Portfolio Volume 1: Major Research Project

# Embedding Social Justice within DClinPsy Training:

# Experiences of Trainees and Qualified Clinical Psychologists

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**Abstract**

**Aims:** Growing discourse around social inequity has prompted Clinical Psychology (CP) to confront its role in upholding oppressive structures and to reflect on its Eurocentric, individualistic, and value-neutral foundations. In response, the profession has begun embedding social justice (SJ) principles into Doctorate in Clinical Psychology (DClinPsy) training, aligning with the British Psychological Society's commitment to decolonising curricula. However, little is known about how SJ implementation is experienced across DClinPsy courses. This study explored training experiences of SJ integration, focusing on curriculum content, practical application, and barriers to meaningful implementation.

**Method:** A critical realist lens was adopted to explore 12 trainee and newly qualified Clinical Psychologists experiences. Semi-structured interviews were conducted, and data was analysed using Reflexive Thematic Analysis.

**Results:** Four key themes were identified, each with corresponding subthemes. Participants experienced SJ efforts within courses as largely tokenistic, lacking structural change and concrete action. They called for more critical approaches to distress, such as Community Psychology, activism and advocacy. Peer reflective spaces were valued, with allyship from peers and staff, seen as supportive of SJ engagement. However, participants noted a lack of repair following relational ruptures and emphasised the need for staff to model advocacy and restorative justice to support learning and confidence. Self-reflexivity around power and privilege was seen as paramount to SJ commitment. Marginalised trainees reported carrying the emotional labour of addressing injustice. Participants faced systemic barriers including rigid hierarchies and little autonomy to enact SJ values. They felt that CP's apolitical stance and dominant norms obstructed meaningful change.

**Implications:** Findings are discussed in relation to wider literature, followed by a critical appraisal of the research. Clinical implications are considered for trainees, DClinPsy programmes, supervisors, relevant governing bodies and policy. Recommendations for future research are also outlined.

# Chapter 1. Introduction

## 1.1 Chapter overview

This research explores trainees' experiences of how Social Justice (SJ) is embedded within Doctorate in Clinical Psychology (DClinPsy) training in the UK. I begin this chapter by positioning myself in relation to the research topic and outlining the epistemological stance taken. I then introduce key concepts relevant to the inquiry. Following this, I situate the research within its broader historical and theoretical context and outline existing relevant literature.

## 1.2 Positionality and Epistemology

### 1.2.1 Relationship to the research

Growing up as a British-Indian woman I had unknowingly internalised a sense of not belonging, by conforming to normative standards to be nearer to whiteness. This shaped my education, where I compared my skin colour and cultural practices to my white peers. I found myself constantly code-switching[1] (McCluney et al., 2021). Yet I assimilated well, so well that central parts of my identity were overlooked.

From age 11, I aspired to be a Clinical Psychologist (CP) after struggling with my own mental health. I sought help through various bouts of CBT, often finding my needs unmet, leaving me with a sense that the problem was within me. As such, a central motivation for embarking on CP training was to provide others with a different experience of help,

[1] Code-switching involves modifying language or behaviour to fit into different social or cultural contexts, in my context this means code-switching language and behaviour to fit into norms that centre whiteness.

one that validated the complexity of their distress and saw them as human, beyond just 'symptoms'.

After years of assimilation and hard work navigating the denigrating DClinPsy process, I finally arrived, yet something felt missing. The training I'd idealised looked… different.

I chose to study at the University of Hertfordshire (UH) unconsciously drawn to its SJ ethos. I did not realise what SJ was in an explicit sense, but as the course unfolded, I learned to identify my experiences, such as marginalisation, oppression and was drawn to processes like 'cultural humility'. It gave voice to hidden parts of me: my Indian identity, internalised racism, the weight of intergenerational trauma and grief for lost cultural connection. Realising what I had missed in the support offered to me, I grew curious. I also began to see my privilege, how hard my immigrant parents worked to give me a life with financial security. Slowly, new ways of thinking emerged. I felt called to explore whiteness, neoliberalism, difference and inequity. For the first time, I felt able to bring my whole self into Psychology; challenging microaggressions, understanding that problems lie in structures, not individuals and working in a culturally sensitive manner (something I never received).

But with that realisation came dissonance. At UH I learned about Indigenous knowledge, how to resist power and de-pathologise distress. Yet in NHS placements, I faced medical-models, rigid hierarchies or harmful practices masked as 'help'. The values I wanted to practice clashed with systems I worked in. I felt like I was speaking a different language, trying to challenge oppressive narratives in systems not built for change.

I remember sharing my research idea on placement, and a supervisor replied, “It’s all well and good—but how can we think about SJ when we have such long waiting lists?” That moment cemented my motivation. I wanted to explore the *perceived* incompatibility between SJ and CP.

I realised that oppressive structures such as neo-liberalism, racism, ableism and others, are so deeply entrenched in the practices and policies of the profession, but their real effects are most visible in the experiences of inequity faced by certain communities and individuals. Whilst dismantling these structures directly can be difficult, focussing on the experience of oppression offers insight into actionable ways in which we can intervene at both individual and structural levels. Therefore, the focus of my work was to begin addressing how inequity is engaged with during training, with the hope that this will ripple back into the slow but necessary work of tackling power structures.

I began this project hoping to find resonance with my experiences, or hope that despite challenges, embedding SJ in CP was still possible. Through this research process, new challenges have surfaced along with feelings of despair. Yet as I write this, I still hold hope that those of us committed to change will continue to resist these systems and remain close to our values of SJ in practice.

### 1.2.2 Epistemology

Ontology refers to the nature of reality, the world as it is, while Epistemology is concerned with how we come to access knowledge about the reality of the world (Nairn, 2012). In

this study, I have adopted a Critical Realist (CR) stance which encompasses both ontological realism and epistemological relativism (Harper & Thompson, 2011).

Ontologically, CR posits that there is a truth and reality that exists independent from human perception, and epistemologically CR acknowledges that reality and meaning is discovered through engagement with reality (Braun & Clarke, 2022). A relativist position acknowledges that truth is socially constructed and therefore there are multiple interpretations that can exist to discover 'truth' (Sword et al., 2012). This therefore asserts that everyone's reality may not be the same and is constructed based on their experience. Experiences are socially located and are mediated by language and culture (Maxwell, 2012; Pilgrim, 2014). As language and culture vary, so do interpretations of reality. Therefore, aligned with CR, I believe that reality exists separately to human perception but attempts to make sense of reality are subjective and influenced by social context.
This position maps on well to this study's aims, which looks at experiences of SJ integration during training. Participant accounts can be situated in their subjective realities, whilst also highlighting the social resources and structures that underpin their accounts.

### 1.2.3 Insider-outsider researcher

It is rare for researchers to occupy a binary position in qualitative research (Kerstetter, 2012), and in this study I hold both insider-outsider positions. As a DClinPsy trainee with a strong interest in SJ, I position myself as an insider researcher. I share aspects of identity and experiences with my participants, particularly as a racialised trainee striving to

embed SJ in practice. This has been helpful to build rapport and foster trust. However, I do not share all identity characteristics or experiences with participants. Our training contexts, personal motivations, and experiences of enacting SJ may differ. I therefore move fluidly between occupying insider and outsider positions depending on who I am engaging with (Dwyer & Buckle, 2009). Due to shifting dynamics, power may be distributed differently across interviews. To acknowledge and account for these positions, I have engaged in regular reflexivity[2], considering my influences throughout the research process (Braun & Clarke, 2022). By embedding reflexivity throughout the research, I aim to be transparent and encourage the reader to consider how my positionality may have shaped the research.

### 1.3 Key terms

In Table 1 below, I define some key terms that are relevant to this inquiry. These terms are not exhaustive but reflect the main concepts in this research. While language is crucial to understanding reality, it does not solely determine reality, therefore these definitions aim to contribute to some understanding of this inquiry. The terminology provided will give insight into how I have approached this research, to allow the reader a shared understanding of the concepts, from my lens.

[2] Further detail on how I have engaged reflexively throughout the research process can be found in Chapter 3 subsection 3.2.7 'Self-reflexivity' in Thematic Analysis'.

**Table 1**

*Key terms*

| | |
|---|---|
| **Social Justice (SJ)** | In attempting to define SJ, I was struck by the various ways in which the term was defined depending on the context. To develop a working definition for this inquiry, I have drawn on common elements across these definitions, with a focus on SJ in a CP context.<br><br>SJ arises in response to injustice: where certain social groups are oppressed and discriminated upon, based on their identity, such as, race, gender, religion, sexuality, disability, or class (Noltemeyer & Grapin, 2021). This oppression creates systemic inequality in society, often acted out in structural violence, unequal access to education, healthcare and social exclusion (Pillay, 2020). Therefore, SJ means creating a society where all people can live freely, express themselves safely, and access resources and opportunities safely (Kagan et al., 2019). In mainstream psychology, SJ can be conflated with working at the individual level, rather than recognising the wider socio-political and cultural forces at play (Thrift & Sugarman, 2019). Therefore, when psychology helps individuals adjust to circumstances of inequality, without attention to social conditions, it is not true SJ (Arfken, 2013). SJ requires attention to broader structures and power imbalances, and awareness of the compounded oppression for those with intersecting identities, such as racism and sexism and classism (Proctor et al., 2017). |
| **Identity** | Identity is shaped by the complex interplay between social structures and individual agency (Tajfel & Turner, 2004). Broader constructs such as race, gender, class or ability influence how people develop and negotiate their sense of self (Divac & Heaphy, 2005). How identity is perceived by others can be constrained by cultural and structural forces, which in turn impacts opportunities and experiences afforded to people based on their perceived identity (Butler, 2015). Therefore, this research asserts that identity is fluid and can be expressed varyingly across social contexts. |
| **Privilege** | Privilege is the automatic advantage granted to dominant groups of people, that has not been earned (Ferguson, 2014; McIntosh, 1989). Structures such as the Patriarchy, White Supremacy or |

| | |
|---|---|
| | Ableism afford these advantages to those holding associated identities for example, men, white and/or able bodies (Sensoy & DiAngelo, 2017). |
| **Power** | In this study, Power is seen as possession of resource and material, which can influence life outcomes (Hagan & Smail, 1997). Power exists in social hierarchies and can therefore shape psychological distress based on allocation and withholding of resource (Craig & Phillips, 2023). |
| **Intersectionality** | Intersectionality conceptualises the interaction between differing social identities that can shape ways in which people experience privilege or oppression (Crenshaw, 1991). The intertwinement of holding multiple identities produce unique disadvantages, for example being both racialised and a woman, as opposed to just holding the one identity (Crenshaw, 1989). |
| **Oppression** | Whilst there is no universal description of oppression, in this study it is seen as the denial of people's humanity and rights (Freire, 1972). Oppression is a holding of power over others through control, unjust treatment and subjugation based on identity (Gomes, 2022). |
| **Decolonisation** | While Decolonisation remains a contested term, this inquiry defines decolonisation as transforming the knowledges taught in psychological institutions, by recovering suppressed indigenous knowledges and reimagining universities free from colonial legacies (Bhambra et al., 2018). It requires structural change and dismantling the coloniality of Eurocentric knowledge as hegemonic in psychology, through changes in curriculums, research, hiring and interventions in psychology, to be responsive to the needs of oppressed communities (Pillay, 2017). |
| **Equity** | Equity is differentiated from Equality in this inquiry. Equity is an awareness of the disparities faced by certain groups that make it more challenging for them achieve success or wellbeing, compared to those who are more socially advantaged (Culyer & Wagstaff, 1993). Therefore, equity is responsivity to the different positions from which individuals attempt to gain opportunity and providing resource and support in fair manner (Lane et al., 2017). |

## 1.4 Background

### 1.4.1 The History of Clinical Psychology

CP emerged as a profession following the Second World-War, coinciding with the establishment of the NHS (Pilgrim and Patel, 2015). Early British Psychological Society (BPS) members were medical practitioners; thus, CP arose from a medicalised context (Pilgrim, 2010). CP developed through an empirical, scientific lens, favouring behaviourism (Pilgrim and Cheshire, 2004). While Psychoanalysis was popular in the 1950s, it declined by the 1970s with the rise of behaviourism (Shorter, 1997). In striving for scientific legitimacy, CP relegated dynamic approaches like psychoanalysis and social constructivism, to establish professional hegemony (Hall, 2007).

Following the 1949 Boulder Conference, the role of the clinical psychologist (CP) was defined as a 'scientist-practitioner', emphasising scientific objectivity and dual training in research and clinical work (Drabick & Goldfried, 2000). This focus on research promoted a value-free, apolitical stance that prioritised evidence-based practice and clinical neutrality (Napoli, 1981; Prilleltensky, 1997). Consequently, psychological problems were framed as individual and intrapsychic, reinforcing pathologisation and positioning CPs as 'experts' (Prilleltensky, 1997).

Scientific hegemony aligned with the 'Eugenics Movement', which framed social and psychological issues as rooted in intellectual inferiority, particularly among marginalised groups (Chase, 1980). Psychological testing grew, reinforcing beliefs that 'mental illnesses' were hereditary, justifying social hierarchies based on race, gender, sexuality, ability, and class. Eugenics promoted white supremacy and labelled poor, ethnic,

disabled, and female populations as 'inferior' (Ruti, 2015; Tucker, 1994, Yakushko, 2019). Treatment of 'mental illness' in these groups was viewed as obstructing evolution, leading to sterilisation and segregation practices (Goddard,1919; Yakushko, 2019). Empirical justification for these theories absolved psychologists from addressing social injustice, war and poverty (Yakushko, 2019).

Over time, this value-neutral profession was challenged by approaches such as the 'reflective practitioner' model (Schön, 1983), which recognised the influence of personal values on professional practice (Paulrai, 2016). Emphasis shifted toward reflection and action, moving CP away from positivism and introducing more subjective ways of knowing through use of the self (Lavender, 2003; Woodward et al., 2015). Reflexivity became essential in understanding therapist-client dynamics, as lack of self-awareness risked imposing personal values and assumptions onto clients (Benett-Levy & Lee, 2014). This focus on subjectivity and intersubjectivity (Hanley & Amos, 2017) introduced tensions and ambiguity within the professional identity, challenging the notion of CPs as neutral, scientific, and value-free.

### 1.4.2 Current state of Clinical Psychology and Professional Dilemmas

The BPS (2015) states that CP practice should be grounded in the "fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals". This ethos starkly contrasts with CP's eugenicist roots, uncovering inconsistencies in the profession's identity. While recent standards promote recognising everyone's "inherent worth" (BPS, 2021), there has been little acknowledgment of the role

of eugenics in the establishment of an imperialist psychology (Yakushko, 2019). Despite movement towards reflective practice, there remains a lack of critical engagement with CP's socio-historic foundations and its role in reinforcing inequality (Hughes & Youngson, 2009; Johnstone, 2021). Although accreditation guidelines aim to "promote wellbeing" and "minimise inequalities" through evidence-based practice (BPS, 2019), they often overlook the broader social, political, and historical causes of distress (Wood & Patel, 2017). This absence has been widely critiqued for neglecting the social context of psychological suffering (Attenborough et al., 2000). Patel (2003) discusses how CPs have "with admittedly the best intentions, ignored the relationship between the individual and historical, social and political contents which have shaped their lives and given rise to distress" (p.16).

Neglect of wider socio-political and socio-economic factors such as human rights abuses, systematic racism, and austerity, renders CP inaccessible, culturally incompetent and reinforces inequalities for marginalised communities in Britain (Patel, 2003). CP's theoretical foundations are largely Eurocentric, based on research with white, educated, industrialised, rich, democratic groups, reflecting individualistic Western values. Therefore, applying such theories to diverse populations risks psychological imperialism. When distress is individualised, social determinants of health are disregarded (O'Hara 2020), and reliance on Western evidence can perpetuate cultural insensitivity and inequality for marginalised communities who are already enduring systemic injustices (Ahsan, 2022).

Emerging 'critical impulses' aim to highlight the omissive nature of CP, and advocate for a 'genuinely critical approach' (Parker, 2007). Reducing mental health inequalities is paramount and requires critique of medicalised discourses, unjust policies, and individualistic approaches (Boyle & Johnstone, 2020; Kinderman et al., 2021; Smail, 2005). CP hold transformative potential, not only through therapy, but social action too. Examining oppression both within therapeutic spaces and communities themselves, can address distress within context (Wade, 1997). While the profession has evolved from scientist to reflective practitioner, there is now a call for an 'activist practitioner' (Alemohammad, 2025). Activism entails addressing the oppressive history of CP, and systemic factors contributing to psychological distress (Johnstone & Boyle, 2018; Nadal, 2017). An activist-practitioner would be committed to SJ, human rights, equity and advocacy (Kinderman, 2023; Rhodes et al., 2020). However, naming oppressive structures requires a political stance, raising the question of whether CPs can or should remain neutral (Nadal, 2017). While debate ensues over activism within CP, the core principle of 'minimising harm' should extend to all, requiring recognition of harms faced by marginalised groups and a Collective commitment to SJ advocacy (Sue et al., 2007).

