involved in how participants navigate race, and manage their experiences and interactions with colleagues, supervisors, and students. The findings suggest how personal and professional identities are shaped by experiences of being accepted and experiences of racism. Perceived engagement from others and change or lack of change in services were found to influence personal and professional identity development and change. Practitioners often described seeking alternative individuals, networks, and organizations as a response to and ways of managing dwindling engagement and lack of change in their working contexts. Seeking others was a way to find others in order to continue having conversations about race if they were not forthcoming in-service teams or supervision similar to Goodbody and Burns's (2011) BME participants who sought special interest groups. For some, seeking others is also a means to find similarity and validation. There was a sense of safety and belonging being sought which is found in multi-racial and multi-ethnic contexts (Castillo *et al.*, 2020). This emphasizes the need to improve ethnic diversity in university settings.

Feeling accepted, for some participants, related to not feeling different or experiencing racism. One participant described her feelings of acceptance as being seen as colourless due to accent and behaviour which she described as Anglicized. This seems to support Rennie's (2004) assertion that skin tone influences the perception of identity and how and if a person is accepted into a given group. Another participant referred to lack of discrimination perhaps

being related to her light skin tone which supports Castillo *et al.*'s (2020) research which found that participants' treatment by others was influenced by their appearance. Their research also discussed the acknowledgement of some of their participants that their ethnic ambiguity afforded them the privilege of avoiding discrimination.

While not always described as racism by participants, this research found that many encountered various types of racism. One type related to descriptions of a lack of cultural awareness from colleagues and supervisors. This took various forms such as reconceptualizing experiences of racism as something else, minimizing the experience (Neville *et al.*, 2013; EHRC, 2019) or observing the absence of conversations about race taking place in many clinical contexts. This supports previous research findings that suggest that common micro-aggressions relate to a lack of awareness of prejudice (Haskins *et al.*, 2013) and the avoidance of talking about race issues (Dos Santos & Dallos, 2012; Hook *et al.*, 2016). This current study also found that some participants experienced racial stereotyping such as being portrayed as inferior (Dupree & Boykin, 2022; Kuo *et al.*, 2023) or having lower intellectual ability (Akel, 2019; Bunce *et al.*, 2019; Cummings, 2018) which was described by one participant as being asked about her qualifications by students attending counselling. One participant noted that none of her white colleagues were asked the same question, yet she had been more than once.

Research finds that many university students actively develop and use various strategies to navigate academic situations in response to experiences of racism such as code-switching (Vivero & Jenkins, 1999), and moderating their cultural or ethnic identities (Akel, 2019). Other research has found that individuals more broadly also use strategic retreating for self-protection (Mellor, 2004). This study has found that similar strategies are engaged with by practitioners of colour working in university counselling settings. This research found that some participants withhold aspects of themselves and their lived experience relating to their ethnic identity to manage perceived resistance from colleagues while others try to educate peers or use cultural

explanations about their ways of communicating to protect themselves and students.

Although a range of strategies are used to manage experiences of racism, research shows that often individuals feel they are unable to respond (Goodman, 2011) which causes feelings of anxiety and disappointment leading to rumination and negative self-evaluation (Shelton *et al.*, 2006; Sue *et al.*, 2007). This study finds similar experiences and this was cited specifically by some female Black participants. They describe feelings of fury and state that they don't manage the situation well, stating that no matter how they respond it wasn't the right way and a process of rumination begins. Finding supportive others (Aguilar, 2006; Houshmand *et al.*, 2017; Mellor, 2004; Obear, 2016; Shorter-Gooden, 2004) to talk to about their experiences was described as helpful. This demands that there are culturally aware and supportive others to access. This would be facilitated by both increased representation in services and if all colleagues were perceived as engaged with anti-racism work and culturally aware.

This research has discussed how under-representation and associated experiences can lead participants to seek alternative resources as a way of managing experiences and feelings, finding similarity and validation, to find engaged, culturally aware and competent others to keep conversations about race going and to manage perceived lack of change. The seeking of others extends to finding supervisors and peers of colour. For some, seeking others was also a strategy to potentially leave services and find new positions (Jones & Shorter-Gooden, 2001) due to the emotional cost and labour involved (Smith *et al.*, 2011), perceived lack of opportunities (Kerr, 2018) and barriers to career progression for diverse individuals in staying in their working contexts. Over time whether participants feel the need to leave or not, they describe coming to a point of increased confidence to be their authentic selves in professional roles. They described this as being honest, able to express their views, emotions and alternative perspectives. Being authentic also involves stopping conforming to perceived western expectations. Increased

professional confidence was also found to lead to a relinquishing of responsibility to be the ones to raise issues of race or educate others.

## **4.2 Research Strengths, Rigour and Validity**

A strength of this study is that it was undertaken and focused on the experiences of qualified practitioners of colour in UK university counselling services to address the lack of research in this area. Other strengths relate to rigour and validity. As an active participant in the construction of meaning it is essential to recognize that my ethnic identity, my experiences of feeling different and being the target of episodic racial aggressions at times in both my personal and work life have shaped my beliefs about the prevalence of racism in the UK and that this will have influenced how I have interpreted the data and developed a grounded theory model. Throughout the research process it was essential to remain highly aware of this and to be constantly and actively engaged with reflecting on how my experiences and beliefs may have been influencing my relationship with and to all aspects of the research. This was particularly relevant when participants expressed conflicting worldviews to mine (McQueeney & Lavelle, 2017) about the prevalence of racism in the UK and psychological professions. To navigate and mitigate the impact of potential bias, and present findings fairly (Oakley *et al.*, 2022) I met with a critical friend regularly to explore conflicts like this fully. Further to this, to increase validity, analytic categories were developed where possible using participants' own words and phrases. Transcripts were sent to each participant for review to check meaning and I shared and discussed analytic categories with my academic supervisor and a critical friend who practices in the HE counselling sector. Research validity was also enhanced through the defined and comprehensive documentation of research procedures and a clear process of developing theory grounded in the raw data was followed (Strauss & Corbin, 1998). As an experienced counselling psychologist, I was able to form a good rapport with participants to elicit rich data which expanded the potential to look for and find both similarity and difference in accordance with grounded theory methodologies. Findings were also regularly checked

against existing literature for validity during the data collection and analysis process.

### **4.3 Research Limitations**

While the purpose of this research was to develop a greater understanding and model of how experiences of practitioners of colour practicing in university counselling services shape personal and professional identities and influence clinical practice there are limitations to reflect on.

One participant out of nine was male. Therefore generalisability based on gender is difficult to argue. Male practitioners in general are underrepresented within HE counselling services and practitioners of colour are underrepresented within the psychological and psychotherapy professions. This may explain the lack of male participants. The lack of gender diversity may have impacted the data and potential generalisability. Therefore future researchers might consider re-running the study and tailoring their recruitment strategy and materials to specifically attract male participants.

Participants recruited were volunteers and reasons for participating would likely have been contingent upon what benefits to taking part individuals could identify with (Patel *et al.*, 2003). Jesse, the male participant was explicit during the debrief about his reasons for participating which were related to wanting to express his different perspective about the prevalence of racism in the profession and wider discourse. This was also captured in the interview data. For other participants reasons for participating were not explicit. However it may be relevant that five participants responded to the flyer very quickly when posted during Race Equality Week. World events too are likely to have had an impact on recruitment and the seeming disparity of responses to different conflicts around the world. Finally, little research has been undertaken in this area in and most who participated were often the only practitioners of colour diverse practitioner or one of the very few of colour in their services and they may have wanted to have the opportunity to discuss

their experiences. Others may have worked in more diverse teams and so did not participate.

Topic sensitivity and fears of being identified due to underrepresentation may have impacted on participation. In any event those who did not identify with or feel strongly or had feelings of anxiety about the topic of research are unlikely to have participated. This potentially shaped findings and the developed model. Protecting participant anonymity is essential for research and particularly when participants might be more easily identified due to under-representation. In some instances participants declined to elaborate on particular experiences due to the possibility of being recognized. I have not provided detailed information about age, time spent working in the sector or given any information relating to religion, as discussed in chapter three to protect anonymity. This may impact on the ability of audiences to contextualize participants fully and the transferability of findings.

To address the above limitations and progress understanding researchers might consider looking to secure university funding to undertake a larger research project. This could involve bringing together a team of researchers to design a study using an approach similar to that of Akel's (2019) involving collecting data by survey, individual interviews and focus groups. A larger study would be helpful to increase numbers and anonymity. This would potentially enable the reporting of more detailed demographic information and transferability of findings. Running focus groups might generate greater interest as it could be seen by potential participants as a way to connect with other practitioners of colour working in the sector. A team of researchers would incorporate individual differences and perspectives and would enhance methodological rigour and validity further too.

#### **4.4 Implications for Counselling Psychology, Clinical Practice and Services.**

Two key principles of Advance HE's Race Equality Charter (2016) state that BAME staff and students have different experiences due to their ethnicity including those relating to higher education and that all individuals have many intersecting identities which should be considered and that staff and students of colour need to be treated as individuals and not members of an homogenous group. Using a grounded theory approach this study's analysis has examined and found when experiences were similar or different to the literature (Punch, 2016). This supports the above mentioned principles and highlights the need for counselling psychologists and other mental health professionals practicing in counselling services to be consistently and actively engaged in developing their cultural knowledge and related practice. A key finding is that there are limited conversations taking place about race in clinical meetings, student counselling sessions and sometimes supervision. This impacts on students and practitioners in that they may either not be given or do not have the opportunity to explore one of those intersecting aspects of their identity. In order to reduce barriers to talking about race within teams and to develop practitioner confidence in this area, a recommendation is that service managers provide time and space to having these conversations led either by the service manager themselves or facilitated by someone with experience in leading such conversations.

Another significant finding was the perceived lack of awareness of service practitioners of the impact of the murder of George Floyd on their Black colleagues. This too supports published literature about the lack of cultural awareness and lack of initiation of conversations relating to race. As Mair (2016) states a significant part of psychotherapeutic and psychological work is to understand the contexts that impact and influence students. Clearly some Black colleagues were experiencing additional stress (Mori, 2000) after the murder of George Floyd and they needed this to be acknowledged and to be supported. This demands cultural awareness, competence and a willingness to have conversations about race. To not have conversations about race does

not provide a sense of being wanted or support. If managers, supervisors, colleagues and supervisees don't initiate conversations there is a lost opportunity for development and potentially student clients' wellbeing and therapy outcomes will be impacted as discussed by McKenzie-Mavinga (2016). Similarly, to some participants, students could think that raising race is unwanted and experience this as a resistance to them and so stop them exploring their identities and experiences (Ade-Serrano & Nkansa-Dwamena, 2016) or reinforce traumatic racialised experiences. As a participant stated, clinicians must reduce fear related avoidance to enable them to hear and learn. This is important for practitioner colleagues of colour and students of colour alike.

As a clinical supervisor to counselling psychology trainees and psychotherapy associates I have noticed that supervisees, when I begin working with them rarely introduce their clients race, ethnicity and culture as part of their client presentations suggesting perhaps a lack of emphasis in training. A recommendation is that working with race becomes an essential part of pre-qualification training curricula and ongoing CPD to facilitate greater engagement with working with race rather than leaving it to individuals to engage with if they are already interested in this area of work. A further recommendation is that supervisors, as part of the supervisory contract process discuss the expectation that supervisees incorporate aspects of client identity relating race, ethnicity and culture when presenting client material to facilitate race, ethnicity and culture relevant clinical case discussions.

Parritt (2016) states it is vital that we constantly reflect on how contexts are impacting on our services, our students, our colleagues and ourselves. BPS (2017) guidelines state that we need to understand how discrimination is experienced by others. New HCPC (2023) standards for proficiency came into effect in September 2023 and explicitly state how practitioner psychologists are expected to engage and work with culture, equality and diversity in their practice. As the BPS (2017) state it is not enough to contextualise or describe

client race alone. This is relevant to wider audience practitioners also. This research has found that often no reference to race is being made if client presentations in clinical meetings are representative. We can see from this current research the impact of the lack of awareness from many quarters has on practitioners, their sense of well-being, and how this leads to information being withheld from colleagues, in supervision and for students, in counselling assessments or therapy. Again a recommendation is that service managers develop meeting guidelines or highlight the expectation that when discussing client cases in clinical meetings that client race, ethnicity and culture are included as part of client material presentation.

Further to the contexts discussed above this research also highlights that counselling service environmental factors such as hybrid working impact on the well-being of staff. Hybrid working is likely to impact both positively and negatively on all staff. But it seems particularly significant for new members of staff and those who already feel isolated due to lack of representation in services. Both management and practitioners must consider how factors are impacting on individuals, and develop and provide appropriate supportive systems both formally and informally.

This current research shows that while there were many similarities in experiences such as witnessing lack of conversations about race, or experiencing microaggressions, or having experiences minimized there were also differences. One male participant expressed very different experiences to the rest about his perceptions and experiences. It is concerning that three out of five female Black participants spoke about potentially leaving the sector due to psychological costs and demands on energy, lack of career progression opportunities and lack of representation particularly at managerial level. This supports Kerr's (2018) statements about the lack of opportunities available for individuals of colour. Grewell (2022) also highlights the lack of focus on supporting the career progression for staff of colour into positions and roles of leadership. This has consequences for both staff retention as found in this research and for students who may also not see

themselves represented in counselling services and may decide not to access services. It is essential that greater efforts are made to increase representation and promote people of colour to lead counselling service teams. I have heard the argument that practitioners of colour are often not applying for positions in university counselling when advertised. If this is the case further research is needed to understand why this is in order to remove potential barriers identified.

#### **4.5 Summary of Key Recommendations For Practice and Research**

- To develop a counselling service culture whereby conversations about race are engaged with rather than avoided in clinical meetings, counselling sessions and supervision.
- To consider how factors are impacting on individuals, and develop and provide appropriate supportive systems both formally and informally.
- For working with race to be an essential part of pre-qualification training curricula and ongoing CPD
- For supervisors, as part of the supervisory contract process, to discuss the expectation that supervisees incorporate aspects of client identity relating race, ethnicity and culture when presenting client material.
- For service managers to develop meeting guidelines or highlight the expectation that when discussing client cases in clinical meetings that client race, ethnicity and culture are included as part of client material presentation.
- To increase representation and promote people of colour to lead counselling service teams.
- To undertake further research to understand and remove potential barriers to increasing representation and promotion of people of colour in HE counselling services.
- To re-run the study, tailoring recruitment strategy and materials to increase participant gender diversity.

- To undertake research to examine how and to what extent client information relating to race, ethnicity and culture is captured on UK HE counselling service systems and how this information is used by practitioners in clinical practice.
- To undertake larger research project using a mixed methods design and a team of researchers to increase transferability of findings.

## **4.6 Conclusion**

The aims of this research were to generate greater understanding about the experiences of practitioners of colour working in university counselling services and to develop a model of the processes involved. Using a constructed grounded theory approach nine qualified practitioners were interviewed about how they experienced interactions with counselling service colleagues, supervisors, and students; how their personal and professional identities are affected and shaped by these experiences and how their clinical practice with students is subsequently influenced.

The developed model highlighted how conversations about race are inhibited or facilitated in clinical teams, supervision or students in counselling. The process illustrated how conversations are influenced by how much confidence individuals have in the cultural awareness and competence of others and how important maintaining continuity and engaging with these conversations are. Findings showed that lack of representation and conversations about race were found to impact on sense of wellbeing, feelings of isolation and lack of safety to express opinions or give feedback.

The process emphasized how having or not having conversations about race together with associated experiences in HE counselling services has a bi-directional relationship with the beliefs held about the importance of talking about race in clinical work. The lack of conversations was described as impacting on how practitioners of colour perceive themselves. The process also highlighted how practitioners navigate race, manage experiences and relationships and how personal and professional identities are shaped by their

experiences of acceptance and racism from others. The seeking of alternative others as a response to experiences was identified as significant. This activity sometimes leads practitioners to consider changing positions or workplaces. Finally, whether leaving or not, over time, practitioners develop greater confidence to be authentic and for many also involved relinquishing the responsibility to be the individuals to consistently raise race explicitly with service teams colleagues.

Recommendations for directions for research and implications for clinical practice concentrated on the need for increased representation and conversations about race, ethnicity and culture in clinical teams, supervision and counselling. It seems essential that if universities are providing counselling services in a multi-cultural environment, we must be able to have conversations about race, including those about racism. If the aim is to have positive therapeutic outcomes, then the community needs to be both served and represented in the service provision. Furthermore, students of colour and practitioners of colour alike need to feel culturally comfortable and supported in their studying, working and therapeutic environments.

## REFERENCES

Ade-Serrano, Y., & Nkansa-Dwamena, O. (2016). Guest Editorial—Voicing the uncomfortable: How can we talk about race? *Counselling Psychology Review*, 31(2), 5–9.

Aguilar, L.C. (2006). *Ouch! That stereotype hurts: Communicating respectfully in a diverse world*. Orlando, FL: International Training and Development, LLC.

Akel, S. (2019). Insider-Outsider: the role of race in shaping the experiences of black and minority ethnic students. Available at: <https://www.gold.ac.uk/media/docs/reports/Insider-Outsider-Report191008.pdf>

Alfonsson, S., Lundgren, T., & Andersson, G. (2020). Clinical supervision in cognitive behavior therapy improves therapists' competence: A single-case experimental pilot study. *Cognitive Behaviour Therapy*, 49(5), 425–438.

Amerikaner, M. & Rose, T. (2012). Direct Observation of Psychology Supervisees' Clinical Work: A Snapshot of Current Practice, *The Clinical Supervisor*, 31(1), 61-80.

Ancis, J.R., & Ladany, N. (2010). A multicultural framework for counselor supervision. In N. Ladany & L.J. Bradley (Eds.), *Counselor Supervision* (4th Ed) (pp. 53–96). New York, NY: Routledge.

Anderson, E. (2015). The White space. *Sociology of Race & Ethnicity*, 1(1), 10–21.

Archer, M. (1995). *Realist Social Theory. The Morphogenetic Approach*. Cambridge: Cambridge University Press.

Arday, J. (2022). No one can see me cry: understanding mental health issues for Black and minority ethnic staff in higher education. *Higher Education*, 83(1), 79-102.

Atewologun, D., & Singh, V. (2010). "Challenging ethnic and gender identities: An exploration of UK black professionals' identity construction". *Equality, Diversity and Inclusion*, 29(4), 332-347.

Awad, G.H., Norwood, C., Taylor, D.S., Martinez, M., McClain, S., Jones, B., Holman, A., & Chapman-Hilliard, C. (2015). Beauty and body image concerns among African American college women. *Journal of Black Psychology*, 41(6), 540–564.

Bantjes, J., Swartz, L., & Cembali, S. (2018). “Our lifestyle is a mix-match”: Traditional healers talk about suicide and suicide prevention in South Africa. *Transcultural Psychiatry*, 55(1), 73-93.

Baumeister, R.F., & Leary, M.R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529.

Beck, A., Naz, S., Brooks, M., & Jankowska, M. (2019). Improving Access to Psychological Therapies (IAPT). Black, Asian and Minority Ethnic Service User Positive Practice Guide.

<http://www.babcp.com/files/About/BAME/IAPT-BAME-PPG-2019.pdf>  
accessed 01/12/2019

Bell, E. (1996). *Counselling in further and higher education*. Buckingham: Open University Press.

Bernard, J.M. & Goodyear, R.K. (2014). *Fundamentals of clinical supervision*. (5<sup>th</sup> Ed). Pearson Education Limited.

Bhaskar, R. (1998 [1979]). *The Possibility of Naturalism*. London: Routledge.

Bhopal, K. (2018). *White privilege: The myth of a post-racial society*. Bristol: Policy Press.

Blumer, H. (1969). *Symbolic Interactionism*. Englewood Cliffs, New Jersey: Prentice-Hall.

Bogna, F., Raineri, A., & Dell, G. (2020). Critical realism and constructivism: merging research paradigms for a deeper qualitative study. *Qualitative Research in Organizations and Management*, 15(4), 461-484.

Bourdin, E.S. (1983). Supervision in counseling: II. Contemporary models of supervision: A working alliance based model of supervision. *The Counseling Psychologist*, 11(1), 35–42.

Boyer, E. (1990). *Scholarship reconsidered: Priorities of the professoriate*. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching.

Boykin, C.M., Brown, N.D., Carter, J.T., Dukes, K., Green, D.J., Harrison, T., Hebl, M., McCleary-Gaddy, A., Membere, A., McJunkins, C.A., Simmons, C., Singletary Walker, S., Smith, A.N., & Williams, A.D. (2020). "Anti-racist actions and accountability: not more empty promises". *Equality, Diversity and Inclusion*, 39(7), 775-786.

Brinkmann, S. & Kvale, S. (2015). *Interviews: Learning the Craft of Qualitative Research Interviewing*. Los Angeles: Sage Publications.

British Association for Counselling and Psychotherapy (2017). *Sector overview 003 university and college counselling services*. BACP.

British Psychological Society (2018). *Code of Human Research Ethics*. BPS.

British Psychological Society (2017). *Practice Guidelines (3<sup>rd</sup> Edition)*. BPS.

British Psychological Society (2018). *Code of Ethics and Conduct*. BPS.

Brondolo, E., Brady Ver Halen, N., Pencille, M., Beatty, D., & Contrada, R.J. (2009). Coping with racism: a selective review of the literature and a theoretical and methodological critique. *Journal of Behavioral Medicine*, 32, 64-88.

Bumpus, N. (2020). White Senior academics still resist recognizing racism. *Nature*, 583, 661.

Bunce, L., King, N., Saran, S., & Talib, N. (2021). Experiences of black and minority ethnic (BME) students in higher education: applying self-determination theory to understand the BME attainment gap. *Studies in Higher Education*, 46(3), 534-547.

Bunt, S. (2018). Critical realism and grounded theory: Analysing the adoption outcomes for disabled children using the retroduction framework. *Qualitative Social Work*, 17(2), 176-194.

Burkard, A.W., Johnson, A.J., Madson, M.B., Pruitt, N.T., Contreras-Tadych, D.A., Kozlowski, J.M., & Knox, S. (2006). Supervisor cultural responsiveness and unresponsiveness in cross-cultural supervision. *Journal of Counseling Psychology*, 53, 288–301.

Burkard, A.W., Knox, S., Hess, S.A., & Schultz, J. (2009). Lesbian, gay, and bisexual supervisees' experiences of LGB-affirmative and nonaffirmative supervision. *Journal of Counseling Psychology*, 56, 176–188.

Burkholder, D. (2012). A model of professional identity expression for mental health counselors. *Journal of Mental Health Counseling*, 34(4), 295-307.

Burnett, A., & Peel, M. (2001). Health needs of asylum seekers and refugees. *British Medical Journal*, 322, 544-547.

Burr, V. (2015). *Social Constructionism* (3rd ed.). Routledge.

Caleb, R. & Barden, N. (2019). Higher education in the twenty-first: Changes and Challenges for mental wellbeing. In: N. Barden & R. Caleb (Eds), *Student mental health and wellbeing in higher education: a practical guide* (pp. 3-17). London: Sage.

Campbell-Balcom, M., & Martin-Berg, T. (2019). Counselling psychologists' anti-discriminatory awareness and practice in the UK: Exploring the relationship between self-awareness of beliefs and attitudes in relation to difference and diversity and therapeutic practice. *Counselling Psychology Review*, 34(1), 4-14.

Carpenter, J., Webb, C. M., & Bostock, L. (2013). The surprisingly weak evidence base for supervision: Findings from a systematic review of research in child welfare practice (2000–2012). *Children and Youth Services Review*, 35(11), 1843–1853.

Castillo, K., Lee, M., & Elliott, J.L. (2020). Black-Asian American identity: An exploratory study on how internalized oppression impacts identity development. *Asian American Journal of Psychology*, 11(4), 233-245.

Charmaz, K. (2014). *Constructing Grounded Theory*. 2<sup>nd</sup> Edition London: Sage.

Charmaz, K., & Henwood, K. (2017). Grounded theory methods for qualitative psychology. In C. Willig, & W. Rogers *The SAGE Handbook of qualitative research in psychology* (pp. 238-256). SAGE Publications Ltd.

Chavez, C. (2008). Conceptualising from the inside: Advantages, implications and demands on insider positionality. *The Qualitative Report*, 13(3), 474-494.

Chiang, S. (2010). 'Well, I'm a lot of things, but I'm sure not a bigot': Positive self-presentation in confrontational discourse on racism. *Discourse & Society*, 21(3), 273–294.

Clark, D. A., Spanierman, L.B., Reed, T.D., Soble, J.R., & Cabana, S. (2011). Documenting Weblog expressions of racial microaggressions that target American Indians. *Journal of Diversity in Higher Education*, 4(1), 39–50.