### 1.4.3 Social Justice and Clinical Psychology

SJ occurs when human value is equal, there is right to self-determination, freedom from constraint, ability to live in peace, and fair, equitable, resource allocation (Kagan et al., 2019). CP's reliance on individualistic, Eurocentric frameworks, and neglect of wider social and structural causes of distress, renders it socially 'unjust' (Afuape, 2016). Under the structural realities of capitalism and colonialism, CP must critically examine its

practices to dismantle oppressive systems and challenge psychological imperialism (Ahsan, 2022; Ong, 2021), paramount to achieving equity and SJ in CP (Lewis et al., 2022; Pinderhughes et al., 2015; Smail, 2005).

While UK CP has recently embraced SJ, adjacent professions including Systemic Family Therapy, Community Psychology (ComPsy), and Liberation psychology in the US, have long integrated SJ principles (Kagan et al., 2019; Winter, 2015). Roles like 'SJ counsellors' and SJ training are established in US counselling doctoral courses (Linnemeyer et al., 2018; Ratts et al., 2010). UK Counselling Psychology also explores SJ through power-sharing, community work, cultural responsiveness, and advocacy beyond therapy, such as trade union membership, protesting and political action (Rupani, 2013; Winter & Hanley, 2015). CP has drawn upon existing efforts to integrate SJ principles in their work. Though SJ enactment in CP is under-researched, UK networks like *Psychologists for Social Change* apply psychology to policy and activism via marches, campaigns, and ComPsy festivals (McGrath et al., 2016). Similarly, in Sydney, CPs publish work on how they challenge traditional paradigms and engage with issues like climate change, colonisation, racial injustice and austerity (Rhodes et al., 2020).

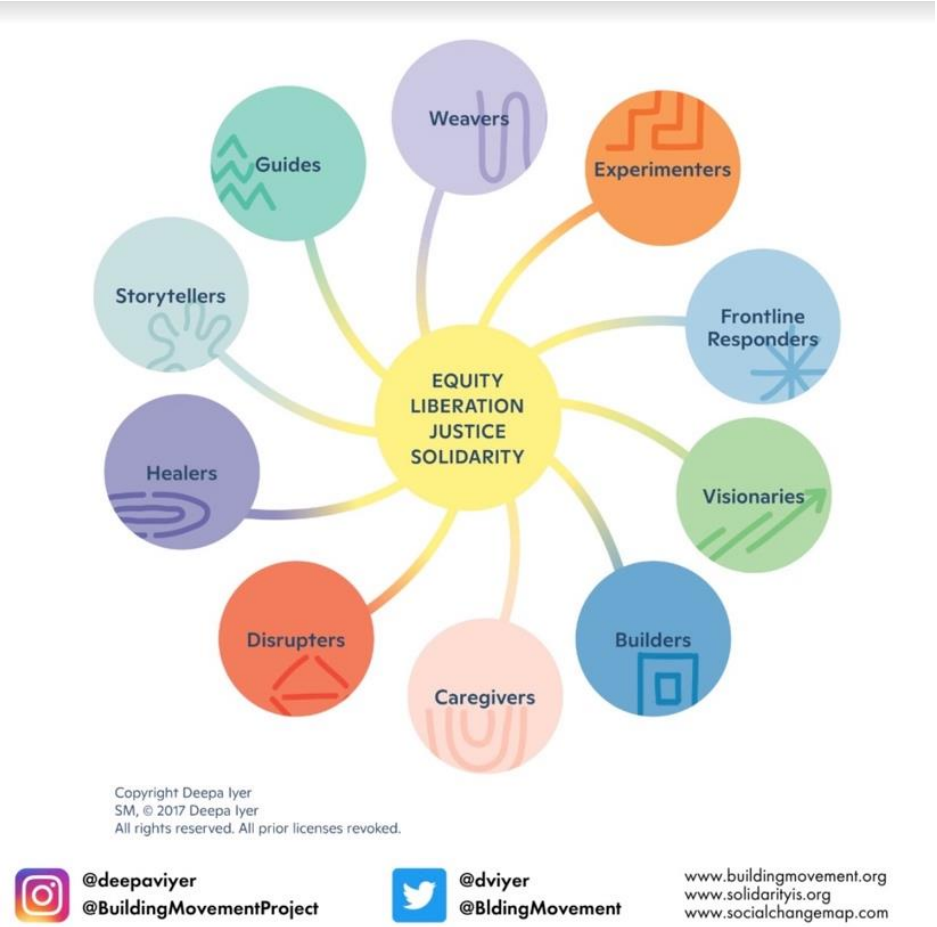
Bronfenbrenner's (1977) ecological model of human development can be helpful to conceptualise the systems that impact individual distress. It can also influence how CPs might embed SJ values in practice (Browne et al., 2020; Nelson & Prilleltensky, 2005). The framework applies at four levels and possible examples of a CPs role are detailed below:

| | |
|---|---|
| Microlevel: | Therapy interventions with individuals or families |
| Mesolevel: | Interventions with a child's school |
| Exolevel | Interventions in partnership with local community group |
| Macrolevel | Influencing policy on health or social care |

While SJ requires action beyond traditional CP practice through social and political advocacy (exo/macro levels), it is equally important to embed SJ principles within individual practice, where CPs primarily work. Integrating SJ across all system levels allows for heterogeneity and authenticity in practice. Deepa Iyer's *Social Change Ecosystem Map* (2022) supports this by helping CPs identify their values and choose roles that align with them, enabling varied yet meaningful engagement in SJ work (see Figure 1). With the multitude of practices that embody SJ values, I will attempt to direct the reader to how SJ can be considered both at a micro level and macro level.

**Figure 1**

*The Social Change Ecosystem Map*




**Characteristics of the Roles**

**Weavers:** I see the through-lines of connectivity between people, places, organizations, ideas, and movements.

**Experimenters:** I innovate, pioneer, and invent. I take risks and course-correct as needed.

**Frontline Responders:** I address community crises by marshaling and organizing resources, networks, and messages.

**Visionaries:** I imagine and generate our boldest possibilities, hopes and dreams, and remind us of our direction.

**Builders:** I develop, organize, and implement ideas, practices, people, and resources in service of a collective vision.

**Caregivers:** I nurture and nourish the people around me by creating and sustaining a community of care, joy, and connection.

**Disruptors:** I take uncomfortable and risky actions to shake up the status quo, to raise awareness, and to build power.

**Healers:** I recognize and tend to the generational and current traumas caused by oppressive systems, institutions, policies, and practices.

**Storytellers:** I craft and share our community stories, cultures, experiences, histories, and possibilities through art, music, media, and movement.

**Guides:** I teach, counsel, and advise, using my gifts of well-earned discernment and wisdom.

### 1.4.4 Privilege, Intersectionality and Power (Micro-level)

Social inequities like racism, ableism, classism and sexism shape societal positions and impact access to opportunity and wellness (Davidson & Patel, 2009; Patel & Fatimilehin, 1999; Rogers & Pilgrim, 2003). Therefore, CPs must critically engage with their own and clients' social positioning to understand how oppressive structures contribute to psychological distress (Wright et al., 2025). This awareness helps avoid pathologising individuals and prevents unintentional reinforcement of the very systems CPs aim to challenge (Trevino et al., 2021).

Social privilege entails access to resources or benefits that groups possess by 'virtue' of their social identity (Bergkamp et al., 2022; Wright et al., 2025). Acknowledgement of this can often trigger defensiveness, shame or fear (of losing such privilege) (Wise & Case, 2013). Yet failing to examine it perpetuates systemic inequity through unequal resource distribution (Wright et al., 2025). This concept can be defined as a dysconsciousness; "the uncritical habit of mind that justifies inequity and exploitation by accepting the existing order of things as given" (King, 1991, p. 135).

Crenshaw's (2017) intersectionality framework highlights how intersecting identities compound oppression e.g., being a racialised woman. An intersectional lens enhances awareness of power and privilege, key to SJ (Moradi & Grzanka, 2017). Unconscious dynamics may emerge in therapy, therefore bringing these into awareness is vital (Berzoff, 2023). As neoliberalism, racism and sexism are normalised and ubiquitous intersectionality can help to challenge the status quo (Crenshaw, 2013; Kim, 2018).

Thus, supervision is key for applying intersectionality (Tarshisha & Baird, 2021), especially when supervisory experiences are grounded in cultural humility, and a 'not knowing stance' ( Berzoff, 2023; Patallo, 2019). Tools like Duckworth's 'Wheel of Privilege' (2020) can support CPs in connecting identity, power, and privilege in both therapeutic and supervisory relationships.

**Figure 2**

*Wheel of power and privilege*


CP's relationship to power is complex, shaped by tensions between liberal societal values and the scientist-practitioner model that legitimised its status (Laganis & Golding, 2019). This often results in efforts to acknowledge social context, while ultimately locating distress within the individual (Boyle, 2008; Newnes, 2014), despite knowing that socio-economically disadvantaged groups, ethnic, gender and sexual minorities are most like to be "subjected to oppressive social forces creating individual distress" (Hagan & Smail, 1997). Hagan & Smail's (1997*)* power-mapping tool can help address this conflict by visually mapping how power flows from distal sources (e.g., politics,

economics, culture), through proximal systems (e.g., family, work, education), into personal experiences. Used collaboratively, it helps make visible the influence of power and oppression, while identifying available resources (Bostock, 2017).

**Figure 3**

*Influence of the social environment*

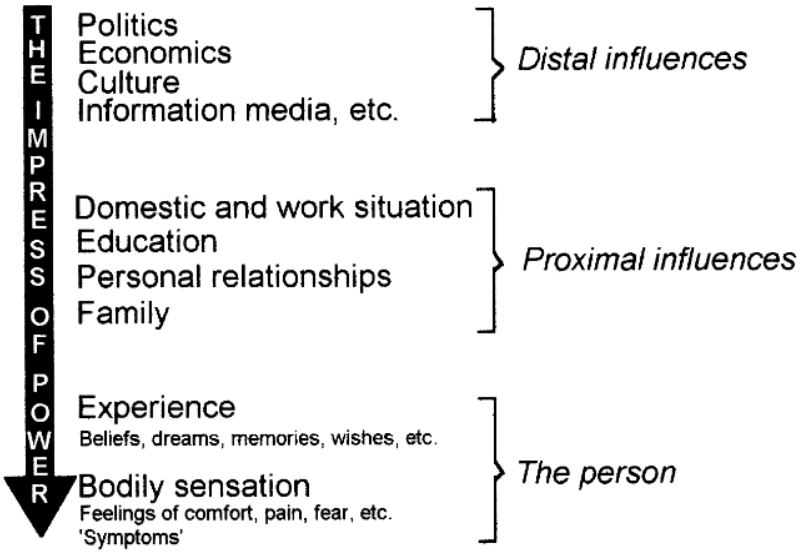



Figure 1. Influence of the social environment (from Smail, 1996)

### 1.4.5 Community Psychology (Macro-level)

ComPsy is an applied profession rooted in SJ and has significantly influenced CP. ComPsy was officially coined in 1965 at the Swampscott conference in response to civil unrest, and social movements around race, class, gender, sexuality and disability (Rickel, 1987). It is rooted in liberation psychology, a framework that locates suffering within structural oppression, aiming to empower communities through critical consciousness, understanding the structural roots of problems and transformative action (Burton &

Guzzo, 2020). ComPsy recognises individual suffering within social context and prioritises change across social, political, environmental and educational domains. Focus is on collaboration with communities, rather than individual-level intervention and doing "on to them" (Lawthom, 2011; Orford, 2008).

At present, ComPsy is only taught at Masters level in the UK and introduced within DClinPsy programmes but beyond this there is no formal regulation. Therefore, practicing psychologists interested in ComPsy are only able to practice through their applied route, such as CP. The BPS (2019) only references ComPsy once within its document, risking its marginalisation across applied psychology professions (Prilleltensky, 2014). While ComPsy aims to transform systems from the outside, within CP it is often reduced to amelioration from within existing structures (Thompson et al., 2022).

ComPsy exemplifies 'macro-level' SJ work, without it, psychology risks serving as a plaster over "destructive social policy, inequality and oppression" (McGrath et al., 2016). Despite remaining a 'relatively small field' (Burton et al., 2007, p.219), there are genuine enactments of its principles but often it is practiced outside of statutory services. Initiatives like MAC-UK[3] do so by engaging young people at risk of exclusion as active collaborators, alongside local authorities and the NHS. Some CPs also engage in macro work, such as public policy (Browne et al., 2020). However, tensions persist, due to CP's individualised focus, service cuts, and rigid role demands which constrain meaningful

[3] MAC-UK are a mental health charity organisation that aim to transform the health, social and economic inequalities of groups excluded from mainstream services, through co-production, collaboration and partnership with statutory services.

second-order changes, leading to a co-opted form of ComPsy practice (Thompson et al., 2022).

### 1.4.6 Initiatives towards Social Justice in DClinPsy

In recent years there is increased discourse around social injustice in CP, spurred by events such as the 2019 GTiCP conference. Despite its explicit focus on SJ (Wood, 2020), a re-enactment of a 'slave auction' occurred without contextual framing, exposing the entrenchment of whiteness within the profession (ACP, 2019; Saini, 2023). The delayed apology and silence from white peers shifted the burden of response onto Black attendees, who issued a statement addressing the harm involved (Patel et al., 2019). This incident underscores the need for CP to critically engage with structures like Whiteness, Patriarchy, Ableism, and Gender Normativity, without perpetuating harm for marginalised groups.

Broader global movements such as RhodesMustFall in 2015 and Black Lives Matter following the murder of George Floyd in 2020, have driven academia towards decolonisation and reflection upon complicity in systemic racism (Muthy, 2022). This prompted acknowledgement of CP's complicity and inaction, by the BPS CEO, Sarb Bajwa (2020). Alongside austerity and the propagation of Improving Access to Psychological Therapies (IAPT), inequalities have deepened (Thompson et al., 2022), necessitating the urgency of embedding SJ in training. Many Psychologists highlight the need to address austerity in CP research and teaching, citing a lack of preparedness to sufficiently support those most affected; people from low socio-economic backgrounds,

ethnic minorities and disabled people (Harper et al., 2015; Thompson et al., 2022; Webb, 2013).

In examining CP training's approach to social inequity and support for marginalised groups, inconsistencies emerged in the BPS' recognition and response to intersecting oppression. Gaps remain in institutional commitment to addressing intersecting oppressions, reflecting a broader dynamic of 'Oppression Olympics' where certain forms of marginalisation are prioritised over others (Hancock, 2011). Within training, there is limited focus on the interconnected oppression of Queer and/or Trans, Disabled, Racialised, and low-income communities, making it difficult to meaningfully dismantle structural inequalities. For instance, there is a lack of literature or policy addressing the compounded impact of disability alongside austerity or racism. Only in 2017 did the BPS and NHS co-sign a Memorandum of Understanding committing to ending the practice of sexual orientation and gender identity conversion therapy, (BPS, 2017; MacIntyre-Harrison, 2023), revealing the slow and fragmented institutional response to oppression. Without a consistent intersectional commitment to dismantling oppression, training risks upholding the very systems of exclusion it aims to challenge.

A promising step is reflected in the BPS (2024) accreditation standards, which call for embedding a SJ ethos and decolonising CP curricula. The document acknowledges CP's Eurocentric roots and role in marginalising certain identities, requiring inclusion of diverse cultural perspectives and attention to equity and inclusion (EDI) across recruitment, training, supervision, curriculum, and research. Additionally, the Health and

Care Professions Council (HCPC) has updated its EDI proficiency standards to address intersectionality, unconscious biases, and barriers to inclusion (HCPC, 2023).

At present, CP training is a three-year doctoral programme covering academic, research and clinical activities, spanning across varied settings (Lyons, 2017). There are 37 BPS accredited courses across the UK, all required to meet consistent standards on accreditation (BPS, 2019). Several courses have stipulated their commitment to SJ principles on their websites and Leeds Clearing House page, though depth varies; some courses reference the importance of social and cultural context, holding an anti-racist stance and including disability support, whereas some go further to detail the knowledges taught such as Community or Liberation psychology.