Clarke, Y. (2022). 'Mixed white and Black Caribbean' millennials in Britain: An exploration of identity. *Counselling and Psychotherapy Research*, 22, 385–395.

Clarkson, P. & Nippoda, Y. (2002). The Experienced Influence or Effect of Cultural/Racism Issues on the Practice of Counselling Psychology. In S. Palmer (Ed.), *Multicultural Counselling* (pp. 216-240). London: Sage.

Constantine, M.G., & Sue, D.W. (2007). Perceptions of racial microaggressions among Black supervisees in cross-racial dyads. *Journal of Counseling Psychology*, 54, 142–153.

Corrie, S. & Callahan, M. (2000). A review of the scientist-practitioner model: A reflection on its potential contribution to counselling psychology withing the context of current health care trends. *British Journal of Medical Psychology*, 73(3), 413-427.

Coyle, A. (2016). Discourse Analysis. In. E. Lyons & A. Coyle. (Eds.), *Analysing Qualitative Data in Psychology*. 2<sup>nd</sup> Edition. (pp. 160-181). London: Sage.

Crawford, E.P. (2011). *Stigma, racial microaggressions, and acculturation strategies as predictors of likelihood to seek counselling among Black college students*. (Unpublished doctoral dissertation). Oklahoma State University, Stillwater.

Crawford, M.J., Thana, L., Farquharson, L., Palmer, L., Hancock, E., Bassett, P., Clarke, J., & Parry, G.D. (2016). Patient experience of negative effect of psychological treatment: results of a national survey. *The British Journal of Psychiatry*, 208(3), 260-265.

Cummings, S. (2018). Attainment and identity in the face of dual oppression: Exploring the educational experiences of British females of Caribbean heritage. DEdCPsy thesis, University of Sheffield.

Cupchik, G. (2001). Constructivist Realism: An Ontology That Encompasses Positivist and Constructivist Approaches to the Social Sciences. *Forum Qualitative Sozialforschung Forum: Qualitative Social Research*, 2(1).

D'Ardenne, P. and Mahtani, A. (1989). *Transcultural Counselling in Action*. London: Sage.

Dalal, F. (2002). *Race, Colour and the Processes of Racialization: New Perspectives from Group Analysis, Psychoanalysis, and Sociology*. London: Brunner, Routledge.

Data Protection Act (2018) Available at:

<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

(Accessed: 12 February 2021).

Davis, D.E., DeBlaere, C., Brubaker, K., Owen, J., Jordan, T.A., Hook, J.N., & Van Tongeren, D.R. (2016). Microaggressions and perceptions of cultural humility in counseling. *Journal of Counseling & Development*, 94(4), 483-493.

Dawson, M., Phillips, B., & Leggat, S. (2013). Clinical supervision for allied health professionals: A systematic review. *Journal of Allied Health*, 42(2), 65–73.

Delgado, R., & Stefancic, J. (2017). *Critical Race Theory: An Introduction* (3rd Ed.). New York.

Dos Santos, O., & Dallos, R. (2012). The Process of Cross-Cultural Therapy between White Therapists and Clients of African-Caribbean Descent. *Qualitative Research in Psychology*, 9, 62-74.

Dos Santos V., Leon Spesny, S., Kleintjes, S., & Galvaan, R. (2019). Racism and mental health in higher education: A challenge for LMICs. *International Journal Methods in Psychiatric Research*, 28(4).

Dressel, J.L., Consoli, A.J., Kim, B.S. K., & Atkinson, D.R. (2007). Successful and Unsuccessful Multicultural Supervisory Behaviors: A Delphi Poll. *Journal of Multicultural Counseling and Development*, 35(1), 51–64.

Duchenski, M., Mujtaba, T., & Ruparelia, J. (2022). Staff Experiences of Racism. In A. Verma (Ed), *Anti Racism in Higher Education: An Action Guide for Change* (pp. 31-45). Bristol University Press.

Dufour, G. (2016). Assessment: laying the foundation for brief therapeutic work in HE. In D. Mair (Ed.), *Short-Term Counselling in Higher Education: Context, theory and Practice* (pp. 69-86). Routledge.

Dunsmuir, S., & Lang, J. (2015). Current Trends in Educational Psychology Supervision in the UK. *Educational and Child Psychology*, 32(3), 8-21.

Dupree, C.H., & Boykin, C.M. (2021). Racial Inequality in Academia: Systemic Origins, Modern Challenges, and Policy Recommendations. *Policy Insights from the Behavioral and Brain Sciences*, 8(1), 11-18.

Dwyer, S.C., & Buckle, J.L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, 8(1), 54-63.

Elder-Vass, D. (2012). Towards a realist social constructionism.

Loughborough University. Journal contribution.

<https://hdl.handle.net/2134/18387>

Equality and Human Rights Commission (2019). *Tackling Racial Harassment: Universities Challenged*. EHRC.

Erikson, E.H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.

Fleetwood, S. (2005). Ontology in Organization and Management Studies: A Critical Realist Perspective. *Organization*, 12(2), 197- 222.

Garibay, J.C., Herrera, F.A., Johnston-Guerrero, M.P., & Garcia, G.A. (2020). Campus racial incidents, hate crimes, and white male and female students' racial attitudes. *The Journal of Higher Education*, 91(1), 1–31.

GDPR (2018). *Guide to the UK General Data Protection Regulation (UK GDPR)*. Information Commissioner's Office: <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>

Gergen, K.J., & Kaye, J. (1992). Beyond Narrative in the Negotiation of Therapeutic Meaning. In S. McNamee & K.J. Gergen (Eds.), *Therapy as Social Construction* (pp.166-185). London: Sage.

Gibson, A.S., Ellis, M.V., & Friedlander, M.L. (2019). Toward a nuanced understanding of nondisclosure in psychotherapy supervision. *Journal of Counseling Psychology*, 66(1), 114–121.

Gibson, D.M., Dollarhide, C.T., & Moss, J.M. (2010). Professional identity development: A grounded theory of transformational tasks of new counselors. *Counselor Education and Supervision*, 50(1), 21-38.

- Gillborn, D. (2006). Critical Race Theory and Education: racism and anti-racism in educational theory and praxis. *Discourse: Studies in the Cultural Politics of Education*, 27 (1), 11-32.
- Gillborn, D. (2014). Racism as Policy: A Critical Race Analysis of Education Reforms in the United States and England. *The Educational Forum*, 78(1), 26-41.
- Gillborn, D. (2015). Intersectionality, Critical Race Theory, and the Primacy of Racism: Race, Class, Gender, and Disability in Education. *Qualitative Inquiry*, 21(3), 277–287.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine.
- Goodbody, L., & Burns, J. (2011). Deconstructing personal-professional development in UK clinical psychology: Disciplining the interdisciplinarity of lived experience. *The International Journal of Interdisciplinary Social Sciences: Annual Review*, 5(9), 295–310.
- Goodman, D. (2011). *Promoting diversity and social justice: Educating people from privileged groups*. New York, NY: Routledge.
- Goodman, S. & Burke, S. (2010). ‘Oh you don’t want asylum seekers, oh you’re just racist’: A discursive analysis of discussions about whether it’s racist to oppose asylum seeking. *Discourse and Society*, 21, 325–340.
- Grafanaki, S. (1996). How research can change the researcher: The need for sensitivity, flexibility and ethical boundaries in conducting qualitative research in counselling/psychotherapy. *British Journal of Guidance and Counselling*, 24(3), 329-338.

Grewal, M.K. (2022). Operations and Processes. In A. Verma (Ed), *Anti Racism in Higher Education: An Action Guide for Change* (pp. 172-181). Bristol University Press.

Guba, E.G. & Lincoln, Y.S. (1998). Competing paradigms in qualitative research. In N. Denzin and Y. Lincoln (eds), *Handbook of Qualitative Research* (pp. 195-220). Thousand Oaks, CA: Sage.

Guiffrida, D. Boxell, O., Hamell, S., Ponicsan, I., & Akinsete, R. (2018). Supporting black British university students, part one: Understanding students' Experiences with peers and academic staff. *University and College Counselling Journal*, 6(3), 4-11.

Haskins, N., Whitfield-Williams, M., Shillingford, M.A., Singh, A., Moxley, R., & Ofauni, C. (2013). The experiences of Black Master's counseling students: A phenomenological inquiry. *Counselor Education and Supervision*, 52, 162-178.

Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative Research Methods*. London: Sage.

Hensley, P.H. (2002). The Value of Supervision. *The Clinical Supervisor*, 21(1), 97-110.

HESA (Higher Education Statistics Agency) (2018). UK domiciled first degree qualifiers by classification of first degree, ethnicity marker and academic year, <https://www.hesa.ac.uk/data-and-analysis/students/table-26> accessed 09/12/2019

Hinton, D. & Patel, A. (2018). Culturally Sensitive CBT for Refugees: Key Dimensions. In *Mental Health of Refugee and Conflict-Affected Populations* (pp. 201-219). Springer, Cham.

Hoffman, L. (1992). A reflexive stance for family therapy. In S. McNamee & K.J. Gergen (Eds.), *Therapy as Social Construction* (pp. 7-24). London: Sage.

Hoddy, E.T. (2019). Critical realism in empirical research: employing techniques from grounded theory methodology, *International Journal of Social Research Methodology*, 22(1), 111-124.

Holtz, P. & Wagner, W. (2009). Essentialism and Attribution of Monstrosity in Racist Discourse: Right-wing Internet Postings about Africans and Jews. *Journal of Community and applied Social Psychology*, 19, 411–425.

Hook, J.N., Davis, D.E., Owen, J., Worthington, E.L., & Utsey, S.O. (2013). Cultural humility: measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, 60(3), 353-366.

Hook, J.N., Farrell, J.E., Davis, D.E, DeBlaere, C., Van, Tongeren, D.R., & Utsey, S.O. (2016). Cultural Humility and Racial Microaggressions in Counseling. *Journal of Counseling Psychology*, 63(3), 269-277.

Houshmand, S., Spanierman, L.B., & De Stefano, J. (2017). Racial Microaggressions: a Primer with Implications for Counseling Practice. *International Journal for the Advancement of Counseling*, 39, 203–216.

Hunter, R.L. (2011). An examination of workplace microaggressions and their effects on employee performance (Master's Thesis). Available from ProQuest dissertations and theses database (UMI 1503508).

Hutman, H., & Ellis, M.V. (2020). Supervisee nondisclosure in clinical supervision: Cultural and relational considerations. *Training and Education in Professional Psychology*, 14(4), 308–315.

Hylton, K. (2012). Talk the talk, walk the walk: defining Critical Race Theory in research. *Race Ethnicity and Education*, 15(1), 23- 41.

Inc Arts UK (2020). A Statement for the UK.

<https://incarts.uk/%23bameover-the-statement>

Inman, A. (2006). Supervisor multicultural competence and its relationship to supervisory process and outcome. *Journal of Marital and Family Therapy*, 32(1), 73–85.

Jakob, M., Weck, F., Höfling, V., Richtberg, S., & Bohus, M. (2013). Nondisclosure during psychotherapy supervision: Validation of the German version of the Supervisory Questionnaire (SQ). *Psychotherapy Research*, 24(1), 42–51.

Jenkins, P. (2016). Counselling in higher education settings. Working with risk, confidentiality and “duty of care” issues. In D. Mair, (Ed), *Short-Term Counselling in Higher Education: Context, theory and practice* (pp. 45-66). Routledge.

Jones, C., & Shorter-Gooden, K. (2003). *Shifting: The double lives of Black women in America*. New York, NY: Harper Collins.

Kadushin, A. (1992). *Supervision in social work* (3rd Ed.). New York: Columbia University Press.

Kerr, S. (2018). The Scorecard Report: Race at Work 2018: The McGregor-Smith Review One Year On. London: Business in the Community.  
[https://data.parliament.uk/DepositedPapers/Files/DEP2018-1028/BITC\\_Race\\_At\\_Work\\_Report\\_SEPT\\_V3\\_002\\_.pdf](https://data.parliament.uk/DepositedPapers/Files/DEP2018-1028/BITC_Race_At_Work_Report_SEPT_V3_002_.pdf)

King, E.B., Avery, D.R., Hebl, M.R., & Cortina, J.M. (2018). Systematic subjectivity: How subtle biases infect the scholarship review process. *Journal of Management*, 44(3), 843–853.

King, E.B., Hebl, M.R., George, J.M., & Matusik, S.F. (2010). Understanding tokenism: Antecedents and consequences of a psychological climate of gender inequity. *Journal of Management*, 36(2), 482–510.

Kistan, N. (2004). *How do the perceptions of visible minority counsellors regarding race, impact the counselling relationship with majority (white) clients?* Master's thesis, University of Victoria, Canada. Retrieved from [https://dspace.library.uvic.ca/bitstream/handle/1828/506/kistan\\_2004.pdf?sequence=1](https://dspace.library.uvic.ca/bitstream/handle/1828/506/kistan_2004.pdf?sequence=1)

Kivlighan, D.M. III, Jung, A-K., Berkowitz, A.B., Hammer, J.H., & Collins, N.M. (2019). 'To show or no-show'? Therapist racial-ethnic disparities in clients' nonattendance in therapy. *Journal of College Student Psychotherapy*, 33(1), 1–13.

Kivunja, C., & Kuyini, A.B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, 6(5), 26-41.

Kleinsasser, A. M. (2000). Researchers, Reflexivity, and Good Data: Writing to Unlearn. *Theory Into Practice*, 39(3), 155–162.

Knox, S. (2015). Disclosure—and lack thereof—in individual supervision. *The Clinical Supervisor*, 34(2), 151–163.

Kraus, M.W., Rucker, J.M., & Richeson, J.A. (2017). Americans misperceive racial economic equality. *Proceedings of the National Academy of Sciences*, 114(39), 10324–10331.

Kuo, P., Washington, A., & Woo, H. (2023). Intersection of professional identity development and experiences of cultural insensitivity among international counselor education doctoral students. *Journal of Multicultural Counseling and Development*, 51, 136–146.

Ladany, N. (2014). The ingredients of supervisor failure. *Journal of Clinical Psychology*, 70(11), 1094–1103.

Ladany, N., Lehrman-Waterman, D., Molinaro, M., & Wolgast, B. (1999). Psychotherapy supervisor ethical practices: Adherence to guidelines, the supervisory working alliance, and supervisee satisfaction. *The Counseling Psychologist*, 27(3), 443–475.

Ladson-Billings, G., & Tate, W.F. (1995). Toward a critical race theory of education. *Teachers College Record*, 97, 47–68.

Ladson-Billings, G. (1998). Just what is critical race theory and what's it doing in a nice field like education? *International Journal of Qualitative Studies in Education*, 11, 7–24.

Lago, C., & Smith, B. (2010). Ethical Practice and Best Practice. In C. Lago & B. Smith (Eds.). *Anti-Discriminatory Practice in Counselling & Psychotherapy* (pp. 1-12). London: Sage.

Lago, C., & Thompson, J. (1996). *Race, culture and counselling*. Buckingham, UK; Open University Press.

Lazarus, R.S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer.

Lee, B. (2017). Language matters in counselling diversity. *British Journal of Guidance & Counselling*, 45(5), 500-507.

Legard, R., Keegan, J., & Ward, K. (2003). In-depth interviews. In: J. Ritchie and J. Lewis (Eds.), *Qualitative Research Practice: A guide for Social Science students and Researchers* (pp. 138-169). London: Sage.

Levitt, H., Butler, M., & Hill, T. (2006). What clients find helpful in psychotherapy: Developing principles for facilitating moment-to-moment change. *Journal of Counseling Psychology*, 53(3), 314-324.

Lewis, J., & McNaughton Nicholls, C. (2014). Design Issues. In J. Ritchie, J. Lewis, C. McNaughton Nicholls & R. Ormston (Eds.), *Qualitative Research Practice* (2<sup>nd</sup> edition) (pp.47-76). London: Sage.

Livesey, A. (2019). 'BAME underrepresentation in UK universities: a view from the humanities'. *Innovations in Practice*, 13(2), 11-17.

Locke, A. F. (2022). A counterstory of resistance: The professional identity development of Latinx doctoral students in counseling programs. *Journal of Multicultural Counseling and Development*, 50, 2–13.

London Metropolitan University, *Code of Good Research Practice*.

Available at: <https://student.londonmet.ac.uk/media/london-metropolitan-university/london-met-documents/professional-service-departments/research-office/course-documents/Code-of-Good-Research-Practice.pdf>

Lowery, B.S., Knowles, E.D., & Unzueta, M.M. (2007). Framing inequity safely: The motivated denial of White privilege. *Personality and Social Psychology Bulletin*, 33, 1237–1250.

Lyons, E. (2016). Doing Qualitative Research: Initial Questions. In E. Lyons & A. Coyle. (Eds.), *Analysing Qualitative Data in Psychology* (2<sup>nd</sup> Edition) (pp. 3-30). London: Sage.

Mair, D. (2016). The rise and rise of higher education and therapeutic culture. In D. Mair, (Ed.) *Short-Term Counselling in Higher Education: Context, theory and Practice* (pp. 7-26). Routledge.

Malagon, M.C., Huber, L.P., & Velez, V.N. (2009). Our experiences, our methods: Using grounded theory to inform a critical race theory methodology. *Seattle Journal for Social Justice*, 8, 253.

Malott, K.M., Paone, T.R., Schaeffle, S., & Gao, J. (2015). Is it Racist? Addressing Racial Microaggressions in Counselor Training. *Journal of Creativity in Mental Health*, 10(3), 386–398.

Martin Alcoff, L. (2006). *Visible Identities: Race, Gender, and the Self*. New York, US: Oxford University Press USA.

McDowell, T. (2004). Exploring the Racial Experience of Therapists in Training: A Critical Race Theory Perspective. *The American Journal of Family Therapy*, 32, 305-324.

McKenzie-Mavinga, I. (2016). *The challenge of racism in therapeutic practice: Engaging with oppression in practice and supervision*. New York, NY: Palgrave.

McMahon, A., Jennings, C., & O'Brien, G. (2022). A naturalistic, observational study of the Seven-Eyed model of supervision. *The Clinical Supervisor*, 41(1), 47-69.

McLeod, J. (2003). *Doing Counselling Research*. (2<sup>nd</sup> Edition). London: Sage.

McLeod, J. (2003). Qualitative Research Methods in Counselling Psychology In: R. Woolfe, S. Strawbridge, B. Douglas & W. Dryden (Eds.) *Handbook of Counselling Psychology* (pp. 74-92). London: SAGE.

McQueeney, K., & Lavelle, K.M. (2017). Emotional labor in critical ethnographic work: In the field and behind the desk. *Journal of Contemporary Ethnography*, 46(1), 81-107.

Mehr, K.E., Ladany, N., & Caskie, G.I.L. (2010). Trainee nondisclosure in supervision: What are they not telling you? *Counselling & Psychotherapy Research*, 10(2), 103–113.

Mellor, D. (2004). Responses to Racism: A Taxonomy of Coping Styles Used by Aboriginal Australians. *American Journal of Orthopsychiatry*, 74(1), 56–71.

Mitchell, M.D., & Butler, S.K. (2021). Acknowledging intersectional identity in supervision: The multicultural integrated supervision model. *Journal of Multicultural Counseling and Development*, 49(2), 101-115.

Mohamed, C. (2006). Transcultural Therapy. In C. Feltham & I. Horton (Eds.), *The Sage Handbook of Counselling and Psychotherapy*, 2<sup>nd</sup> Edition (pp. 565-573). London: SAGE.

Moodley, R., & Dhingra, S. (2002). Cross-cultural/racial matching in counselling and therapy White clients and Black counsellors. In S. Palmer (Ed.), *Multicultural counselling* (pp.191-200). London, UK: Sage.

Moodley, R., & Murphy, L. (2010). Multiple Identities and Anti-Discriminatory Counselling Practice. In C. Lago & B. Smith (Eds.), *Anti-Discriminatory Practice in Counselling & Psychotherapy* (pp. 137-148). London, UK: Sage.

Morgan, D.L. (2007). Paradigms Lost and Pragmatism Regained: Methodological Implications of Combining Qualitative and Quantitative Methods. *Journal of Mixed Methods Research*, 1(1), 48-76.

Mori, S.C. (2000). Addressing the mental health concerns of international students. *Journal of Counselling and Development*, 78 (2), 137-144.

Morrison, T. (1992). *Playing in the dark : Whiteness and the literary imagination*. Cambridge, MA: Harvard University Press.

Morrow, S.L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250-260.

- Muhammad, M., Wallerstein, N., Sussman, A. L., Avila, M., Belone, L., & Duran, B. (2014). Reflections on Researcher Identity and Power: The Impact of Positionality on Community Based Participatory Research (CBPR) Processes and Outcomes. *Critical Sociology*, 41(7-8), 1045-1063.
- Mukherjee, D. (2022). Educational Professionalism. In A. Verma (Ed), *Anti Racism in Higher Education: An Action Guide for Change* (pp. 148-160). Bristol University Press.
- Nadal, K.L., Griffin, K.E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling & Development*, 92(1), 57–66.
- Neo, E. & Akhurst, J. (2016). The experiences of minority counsellors in the North of England: A phenomenological study. *Counselling Psychology Review*, 31(2), 22-32.
- Netto, G. (2006). Creating a suitable space: A qualitative study of the cultural sensitivity of counselling provision in the voluntary sector in the UK. *Journal of Mental Health*, 15(5), 593-604.
- Neville, H.A., Awad, G.H., Brooks, J. E., Flores, M. P., & Bluemel, J. (2013). Color-blind racial ideology: Theory, training, and measurement implications in psychology. *American Psychologist*, 68(6), 455–466.
- North, R.J., & Swann Jr, W.B. (2009). Self-verification 360: Illuminating the light and dark sides. *Self and Identity*, 8(2-3), 131-146.
- Nugent, F.A. & Jones, K.D. (2009). *Introduction to the profession of counseling* (5th Ed.), Upper Saddle River, NJ: Pearson.

Oakley, L., Fenge, L.A., & Taylor, B. (2022). 'I call it the hero complex'—Critical considerations of power and privilege and seeking to be an agent of change in qualitative researchers' experiences. *Qualitative Research in Psychology*, 19(3), 587–610.

Obear, K. (2016). *But I'm not racist! Tools for well-meaning Whites*. McClean, VA: The Difference Press.

O'Driscoll, S., Gaitanidis, A., & Dickerson, P. (2016). A discursive analysis of White trainee counselling psychologists' experience in racial difference. *Counselling Psychology Review*, 31(2), 33–45.

Odusanya, S., Winter, D., Nolte, L., & Shah, S. (2018). The Experience of Being a Qualified Female BME Clinical Psychologist in a National Health Service: An Interpretative Phenomenological and Repertory Grid Analysis. *Journal of Constructivist Psychology*, 31(3), 273–291.

Ong, A.D., Burrow, A.L., Ja, N.M., Fuller-Rowell, T.E., & Sue, D.W. (2013). Racial Microaggressions and Daily Well-Being Among Asian Americans. *Journal of Counseling Psychology*, 60(2), 188–199.

Ong, M., Smith, J.M., & Ko, L.T. (2018). Counterspaces for women of color in STEM higher education: Marginal and central spaces for persistence and success. *Journal of Research in Science Teaching*, 55(2), 206–245.

Owen, I. R. (2009). The intentionality model: A theoretical integration of psychodynamic talking and relating with cognitive-behavioral interventions. *Journal of Psychotherapy Integration*, 19(2), 173-186.

Owen, J. (2013). Early career perspectives on psychotherapy research and practice: Psychotherapist effects, multicultural orientation, and couple interventions. *Psychotherapy*, 50(4), 496–502.

Parritt, S. (2016). *Working with difference and diversity*. SAGE Publications Ltd.

- Parson, L. (2019). Considering positionality: The ethics of conducting research with marginalized groups. *Research methods for social justice and equity in education*, 15-32.
- Patel, M.X., Doku, V., & Tennakoon, L. (2003). Challenges in recruitment of research participants. *Advances in Psychiatric Treatment*, 9(3), 229-238.
- Patton, M.Q. (1990), *Qualitative evaluation and research methods*. Newbury Park., CA: Sage.
- Payne, S. (2016). Grounded Theory. In. E. Lyons & A. Coyle. (Eds.), *Analysing Qualitative Data in Psychology*, (2<sup>nd</sup> Edition) (pp. 119-146).
- Pisani, A. (2005). Talk to Me: Supervisee Disclosure in Supervision. *Smith College Studies in Social Work*, 75(1), 29–47.
- Ponterotto, J.G. (2010). Qualitative research in multicultural psychology: philosophical underpinnings, popular approaches, and ethical considerations. *Cultural Diversity and Ethnic Minority Psychology*, 16, 581-9.
- Ponterotto, J., Park-Taylor, J., & Chen, E. (2017). Qualitative research in counselling and psychotherapy: history, methods, ethics and impact. In C. Willig, & W. Stainton-Rogers (Eds.), *The SAGE Handbook of qualitative research in psychology* (pp. 496-517). SAGE Publications Ltd.
- Pope-Davis, D.B., Reynolds, A.L., Dings, J.G., & Nielson, D. (1995). Examining multicultural counseling competencies of graduate students in psychology. *Professional Psychology: Research and Practice*, 26, 322–329.
- Proctor, B. (1988). Supervision: A co-operative exercise in accountability. In M. Marken & M. Payne (Eds.), *Enabling and ensuring*. Leicester: National Youth Bureau and Council for Education and Training in Youth and Community Work.