In 2020, Health Education England (HEE) allocated additional funding to DClinPsy courses to 'improve equality and inclusion for racially-minoritised trainees' by increasing access through mentoring schemes and valuing broader experiences at admission to remove 'cumulative advantage gained by those able to access certain work and experience' (HEE, 2020, p. 4). Thus far there is no research exploring the training experiences of trainees attending DClinPsy courses committed to SJ. However, these efforts by HEE have been critiqued for failing to address racial bias, as increasing entry without considering the impact of the training environment on minoritised trainees, is deemed unethical (Saini, 2023). Indeed, research shows minoritised trainees continue to face significant barriers during training (Ahsan, 2020; Mac-Intyre Harrison, 2023; Paulraj, 2016; Saini, 2023).

There is little research detailing the experiences of SJ inclusion in CP training in the UK. Contrastingly, studies from the US demonstrate a strong desire for meaningful SJ integration. For example, a doctoral CP programme in Seattle recognised that despite increasing discourse and demand for SJ integration, they lacked clear guidance on how to cultivate it (Bergkamp, 2022). In response, the programme undertook detailed curriculum revisions, such as changes to lecture topics and research focus to align with anti-oppressive values (Bergkamp, 2022). Similarly other research explores how CP students apply SJ principles, such as using self-reflection to navigate privilege, whilst also identifying several training gaps (Abraham et al., 2022; Burnes & Singh, 2010). Aside from one UK study on trainees' motivations for political advocacy in CP (Thompson, 2007), we lack insight into how SJ is embedded and experienced across DClinPsy programmes (Sherwood & Miller, 2023).

Notably, a report by Sherwood & Miller (2023) critiqued SJ in CP, suggesting it risks making the profession 'unscientific' and is driven by trainees 'who wish to be activists' deeming SJ a threat to conventional CP. While this is the only paper to challenge SJ's role in CP, its argument contrasts aforementioned literature and pledges from BPS working groups, for social action in CP (Bostock et al., 2023; Hagan et al., 2022), This underscores the need to better understand how trainees experience SJ within CP training.

### 1.5 Conclusion

This chapter traces the development of CP, from its harmful scientific roots to the emergence of reflexivity and the growing recognition of its oppressive history. It explores

the ongoing tensions between CP's desire for legitimacy within mainstream healthcare and recent movements toward decolonisation and anti-oppressive practice. The chapter discusses both micro and macro-level efforts to address systemic injustice, while also critiquing current SJ practices as perpetuating marginalisation through co-option. It highlights the ongoing experience of hardship faced by minoritised trainees, in light of recent SJ initiatives. These experiences highlight the importance of addressing inequity across training first, because 'to encourage it to be the diverse profession that it needs to be, then we have to get our own house in order first' (Bajwa, 2020). In accordance, the following chapter will explore what we can derive from the literature on the lived experiences of both trainee and qualified CPs who have faced marginalisation within the profession. Gaining an understanding of the key themes across these experiences, is a crucial starting point for informing how training programs can respond, as tackling social injustice within the wider profession needs to begin during training in order to shape future practice.

# Chapter 2. Systematic Literature Review

## 2.1 Chapter Overview and Rationale

A Systematic Literature Review (SLR) is a structured method to identify, evaluate, synthesise and critique literature on a given topic (Shaw, 2011). SLRs should be transparent and follow a rigorous process to allow for replication (Siddaway et al., 2019). This chapter outlines relevant literature in relation to the current research topic, through a SLR. The search strategy, synthesis of findings, quality appraisal and clinical implications will be discussed. Finally, I pose the rationale and aims of the present study.

## 2.2 Rationale for SLR

Clinical Psychology (CP) operates within frameworks that can perpetuate inequity and marginalisation, particularly for racialised, disabled, and LGBTQ+ individuals (Bansal et al., 2022; Patel, 2003; Toft & Franklin, 2020). Improving equity and access for those who differ from the dominant norm is essential, however experiences of marginalisation within the profession itself are often overlooked. To fully engage in socially just practice, we must critically examine how exclusion and harm are experienced by professionals and tackle the structures that sustain them. This SLR therefore asks: **What are psychologists experiences of marginalisation within Clinical Psychology in the UK?**

## 2.3 Search strategy

A pilot search was conducted to ascertain existing research in this area using a range of terms e.g. Oppression, Marginalisation, Clinical Psychology professionals. The search yielded several studies that explored psychologists' experiences of marginalisation in

other psychology programmes and countries (e.g., Counselling Psychology, USA), as well as papers on undergraduate experiences or selection barriers in the UK. This search also elicited theoretical papers that spoke to the history of oppression within CP, as opposed to lived experiences within the field. While these are important areas to explore, the SLR's focus was on capturing experiences following entry into the profession. Therefore, a more specific search strategy was undertaken using the SPIDER tool (Cooke et al., 2012) detailed in the Table 2 below. Designed for qualitative and mixed-methods research, the SPIDER tool enhances the sensitivity and rigour of the search, whilst also yielding manageable results.

**Table 2**

*SPIDER TOOL*

| | |
|---|---|
| Sample | Trainee Clinical Psychologist, Qualified Clinical Psychologists in UK |
| Phenomenon of interest | Trainee/Qualified Clinical Psychologist's experiences of marginalisation/discrimination during training and in their practice |
| Design | Interviews and focus groups |
| Evaluation | Experiences, views, Thematic analysis, IPA, Grounded Theory, Narrative |
| Research type | Qualitative, Peer-reviewed studies, Grey literature including unpublished doctoral theses |

The SLR was conducted between November 2024 and March 2025. The last search took place on 6th March 2025. Four electronic databases were accessed via UH to search for papers, these include:

- Scopus
- CINAHL Plus
- PubMed
- EBSCOhost (including open dissertations)

These databases were accessed as they cover allied health disciplines, mental health, psychology, social science literature, and CP research. They also provide UK based research.

Additionally, the following three databases and websites were accessed to search for relevant grey literature:

- Base
- Core
- Google Scholar

To enhance the search, citation searches were completed from relevant papers that emerged from the databases. If papers were not available via open access, then full access was requested from the UH library. Where possible, alerts were set up for databases and reviewed, to ensure emerging research was not excluded up until the point of synthesis.

### 2.3.1 Grey Literature

SLRs aim to synthesise existing research on a topic, in a clear and methodologically transparent way (Pollock & Berge, 2018). However, focusing solely on peer-reviewed sources risks excluding relevant insights, particularly from marginalised voices (Mahood et al., 2014). Pilot searches revealed valuable reflective accounts and doctoral theses, highlighting that literature on psychologists' experiences of marginalisation, exist outside mainstream publication channels (Lee et al., 2023). As a critical realist, I acknowledge multiple realities and value diverse perspectives. Searching grey literature enhances the comprehensiveness of a review (Paez, 2017) and challenges dominant Western knowledge production, by centring voices often excluded from academic publishing journals, due to publication bias (Boyd, 2021). Therefore, it felt paramount to include grey literature.

### 2.3.2 Search terms

Databases were searched using the search terms in Table 3. The process of refining search terms took place through discussion with a UH librarian. I applied Boolean operators to combine search terms such as 'AND' and 'OR', utilised quote marks to search an exact word and applied the truncation symbol to retrieve various forms of a word. Some databases allowed advanced search features. I applied 'UK' , 'English' and 'Humans' filters along with search term combinations, based on four concepts in the research question. See appendix A for a full electronic search strategy.

**Table 3**

*Search terms for SLR*

| Terms relating to psychologists | | Terms relating to experiences | | Terms relating to marginalisation | | Terms related to Clinical Psychology |
|---|---|---|---|---|---|---|
| Clinical Psychologist* OR Trainee Clinical Psychologist* | AND | Perception* OR Attitude* | AND | Discriminat* OR Marginalis* OR Divers* OR Minorit* OR Opress* OR Difference* | AND | 'Doctorate in Clinical Psychology' OR NHS OR Clinical Psycholog* OR 'Clinical Psychology training' |

### 2.3.3 Inclusion and exclusion criteria

#### Inclusion

The review sought to understand experiences, therefore it included qualitative studies, to allow for rich, in-depth insights, which quantitative methods may omit (Willig, 2008). Mixed-method studies were eligible provided the quantitative component directly addressed lived experience and results were presented qualitatively (Neergaard & Leitch, 2015). Numerous unpublished theses emerged in the search, suggesting that a large contribution to research in this area resides in trainee populations' lived experience and poses the question about which knowledge is privileged and subject to publishing bias (Siddaway et al., 2019). Therefore, unpublished doctoral theses were included as they were highly relevant to the research question.

**Exclusion**

Although papers related to CP experiences in several countries were found, the review focussed on experiences of CP in the UK only. CP training in the UK is shaped by specific sociopolitical and cultural factors pertinent to the regulatory structures it is bound by such as the National Health Service (NHS) and British Psychological Society (BPS). These systems will influence the unique challenges experienced within the profession distinctly from training and practice outside of the UK. Therefore, limiting the scope within the UK professional context, would allow for a more focussed and meaningful synthesis. Similarly, papers related to experiences in other training professions emerged, but the focus of this review remained on CP only, to allow for more specific recommendations and conclusions to be drawn which are relevant to the field of CP

**Table 4**

*Inclusion and exclusion criteria for SLR*

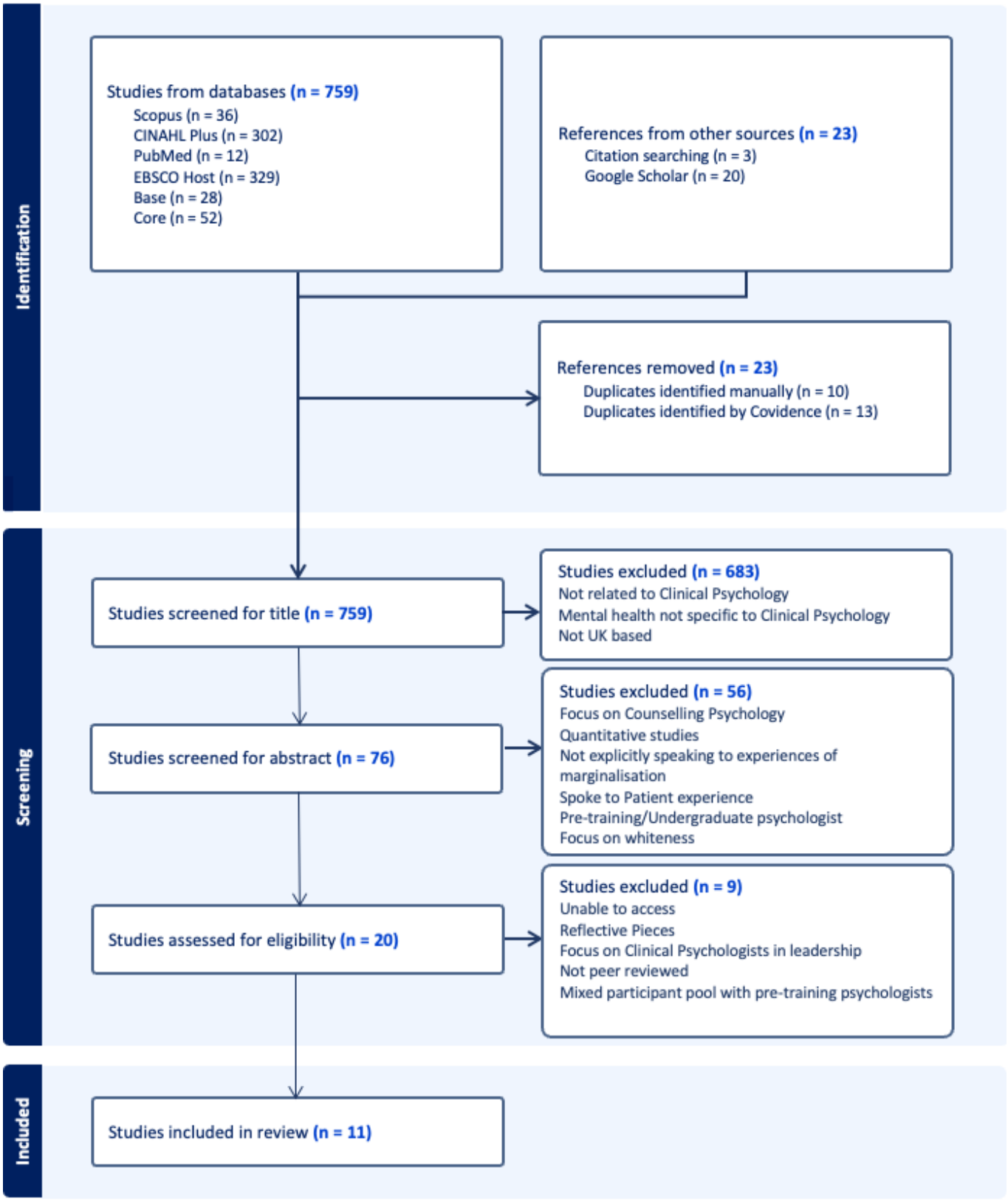
| **Inclusion Criteria** | **Exclusion Criteria** |
|---|---|
| English papers | Non-English papers |
| Unpublished doctoral theses (Grey literature) | Focus on non-clinical psychology professionals e.g., Counselling Psychology or CBT therapist |
| Clinical Psychology in the UK | Non-UK Clinical Psychology/Psychology |
| Trainee and qualified Clinical Psychologists | Pre-training psychology professionals e.g.. Assistant Psychologists, Undergraduates |
| Qualitative and mixed-method | Quantitative |
| Experiences of marginalisation within the profession or training | Focus on selection or pre-training experiences |
| | Reflective pieces |

### 2.3.4 Procedure

The search yielded a total of 782 papers. Database search results were exported into Covidence to organise and screen papers. A Google Scholar search yielded 20 papers, and backward citation searching also took place (hand-searching), which yielded three papers. These were also exported into Covidence. Following the removal of duplicates, titles were screened, followed by abstract screening in accordance with eligibility criteria. Following this, 20 full text papers were reviewed. Two papers reporting on experiences of training with a minority sexual orientation appeared in the search. Several attempts were made to access the full papers via internal and external libraries, however they remained inaccessible and therefore had to be excluded. Both papers appeared in the Clinical Psychology Forum, which speaks to the potential issue of paywalls and publishing restrictions. It poses the question around why research surrounding minority experiences may be subject to gatekeeping and reinforces power imbalance around knowledge acquisition. In total, 11 papers met inclusion criteria and were included in the SLR (see PRISMA flowchart below).

**Figure 4**

*PRISMA Flowchart*



## 2.4 Results

The review identified eleven papers that met the inclusion criteria. All papers were deemed relevant as they focussed on minority trainee and qualified clinical psychologist's experiences of training and working in the profession. The papers examine the experiences of minoritised identities**,** specifically individuals from Black, and Minority Ethnic groups, as well as those identifying as Queer, Trans, Lesbian, Gay and individuals with disabilities. In one paper the participant pool consisted of a mix of minority and majority identities, whereby findings denoted the marginalisation of minority groups compared to majority groups, therefore it was included in the review. Ten out of eleven papers used qualitative methods, and one paper used mixed methods. Five of the eleven papers included were unpublished doctoral theses (grey literature). A summary of the study characteristics, including findings, strengths and limitations are in Table 5.