Punch, K.F. (2016). *Developing effective research proposals*. (2nd Edition). London: Sage.

Purdie-Vaughns, V., Steele, C.M., Davies, P.G., Dittmann, R., & Crosby, J.R. (2008). Social identity contingencies: How diversity cues signal threat or safety for African Americans in mainstream institutions. *Journal of Personality and Social Psychology*, 94(4), 615–630.

Ragaven, R., Ellis-Caird, H., & Shah, S. (2020). "'The Struggle is Real': Exploring the Experiences of Black, Asian and Minority Ethnic UK Clinical Psychology Doctorate Applicants'. *The Journal of Critical Psychology, Counselling and Psychotherapy*, 20(3), 17-26.

Ray, V. (2019). A theory of racialized organizations. *American Sociological Review*, 84(1), 26–53.

Rea, A. (2004). Now you're talking my language. *The Psychologist*, 17(10), 580-583.

Reisetter, M., Korcuska, J.S., Yexley, M., Bonds, D., Nikels, H., & McHenry, W. (2004). Counselor Educators and Qualitative Research: Affirming a Research Identity. *Counselor Education and Supervision*, 44(1), 2–16.

Rennie, D. (2004). Reflexivity and person-centered counseling. *Journal of Humanistic Psychology*, 44(2), 182–203.

Richardson, J. (1996). *Handbook of qualitative research methods of psychology and the social sciences*. Leicester: BPS Books.

Rizq, R. & Target, M. (2009). 'The power of being seen': an interpretative phenomenological analysis of how experienced counselling psychologists describe the meaning and significance of personal therapy in clinical practice. *Counselling Psychology Review*, 24, 66-85.

Rodríguez J.E., Campbell K.M., & Adelson W.J. (2015). Poor representation of Blacks, Latinos, and Native Americans in medicine. *Family Medicine*, 47, 259–263.

Rogers, L.O., Kiang, L., White, L., Calzada, E.J., Umaña-Taylor, A.J., Byrd, C., Williams, C.D., Marks, A., & Whitesell, N. (2020). Persistent concerns: Questions for research on ethnic-racial identity development. *Research in Human Development*, 17(2-3), 130–153.

Rollock, N. (2019). *Staying Power: the career experiences and strategies of UK Black female Professors*. Available at:  
[www.ucu.org.uk/media/10075/Staying-Power/pdf/UCU\\_Rollock\\_February\\_2019.pdf](http://www.ucu.org.uk/media/10075/Staying-Power/pdf/UCU_Rollock_February_2019.pdf)

Rollock, N. (2021). "I Would Have Become Wallpaper Had Racism Had Its Way": Black Female Professors, Racial Battle Fatigue, and Strategies for Surviving Higher Education. *Peabody Journal of Education*, 96(2), 206-217.

Rønnestad, M.H., & Skovholt, T.M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30(1), 5-44.

Ryan, L. (2015). "Inside" and "Outside" of What or Where? Researching Migration Through Multi-Positionalities. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 16(2).  
<http://nbn-resolving.de/urn:nbn:de:0114-fqs1502175>

Ryan, L. (2021). Telling network stories: researching migrants' changing social relations in places over time. *Global Networks*, 21(3), 567-584.

Ryan, L., Mulholland, J., & Agoston, A. (2014). Talking ties: Reflecting on network visualisation and qualitative interviewing. *Sociological Research Online*, 19(2), 1-12.

Sablan, J.R. (2019). Can You Really Measure That? Combining Critical Race Theory and Quantitative Methods. *American Educational Research Journal*, 56(1), 178–203.

Samy, M. & Robertson, F.A. (2017). "From positivism to social constructivism: an emerging trend for CSR researchers." In: D. Crowther, and L. Lauesen. (Eds.) *Handbook of Research Methods in Corporate Social Responsibility* (pp. 437-462). Edward Elgar Publishing: UK.

Schwalbe, C.S., Oh, H.Y., & Zweben, A. (2014). Sustaining motivational interviewing: A meta-analysis of training studies. *Addiction*, 109(8), 1287–1294.

Seaton, E.K., Verkuyten, M., Quintana, S., & Gee, G.C. (2017). Peers, policies, and place: The relation between context and ethnic/racial identity. *Child development*, 88(3), 683-692.

Shelton, J.N., Richeson, J.A., Salvatore, J., & Hill, D.M. (2006). Silence Is Not Golden: The Intrapersonal Consequences of Not Confronting Prejudice. In S. Levin & C. van Laar (Eds.), *Stigma and group inequality: Social psychological perspectives* (pp. 65–81). Lawrence Erlbaum Associates Publishers.

Shorter-Gooden, K. (2004). Multiple Resistance Strategies: How African American Women Cope With Racism and Sexism. *Journal of Black Psychology*, 30(3), 406–425.

Silverman, D. (2000). *Doing Qualitative Research: A practical Handbook*. London: Sage.

Silverman, D. (2017). *Doing Qualitative Research*. London: Sage.

Singh, T. (2009). *Black and minority ethnic (BME) students' participation in higher education: Improving retention and success. A synthesis of research evidence*. York: Higher Education Academy.

Skelton, J.R., Kai, J., & Loudan, R.F. (2001). Cross-cultural communication in medicine: Questions for educators. *Medical Education*, 35, 257-61.

Smith, J.A., & Eatough, V. (2016). Interpretive Phenomenological Analysis. In E. Lyons & A. Coyle. (Eds.), *Analysing Qualitative Data in Psychology* (2<sup>nd</sup> Edition), (pp. 50-67). London: Sage.

Smith, W.A., Hung, M., & Franklin, J.D. (2011). Racial Battle Fatigue and the MisEducation of Black Men: Racial Microaggressions, Societal Problems, and Environmental Stress. *The Journal of Negro Education*, 80(1), 63–82.

Soheilian, S.S., Inman, A.G., Klinger, R.S., Isenberg, D.S., & Kulp, L.E. (2014). Multicultural supervision: Supervisees' reflections on culturally competent supervision. *Counselling Psychology Quarterly*, 27(4), 379–392.

Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical Race Theory, Racial Microaggressions, and Campus Racial Climate: The Experiences of African American College Students. *The Journal of Negro Education*, 69(1/2), 60–73.

Somerville, W., Marcus, S., & Chang, D.F. (2019). Multicultural Competence-Focused Peer Supervision : A Multiple Case Study of Clinical and Counseling Psychology Trainees. *Journal of Multicultural Counseling and Development*, 47, 274-294.

Spalding, B., Grove, J., & Rolfe, A. (2019). An exploration of Black, Asian and Minority Ethnic counsellors' experiences of working with White clients. *Counselling Psychotherapy Research*, 19, 75-82.

Starks H., & Brown Trinidad S. (2007). Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research*, 17(10), 1372-1380.

Stiles, W.B. (1993). Quality control in qualitative research. *Clinical psychology review*, 13(6), 593-618.

Stokes, D.M., Clemens, C.F., & Rios, D.I. (2016). "Brown Beauty: Body Image, Latinas, and the Media." *Journal of Family Strengths*, 16(1). Available at: <https://digitalcommons.library.tmc.edu/jfs/vol16/iss1/8>

Stoll, N., Yalipende, Y., Byrom, N.C., Hatch, S.L., & Lempp, H. (2022). Mental health and mental well-being of Black students at UK universities: a review and thematic synthesis. *BMJ open*, 12(2), doi:10.1136/bmjopen-2021-050720

Storey, L. (2016). Doing Interpretive Phenomenological Analysis. In. E. Lyons & A. Coyle. (Eds.), *Analysing Qualitative Data in Psychology* (2<sup>nd</sup> Edition) (pp. 68-83). London: Sage.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA: Sage.

Strawbridge, S. & Woolfe, R. (2003). Counselling Psychology in Context. In R. Woolfe, W. Dryden and S. Strawbridge (Eds.), *Handbook of Counselling Psychology* (pp. 3-21). London, UK: Sage.

Sue, D.W. (2010). *Microaggressions in everyday life: Race, gender & sexual orientation*. Hoboken, NJ: Wiley.

Sue, D.W., Arredondo, P., & McDavis, R.J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70, 477–486.

Sue, D.W., Capodilupo, C.M., Torino, G.C., Bucceri, J.M., Holder, A., Nadal, K.L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *American psychologist*, 62(4), 271.

Sue, D.W., Alsaidi, S., Awad, M.N., Glaeser, E., Calle, C.Z., & Mendez, N. (2019). Disarming Racial Microaggressions: Microintervention Strategies for

Targets, White Allies, and Bystanders. *The American Psychologist*, 74(1), 128–142.

Sue, D.W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice*. Hoboken, NJ: Wiley.

Syed, M. (2017). Why traditional metrics may not adequately represent ethnic minority psychology. *Perspectives on Psychological Science*, 12, 1162–1165.

Tajfel, H., & Turner, J. C. (1979). An Integrative Theory of Intergroup Conflict. In W. G. Austin, & S. Worchel (Eds.), *The Social Psychology of Intergroup Relations* (pp. 33-47). Monterey, CA: Brooks/Cole.

Tate, S. A., & Page, D. (2018). Whiteness and institutional racism: Hiding behind (un)conscious bias. *Ethics and Education*, 13(1), 141–155.

Taylor, E. (1998). A primer on critical race theory. *The Journal of Blacks in Higher Education*, 19, 122–124.

The Equality Act (2010).

<https://www.legislation.gov.uk/ukpga/2010/15/section/9>

The Health & Care Professions Council's (HCPC) *Guidance on conduct and ethics for students*:

<https://www.hcpc-uk.org/resources/guidance/guidance-on-conduct-and-ethics-for-students/>

The Institute of Race Relations (IRR).

<https://irr.org.uk/research/statistics/definitions/>

The Law Society. <https://www.lawsociety.org.uk/topics/ethnic-minority-lawyers/a-guide-to-race-and-ethnicity-terminology-and-language>

The National Human Genome Research Institute.

<https://www.genome.gov/genetics-glossary/Race>

Thompson, N. (1993). *Anti-Discriminatory Practice*. London: Macmillan.

Tribe, R. (1999). Bridging the gap or damming the flow? Bicultural Workers, Some observations on using interpreters when working with refugee clients, many of whom have been tortured. *British Journal of Medical Psychology*, 72, 567-576.

Tribe, R., & Keefe, A. (2007). Editorial and Introduction to Special Edition on Refugees and Asylum Seekers. *European Journal of Psychotherapy and Counselling*, 7(9), 1-7.

Tubaro, P, Ryan, L., Casilli, A.A., & D'Angelo, A. (2021). Social network analysis: New ethical approaches through collective reflexivity. Introduction to special issue. *Social Networks*. 67, 1-8.

Umaña-Taylor, A.J., Quintana, S.M., Lee, R.M., Cross, W.E. Jr, Rivas-Drake, D., Schwartz, S.J., Syed, M., Yip, T., & Seaton, E. (2014). Ethnic and Racial Identity in the 21st Century Study Group. Ethnic and racial identity during adolescence and into young adulthood: an integrated conceptualization. *Child Development*, 85(1), 21-39.

Ventriglio, A., Kalra, G., & Bhugra, D. (2019). Cultural Approaches to Mental Health Among Migrating Students. In: N. Barden & R. Caleb (Eds), *Student mental health and wellbeing in higher education: a practical guide* (pp. 84-102). London: Sage.

Verkuyten, M. (2005). Immigration discourses and their impact on multiculturalism: A discursive and experimental study. *British Journal of Social Psychology*, 44, 223–240.

Verma, A. (2022). Positioning Anti-racism In Higher Education. In A. Verma (Ed), *Anti Racism in Higher Education: An Action Guide for Change* (pp. 3-30). Bristol University Press.

Vivero, V.N., & Jenkins, S.R. (1999). Existential hazards of the multicultural individual: Defining and understanding "cultural homelessness". *Cultural Diversity and Ethnic Minority Psychology*, 5(1), 6–26.

Walker, J.A., Ladany, N., & Pate-Carolan, L.M. (2007). Gender-related Events in psychotherapy supervision: Female trainee perspectives. *Counselling & Psychotherapy Research*, 7(1), 12–18.

Wallbank, S. (2013). Maintaining professional resilience through group restorative supervision. *Community Practitioner*, 86(8), 26–28.

Walsh, S., & Scaife, J. (1998). Mechanisms for addressing personal and professional development in clinical training. *Clinical Psychology Forum*, 115, 21-24.

Warmington, P. (2020). Critical race theory in England : impact and opposition. *Identities: Global Studies in Culture and Power*, 27 (1), 20-37.

Watkins, C.E. (2011). Does psychotherapy supervision contribute to patient outcomes? Considering thirty years of research. *The Clinical Supervisor*, 30(2), 235–256.

Watkins, C.E. (2020). What do clinical supervision research reviews tell us? Surveying the last 25 years. *Counselling and Psychotherapy Research*, 20(2), 190–208.

Webb, A., & Wheeler, S. (1998). How honest do counsellors dare to be in the supervisory relationship?: An exploratory study. *British Journal of Guidance & Counselling*, 26(4), 509–524.

Webb Johnson, A., & Nadirshaw, Z. (2002). Good Practice in Transcultural Counselling. In S. Palmer (Ed), *Multicultural Counselling: A reader* (pp. 119-128). London: Sage.

Wheeler, S., & Richards, K. (2007). The impact of clinical supervision on counselors and therapists, their practice, and their clients: A systematic review of the literature. *Counselling and Psychotherapy Research*, 7(1), 54–65.

Williams, C.D., Byrd, C.M., Quintana, S.M., Anicama, C., Kiang, L., Umana-Taylor, A. J., Calzada, E. J., Gautier, E. J., Ejesi, K., Truitt, N. R., Martinez- Fuentes, S., White, L., Markes, A., Rogers, L. O., & Whitesell, N. (2020). A lifespan model of ethnic-racial identity. *Research in Human Development*, 17(2-3), 99-129.

Willig, C. (2013). *Introducing Qualitative Research in Psychology* (3rd Edition). Maidenhead: Open University Press.

Willig, C. (2016). Constructivism and ‘The Real World’: Can they co-exist? *QMIP*, Bulletin (21).

Wilson, H.M.N., Davies, J.S., & Weatherhead, S. (2016). Trainee therapists’ experiences of supervision during training: A meta-synthesis. *Clinical Psychology & Psychotherapy*, 23(4), 340–351.

Wong, B., Elmorally, R., Copsey-Blake, M., Highwood, E., & Singarayer, J. (2021). Is race still relevant? Student perceptions and experiences of racism in higher education. *Cambridge Journal of Education*, 51(3), 359-375.

Wong, L.C.J., Wong, P.T.P., & Ishiyama, F.I. (2013). What helps and what hinders in cross-cultural clinical supervision: A critical incident study. *The Counseling Psychologist*, 41, 64–83.

Youngson, S. (2009). Personal development in clinical psychology: the context. In J. Hughes and S. Youngson (Eds.), *Personal development and clinical psychology* (pp. 8-23). Chichester: BPS Blackwell.

Yourman, D.B. & Farber, B.A. (1996). Nondisclosure in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training*, 33(4), 567-575.

## **APPENDICES**

### **Appendix A**

#### **HE Counselling Service Contact Email Content**

Dear....

**Subject Line:** How do ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting? A grounded theory study.

I am a qualified counselling psychologist working in the higher education sector and this research is being undertaken for my Top-Up Professional Doctorate in Counselling Psychology at London Metropolitan University. I am undertaking research into how ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting. This research study is subject to approval under the procedures of the London Metropolitan's Ethics Committee. Ethical approval was granted on 8 June 2021.

I am hoping that there may be an opportunity to invite counsellors, psychologists and psychotherapists working with your service to be interviewed either on line or in person. I would be grateful if you would let me know if you would be in agreement with this and if so, if you would disseminate the recruitment flyer and participation information sheet which are attached for your perusal.

Thank you in anticipation for your time.

Sarah Shalan

## **Appendix B**

### **PARTICIPANTS NEEDED FOR RESEARCH EXPLORING THE EXPERIENCES OF ETHNICALLY DIVERSE THERAPISTS WORKING IN A HIGHER EDUCATION COUNSELLING SERVICE**

#### **What is the purpose of the study?**

To date there is limited UK research relating to qualified ethnically diverse therapists who are working in the UK higher education sector. This research explores how ethnically diverse practitioners experience working in Higher Education counselling services with colleagues, clinical supervisors and students who come for therapy. I am interested to explore how personal and professional identities develop and may be affected and how clinical practice with students may be further influenced and shaped by these experiences. My hope is that knowledge gained from your shared experiences will be highly relevant to the clinical practice and day to day service interactions of all counsellors, psychotherapists and psychologists working in this sector. I hope that the insight gained will have the potential to inform higher education counselling service policies and recruitment, enhance culturally sensitive clinical supervision, to focus continuous professional development and to support the further development of counselling psychology and psychotherapy training programmes.

#### **What does participating involve?**

Taking part in this study would involve taking part in a 60 minute recorded semi-structured interview with me about your experiences of working in a university counselling service. A week later you would be asked to complete an anonymous on-line questionnaire about your experiences of taking part in the research. You would also be invited to read and give feedback on a transcript of your interview with me.

#### **Can you take part?**

Are you a qualified therapist of African, Caribbean, Asian (South, East, West, Central and South East) or mixed heritage working in a UK university counselling service?

Are you accredited/registered with The Health & Care Professions Council (HCPC), British Psychological Society (BPS), British Association of Counselling and Psychotherapy (BACP), United Council for Psychotherapy (UKCP) or British Association for Behavioural and Cognitive Psychotherapies (BABCP)?

If so and you would like to take part or would like more information please contact me: Sarah Shalan [scs0034@my.londonmet.ac.uk](mailto:scs0034@my.londonmet.ac.uk) .

This research study is supervised by Dr Angela Ioanna Loulopoulou at London Metropolitan University [A.Loulopoulou@londonmet.ac.uk](mailto:A.Loulopoulou@londonmet.ac.uk) .

## Appendix C

### Participant Information

***How do ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting? A grounded theory study.***

**Invitation to take part:** Thank you for your interest in this research study. This participant sheet provides more information about the research project to enable you to make an informed choice about whether you would like to participate and what would be involved if you decide to do so.

I am a qualified counselling psychologist working in the higher education sector and this research is being undertaken for my Top-Up Professional Doctorate in Counselling Psychology at London Metropolitan University. This research study is subject to approval under the procedures of the London Metropolitan's Ethics Committee and was granted on 8<sup>th</sup> June 2021.

**Purpose:** Mental health professions are still predominantly white.<sup>1</sup> This has wide ranging implications for ethnically diverse practitioners and clients in terms of training, provision and uptake of services, staff recruitment and progression, therapeutic alliances and therapy outcomes. To date there is limited UK research relating to the qualified ethnically diverse, psychologists, counsellors or psychotherapists who are working in the UK higher education sector. Therefore this qualitative study is being conducted to increase our understanding and knowledge by exploring the experiences of psychologists, counsellors and psychotherapists who have ethnically diverse heritages and are clinically practicing in university counselling services.

---

<sup>1</sup> O'Driscoll, S., Gaitanidis, A., & Dickerson, P. (2016). A discursive analysis of White trainee counselling psychologists' experience in racial difference. *Counselling Psychology Review*, 31(2), 33–45.

York, K. (2020). BAME representation and psychology. *The Psychologist*, January, 04.

**Your contribution to the research:** My hope is that knowledge gained from your shared experiences will be highly relevant to the clinical practice and day to day service interactions of all counsellors, psychotherapists and psychologists working in this sector. I also hope that the insight gained will have the potential to inform higher education counselling service policies and recruitment, enhance culturally sensitive clinical supervision, to focus continuous professional development and to support the further development of counselling psychology and psychotherapy training programmes.

**What will be involved:** Participation in this study is voluntary. If you agree to participate in this research, you will be asked to take part in a digitally recorded interview with me which will take approximately one hour. The interview itself will take place in a mutually agreed setting either on-line or in person. Prior to the interview you will be asked to complete and sign a consent form and short demographics form. On completion of the interview you will have the opportunity, as part of a short de-briefing session, to discuss how you feel about the interview and to make any comments about the process. The whole interview session is expected to last a total of 1.5 hours. This will allow enough time to answer any questions you may have regarding the study and to conduct the debriefing. The interview itself is expected to last approximately 60 minutes. During the interview if there are any questions you would rather not answer you are not obliged to do so.

A week after interview you will be invited to complete an anonymous questionnaire about your experience of participating in this study. You will have the opportunity to withdraw from the study and request for any related data to be destroyed for up to 3 weeks after you have been interviewed without the need to provide reasons for your withdrawal. Interview recordings will be transcribed and later used for analysis. You will be given the opportunity to read and check the transcript of your interview.

**Confidentiality:** The information you provide will be treated as confidential. However the usual limits to confidentiality apply relating to the harming of oneself or others in accordance with the British Psychological Society (BPS) Code of Ethics and Conduct (2018) and the Health & Care Professions Council (HCPC). Any contact details you provide and identifying material such as a signed consent form will be securely stored separately from the recorded interview data. Identifying details will be removed from transcripts and audio recordings to ensure confidentiality and protect you and any others' anonymity. You will be asked not to name specific individuals you have worked with, are working or institutions. All responses will be used solely for the purposes of this research. You will be allocated a participant number or pseudonym and this will be used in any thesis or article resulting from this study. However with your permission anonymised quotations will be used. The data generated in the course of the research will be kept securely for a period of five years after the completion of the project in accordance with the Data Protection Act (2018) and General Data Protection Regulation (GDPR) (2018), after which it will be destroyed.

**Costs:** The interview will take place on-line or a London-based location. If you would prefer that I travel to your work location for an in person interview that can also be arranged. No further costs are anticipated.

**Risks:** I do not anticipate any risks to you as a participant in this study. The interview questions are open ended and designed to provide you with a forum to respond as you feel is appropriate. However the process of reflection may occasionally evoke discomfort and distressing memories or thoughts. As previously stated if there are any questions you would rather not answer you are not obliged to do so. We can pause the interview at any time during the process if you wish to. To ensure your safety we will terminate the interview if it becomes apparent that you are significantly distressed.

This research project is being supervised by Dr. Angela Ioanna Loulopoulou at London Metropolitan University. If you have any questions about this research, please contact me Sarah Shalan at: [scs0034@my.londonmet.ac.uk](mailto:scs0034@my.londonmet.ac.uk).

If you wish to make a complaint please contact Dr. Loulopoulou to address any concerns or grievances related to any aspects of the research process at: [A.Loulopoulou@londonmet.ac.uk](mailto:A.Loulopoulou@londonmet.ac.uk).

Thank you for taking the time to consider participating in this research.

Yours Sincerely,

Sarah Shalan

Top-Up DProf Counselling Psychology Candidate

## **Appendix D**

### **INTERVIEW JOINING INSTRUCTIONS CONTENT**

Email Subject Heading: Research Interview (Date)

Dear .....

I hope you are well.

Please see the following information for the research interview.

#### **Consent Form and Demographic Information/Questionnaire**

Please see the attached research consent form and short demographic questionnaire. I would be grateful if you would complete both and return to me by DATE. Please use an electronic signature for the consent form. Once I have received your completed and signed consent I will also electronically sign and date the form and email you a copy for your records.

#### **Interview joining instructions**

The online interview will be conducted using the [whereby.com](https://whereby.com) platform. No installation or app download is required to join the meeting. When using the link to join the meeting you will be asked to give access to your camera and microphone to attend the interview. You will also be asked to give your name. Please give Participant One as your name. You will then be asked to knock on the door of the meeting room to be let in, which I will do at our agreed interview time.

Here is the link for the interview. You may need to copy and paste this into your browser.

Insert Link:

#### **Pseudonym**

I would be grateful if you would think of a pseudonym that you would like me to use to represent you but not identify you in the interview transcript and subsequent data analysis. I will ask you what pseudonym you have chosen at our interview.

If you have any questions please don't hesitate to contact me. I look forward to meeting you on DATE.