**Table 5**

*Summary of final SLR papers*

| Author & Title | Aims | Participants | Data Collection & Analysis | Key Findings | Strengths & Limitations |
|---|---|---|---|---|---|
| Falcon (2022)<br><br>Black Men's Experiences of Training and Practising as Clinical Psychologists in the UK: A Reflexive Thematic Analysis | To explore marginalised narratives of Clinical Psychology (CP) relating to the realities of the experiences of Black men. To understand Black men's experiences of training and practicing as clinical psychologists in the UK. | (n= 13)<br><br>All identified as male.<br>5 identified as Black African, 5 as Black British (Afro-Caribbean, African), 2 as Black Caribbean and 1 as mixed- African heritage.<br><br>6 trainee clinical psychologists and 7 clinical psychologists. | Semi-structured interviews<br><br>Reflexive Thematic Analysis | Three main themes were produced. 1) The burden of the "threatening" stereotype – this spoke to hypervigilance felt by participants of being racially stereotyped as aggressive/threatening and modification of behaviour to minimise this. 2) Not belonging to CP - participants were the only BM during/after training and multi-cultural issues were omitted in teaching, reinforcing their invisibility. 3) The impact of broaching experiences – discussion about race and cultural issues helps assimilation into profession. | Strengths: Author was reflective of their position to the topic throughout and used this well in his analysis of data. Method clearly stated. Good sample size for RTA. Links finding with theory.<br><br>Limitations: Recommendations could be more specific and draw deeper from findings. Didn't link findings to wider contexts outside of CP for black men. |
| MacIntyre-Harrison (2023) | To understand queer and/or trans people's experiences of their roles as clinical | (n=8) | Semi-structured interviews | Five main themes emerged with subthemes: 1) Queering practice 2) Queer euphoria 3) Living in threat mode 4) A punch in the guts: profession as hostile 5) Living and working in | Strengths: Epistemological position was woven throughout. Clear clinical implications outlined. |

| | | | | | |
|---|---|---|---|---|---|
| 'This dance between hope and hopelessness': Queer and/or trans clinical psychologists' experiences of bringing their lived identities into their practice | psychologists and to understand how they bring their lived experiences of being queer and/or trans to their practice | Participants identified as the following:<br><br>- Gay cisgender man (3)<br>- Queer agender femme<br>- Pansexual cisgender woman<br>- Homoromantic pansexual neuroqueer<br>- Queer non-binary<br>- Late-blooming lesbian cisgender woman | Interpretative Phenomenological Analysis | community. Participants spoke to queerness in practice as an act of political resistance, freedom to break rules, an aid to sit alongside shame and build relationships in therapy. They also spoke to feeling unsafe in the profession, having battle fatigue, hypervigilance and a lack of representation. | Appropriate choice of analysis for research enquiry.<br><br>Limitations: Small sample size. Did not speak to intersectionality. Not all data was conveyed due to limited scope. |
| Isaac (2023)<br><br>With all the talk of entry into the profession and the training experience, what about Black clinical psychologist's post qualification? | To highlight the experiences of Black Clinical Psychologist's (BCP) experiences of racism and its discussion at work and in the profession | (n=12)<br><br>Identified as qualified BCP<br>11 identified as being a woman and 1 identified as being a man | Semi-structured interviews<br><br>Reflexive Thematic Analysis | Whiteness at work – what it is and what it does and the impact of whiteness and racism. White supremacy positions racialised people as inferior. Negative treatment of black clinical psychologists compared to white peers. Subjected to racist stereotypes. Pressure to represent all Black people. | Strengths:<br>Increased visibility and amplification of Black Clinical Psychologists voices through peer-reviewed journal, enhancing reach and impact of original thesis.<br><br>Limitations: Due to publication restrictions, only one main theme out of five from thesis were reported on. Sample represents one Black male clinical Psychologists experience. Recommendations not |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | included from thesis for publication article. |
| Shetra (2024)<br><br>Finding a space for my face' Exploring the experiences of racialised Clinical Psychologists working in the United Kingdom. | To gain an understanding of the lived experiences of racialised qualified Clinical Psychologists in the UK. To get insights into their experiences, pre-training, during and post qualification. | (n=7)<br><br>Racialised Clinical Psychologists, up to 5 years post qualification. 2 identified as male and 5 identified as female. 3 identified as Indian, 1 as Black Caribbean, 1 as Bangladeshi, 1 as White and Black Caribbean and 1 White and Asian. | Semi-structured interviews<br><br>Interpretative Phenomenological Analysis | Five overarching themes were found: Navigating the unknown path, discovering the different facets, living through racial injustices, being the 'other' and looking forward. Each theme had subthemes. Findings showed, access to the profession felt 'secret', frustration arose at diversity and culture was considered in a tokenistic way. Projects on racism were shut down, participants were pigeon-holed and asked to prove their worth. | Strengths: Researcher reflexivity embedded well, supporting credibility of findings. Ethical considerations reported well. Good links to theory for recommendations.<br><br>Limitations: Variability in participant pool affects transferability of findings. |
| Coop (2018)<br><br>Exploring the experiences of trainee clinical psychologists who identify as living. With a disability: A qualitative study | To explore experiences of trainee clinical psychologists who self-identify as disabled during clinical psychology training. To understand how they navigate dual identities and what support is available or desired. | (n=6)<br><br>1 identified as male and 5 identified as female. All participants identified as White British and self-identified with differing disabilities: Bone condition, joint | Semi-structured interviews<br><br>Interpretative Phenomenological Analysis | Three overarching themes: Everyday battles, identity and silence and speaking. Findings showed difficulties in showing up despite pain, emotional impact of being excluded, burden of bringing disability to discussion and the need to 'soldier' on. Findings spoke to navigating disclosure of disability and conflict with identifying as disabled. | Strengths: Researchers insider positionality well embedded. Rationale clearly evidenced. Novel findings in research area. Clear recommendations.<br><br>Limitations: Sample only represents London and surrounding area trainees. Sample not representative of a range of ethnicities. |

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| | | condition, epilepsy, arthritis, irritable bowel syndrome, chronic pain and chronic fatigue. | | | |
| Goodbody & Burns (2010)<br><br>Deconstructing Personal-Professional Development in UK Clinical Psychology: Disciplining the Interdisciplinarity of Lived Experience | To explore the relationship of the development of a professional to other personal and social identity. To develop knowledge of personal professional development (PPD) processes for minority and majority group in the profession. To examine power relations, ideology and discourse in accounts of PPD. | (n=10)<br><br>Participants included male and female clinical psychologists.<br><br>People from White, Black and Asian British backgrounds, all qualified for less than 10 years were included. | Semi-structured interviews<br><br>Critical Narrative framework – including Interpretative Phenomenological Analysis and Foucauldian Discourse Analysis. | Three major themes reported on: Common ground, different territories and power. Findings reported on narratives around struggle, feeling persecuted, realising psychology's limitations. Differences arose for non-white and gay psychologists around needing to prove themselves compared to white peers and managing multiple social identities. White men's narratives focussed on 'not knowing' about others gendered and racial experiences. Racialised women saw the profession as racist and used their identities to redefine power. Minority identity was associated with personal distress, struggle and resistance to power. | Strengths: Contextualised findings well with existing literature. Rationale for Foucauldian and narrative analysis clearly justified.<br><br>Limitations: Lack of ethnic minority men in sample. Findings do not map onto any clear recommendations. |
| Odusanya, Winter, Nolte & Shah (2017) | To focus on female Black, Minority and Ethnic Clinical Psychologist's (BME) experiences and sense making of being part of the clinical psychology profession | (n= 6)<br><br>All female Clinical Psychologists. Qualification period ranges from 3-16 years. 3 identified as British Asian and 3 as Black African/Black Caribbean. | Two semi-structured interviews each<br><br>Interpretative Phenomenological Analysis & Repertory Grid | Four themes emerged: Standing out as different, negotiating cultural and professional values, sitting with uncertainty and feeling proud to be a clinical psychologist. Findings suggested that integration occurs more with time when from a marginalised identity. Participants felt rejected by the professions and were made to feel inferior and stereotyped. Moderation of cultural identity and responsibility to bring up race falls on BME psychologists. | Strength: Increased robustness due to convergence of findings between methodologies, enhancing multi-perspectivity and validity. Clear and thorough recommendations for the profession and clinicians.<br><br>Limitations: Small number of BME clinicians affects representation. No reference to researcher positioning or reflexivity. |

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|---|---|---|---|---|---|
| Paulraj (2016)<br><br>How do Black trainees make sense of their 'identities' in the context of Clinical Psychology training? | To understand how Black Trainee Clinical Psychologists make sense of 'self' in relation to Clinical Psychology training | (n=12)<br><br>Black Trainee Clinical Psychologists.<br><br>11 identified as women and 1 identified as a man. | Semi-structured interviews<br><br>Thematic Analysis | Three main themes emerged: 1. To Know Who You Are, You Need to be Somebody" 2. The Culture of Clinical Psychology and Blackness 3. Negotiating Identities in Clinical Psychology Training: "A Lonely Journey". Being Black dominates other intersectional aspects of identity due to visibility and can be homogenising. Being black can make you hyper visible and invisible. The journey of training is lonely for black people and resistance was defined as remaining invisible. Experiences of being 'abnormal' and 'unacceptable' are spoken to. | Strengths:<br>Epistemological stance and researcher positioning was clear throughout. Ethical rationale for protecting participant anonymity, therefore not reporting on demographics. Rigorous documentation of method and data analysis.<br><br>Limitations: Limited representation of Black men in sample. Recommendations for the profession and practice lacked specificity and did not mirror richness of data. |
| Rajan & Shaw (2008)<br><br>'I can only speak for myself': Some voices from Black and minority ethnic (BME) clinical psychology trainees | To understand how trainee clinical psychologists from BME backgrounds experienced their training, what the personal impact was and how this creates awareness and | (n=8)<br><br>Female trainee clinical psychologists. 5 identified as British Asian, 2 as Black British and 1 as dual heritage. | Semi-structured interviews<br><br>Interpretative Phenomenological Analysis | Three main themes emerged: Professional issues, cohort and classroom experiences and personal impact of training. Participants reported feeling excluded from teaching material and exclusion of non-Eurocentric models. Fears were expressed around naming issues with dominant discourses and feeling the burden of educating other, highlighting their racial identity. There was conflict between having to choose between | Strengths: Method clearly stated. Sufficient sample size for methodology.<br><br>Limitations: Sample consisted of only females, therefore lacking representation. Minimal recommendations, focussing only on supervision and mentor |

| | | | | | |
|---|---|---|---|---|---|
| | informs change in the profession. | | | multiple identities and sacrifice cultural aspects of identity to assimilate. | schemes. No reference to research positionality. |
| Shah, Wood, Nolte & Goodbody (2012)<br><br>The experience of being a trainee clinical psychologist from a black and minority ethnic group: A qualitative study | To explore BME trainee clinical psychologist's experiences of clinical psychology training | (n=9)<br><br>Trainee Clinical Psychologists<br><br>4 identified as Black British, 4 Asian British, and 1 Chinese. 7 identified as female and 2 as male. | Semi-structured interviews<br><br>Interpretative Phenomenological Analysis | Three themes emerged: Challenges and dilemmas of highlighting race and culture issues, the versatility that comes with being a BME trainee and Finding connections: Safe and supportive contexts. Lack of safety, responsibility to raise BME issues and disregarding cultural identity to appear more professional, were subthemes that showed up. Some felt they could use their cultural identity to make meaning in sessions. | Strength: Great sample size for methodology. Clear and thoughtful recommendations of practice.<br><br>Limitations: Publication restrictions impacted how many themes could be reported on from original thesis. Limited description on data analysis process. No mention of researcher positioning. |
| Butler (2004)<br><br>'Lesbian and gay trainees: The challenges of personal and professional integration | To what extent do trainee clinical psychologist's sexual identity shape and integrate with their developing professional identity. What opportunities, constraints or obstacles showed up in their attempt to integrate. | (n=9)<br><br>Trainee Clinical Psychologists.<br>6 identified as lesbian and 3 as gay. | Semi-structured interviews<br><br>Interpretative Phenomenological Analysis | Four main themes emerged: Negotiating personal/professional integration, to speak to stay silent, differences between lesbian and gay trainees and support from course staff. Participants reported a lack of support during training to explore sexual identity in relation to therapeutic work. Learning around traditional psychoanalytic concepts on sexuality felt uncomfortable. Sexuality was deemed to seen as dominant part of their identity. Issues of safety around speaking and fatigue on sexual minority trainees. Invisibility for lesbian trainees made disclosure more difficult. Lack of staff support. | Strengths: Clearly outlined recommendations for training. Sample included trainees from several training programmes.<br><br>Limitation: Relevance of findings may be limited due to year of publishing i.e doesn't include other sexual minority identities in sample. Lack of detail on the process of analysis. No reference to researcher reflexivity or positionality. |

### 2.4.1 Quality Assessment

Critical appraisal involves systematically assessing the strengths, limitations and validity of research (Buccheri & Sharifi, 2017). In qualitative research this looks like assessing for relevance and trustworthiness (Williams et al., 2020). Given that many included studies explored the experiences of racially minoritised psychologists, I remained mindful of my positionality as a racially minoritised trainee and potential bias in the evaluation of the studies. I used a reflective journal to consider my influence, and an independent peer researcher appraised one paper to support with rigour and possible bias (Boland et al., 2014).

To appraise the final eleven papers, two critical quality tools were used. Ten qualitative papers were appraised using Tracy's Big Tent criteria (Tracy, 2010). Each paper was reviewed against the following eight criteria: worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethics and meaningful coherence (see Table 6). This tool was chosen as it allows for appraisal through a decolonial lens. The tool considers context and offers flexibility, allowing for appraisal of research whilst retaining the "innate humanness" of the intersectional lived experiences that are being conveyed (Tracy, 2010), aligning with a critical realist epistemology. One mixed-methods paper was appraised using the 'Mixed Methods Appraisal Tool' (MMAT) (Hong et al., 2018) which allows integrated assessment of both qualitative and quantitative elements (see Table 7). Section 2.4.2 details how mixed-method components were addressed in the analysis.

**Table 6**

*Quality Appraisal of SLR Papers*

| Author | Worthy Topic | Rich Rigour | Sincerity | Credibility | Resonance | Significant Contribution | Ethical Consideration | Meaningful Coherence |
|---|---|---|---|---|---|---|---|---|
| Falcon (2022) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| MacIntyre-Harrison (2023) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Isaac (2023) | Yes | Yes | No – reflexivity and transparency detailed in unpublished thesis | No - Thicker description in unpublished thesis | Yes | Yes | No – Procedural and relational ethical consideration in unpublished thesis | Yes |
| Shetra (2024) | Yes | Yes | Yes | Some[4] – No mention of triangulation | Yes | Yes | Yes | Yes |
| Coop (2018) | Yes | Yes | Yes | Some – member reflections and thick description | Yes | Yes | Yes | Yes |
| Goodbody & Burns (2010) | Yes | Yes | Yes | Yes | Yes | Yes | Some - No mention of procedural ethics. | Yes |

[4] *Tracy (2010) speaks to how her criteria is flexible and not set in stone, therefore the use of 'some' and subsequent comments are detailed to reflect the variety of ways in which criteria can be met.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Odusanya, Winter, Nolte & Shah (2017) | Yes | Yes | No | Yes | Yes | Yes | Some – only reports on ethical approval, not relational or situational ethics | Yes |
| Paulraj (2016) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes – Limited information on practical recommendations |
| Rajan & Shaw (2008) | Yes | Yes | No | Some – thick description | Yes | Yes | No | Yes |
| Shah, Wood, Nolte & Goodbody (2012) | Yes | Yes | No – thesis version contains reference to self-reflexivity | Some – thick description | Yes | Yes | No - ethical consideration in thesis version | Yes |
| Butler (2004) | Yes | Yes | No | Some – thick description | Yes | Yes | Some - consideration for participant anonymity but no relational or situational ethics | Yes – no reference to epistemology however |

**Table 7**

*MMAT Quality appraisal for Odusanya et al.'s (2017) study*

| **Category of study designs** | **Methodological quality criteria** | **Responses** | | | |
|---|---|---|---|---|---|
| | | Yes | No | Can't tell | Comments |
| Screening questions (for all types)[5] | S1. Are there clear research questions? | X | | | |
| | S2. Do the collected data allow to address the research questions? | X | | | |
| | *Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.* | | | | |
| 1. Qualitative | 1.1. Is the qualitative approach appropriate to answer the research question? | X | | | Qualitative interviews – broad & flexible allow for in-depth exploration of experiences |
| | 1.2. Are the qualitative data collection methods adequate to address the research question? | X | | | |
| | 1.3. Are the findings adequately derived from the data? | X | | | *Excerpts of data utilised throughout results section* |
| | 1.4. Is the interpretation of results sufficiently substantiated by data? | X | | | |

[5] The MMAT also assesses quantitative randomised and non-randomised trial data, but these are not reviewed here as the paper does not contain these elements.

| | | | | | |
|---|---|---|---|---|---|
| | 1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation? | X | | | |
| 4. Quantitative descriptive | 4.1. Is the sampling strategy relevant to address the research question? | X | | | *Yes – purposive to recruit target population* |
| | 4.2. Is the sample representative of the target population? | | X | | *Small sample size* |
| | 4.3. Are the measurements appropriate? | X | | | *Yes – aligns with aim and avoids interviewer bias. Validated technique* |
| | 4.4. Is the risk of nonresponse bias low? | X | | | *All participants responded* |
| | 4.5. Is the statistical analysis appropriate to answer the research question? | X | | | *Yes- technique beneficial for target population* |
| 5. Mixed methods | 5.1. Is there an adequate rationale for using a mixed methods design to address the research question? | X | | | *Yes – methods complement each other and enhance robustness -* |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | *triangulation* |
| | 5.2. Are the different components of the study effectively integrated to answer the research question? | X | | | |
| | 5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted? | X | | | *Yes* |
| | 5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed? | X | | | *Yes – discuss convergence of results* |
| | 5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved? | X | | | *Yes* |

### 2.4.2 Quality Evaluation of the literature

The eleven papers all explored 'worthy' topics and were deemed to be rigorous through sufficient theoretical underpinning, and appropriate use of samples, data collection, and analyses. However, some studies lacked detail on how data was analysed (Isaac, 2003; Odusanya, 2017; Shah et al., 2012). Despite this, all studies were meaningfully coherent in their aims, methods and findings. They made significant contributions to the literature, resonated well with the reader and elicited transferable findings.

Sample sizes ranged from six to thirteen, raising concerns about representation and trustworthiness of findings. Yet, given the qualitative methodologies used, sample sizes were justified, and credibility was supported through author sincerity and transparency.

Four papers lacked researcher reflexivity and openness about methodological challenges, reducing the studies' sincerity (Butler, 2004; Isaac, 2023; Odusanya, 2017; Shah et al., 2012). Only Odusanya et al. (2017) used triangulation through sourcing data from multiple methodologies, which strengthened the findings and enhanced study credibility. Most studies did not include member reflections or use multiple data sources or researcher perspectives (crystallisation and triangulation), affecting credibility (Butler, 2004; Isaac, 2023; Rajan & Shaw, 2008; Shah et al., 2012). Nonetheless, three papers were still considered somewhat credible (Butler, 2004; Rajan & Shaw, 2008; Shah et al., 2012) due to thick data description and acknowledgement of postmodern constructionist/critical paradigms, where triangulation is not essential (Tracy, 2010).

Some authors failed to report ethical considerations (Isaac, 2023; Rajan & Shaw, 2008; Shah et al., 2012), though this may reflect reporting limitations rather than lack of ethical

consideration (Aveyard, 2023). Authors who held insider or insider-outsider positions, showed strong self-reflexivity, and displayed thorough integration of their epistemological stance, enhancing sincerity (Coop, 2018; Falcon, 2022; Mac-Intyre Harrison, 2023; Paulraj, 2016; Shetra, 2024). While Shah (2012) and Isaac (2023) addressed researcher positioning and ethical considerations in their original theses, reflexivity statements were omitted from published versions due to journal constraints. Reflexivity and transparency promote higher quality levels in qualitative research; however, such practices are dismissed by publishing walls (Taylor et al., 2024). This highlights how academic publishing standards pose barriers for researchers to uphold transparency, when they're expected to remove author reflexivity statements for publication (Savolainen et al., 2023).

Five papers were unpublished theses and three were published in the Clinical Psychology Forum *(CPF)*, a journal only recently considered peer-reviewed. Studies on racialised, disabled, and LGBTQ+ trainee experiences are often unpublished or limited to lower impact journals, raising concerns about institutional publishing bias and the marginalisation of non-Western epistemologies. Such institutional bias impacts visibility and reach of research surrounding underrepresented groups and by minority authors.

### 2.5 Synthesis

To synthesise data from the eleven papers, I employed Thomas and Harden's (2008) method of thematic synthesis, which offers flexibility in integrating findings from diverse qualitative approaches (Boyatzis, 2010). This method enabled the identification of recurring patterns across the dataset. Thematic synthesis was applied to relevant content in the 'results' and 'findings' sections of each paper, including abstracts (Thomas & Harden, 2008), where data addressed my review question on psychologists' experiences of marginalisation in UK Clinical Psychology.

As Odusanya et al. (2017) was the only mixed-method study, results sections for both IPA and Repertory Grid Analysis (RGA) were coded. The RGA results summarised participants' similarities and differences in written format, which allowed for thematic synthesis. Importantly, both methodologies' results were included as the RGA offered insight into participant experiences that could otherwise be defended, which is common with marginalised voices (Kelly, 1955; Scheer, 2003).

Each paper was reviewed twice to aid familiarisation. I then coded the results i) line-by-line, ii) developed descriptive themes, and iii) interpreted these into broader analytical themes. Coding was done in Microsoft Word, with codes and affiliated data then exported into Excel, whereby descriptive and analytical theme development took place (Appendix B). Codes and themes were discussed with the research team to enhance reflexivity and credibility. These discussions helped me step back from the data and informed the development of and distinction between themes, enabling me to combine separate descriptive themes into analytical themes. These discussions promoted richer

interpretation of data. As a result, some subthemes were combined as one major theme could encompass the essence of both subthemes and conversely I transformed two subthemes into distinct major themes as they spoke to varied concepts. The five analytical themes and related subthemes are outlined in Table 8 below.

**Table 8**

*SLR Themes and Subthemes*

| Theme | Subtheme |
|---|---|
| The harmful impact of marginalisation | Harm on a micro-level<br><br>Harm on a macro-level |
| Negotiating identity | |
| The normative position in Clinical Psychology | |
| Power, Privilege and Intersectionality | |
| Support | |

**Theme 1: The harmful impact of marginalisation**

The harmful impact of marginalisation was discussed across all eleven studies.

The first subtheme reflects the ways in which participants experienced harm on a micro-level, where participants were discriminated against, dehumanised, and made to take on the burden/responsibility for issues related to race, sexuality, gender, and disability. The second subtheme reflects the ways in which participants experienced harm on a macro-level, through systemic racism, historical harm, performative displays of inclusivity and a lack of representation.

**Harm on a micro-level**

In six studies (Coop, 2018; Isaac, 2023; MacIntyre-Harrison, 2023; Odusanya et al., 2017; Paulraj, 2016; Shetra, 2024) participants shared experiences of discrimination related to their race, sexuality, gender and disability. They noted moments with colleagues and supervisors where homophobic, racist and ableist comments were made to them, which felt like 'psychological violence' (Isaac, 2023). In Macintyre-Harrison's (2023) paper this also presented through more overt forms of transphobia where psychologists write transphobic comments on psychology forums, and covert forms where peers may display curiosity around trans identities where they "just wonder" which is "actually just transphobia'.

Studies focussing on racialised psychologist's experiences shared how participants were dehumanised and stereotyped based on their visible difference (Falcon, 2022; Isaac, 2023; Odusanya et al., 2017; Paulraj, 2016; Shetra, 2024): "You don't touch other White people in the workplace. You know you wouldn't just grab someone's hair, but in that moment, when someone stroked my hair and felt able to do so, they said to me, I don't think of you as a colleague or as a person. I felt a bit like a zoo animal" (Isaac, 2024, p.19). Several Black psychologists were stereotyped as lacking intelligence, perceived as threatening due to their appearance, and positioned as angry (Falcon, 2022; Isaac, 2023; Paulraj, 2016) which impacted on their internalised sense of 'who they may become professionally' (Odusanya et al., 2017). These cumulative encounters resulted in participants sustaining injury from within the profession. There was a deep-rooted sense of hypervigilance that pervaded participants' ability to feel safe in their work and training environments, where they had to constantly contend with how they carried themselves

(Falcon, 2022; Isaac, 2023; MacIntyre-Harrison, 2023; Shetra, 2024). For Black male psychologists this racial harm and hypervigilance left them with a dilemma akin to a "life or death" situation, as to whether they remain in the profession or have a 'career death' (Falcon, 2022).

Nine studies conveyed how participants felt burdened by the task of having to educate others around race, culture and sexuality, leaving them feeling isolated and exhausted (Falcon, 2022; Goodbody & Burns, 2010; Isaac, 2023; MacIntyre-Harrison, 2023; Odusanya et al., 2017; Paulraj, 2016; Rajan & Shaw, 2008; Shah et al., 2012; Shetra, 2024). Shetra (2024) and Macintyre-Harrison's (2023) studies discussed the need for participants to opt out of this responsibility and keep their "head down" (Shetra, 2024) for fear of repercussions. The decision making around this and loneliness left participants feeling exhausted. The nine papers underscored the 'chronicity and burden' (Falcon, 2022) of being positioned as responsible for advocating for minoritised identities. Although this subtheme conveys the individual ways in which people have been harmed, it suggests how harm compounded over time can break people's spirit, impacting them at their "foundational core" (Isaac, 2023).

**Harm on a macro-level**

Three papers discussed the rifeness with which systemic racism appeared in the lack of access to opportunities, unequal workplace treatment, and lack of career progression (Falcon, 2022; Isaac, 2023; Shetra, 2024). In Isaac's (2023) paper, Black participants were aware of how they were less likely to be offered a promotion or access to training. Isaac (2023) attributed this to the 'maintenance of Whiteness' and shared how when a

Black psychologist was close to progressing, she lost all support from mentors/peers because she had "risen above your station" (p. 21). This was also reflected in Shetra's (2024) paper where a participant had been rejected from a job for not being "quite cooked" (p.96). Such feedback reveals the structural inequity and racial bias that permeates hiring processes, which can be linked back to wider oppression historically. Paulrai (2016) and Macintyre-Harrison (2023) discussed how participants felt their pain in the workplace mirrored historic experiences of slavery and colonisation of Black people and the genocide of Queer and Trans populations.

Some participants reported on experiences of the profession as performative (MacIntyre-Harrison, 2023; Odusanya et al., 2017; Shetra, 2024), which serve as a reminder of the profession's inherent bias. Odusanya (2017) reported on how participants felt their ethnicity played a role in 'conferring some professional advantage on their success' and a participant in Shetra's (2024) study spoke to the profession's performative responses to George Floyd's murder and "that Liverpool [conference] course" (p.89), where a slave auction re-enactment was performed. These structural biases trickle down into the lack of representation and therefore mentors that racialised, queer and trans psychologists so yearned for (Butler, 2004; MacIntyre-Harrison, 2023; Paulraj, 2016).

**Theme 2: Negotiating Identity**

All studies except for one (Isaac, 2023) discussed the dilemma that participants face in negotiating which parts of their identity feel safe to bring to work and which will allow them to assimilate best, to be accepted by their profession and peers. Many participants

had to subjugate their own cultural identity and dissociated their personal identity from their professional identity. Participants have had to 'westernise' their names (Shetra, 2024) and clothing (Rajan & Shaw, 2008) to be able to fit in better. Many participants had to subjugate their own cultural identity and felt that dissociating their 'lived' identity to their professional identity was the way to do this, alongside modifying their use of language (Falcon, 2022). Not fitting in would result in loss of 'social capital' and therefore fitting in enabled participants to 'survive training' (Paulraj, 2016). A participant in Falcon's (2022) study shared that when they have presented authentically, "it has not been accepted or it's been seen in a negative way" leaving them to feel "different", not "good enough" and ashamed.

Conversely, seven papers spoke to how participants negotiated the importance of bringing their personal identity to aid their therapeutic practice and participate in acts of resistance (Butler, 2004; Coop, 2018; Goodbody & Burns, 2010; MacIntyre-Harrison, 2023; Paulraj, 2016; Shah et al., 2012; Shetra, 2024). Coop (2018) conveyed how trainees described having a 'disability afforded them an insider identity' which allowed them to bring this to their practice. Similarly in Butler's (2004) paper a participant spoke to how being a gay man meant he knew what it was like not to fit in, helping him support clients that felt 'different'. Some participants resisted hiding their identity by trying to 'expose the material injustices of the world' (Macintyre-Harrison, 2023) and engaging in conversation about subjugation and race amongst white peers, whilst resisting the role of comforting them when facing discomfort about their privilege (Paulraj, 2016). Across the papers on sexuality and gender, there was a finding that invisible aspects of identity facilitated increased confidence and ability to resist (Butler, 2004; MacIntyre-Harrison, 2023)

compared to papers on race/ethnicity where findings showed that racialised individuals felt unable to resist their oppression due to the visibility of their race, which led them to wanting to be invisible (Falcon, 2022; Paulraj, 2016; Shah et al., 2012).

"I feel quite free to be overtly political about the assumptions that are made, the stories that the world tells us what a happy ending looks like, you know, what's okay and what's not okay, how girls ought to behave, how boys are allowed to behave, the kind of compulsory heterosexuality, these kinds of things (p.17:20-25)" (Macintyre-Harrison, 2023).

Findings from these ten papers suggest that having to assimilate and subjugate one's own identity requires conforming to a "white middle-class image of the course" (Shah et al., 2012) and needing to "privilege the dominant voice" (Paulraj, 2016) which suggests that minoritised psychologists must sacrifice their authenticity to fit into the "norm".

**Theme 3: The normative position in Clinical Psychology**

This theme reflects findings that infer a 'normative' position in Clinical Psychology that is; White, neutral and Eurocentric, therefore excluding of anyone that deviates from the norm. All papers discuss how minoritised individuals are made to feel like they do not belong to this profession and are not considered, as their training and workplaces dismiss or exclude their cultural identities.

Some studies discussed how the focus on Eurocentric approaches and lack of cultural sensitivity left psychologists feeling unequipped and unseen in the profession (Butler,

2004; Coop, 2018; Falcon, 2022; Rajan and Shaw, 2008; Shetra, 2024). Falcon (2022) emphasised that training content did not support people with marginalised identities to work with people from marginalised communities, suggesting that what is taught in the profession is about the dominant group, for the dominant group. A few papers highlighted how widening access to this profession, while still upholding a neutral and ethnocentric stance left participants feeling ignored and othered (Coop, 2018; Falcon, 2022; Goodbody & Burns, 2010; Odusanya et al., 2017; Shetra, 2024).

Coop's (2018) work portrayed a silence around disability within training, both in lecture content and how trainees have been met: "I think my experience has been that I've been labelled as difficult with a disability, so my exam arrangements I was specifically told "oh we've never had someone like this before, this is really difficult"" (p.70). Falcon (2022) also noted how lecturers ignored cultural factors regarding psychosis and the racism underscoring the overdiagnosis of Black men. While some attempts to include knowledge from the Global South have been made, there has been a failure to acknowledge the source and cultural influence: "Eastern religions on things like yoga, mindfulness… like the Tree of Life" (Shetra 2024, p.106).. In the same paper, a participant was told not to research experiences around racism (Shetra, 2024). These examples portray the profession as colonial and rooted in whiteness.

"I think the course has made me think a lot actually - through opportunities being shut down to talk and think about what it's like as a black person. I think that's made me think by myself…I'm in this position that's meant to be equal to all the other white

psychologists on the course, but why is it that my voice is shut down in this situation, like we're meant to be on equal footing but why am I a step behind?" (Paulraj, 2016).

Many Black psychologists were made to feel like they didn't belong due not being able to express themselves freely as their use of language did not fit with the 'middle class' way of communicating and risked being stereotyped as 'emotional' or 'unintelligent' (Falcon, 2022; Paulraj, 2016): "I have questioned whether after training, I want to stay a clinical psychologist, if I am going to constantly have to deny my identity to suit other people" (Paulraj, 2016 p.67)

**Theme 4: Power, privilege and intersectionality**

The idea of holding power vs privilege based on context and intersectionality showed up in all eleven papers. Trainees in Macintyre-Harrison (2023) and Coop's (2018) papers spoke about feeling a loss of power due to their positions as trainees to challenge ableist and homophobic treatment. There was sense however from Shetra (2024) and Odusanya et al.,'s (2017) papers that participants who had been qualified for longer, felt that with time they were able to integrate their personal and professional identities and utilise their 'voice' more. Conversely, Odusanya et al.,'s (2017) paper also found that participants who had been qualified for long time, found training to be 'crucial in their identity formation' implying how pivotal the experience of training can be for safety and integration in the profession.

Despite holding multiple identities that intersect, participants were homogenised based on the salience of race and sexuality (Butler, 2004; Isaac, 2023; Paulraj, 2016; Shah et al.,

2012). One participant was mistaken to be another person: "people insisting I was someone who I said I wasn't which is bizarre…A completely different person. How on Earth?! And we look very different, you know, apart from both being Black." (Isaac, 2023 p.21). Others were allocated a client caseload 'based solely on skin colour' (Paulraj, 2016). There was an expectation for sexual minorities and racialised individuals to care solely about issues arising in their communities, disregarding their intersecting identities and culturally stereotyping. Conversely, in Goodbody & Burns' (2010) papers, white male psychologists 'struggled to find a voice' when asked about ethnicity, class and gender, highlighting the burdening impact of homogenisation of marginalised individuals and the stark contrast to white privilege. Similarly in other papers, whiteness has been upheld as supervisors and peers have abstained from speaking about race and disability or naming prejudice due to discomfort and the 'luxury' of not needing to (Coop, 2018; Falcon, 2022; Goodbody & Burns, 2010; Isaac, 2023; Shah et al., 2012).

It appeared invisibility afforded sexual minority psychologists the privilege of being able to choose which positions they held of their intersecting identities, due to the 'invisible difference from heteronormativity' (Goodbody & Burns, 2010). Whereby the visible differences such as being a person of colour or having a visible disability meant that participants had to work harder to prove themselves in the profession to overcome stereotypes (Coop, 2018; Falcon, 2022; Goodbody & Burns, 2010; Isaac, 2023; Odusanya et al., 2017; Shetra, 2024): "I think there's a difference between how myself and the only other minority psychologists are treated versus the White psychologist and that could be in terms of training being offered. That can also be in terms of just flexibility that's given to him that's not given to the rest of us." (Isaac, 2023).