Additional note for 1<sup>st</sup> interview:

I would also like you to know that as you are a first interview participant I will also be piloting the research materials developed for this study as part of this research process. Your interview data will be used for analysis only if the interview schedule (questions) does not change at all as a consequence of this interview. I do not expect the interview schedule to change however if it is modified after the pilot interview, as a result of the pilot findings, the material will not be used for analysis. This means that your contributing material may or may not be used as part of the overall research depending on the outcome of the pilot. Your contribution is extremely valuable and will be important to shaping the focus of the study even if your interview data is not directly used in the overall research analysis.

## Appendix E

### Consent Form

**Researcher:** Sarah Shalan (Top-Up DProf Counselling Psychology Candidate, London Metropolitan University)

**Research Supervisor:** Dr. Angela Ioanna Loulopoulou (Principal Lecturer in Counselling Psychology and Programme Director of the Professional Doctorate in Counselling Psychology, London Metropolitan University)

***How do ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting? A grounded theory study.***

Prior to participating in this research participants are asked to provide signed consent. By signing this consent form you are confirming that you have read the research information provided and that you agree with the information. Signing this form demonstrates that you are fully aware of what participation involves, your participation rights and that you are willing to participate in this research study.

Please complete **ALL** of the sections below and print your name and insert your electronic signature at the end. Please do not hesitate to contact or ask the researcher if you have any further questions or queries.

**To be completed by Participant:**

Please read the statements below, tick either **yes** or **no** to each statement and **initial** each statement

|                                                                                                                                                                                                                                                                                                                                                  | Yes | No | Initials |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| I have read and I have fully understood the research information sheet.                                                                                                                                                                                                                                                                          |     |    |          |
| I have been provided with sufficient time and opportunity to discuss any questions or queries I have about the research project.                                                                                                                                                                                                                 |     |    |          |
| Any questions I have had have been answered to my satisfaction.                                                                                                                                                                                                                                                                                  |     |    |          |
| I have been provided with sufficient information about the study for me to decide whether I would like to participate.                                                                                                                                                                                                                           |     |    |          |
| I am aware that all information collected during the research project will be kept confidential. I understand that if I disclose a serious intention to harm myself, or someone else whilst participating in this research, that it may be necessary for the researcher to contact the appropriate professionals due to researcher duty of care. |     |    |          |
| I understand that I have the right to refuse to answer any questions during the research interview.                                                                                                                                                                                                                                              |     |    |          |

|                                                                                                                                                                                                                                                                                                                                                                             | Yes | No | Initials |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| I understand that my participation is voluntary and that I am free to withdraw from the research up to 3 weeks after interview, without giving reason.                                                                                                                                                                                                                      |     |    |          |
| I understand that the research interview can be terminated at any point by me and/or the researcher if I experience undue distress.                                                                                                                                                                                                                                         |     |    |          |
| I agree to the researcher digitally/audio recording the online research interview.                                                                                                                                                                                                                                                                                          |     |    |          |
| I agreed to the use of anonymised extracts from my interview to be utilised in the writing up and publication of this research project.                                                                                                                                                                                                                                     |     |    |          |
| I understand that all personal information and identifying features such as my name or place of work will remain anonymous throughout the research process and that my identity will be kept separate from the research findings.                                                                                                                                           |     |    |          |
| I agree that all information from the research project, including research interview and transcript will be kept for up to five years for the purpose of publication. I understand that such information will be treated as confidential and handled in accordance with the provision of the Data Protection Act 2018 and General Data Protection Regulation (GDPR) (2018). |     |    |          |
| I agree to participate in the above research project.                                                                                                                                                                                                                                                                                                                       |     |    |          |
| I agree to the researcher keeping my contact details on file for the duration of the research process.                                                                                                                                                                                                                                                                      |     |    |          |
| I agree that this signed consent form that shows my name may be seen by an appointed individual for auditing purposes.                                                                                                                                                                                                                                                      |     |    |          |

**Participant Contact Details**.....

**Participant Email**.....

**Participant Name**.....(Please print)

**Participant Signature** (please insert electronic/image of your signature)

.....**Date**.....

**Researcher Name** .....

**Researcher Signature**.....**Date**.....

## **Appendix F**

### **Demographic Information**

***How do ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting? A grounded theory study.***

Participant Reference No:

*Please complete the requested information*

| <b>INFORMATION REQUESTED</b>                                                                  | <b>INFORMATION COMPLETED</b> |
|-----------------------------------------------------------------------------------------------|------------------------------|
| Age                                                                                           |                              |
| Gender                                                                                        |                              |
| Ethnicity ( <i>please self-identify</i> )                                                     |                              |
| Religion ( <i>please specify</i> )                                                            |                              |
| Theoretical orientation ( <i>e.g. psychodynamic, humanistic, CBT, Integrative etc.</i> )      |                              |
| Years of clinical practice since qualification                                                |                              |
| Number of years working as a counsellor/psychotherapist/counselling Psychologist in HE Sector |                              |

## **Appendix G**

### **Interview Schedule**

*How do ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting? A grounded theory study.*

Welcome and thank you to participant for contributing to the research

Run through interview guidelines – process

Review Participation Information Sheet

Demographic information sheet – ensure completed and have a copy

Obtain both verbal and written/signed Informed Consent

Distress Protocol

### **Questions**

- 1) As a/an .....[*insert/use how participant identifies in terms of ethnicity*] counsellor/psychotherapist/counselling psychologist would you tell me about your overall experience of working in an Higher Education counselling service?
- 2) How would you describe your current experiences as a .....therapist/psychotherapist?
- 3) As a/an .....[*insert/use how participant identifies in terms of ethnicity*] would you tell me about your interactions with peers and colleagues?
- 4) Would you tell me about your experiences of talking about issues of race, culture and ethnicity with peers and colleagues?
- 5) Have you faced any challenges talking about race, culture and ethnicity with your peers and colleagues?

- 6) Would you tell me about your experience of taking clinical work relating to race, culture and ethnicity to supervision?
- 7) Have you faced any challenges talking about race, culture and ethnicity with your supervisor?
- 8) Have your described experiences with peers, colleagues and supervisors affected or shaped your personal and professional identities in any ways?
- 9) Has your clinical practice with students been affected or influenced by your experiences?
- 10) Is there anything else that you would like to add or share that we have not covered?

**Prompts:**

- You mentioned that.....would you tell me a little more about.....?
- What do you mean when you say...?
- Can I take you back to what you said about.....?
- What makes you say that...?
- How did you respond to .....

Stop Recording

**Debriefing questions:**

1. How has it been taking part in this interview?
2. Is there anything that you would have liked to have been asked that you weren't?
3. Is there anything that has either made it easier or more difficult to talk to me about your experiences?
4. Is there anything you would like to ask me?

## **Appendix H**

### **Interview Schedule – Phase two**

*How do ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting? A grounded theory study.*

Welcome and thank you to participant for contributing to the research

Run through interview guidelines – process

Review Participation Information Sheet

Demographic information sheet – ensure completed and have a copy

Obtain both verbal and written/signed Informed Consent

Distress Protocol

### **Questions**

- 1) As a/an .....[*insert/use how participant identifies in terms of ethnicity*] counsellor/psychotherapist/counselling psychologist would you tell me about your overall experience of working in an Higher Education counselling service?
- 2) How would you describe your current experiences as a .....therapist/psychotherapist?
- 3) As a/an .....[*insert/use how participant identifies in terms of ethnicity*] would you tell me about your interactions with peers and colleagues?
- 4) Would you tell me about your experiences of talking about issues of race, culture and ethnicity with peers and colleagues?
  - *In what contexts/ways do you talk about issues of race, culture and ethnicity with peers and colleagues? (such as online, team meetings, trainings, informally etc)*

- *How often do you talk about issues of race, culture and ethnicity with peers and colleagues?*
- 5) Have you faced any challenges/negative experiences talking about race, culture and ethnicity with your peers and colleagues?
- *What happened?*
  - *How did this feel?*
  - *What was the impact of this experience?*
- 6) Have you had positive experiences talking about race, culture and ethnicity with peers and colleagues?
- *What happened?*
  - *How did this feel?*
  - *What was the impact of this experience?*
- 7) Would you tell me about your experience of taking clinical work relating to race, culture and ethnicity to supervision?
- *What types of clinical questions/dilemmas relating to race, culture and ethnicity have you taken to supervision?*
  - *What prompts you to take clinical questions relating to race, culture and ethnicity to take to supervision?*
  - *How do you decide what clinical questions relating to race, culture and ethnicity to take to supervision?*
  - *Would anything stop you taking issues of race, culture and ethnicity to supervision?*
  - *What would you need or what would help you to take issues of race, culture and ethnicity to supervision?*

8) Have you faced any other challenges, negative experiences or barriers to talking about race, culture and ethnicity with your supervisor?

- *What happened?*
- *How did this feel?*
- *What was the impact of this experience?*

9) Have you had positive experiences of talking about race, culture and ethnicity with your supervisor?

- *Would you give me an example?*
- *What happened?*
- *How did this feel?*
- *What was the impact of this experience?*

10) Have your described experiences with peers, colleagues and supervisors affected or shaped your personal and professional identities in any ways?

- *In what ways have your described experiences shaped your personal and professional identities? Could you give me some examples?*
- *Is there anything else or anyone else that has contributed to the shaping of your personal or professional identity as a/an .....[insert/use how participant identifies in terms of ethnicity] counsellor/psychotherapist/counselling psychologist?*
- *Do you think there have been particular costs or gains to your personal and professional identities as a result of these experiences?*

11) Has your clinical practice with students been affected or influenced by your experiences?

- *In what ways has your clinical practice changed a result of these experiences?*
- *What was the process of this change*

12) Is there anything else that you would like to add or share that we have not covered?

**Prompts:**

- You mentioned that.....would you tell me a little more about.....?
- What do you mean when you say...?
- Can I take you back to what you said about.....?
- What makes you say that...?
- How did you respond to .....?

Stop Recording

**Debriefing questions:**

5. How has it been taking part in this interview?
6. Is there anything that you would have liked to have been asked that you weren't?
7. Is there anything that has either made it easier or more difficult to talk to me about your experiences?
8. Is there anything you would like to ask me?

## **Appendix I**

### **Online Follow-up Questionnaire Email Content**

Dear NAME

I hope you are keeping well.

At our research interview meeting last week I told you that I would be emailing you the link to a follow-up on-line questionnaire about your experience of participating in my research: *How do ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting?*

I would be grateful if you would complete the short questionnaire. Here is the link: <https://he-research-participation.onlinesurveys.ac.uk/he-research-participation>

As I also explained last week I will be emailing you a transcript of the interview soon. I will email it to this email address unless you let me know otherwise.

Once again thank you for giving up your time to participate in this research NAME

If you have any questions please don't hesitate to contact me.

Kind regards,

Sarah

## **Appendix J**

### **Follow-Up Online Questionnaire Questions**

*How do ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting? A grounded theory study.*

*Example Questions to be included in anonymous questionnaire:*

- 1) On reflection is there anything you would like to add or share that was not covered in the interview?
- 2) How did it feel to participate and share your experiences in this study?
- 3) Was there anything about the researcher that made it easier or harder to share your experiences?
- 4) Was there anything specifically about the researcher's ethnicity or cultural identity that make it easier or harder to share?

## Appendix K

4/6/23, 12:25 PM

London Metropolitan University - Students Mail - Ethics form fully approved



Sarah Shalan <scs0034@my.londonmet.ac.uk>

### Ethics form fully approved

2 messages

Angela Loulopoulou <A.Loulopoulou@londonmet.ac.uk>

8 June 2021 at 11:14

Reply-To: A.Loulopoulou@londonmet.ac.uk

To: Sarah Shalan <SCS0034@my.londonmet.ac.uk>

Hello Sarah,

Please find attached the ethics form fully approved from the University's ethics review committee.

Kind Regards,

Angela

**Dr Angela Ioanna Loulopoulou PhD; AFBPsS; FHEA (she/her)** | HCPC Registered Practitioner Psychologist; EMDR Therapist | Principal Lecturer in Counselling Psychology; Programme Director of the Professional Doctorate in Counselling Psychology | School of Social Sciences  
Member of the Global Diversities and Inequalities research centre | Chair of Subject Standards Board for PG Psychology | Chair of Ethics Review Committee for PG Psychology | Lead for Postgraduate Psychology

#### Recent Publications:

1. Callman S. and Loulopoulou, A. I. (expected publication 2021) Male UK Problem Gamblers and their Relationship to Money. *Addiction Research and Theory*.
2. Da Silva, P. and Loulopoulou A. I. (expected publication 2021) The Lived Experience of Second-Generation, Indian, Hindu Women in a Cross-Cultural Romantic Relationship: An Interpretative Phenomenological Analysis. *Sexual and Relationship Therapy*.
3. Tarabi, S.A., Loulopoulou, A.I. and Henton, I. (2018) "Guide or conversation?" The experience of Second-Generation Pakistani Muslim men receiving CBT in the UK. *Counselling Psychology Quarterly*, 33 (1), pp. 46-65. ISSN 1469-3674
4. Loulopoulou, A. I (2017) CBT Approaches. In Galbraith, V. (ed) *Topics In Applied Psychology: Counselling Psychology*. London: Routledge.