**Theme 5: Support**

Seven papers reported on sources of support such as broaching and allyship, whilst also reporting on a lack of support due to inflexibility or defensiveness.

Three papers discussed how affirming it was when supervisors, mentors or colleagues broached the participant's racial identity (Falcon, 2022; Shah et al., 2012; Shetra, 2024). Black male psychologists found it to be extremely supportive when supervisors asked questions about their experience of being racialised in the profession and named systemic racism at play, which 'transformed the shame' that was previously felt into 'self-esteem' (Falcon, 2022). Many participants spoke to the need for broaching and acknowledging their racial identity and where a lack of this heightened a sense of difference and unsafety. For queer psychologists, working in an environment with other queer and trans individuals 'made a massive difference' in supporting personal and professional integration, enabling people to bring their 'whole self' to work (Macintyre-Harrison, 2023). The importance of white allyship was discussed in Shah et al., (2012): "we're very fortunate to have um a lecturer... whose specialist interest is in diversity. Particularly ethnicity and class I think. And she's absolutely brilliant and she is White, and I feel that if it wasn't for her that my teaching experience would have been very, very different." (p. 34). Falcon (2022) also emphasised the significance of white supervisors broaching conversation about race, as it is 'everyone's duty to implement actions.

Five papers conferred the supportive impact of solidarity amongst peers with similar lived experiences (Coop, 2018; Falcon, 2022; Macintyre-Harrison, 2023; Shah et al., 2012; Shetra, 2024). This provided relief from the loneliness and battle fatigue that was

experienced. There was a common understanding, that enabled safety and even joy, belonging and acceptance.

Six papers reported on the various ways in which psychologists were let down by a lack of support (Butler, 2004; Coop, 2018; Falcon, 2022; Macintyre-Harrison, 2023; Paulraj, 2016; Shetra, 2024). Coop (2018) reported on how trainees with a disability were not provided with the correct physical environment to support with their needs, and were positioned as 'slackers', locating a lack of resilience in individuals, without reflecting on the 'rigidity in the training system aimed at healthy bodies'. Butler (2004) reported on the focus of psychodynamic conceptualisation of sexuality during training and lack of space to reflect on sexual orientation, which meant that gay and lesbian trainees sought support outside of the course. Similarly, Macintyre-Harrison (2023) also reported on a lack of supervisory support to reflect on sexual orientation, due to discomfort. Despite being published 19 years apart, both papers suggest that there is still significant progress to be made in addressing anti-queer rhetoric and challenging homophobia within the profession and its policies. Shetra's (2024) study similarly highlights the lack of progress made towards anti-racism as supervisors meet racialised psychologists with defensiveness and gaslighting when they report on experiences of racism:

"No, they didn't mean like that- it was very defensive. No, you've got the wrong, you've got the wrong end of the stick, and that they couldn't possibly mean it like that. Like do you know how many years' experience that supervisors got? She's not gonna be like that. You're calling her a racist (indignant tone) like how dare you do that? How dare you call her a racist! No, no, no! You will go back to that placement and you will complete that

piece of work, and you'll be guided by the Supervisor. Do you know how lucky you are to have this supervisor? (pause) I was like oh oh, okay did I just imagine that? Like okay" (p. 87).

### 2.6 Discussion

In summary, the SLR found that qualified and trainee CPs have faced marginalisation within the profession due to their race, sexuality, gender and ability. The SLR highlights the extent to which standing out and not belonging, led to pervasive hypervigilance, fear and emotional exhaustion. Psychologists felt unable to bring their whole self to work. This added emotional labour and burden, putting them at a disadvantage throughout training and their careers.

The profession's white, middle-class, Eurocentric foundations contributed to feelings of being 'othered' and disregarded, reflected in a lack of multicultural teaching and culturally sensitive support. Course teams and supervisors often failed to recognise or address discrimination, leaving psychologists silenced and further harmed. A lack of interrogating biases meant that psychologists' concerns around discrimination were dismissed or denied. This implies the stifling nature of the profession for anything that deviates from the norm. Power was afforded to those who were white, cisgender, heterosexual, and able-bodied, while those with intersecting marginalised identities (e.g., being racialised and working class) were systematically disadvantaged throughout their career. However, participants lived experiences fostered an 'insider identity' (Coop, 2018) that strengthened therapeutic relationships. It motivated professional acts of resistance, with many expressing a commitment to improving outcomes for marginalised clients.

### 2.6.1 Robustness of the Synthesis and Future Research

While previous SLRs have focused on racially minoritised psychologists, this appears to be the first to synthesise research on how CP marginalises a range of minority groups, as checked through PROSPERO. The search strategy was a strength of this SLR as multiple databases, citation searching and grey literature were included. This enhanced the comprehensiveness of the search, and minimised publication bias by including studies beyond traditional peer-reviewed sources (grey literature). Influential studies that did not emerge from database searches were captured through hand-searching reference lists. Use of quality appraisal tools and researcher reflexivity journals, enhance the robustness of this SLR. However, limitations remain. My own experiences of marginalisation as a racialised trainee likely influenced the search, screening, and synthesis. Reflexive journalling and supervision helped alleviate this, ensuring I attempted to amplify the voices of all minoritised groups. Findings must also be interpreted tentatively due to the small sample sizes in individual studies, affecting their representation and rigour. Notably, six studies lacked reflexivity or positionality statements, limiting transparency and sincerity of findings (Butler, 2004; Goodbody & Burns, 2010; Isaac, 2023; Odusanya et al., 2017; Rajan & Shaw, 2008; Shah et al., 2012). However, due to publication limits, some authors excluded reflexivity statements in their peer-reviewed editions. The five doctoral theses authored by insider-researchers, explicitly addressed positionality and self-reflexivity, discussing their own experiences of marginalisation within CP and subsequent affiliation to their research topics. This reflects the review's findings whereby those who experience marginalisation, bear the responsibility of tackling their oppression.

The review included eleven papers, with seven focused on racial and ethnic minority experiences, highlighting a gap in research on Neurodivergent, Disabled, and LGBTQ+ psychologists experiences. The limited number of studies beyond race may reflect the profession's difficulty in holding multiple forms of marginalisation simultaneously, echoing concerns of 'Oppression Olympics' (Nash, 2012). Despite an inclusive search strategy, some relevant studies were not included due to limited access to grey literature or paywalled papers, particularly on neurodivergent and queer psychologists' experiences. This raises important questions about which voices are accessible in published literature, and which are represented only in grey literature and unpublished channels. Notably, three of the six peer-reviewed papers appeared in the low-impact journal CPF, suggesting possible publication bias affecting the visibility of research on racialised groups in CP.

As this review focused solely on CP, it may have excluded relevant findings from adjacent professions. Future reviews could broaden scope to include Counselling Psychology or Psychotherapy. While findings may overlap, they have distinct theoretical and training frameworks, thus this review shares findings of experiences specific to the nuances and tenets of CP. Additionally, this review considered experiences from training onwards; future research might explore marginalisation during earlier stages, such as application and selection, where systemic bias is also present (Kamson, 2022).

### 2.6.2 Recommendations and Clinical implications

The findings highlight the need to dismantle dominant norms within CP. This requires embedding anti-racist and equity principles into training, focus on decolonisation by deconstructing whiteness, and meaningfully incorporating multicultural and global majority knowledge (Paulraj, 2016). To avoid tokenism, course teams and supervisors must critically reflect on their whiteness and raise critical consciousness towards oppressive practices, easing the emotional labour placed on marginalised psychologists (Goodbody & Burns, 2010; Odusanya et al., 2017). Supervision and training should create space for reflection on subjugated identities and foster psychological safety, without defensiveness or denial. Broaching within supervision or training can alleviate psychologists of the burden associated with holding subjugated identities. Additionally, protected spaces for minoritised trainees can further support open, safe dialogue (Coop, 2018; Macintyre-Harrison, 2023). Individuals should be willing to take risks, being "clumsy rather than clever", when engaging with issues of race, gender, sexuality, and disability (Odusanya et al., 2017). The SLR showed that systemic biases persist across career stages, therefore increasing diversity in senior roles is essential.

## 2.7 Rationale for the present study

Thus far the literature has demonstrated the ways in which the profession of CP has marginalised and further oppressed groups that have historically endured inequality and discrimination, during their career. Several of the recommendations highlight the need for training programmes to diversify curriculums in an authentic manner and critically examine the systemic biases that permeate the profession and its members. In recent years there have been initiatives by the BPS and DClinPsy training programmes to embed

social justice values to address both the marginalisation experienced by professionals, and to focus on providing socially just services to underserved populations. However, before considering how underserved communities experience the profession 'out there', it is important to address the harm enacted towards professionals from within. As Audre Lorde (2001) posits "The master's tools will never dismantle the master's house". To truly transform the profession, it requires new and alternative approaches or 'tools'. Whilst this review provides an overview of the professional experiences of marginalisation in CP, it does not provide insight into what is being done to challenge the oppression of minoritised individuals, both professionals and the communities they serve. There is no existing research focussing on the attempts at reform and endeavour for social justice within CP in the UK, highlighting a clear gap in the literature. Therefore, it is of value to understand what these attempts are, how they are landing and whether they are working. As such, an inquiry into how trainees have experienced their training programmes relationship to social justice and efforts to challenge oppression is necessary.

### 2.8 Aims and Research Questions

The present study hopes to capture the experiences of trainees' and newly qualified (in the last two years) Clinical Psychologists training on a course that is underpinned by a social justice approach.

Therefore, this study aims to understand: Experiences of DClinPsy training on a Social Justice oriented course including perspectives on:

a) How do trainee/qualified Clinical Psychologists relate to Social Justice?

b) What are trainees' experiences of how Social Justice was embedded into the training curriculum?

c) How do trainee/qualified Clinical Psychologists apply Social Justice ideas in practice?

d) What are barriers/improvements to implementation of Social Justice?

# Chapter 3. Method

## 3.1 Overview

This chapter outlines the methodological approach used to explore: 'Experiences of DClinPsy training on a social justice-oriented course'. It explains the rationale for adopting a qualitative design and reflexive thematic analysis (RTA), aligned with my epistemological stance. The chapter covers study design, including interview schedule development, expert by experience (EbE) consultation, recruitment strategy, participant information, and ethical considerations. It also addresses steps taken to ensure quality and describes the data collection and analysis process.

## 3.2 Design

### 3.2.1 Rationale for qualitative design

Qualitative methods allow for deeper exploration of perspectives and provide context (Willig, 2008). They enable flexibility when exploring thoughts and emotions linked to a topic, that may otherwise be discounted within quantitative methods (Barker et al., 2015) . As this research is a novel topic, I felt the research question lent itself to the exploratory nature of qualitative design (Busetto et al., 2020), allowing for a nuanced and richer understanding of trainee and newly qualified clinical psychologists (TNQCP's) experience of social justice (SJ) issues on their course. In alignment with my epistemology, I was interested in understanding individuals' subjective views and did not want to limit the expression of ideas by using a quantitative method.

### 3.2.2 Rationale for Semi-Structured Interviews

Semi-structured interviews provide structure alongside flexibility. They involve a set of pre-determined questions and allow space for prompts and follow-up questions to deepen insights (Magaldi & Berler, 2020). The research aimed to gain insight into personal experiences of Doctorate in Clinical Psychology (DClinPsy) training, therefore a focus group would not be suitable as it could limit personal reflections due to lack of safety and rapport with others (Sim & Waterfield, 2019). Semi-structured interviews allowed for unexpected yet relevant responses to emerge, whilst also allowing me as the researcher to prompt for elaboration with the research aims in mind (Magnusson & Marecek, 2015). As in insider-outsider researcher, semi-structured interviews enabled me to build rapport, enhancing the conversation between interviewee and interviewer. It is important to therefore acknowledge researcher influence on the nature of questioning within the interviews (Braun & Clarke, 2022a). To aid reflexivity around this influence, I met with my supervisory team to refine and reshape the interview schedule to ensure openness within the prompts and questions.

### 3.2.3 Developing interview schedule

The interview schedule was developed based on existing literature and in discussion with my supervisory team and experts by experience (EbE)[6], who consulted to the project. The questions were grouped with consideration of the four research aims, whilst also including supplementary questions with the hope of orientating participants' thinking to the topic and its broader context (see topics in Table 9). I felt it was important for the

[6] EbE involvement is discussed further in section 3.2.4

questions to flow coherently, so that the interview was a conversational experience for participants, and in an attempt to address any power imbalance that can arise from research interviews (Josselson, 2013).

**Table 9**

*Interview schedule topic summaries*

| |
|---|
| - Relationship to social justice |
| - Examples/anecdotes from training course |
| - Experience of SJ in training |
| - Application of SJ in clinical practice |
| - Ideas for course improvement |
| - Barriers to implementation of SJ in practice |
| - Issues arising from speaking about difference |

The process of finalising the interview schedule was iterative (Braun & Clarke, 2013). A pilot interview was completed with an EbE, and feedback on the questions was provided by another EbE. Feedback was overall positive, however both EbE's suggested to reduce the number of questions and from the pilot interview the EbE suggested reframing a question to enhance clarity and elicit more specific examples. I therefore reduced the set of questions and reworded the question *"Do you feel conversations or steps towards social justice are managed well on your course?"* to "*Do you think issues that arise out of implementing social justice ideas are managed well on your course?"*. Additionally, I sought feedback from my field supervisor and as a result, questions that appeared to be leading were framed more openly. For example, an initial question touched on the

experience of 'dissonance', which my supervisory team highlighted to me as potentially leading. With this feedback, I reviewed the interview guide, to ensure that I was not assuming people's experiences prior to the interview, and allowing data to emerge organically, through use of open questions (Levitt et al., 2021). The pilot interview helped to ascertain where it would be beneficial to incorporate prompts, to elicit more relevant information from participants. Following the first few interviews, I revised the interview guide with the help of my supervisory team as some of the questions were repetitive, and they did not elicit examples I had anticipated. Through conversation with my supervisor, I was able to incorporate statements in my interview to provoke thought about topics not previously arisen through data, for e.g. question eight in the interview schedule (appendix C). We considered how including these statements later, may have impacted on data obtained before, but it was felt that exploration of this topic could elicit more insights about training curriculums, therefore enhancing our understanding. In this conversation I also had to attend to the disappointment that arose when I wasn't finding data that I had anticipated. This helped me to stay more open during later interviews and stay close to rising content (appendix D).

### 3.2.4 Experts by experience

Three CPs with a special interest and research background in inclusion and SJ during training, were recruited to consult on the project via word-of-mouth. Recruitment was opportunistic as EbE's registered their interest in the study through general discussion with the researcher and primary supervisor about the project. EbE's were involved at various stages of the research. Initially I consulted with EbE to refine my proposal and

aims. At later stages I sought feedback on the interview schedule, information and demographic forms, recruitment and data analysis. Amendments were made to the demographic form, by asking for distinction between social class prior to and during training, and inclusion of a question on neurodivergence specifically. Amendments to the interview schedule were made as detailed above.

### 3.2.5 Rationale for reflexive thematic analysis

As the commitment to socially just practice is a relatively new endeavour in CP (BPS, 2019; Wood, 2020), there is no existing research exploring how this is being implemented across DClinPsy courses. Therefore, it was felt that reflexive thematic analysis (RTA) would be a useful and appropriate method of analysis, as it allows for exploration of varying perspectives and offers flexibility when there is no pre-existing data patterns or frameworks (Braun & Clarke, 2006). The research aims to examine TNQCP's experiences, whilst also aiming to elicit recommendations for DClinPsy training programmes, therefore RTA is useful in summarising patterns across the data whilst remaining close to the participants narrative (Braun & Clarke, 2006). RTA lends itself to various research paradigms, therefore aligning with the researcher's critical realist positioning (Willig, 2013). RTA allows for research subjectivity to be used as a resource for knowledge production when engaging with a dataset, which further aligns with my epistemology, as it acknowledges that my social and cultural context will shape how I can uncover participants' experiences of reality (Braun & Clarke, 2019). Participants may also draw on wider social-historical-political contexts that shaped their perspective, therefore

allowing me to explore multiple positions of reality, in understanding the process of SJ integration on DClinPsy training (Willig, 2013).

### 3.2.6 Rationale for RTA over other qualitative approaches

Alternative methods were considered but ultimately discounted as they did not align with the research aims or critical realist stance. Interpretative Phenomenological Analysis (IPA) offers rich insight into individual subjective experiences, however this would have limited theme development across datasets (Eatough & Smith, 2017), reducing breadth of exploration around this novel topic. Narrative Analysis though attentive to subjective experiences within social and cultural contexts, was less suitable given the varied backgrounds of participants, lending more towards RTA, where connections between contexts can be explored (Riessman, 2008). Discourse Analysis was discounted due its focus on language to construct meaning, excluding focus on the wider context of participants experiences (Jørgensen & Phillips, 2002). Grounded theory, though useful for under-researched areas aims to build theory to explain social phenomena, which was not the aim of this study (Charmaz & Henwood, 2017). The method lacks flexibility and takes a pragmatic approach to data, which did not align with my critical realist stance.

### 3.2.7 Self-reflexivity in reflexive thematic analysis

Braun and Clarke (2022) posit that qualitative research cannot be a "value-neutral activity". Therefore, there is core emphasis on reflexivity in RTA which requires commitment to reflection and interrogation of one's values informing their research. Researcher subjectivity is seen as a powerful resource in RTA, and not something to be

mitigated (Braun & Clarke, 2021a). Reflexivity in RTA ensures consideration of personal positions, along with introspection on theoretical/philosophical assumptions that inform the researcher's world view (Finlay & Gough, 2003). Therefore, RTA is not in search of an essential truth, rather it recognises the important of the researcher's construction of data output which affiliates with a critical realist standpoint, that is: we cannot access the truth exactly, but do so from a subjective lens (Harper & Thompson, 2011).

As a racially minoritised TCP, who has navigated the journey of SJ integration on DClinPsy training, I hold assumptions and biases that will impact my relationship to this study. My social positions shape the theoretical commitments I work towards, such as decolonising ideologies (Luttrell, 2019; Bhambra et al., 2018). These offer me insights that allow me to be an insider researcher in this study. They enable me to build trust and rapport with participants and provide me with an awareness of the norms and culture during DClinPsy training. However, this insider position could impact upon my curiosity, therefore necessitating researcher reflexivity (Finlay, 2002; Kanuha, 2000). I also hold an outsider position in this study as my experience of training, social positions, and theoretical underpinnings will differ from participants, allowing me to exist in the "space between" and acknowledge the complexities of not occupying a binary position (Dwyer & Buckle, 2009).

At various stages, I became aware of a strong pull towards my biases in locating the study from a standpoint that assumes dissonant experiences of training in a SJ framework and struggling with its application. I recognised the pull towards expecting and framing data which aligned with SJ psychology informed practices, rather than centring the

perspectives of the participants. Therefore, to stay as close to the data as possible, I engaged in critical reflection throughout the research process. I began a reflexive diary from the initial stages of topic formation, which continued through data collection, analysis and interpretation (appendix D). I brought my reflections to supervisory meetings, where we deliberated my ideas/assumptions and considered their impact on the research. Supervisors and consultants reviewed transcripts, codes and themes, which offered me insight into my research team's positions, further enhancing my reflexivity (Braun & Clarke, 2022). My reflexive diary also highlighted where I felt impacted by differing positions throughout the research (Hellawell, 2006), which through discussion with consultants/supervisors supported my authenticity as a researcher (Borcsa & Willig, 2022).

## 3.3 Participants

### 3.3.1 Inclusion & exclusion criteria

To gather a homogenous sample based on a shared characteristic of training on the DClinPsy, the following criteria were used:

**Training course**

As the study focuses on SJ integration during DClinPsy training, I included TNCQP'S from Clinical Psychology courses only, therefore excluding participation of TNCQP's, from other psychology doctoral training programmes in the UK, such as counselling psychology.

**U.K context**

Whilst CP programs exist across non-UK contexts, it was decided that the research will focus on training experiences in the UK to understand the distinctive and nuanced experiences of SJ application within the UK's cultural, socio-economic and political landscape, yielding more context specific findings (Bayeck, 2021).

**Year of training**

Initially it was decided that only trainees in their second and third year of training, and newly qualified CPs will be included as they would be further along in their training experience, however through discussion with the research team, it was felt that important insights could potentially be missed by excluding first year trainees. Therefore, trainees in any year of training could participate. In order to avoid recall bias, only CPs that had qualified in the last two years would be eligible to take part (Galdas, 2017).

**DClinPsy programmes**

As the study focussed on training experiences of SJ, trainees/CPs that trained on a DClinPsy course with a SJ ethos were included, based on Leeds Clearing House information. Participants self-identified their course ethos as SJ oriented, as there are no clear parameters or existing research to indicate which courses are more SJ aligned. Trainees/CPs that registered interest in the study from courses that did not refer to SJ, inclusion, equity or diversity related terminology on their Leeds Clearing House page, were excluded from the study. Table 10 summarises the inclusion and exclusion criteria.

**Table 10**

*Participant inclusion and exclusion criteria*

| **Inclusion criteria** | **Exclusion criteria** |
|---|---|
| Enrolled on a DClinPsy course in UK in any year of training | Other Psychology doctoral training programmes e.g. counselling |
| Identify their course as one that aligns with SJ ethos | Trained/training on a course that does not align with a SJ ethos |
| Qualified as a Clinical Psychologist in the last two years | Qualified as a Clinical Psychologist more than two years ago |
| UK trainees and trained Clinical Psychologists | Non-UK trained Clinical Psychologists |
| English speaking (option to speak in Gujarati or Hindi) | |

### 3.3.2 Recruitment

Participants were recruited via purposive sampling allowing participants with relevant knowledge or experience to join the study (Creswell, 2014). Recruitment took place between October 2024 and April 2025. I collated an email list of each DClinPsy course in the UK, sourced from Leeds Clearing House. An email including the study information, study advert and UH ethical approval was sent to all course administrators, with a request to forward the information to all trainee cohorts including alumni cohorts (appendix E). The study advert included my email address, so participants could contact me directly (appendix F). The study advert was also shared on Twitter, UK CP Facebook

groups, Minority CP groups and UH networks including current and ex-lecturers. Twenty-two TCNQP's expressed their interest in the study, however two people did not meet the criteria. Additionally, four people who had expressed an initial interest, did not respond to further communication about participation, therefore I ceased further contact, when no response was received after the second email prompt. A heterogenous sampling strategy was adopted to ensure a range of perspectives were represented in the study. Therefore, those who expressed an interest were given the information sheet (appendix G), stating that not all expressions of interest would results in participation, as was the case. To maximise sample diversity, prospective participants were informed that, due to high levels of interest and the study's aim to include a wide range of experiences, selection decisions might be delayed. Therefore, an additional four people who expressed interest were not selected as participants with similar demographics and course affiliations has already been interviewed in earlier stages of sampling. There were some challenges with recruitment, including delays in responses and scheduled interview cancellations. In one case, a prospective participant cancelled their scheduled interview and was unable to reschedule thereafter due their lack of capacity. Therefore, I recirculated the study advert on a CP social media group and on Twitter. Positively, this resulted in additional interest.

### 3.3.3 Sample size

As the topic is novel and the target population for the study should hold specific knowledge about the topic, a less extensive sample is required for this study (Malterud et

al., 2016). I therefore aimed to recruit between 10-18 participants, as it was felt this would be sufficient to gather a diverse range of perspectives on the topic, within the scope of the study and research aims in mind (Braun & Clarke, 2021b). The final sample size of 12 was determined as it was felt that rich and detailed data was already gathered and there was demographic heterogeneity in the participant pool (Vasileiou et al., 2018).

### 3.3.4 Participant information

It is known marginalised or privileged aspects of a person's identity can influence their motivation to engage in SJ efforts (Cosgrove et al., 2020; Howard, 2011). Therefore, to consider how social identity may influence participants views on SJ and how it shapes our understanding of SJ work in CP (Guerrero et al., 2021), it felt important to gather demographic information. To protect the identities of participants, personal characteristics are represented as a summary of sample characteristics detailed in Table 11. 12 participants were interviewed for this study, three of whom were newly qualified CPs and nine of whom were trainees.

**Table 11**

*Demographics of participant sample*

| Demographic Characteristics | Representation within sample |
|---|---|
| **DClinPsy course attended** | UCL, Plymouth, University of Hertfordshire, Leeds, Birmingham, Bath, University of East Anglia, University of East London |
| **Year of training** | 1st Year, 2nd Year, 3rd Year, Newly Qualified |
| **Ethnicity** | Asian Sri Lankan British, Black British African, Black African, Asian Chinese, White British, Arab-Berber, Black Nigerian, White Eastern European |
| **Gender** | All participants identified as female (inclusive of the terms 'cisgender female' and 'woman') |
| **Sexual orientation** | Bisexual, Heterosexual, Lesbian/Gay, preferred not to say |
| **Social class** | Middle Class, Working Class, Mobilised Working Class to Middle Class, Emergent Service Workers |
| **Disability/Chronic condition** | Chronic pain, Endometriosis, Reported disability/chronic condition unspecified, Chronic Illness |
| **Neurodivergence** | ADHD, Dyslexia, Dyspraxia, Undiagnosed/Unsure, Autistic |

## 3.4 Ethical Considerations

### 3.4.1 Ethical approval

The study received full ethical approval from the University of Hertfordshire by the Health, Science, Engineering & Technology Ethics Committee on the 23rd of August 2024 and again on 12th March 2025 due to an extension request to the data collection end date (protocol number 0835 2025 Mar HSET), see Appendix H**.** To adhere to safe psychological research practice, I made ethical considerations informed by the BPS' ethical guidelines (Oates et al., 2021) throughout the research process.

### 3.4.2 Informed consent

Participants were emailed an information sheet detailing the purpose, aim, eligibility criteria and requirements for the study (appendix G). It also highlighted information about confidentiality, use of data, data protection and the voluntary nature of participation and rights to withdraw. If participants sustained an interest to participate, they were sent a consent form to sign, which they returned for me to also sign (appendix I). This information was reiterated verbally at the beginning of the interview and participants were given an opportunity to raise any concerns.

### 3.4.3 Confidentiality and Data management

Prior to interview, I emailed participants a demographic questionnaire (appendix J) which they returned to me with their pseudonym. At the interview I highlighted how their anonymity would be upheld in the write-up. Personal characteristics are reported on separately to the programmes from which participants trained at. Pseudonyms are used

for direct quotes and any information that would link the participant to their programme or reveal personal details, were excluded from the results section. This would maintain privacy and prevent participants from being identified. Demographic information was stored separately to consent forms and were not traceable through use of pseudonyms. Permission was re-confirmed at the interview for audio-visual recording.

All consent forms, demographic information, recordings and transcriptions were stored in separate files on the UH OneDrive, and were individually password protected, in line with UH's data management policy and General Data Protection Regulations (GDPR). As the principal researcher, only I was able to access the data files, and transcript excerpts shared with my supervisory team were anonymised.

Following completion of the study, all identifiable and confidential data will be deleted. Anonymised data will be securely stored on the principal supervisor's UH OneDrive for up to five years. This will allow for data to be utilised for further research and analysis, as detailed in the information sheet and consent form, with signed consent to this obtained from all participants. All participants have consented to being contacted about the outcomes of the study.

### 3.4.4 Responding to distress

It was not anticipated that the topic would evoke harm or distress in participants however I considered how I would manage any distress that arose. I applied therapeutic skills where participants needed assurance and provided the option to take a break from the

interview. There were occasions that participants reflected on their lived experience of marginalisation and whilst they didn't display signs of distress, there was perceived frustration or sadness in their tone of voice or manner, and so I was able to pause here and offer compassion. I provided a space after the interview for participants to discuss how the interview process felt and to allow for any additional reflections. No one reported experiencing any distress throughout the interview. Additionally, a debrief form was emailed to participants (appendix K) with information on the purpose of the study, their right to withdraw and signposting to organisations that could offer further support.

### 3.5 Data Collection

Participants were recruited between October 2024 and April 2025. After expressing interest via email, they were sent an information sheet, consent form, and demographic questionnaire. Questions were addressed over email and at the start of the interview. Interviews were arranged at mutually convenient times via Microsoft Teams. Two participants rescheduled, which was accommodated.

Considerations for online interviews followed BPS ethical guidelines for internet mediated research (Kaye et al., 2021). Conducting interviews online eradicated time-space parameters enabling participation from across the UK (Hanna, 2012). However, some technical issues occurred, as one participants internet dropped, and connectivity was poor during parts of the interview. While disruptive, this offered an opportunity to build rapport as we problem-solved, and resumed the interview with ease (Roberts et al., 2021).

At the start of the interview I reiterated issues related to confidentiality and anonymity, and what to do in case of technical difficulty (Archibald et al., 2019). Participants were reminded they could pause or stop at any time and had up to two weeks post-interview to withdraw their data. I checked for questions before beginning the recording. Using the interview schedule (appendix C) as a guide, I followed up with prompts for clarity and depth. Interviews lasted fifty-sixty minutes. After recording, participants were invited to reflect on the process, and where requested, identifiable content was omitted from quotes, and removed at the point of transcription. I thanked participants for their time and sent them a debrief form via email. No participant withdrew their data.

### 3.6 Data analysis

The six-phases of RTA outlined by Braun and Clarke (2006) were drawn upon to analyse the data. While the six-phases follow a logical sequence, the process is not linear. It is recursive and iterative, allowing the researcher to move back and forth between phases as needed (Braun & Clarke, 2022). The process required flexibility and adaptability, as detailed below.

**Table 12**

*Six phases of reflexive thematic analysis*

| **Phase** | **Process** |
|---|---|
| *Phase 1: Familiarisation with the data* | Braun and Clarke (2006) suggest that researchers become intimately familiar with the data within this phase. Doing so brings one closer to answering the research question (Byrne, 2022). After each interview I spent time critically engaging with what was evoked in me by writing |

| | |
|---|---|
| | in my reflexive journal. An excerpt of this can be seen in appendix D, detailing the sadness that was evoked in me when familiarising with the data and how I recall using my internal dialogue to manage biases during the process of the interview. Following interviews, I noted moments where I felt curious and considered the participant's worldview and my own assumptions. Hereafter, I began to transcribe each interview, which assisted further with data familiarisation. I actively listened to the transcripts and took pre-liminary notes of my observations and emotional responses by annotating the transcript. I became fully immersed in the data here, as I was pausing and rewinding especially at moments of interest. |
| *Phase 2: Generating initial codes* | In this phase I worked through transcripts systematically and generated codes line by line. I coded data electronically typing the code label beside the data, formatted into a two-column table on Microsoft Word. I coded data from an inductive, data-driven orientation which meant identifying themes from content in the data and not analysing data with a pre-conceived theory (Byrne, 2022). A latent and semantic approach to coding was employed. Semantic coding captures more overt meanings of data and latent coding focuses deeper on more implicit meanings in data that may be hidden (Braun & Clarke, 2022). An excerpt of a coded transcript can be found in (appendix L).<br><br>The interviews produced rich data, which meant that substantial sections of data were coded, resulting in a large number of codes (792 codes from 12 interviews). To manage this, I reviewed the codes after every four interviews. This allowed me to see where codes were too unique and perhaps fragmented (Braun & Clarke, 2022), and to ensure codes represented data accurately. I discarded duplicate codes and then transferred iterations of codes into Microsoft Excel, |

| | |
|---|---|
| | adjacent to the related data item (Byrne, 2022). To support with reflexivity during coding, my primary supervisor cross-coded a section of an anonymised transcript. It helped me to see how different ways of coding the same data could provide new insights on the meaning of the data. I also met with my supervisory team and consultants regularly to discuss our various positions on the meaning of data which allowed for rich discussion and enhanced engagement with the data. |
| *Phase 3: Initial Theme Generation* | In this phase I moved away from fixating on individual codes and meaning, as I started to view all the codes as a broader dataset and searched for shared meaning and patterns (Braun & Clarke, 2006). I printed out all the codes from Excel, cut them into strips and began to search for relationships between codes and developed clusters (Appendix M). I formed initial clusters, which then elicited initial themes and subthemes. In some cases, I rearranged codes and placed them in a different cluster where they appeared to fit more naturally. I was able to visualise the data better by drawing out mind maps of the initial clusters (Appendix N). During this phase I was able to work with the data in a more fluid manner, as I drew on my in-depth knowledge of the data (Braun & Clarke, 2021a). |
| *Phase 4: Developing and Reviewing themes* | At this stage, I explored the viability of the themes and sub themes by revisiting the data to see if they aligned with the original codes and reflected a meaningful story about the data in response to the research question (Braun & Clarke, 2021a). I held in mind the questions posed by Braun and Clarke (2021a) around whether there is real distinction between themes and if there is enough data that support this theme. By reviewing the themes against the original data, I removed themes that did not address the research question, despite being of interest. In line with the principles of critical realism, I chose not to conduct member checking with participants |

| | |
|---|---|
| | around initial themes, as this would assume a fixed objective truth, and I was conscious to not treat it like a verification exercise (Braun & Clarke, 2022). Instead, I engaged in reflective discussions with my supervisors and an EbE. This allowed me to refine themes further by sharing my interpretations and offered me new insight around the 'central organising concept' of themes, enhancing richness. These discussions allowed me to see which subthemes linked with which theme and highlighted the nuance in use of language for the themes or subthemes. Consultation with the EbE led to shifts in how able I felt to completely discard some theme names and reconstruct new meaning from the data, therefore helping me reshape my themes. This process was iterative across phase four and five. |
| *Phase 5: Refining, Defining and Naming themes* | The narrative of each theme and subtheme was refined at this stage. By choosing appropriate data excerpts here to support each theme (Braun & Clarke, 2021a), the essence of each theme became clearer, and therefore terminology for each theme evolved. I sought feedback from my supervisory team to ensure that the theme name captured the essence of the data. This phase resulted in the final analysis which is depicted in the final thematic map (appendix O) and subsequent chapter. |
| *Phase 6: Writing up Reflexive Thematic Analysis* | The final phase is writing up the analysis. This phase posed the challenge of encompassing the richness of data in a coherent and meaningful manner. However, I was reassured by the fact that "there is always more to be said about the data than a single analysis can capture" (Braun & Clarke, 2021a). Therefore, I relied on my reflexivity as a researcher to continue to analyse, interpret and refine themes during the writing process, abstain from paraphrasing extracts, and working to reflect the nuance within data (Braun & Clarke, 2022). I present the write-up of the data analysis in the next chapter. |

# Chapter 4. Results

## 4.1 Chapter Overview

This chapter presents the themes and subthemes that I have generated from the 12 participant interviews. Reflexive Thematic Analysis (RTA) is a reflexive and subjective process, whereby codes and themes do not emerge from data, rather they are actively developed from the researcher's subjective position (Braun & Clarke, 2022). Therefore, the results of this study are shaped by my interpretation, which would differ from themes generated by another researcher. I endeavour to keep the use of my self-reflexivity alive in this chapter through use of first person, allowing the reader to see how my position has shaped the themes and subthemes. This will be presented in textboxes throughout the chapter, to separate the reflections from the main body of results. The analysis reported below aims to answer the research questions outlined in Chapter 2:

To understand experiences of DClinPsy training on a Social Justice oriented course including perspectives on:

a) How do trainee Clinical Psychologist's relate to Social Justice?

b) What are trainees' experiences of how Social Justice embedded into the training curriculum?