Office hours 9.30-16.30 Monday to Friday

Please email me if you would like an appointment.

All teaching at London Met is now being delivered online.

Find out more about how we're supporting our students and staff:

[Coronavirus information page](#)

#### Postal address:

London Metropolitan University  
Room TM1-65  
Tower Building  
166-220 Holloway Road  
London N7 8DB  
Tel: 0207 133 2667

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Ethics\_DProfCounsellingPsychology\_Shalan\_05024493 version 1.2.doc  
468K

Sarah Shalan <scs0034@my.londonmet.ac.uk>

8 June 2021 at 12:27

To: Angela Loulopoulou <A.Loulopoulou@londonmet.ac.uk>

<https://mail.google.com/mail/u/0/?ik-ab5ede7765&view-pt&search=all&permthid=thread-f:1701993323907479604&simpl=msg-f:1701993323907...> 1/2

## **Appendix L**

### **Distress Protocol**

This distress protocol has been developed to attend to and manage any possible distress participants might feel when taking part in a research interview which will explore their experiences of working in a higher educational counselling service.

Participants will be reminded before interviews commence that they can pause the interview or withdraw from the study at any point should they feel distressed.

The following process has been designed to monitor facial expressions, body language and verbal communication and to manage identified signs of participant distress throughout researcher interviews.

**1) Mild distress – (such as: restlessness, distracted, tearful, having difficulty speaking)**

- The researcher will pause the interview, acknowledging the sensitivity and emotive nature of the experiences the participant is sharing and give the participant time to compose themselves.
- The participant will then be asked if they want to continue with the interview.
- If yes the interview will be resumed.
- They will be reminded that they can pause again at any time if they wish to.
- If the participant answers that they do not want to continue the interview will be terminated immediately.

The researcher will follow up with the participant the next day to check on well-being and offer further debriefing/support options.

**2) Moderate to severe distress – (such as: crying, appears to be having a panic attack, hyperventilating, appears angry and raising voice.)**

- The interview will be terminated by the researcher.
- The researcher will use her clinical experience, judgement and will use appropriate calming techniques to help reduce the participant's symptoms of distress.
- The researcher will acknowledge and validate participant's distress and give reassurance that the participant is having a natural response to upsetting memories and experiences.
- Once the participant is feeling more composed the researcher will go through further support options with the participant, including encouragement to see their GP.

The researcher will follow up with the participant the next day to check on well-being and offer further debriefing/support options.

**3) Extreme Distress – (such as: crying uncontrollably, expressing suicidal ideation or is at risk of hurting others)**

- The interview will be terminated and the researcher will take action to maintain safety of the participant and researcher.
- If the researcher has concerns about the participant's possible risk she will undertake a clinical risk assessment focusing on content of thoughts, intent and plans and whether the participant has access to resources to act on their plan.
- If there is no intent or plan actions for step 2 will be taken
- If the participant discloses that they have intent and a plan the researcher will explore protective factors with the participant and will ascertain if the participant has had similar thoughts before and what has helped in the past
- The researcher will encourage the participant to go to A&E and will explain that due to her duty of care she will need to contact the appropriate professionals to keep the participant safe (this may include GP and/or calling emergency services)

The researcher will follow up with the participant the next day to check on well-being and offer further debriefing/support options.

## **Appendix M**

### **Interview Debriefing Sheet**

***How do ethnically diverse psychotherapy and counselling practitioners experience working in a higher education counselling setting? A grounded theory study.***

Thank you for your time and participation in this study. Your contribution will help to increase our understanding and knowledge of the experiences of counsellors, psychotherapists and psychologists with ethnically diverse heritages who are practicing in university counselling services. My hope is that the insight gained will contribute to informing HE counselling service policies to ensure that the ethnic diversity of students is reflected and represented in the counselling services. I also hope that your participation will go towards enhancing culturally sensitive clinical supervision, to focus continuous professional development and to support the further development of counselling psychology and psychotherapy training programmes.

If you have follow-up questions about this research or interested in the findings of the study please contact me Sarah Shalan on: [scs0034@my.londonmet.ac.uk](mailto:scs0034@my.londonmet.ac.uk) . Alternatively, you may contact my research supervisor, Dr. Angela Ioanna Loulopoulou at London Metropolitan University: [A.Loulopoulou@londonmet.ac.uk](mailto:A.Loulopoulou@londonmet.ac.uk)

Should you wish to withdraw your submitted data, please contact me via email with your unique participant number and request within three weeks of completing your research interview.

If you wish to make a complaint please contact my Research Supervisor Dr. Angela Ioanna Loulopoulou at the email address above to address concerns or grievances related to any aspects of the research process.

It has not been the intention of this study to ‘visit’ trauma but rather to explore around the key study questions. However the process of interview and reflection may cause feelings of emotional upheaval when recalling any disappointments or negative experiences. I am aware that as a qualified practitioner you will already have a list of support services and that you may also see a personal therapist as part of your ongoing practice. However should you wish to seek further help here are the contact details of some support organizations:

## **Sources of Support**

### **British Psychological Society**

St Andrews House, 48 Princess Road East, Leicester LE1 7DR.

Tel: 0116 254 9568; Website: <http://www.bps.org.uk>

### **British Association for Counselling And Psychotherapy (BACP)**

BACP House, 15 St John's Business Park, Lutterworth, Leicestershire LE17 4HB.

Tel: 01455 883300; Website: [www.bacp.co.uk](http://www.bacp.co.uk)

### **UK Council for Psychotherapy (UKCP)**

2 America Square, London EC3N 2LU

Tel: 020 7014 9955; Website: [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

### **The British Association of Behavioural And Cognitive Psychotherapies (BABCP)**

Minerva House, Hornby Street, Bury BL9 5BN

Tel: 0330 320 0851; Website: [www.babcp.com](http://www.babcp.com)

### **The Samaritans**

Helpline number: 116 123 (24 hour)

Website: [www.samaritans.org](http://www.samaritans.org)

### **Mind**

Telephone: 0300 123 3393 (Monday to Friday 9am-6pm)

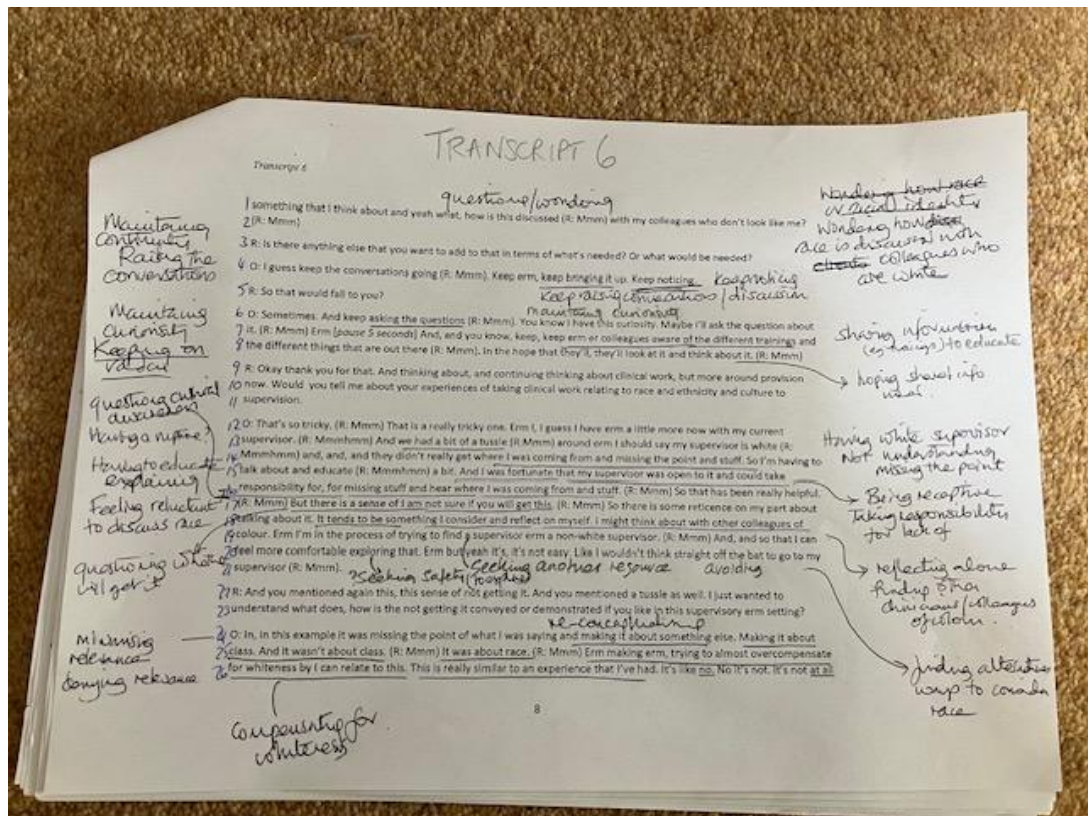
Website: [www.mind.org.uk](http://www.mind.org.uk)

Further information about local treatment providers and voluntary support organisations will also be accessible via your GP.

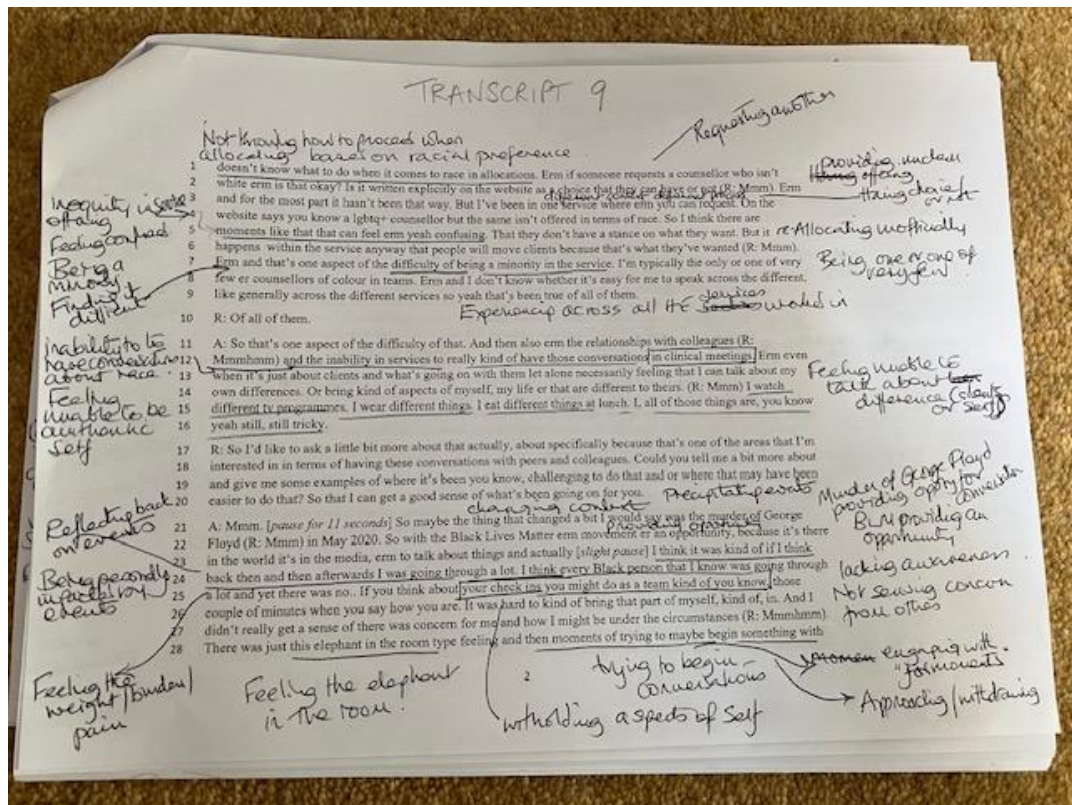
**Thank you again for taking the time to participate in this study.**



## Appendix O



## Appendix P



## **Appendix Q - Developing Codes and Relationships**



**Appendix Q Continued.....**



## Appendix R – Example of Informal Analytic Memos