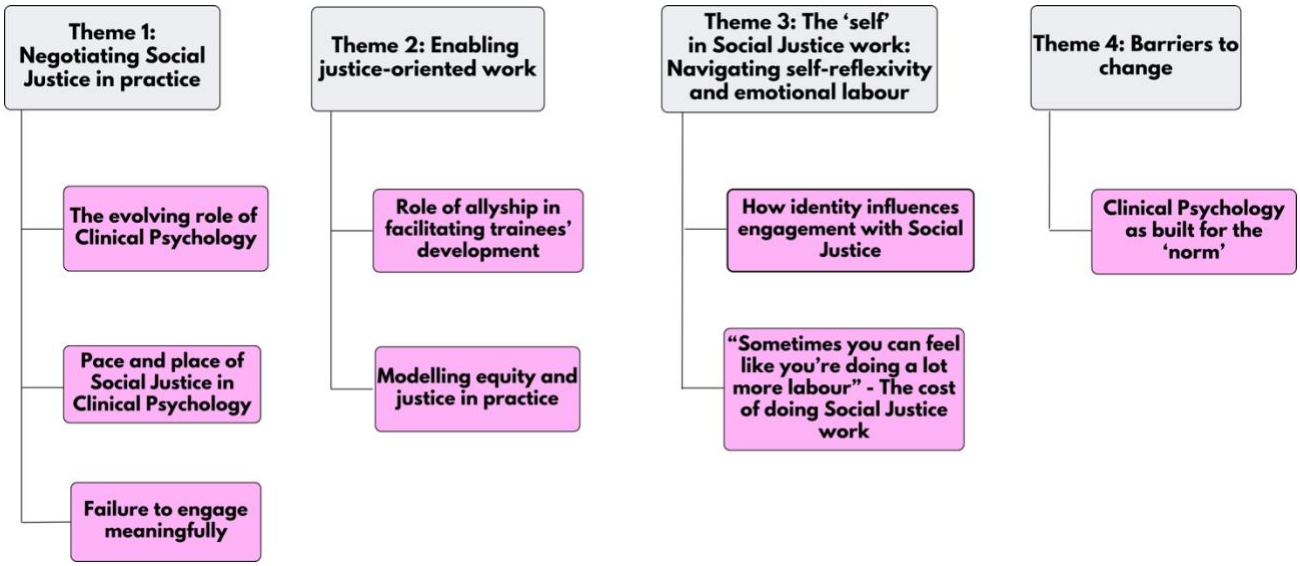
c) How do trainee Clinical Psychologists apply Social Justice ideas in practice?

d) What are barriers/improvements to implementation of Social Justice?

Four main themes were constructed with eight subsequent subthemes. These are represented in the thematic map below (Figure 5):

**Figure 5**

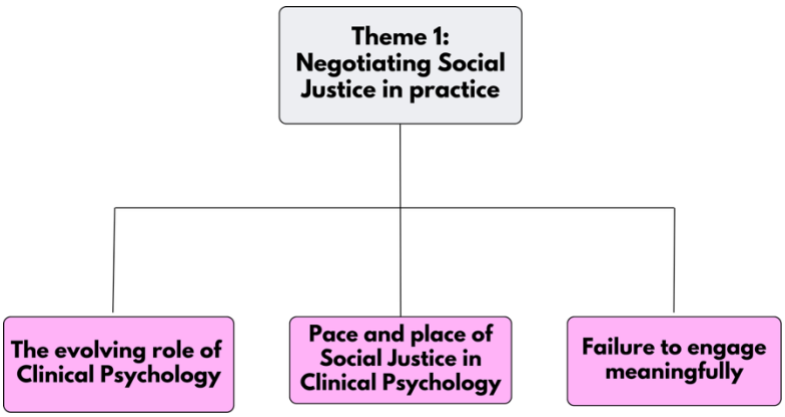
*Thematic map*




### 4. 2 Theme 1: Negotiating Social Justice in Practice

**Figure 6**

*Theme 1 and subthemes*




This theme explores how trainees conceptualised the integration of social justice (SJ) within training, highlighting a shift from the 'scientist-practitioner' model to a more

justice-oriented approach. It also considers how SJ is currently practiced, with some efforts seen as meaningful, while others are viewed as tokenistic or inauthentic.

### 4.2.1 Subtheme 1: The Evolving role of Clinical Psychology

All participants felt SJ was paramount to the role of a CP. Trainees reflected on how the role of a CP is evolving, beyond traditional, Eurocentric models and knowledges, to embrace socially just and alternative practices. All participants shared the sentiment of needing to address inequity within CP:

*"I think it's super important, it [SJ] should be the foundation of the profession. I believe that mental health difficulties stem from a lack of privilege in certain areas. When they're teaching clinical psychology principles, they should be basing those theories from the social justice lens, if you like." -Aisha*

Many participants discussed the idea that CP's hold inherent power, and to truly align with justice principles, it is imperative to decentre our power. Dayo shared an example from her clinical practice of what de-centring power may look like:

*"I co-facilitate a men's talking group where 95% of the people detained are Racialized. With my supervisor, I have been able to name the forms of discrimination they are going through and hear from them what their experiences are and kind of decentre ourselves and our power, actually giving the group permission to take up authority rather than us*

*leading and spearheading and holding power over them…they naturally take up those positions of leadership within the group now." -Dayo*

Several trainees shared the need to de-pathologise mental health difficulties (MH) and instead conceptualise them as a "*natural reaction to forms of oppression or social circumstances" (Soumaya).* Here Abi touches on the importance of understanding context, before pathologizing individuals:

*"I saw [in] an MDT a description of a man that had delusional beliefs about persecution, and thought, no, this is a Muslim man living in a small [coastal] town where he is being persecuted for the way he practises his religion, why are we pathologizing that?" – Abi*

Alongside Abi, others discussed the significance of cultural and socio-political context in the conceptualisation of MH and support, rendering the individualisation of problems as unhelpful.

*"If you don't have context and see people's identities in voids, then you don't have an understanding of how people can reach that point, then it feels quite meaningless how [we're] treating or helping people to feel better." –Aisha*

*"We can do a lovely little one-hour session about core beliefs and how their thoughts aren't rational about not being safe, but then they're going outside into this world that isn't safe for them, so we need to adapt our practise to that." –Kelly*

Here Kelly highlights the minimal utility of locating problems within individuals, when sources of distress continue to remain in one's context.

Building on this, many participants valued the ethos of Systemic Therapy and systemic teaching was particularly valued by all participants as it considers context, and is culturally responsive to *"different identities and groups" (Sasha)* which *"embeds really well" (Haley)* in SJ practice:

*"Some modalities are more minded towards social justice and recognising systems of oppression, for example systemic family therapy can be quite powerful and very minded around that." -Soumaya*

Further to this, many participants noted the relevance of advocacy and activism within the role of a CP. It was felt that psychologists are *"not just in the therapy room but advocate for them [clients] with their systems" (Soumaya).* There was curiosity around why CPs are not engaging in advocacy and activism more, and whether as psychologists *"should we be involved?" (Kelly).*

"*We could, if we wanted to, have real power to make change in terms of policy at that politics level and for some reason we don't think it's our role... we can collectively write to the government, create petitions or go to a protest at a weekend." -Abi*

Abi highlights ways to address social inequity at a socio-political level. However, some spoke to examples of advocacy on an individual level, by resisting rigid NHS discharge

criteria and offering additional consideration around engagement, for clients with neurodivergence. Some trainees were however discouraged from advocacy, which left trainees feeling stuck and helpless in their role:

*"She was really struggling and decided that she was going to kill herself - because she didn't feel like she belonged in society as a young black woman who was unemployed and homeless … I was trying to help her put in a housing application and was told in my team meeting this is not your remit or role, so you cannot do this." –Dayo*

Some participants drew on Community Psychology (ComPsy) principles when thinking about 'decentring power'. ComPsy is seen as *"a different way of working with communities who are historically ignored and oppressed" (Dayo).* They emphasised the need to make connections with communities and to be *"informed by what the need is" (Selina).* For some, there were limited opportunities to practice ComPsy through placements, but some sought out this way of working outside of the DClinPsy, *"linking in with grassroots charities" (Mahira).* Some participants were aware of the principles and felt they were important to CP; however, it was not embedded within teaching for many courses. Most participants valued alternative approaches to 'traditional' psychology and wished for more teaching on how to support diverse communities by working with ComPsy and liberation principles in mind, and implementing advocacy, and activism:

*"I'd really like to see more teaching about like writing to government or using our powerful positions to actually do something about injustices (…) inviting more community*

*psychologists who have set up community kitchens or community fridges(...) working at policy and system level." -Abi*

Overall, there was consensus that current practice in CP can be individualising, pathologizing and non-inclusive. Participants suggested that the role of a CP is evolving beyond these current practices, by incorporating alternative approaches informed by diverse knowledges. This could look like decentring power within interventions, working from a systemic lens, drawing on ComPsy principles, and engaging in activism and advocacy at wider socio-political levels.

### 4.2.2 Subtheme 2: Pace and place of Social Justice in Clinical Psychology

This subtheme reflects the current stage of SJ work within CP training according to participants. There was a sense that recent sociopolitical events led to increased pressure to *"embed social justice values" (Mahira):*

*"There have been attempts especially after the murder of George Floyd. We saw funding being given to universities to increase diversity and think more about social justice." - Soumaya*

This shift has translated into training courses in varying ways. Some trainees shared that their teaching encompassed consideration of discrimination and difference in a comprehensive manner, by attending to social graces, the study of power, whiteness and spirituality. Other participants stated that their programmes included ComPsy teaching

and participatory action research methods. Some courses have mandated engagement which was seen as helpful:

*"There's a cultural competence teaching block which is a pilot, it's really good" –Lenaa*

*"I'm on a course where I really value just how much this [SJ] comes into every single teaching session. It's absolutely shaping I think everybody in my cohort into somebody who cares about the wider political sphere, the wider social narratives. Yes, the individual models are useful but that stopped being my focus a long time ago." -Haley*

Whilst SJ thinking has been embedded broadly in some courses, attempts were seen *"as a very early step" (Selina)*. There was a prevailing sentiment that SJ consideration remained at an awareness level, with little action towards addressing inequity. Several participants spoke to feeling like *"the course themselves haven't quite figured out how to take action on things" (Selina)*, and felt dismay at the repeated stating of information on inequity, with little action to follow:

*"I don't think professors or lecturers know what to do with this stuff? We keep "noticing" this is happening in our region. But OK, what do we do now? How do we help the people that are most affected? We've got ridiculous amount of data about the way that inequalities impact mental health impact, ability to reach and engage with services, to engage in therapy. All that research has been done. What do you want us to do about all of that?" –Abi*

This discord has left some trainees feeling stuck, highlighting the lack of social action integrated within CP:

*"I experience it as simultaneously uplifting and galvanising and also gaslighting because we are told there is an alternative way and things don't have to be in the status quo for marginalised communities but when it comes to actually applying these principles and thinking outside of just the formulation there are still very limited ways for us to apply that in practise." –Dayo*

*"There's like working groups but it just takes so long for things to get from that stage to actually being implemented into practise." -Bella*

SJ work and thinking appeared to be concentrated in specific areas of the profession, such as learning disability services or teams with embedded systemic teams. Trainees described working in 'silos', highlighting the challenges of these ideas gaining broader traction across the field.

*"I find that the [course] trainees who've had this ethos embedded in them end up working in teams where that is the ethos. Loads that end up in perinatal or early intervention in psychosis it's almost that echo chamber thing again, like you go and find your people … you think I'm going to apply for a job with a supervisor that I know thinks the way I think, not going to work in a team being the only one singing from my hymn sheet." –Haley*

Several trainees also highlighted the influence of geographical location on where SJ work was more prevalent. Selina suggests that areas with more diversity such as major cities indicate a need for SJ thinking, which is lacking in rural areas:

*"When I used to work in [city] there was lot more of discussion around this kind of stuff, here we don't talk about some of this stuff it just doesn't feel like a priority" –Selina*

Whilst many courses have attempted to integrate SJ principles across their curriculums, trainees experienced a lack of application of these ideas. It was acknowledged that a *"lot of work that needs to be done in these institutions" (Soumaya)* and an acknowledgement of the slow, ongoing nature of this integration; *"In recent years it's becoming understood that it [SJ] should be a part of our profession, but I feel like we're still not getting there." (Grace).*

### 4.2.3 Subtheme 3: Failure to engage meaningfully

The presence of tokenistic, disjointed and inauthentic efforts towards SJ stood out throughout all interviews. All participants experienced the mention of difference and cultural identity as an add on within lectures, suggesting any attention to cultural differences felt like a tick-box exercise:

*"Whenever we talk about race, it's in a tokenistic way, like one slide about race and ethnicity and then [it's like] people don't have disabilities or it feels vacant, like a big vacuum on social context." -Aisha*

On rare occasions where discussion of difference and social graces felt authentic, it was typically reflected that the lecturer already *"enacted those values" (Mahira)* and consistently integrated this perspective into their teaching:

*"You could really notice the difference when someone was coming in with thoughtfulness, care and recognising where they're [position] compared to some of the other teaching where it was just bam bam bam" (Sasha)*

In some instances, there appeared to be an element of oppression Olympics when race was considered, whereby other marginalised aspects of identity were brought to the forefront. This suggests that it feels difficult to hold in mind all forms of oppression as valid. Aisha described her experience of addressing the race riots with her placement team:

*"We're trying to have conversations about the social environment and talk about it in a way that could be helpful for staff, but also clients and those conversations were shut down. Some people engaged in what about isms? Like, oh, if we talk about race, we never talk about these other things which felt very not now, can we just concentrate now." -Aisha*

Similarly, Kelly experienced working groups around race as irreverence to other forms of marginalisation:

*"Why is it just race and racism? Why is it not bigger and why is it not more stuff?*

*It feels like a tick-box that we sit in once every three months and talk specifically about race. Where's the group to go and talk about ableism?" -Kelly*

This moment brought up some discomfort for me as a racialised trainee, and I found myself questioning the intention behind her comment. I see race as deeply connected to other forms of marginalisation, so even when we try to address racial issues, it can still feel like we're falling short—because racism is far from being dismantled. I wasn't sure whether what she said felt harmful to me if she felt race was overly considered or whether she was actually trying to point out the superficial way social justice can sometimes be handled—more performative than real.

I also wanted to make sure she felt able to be open and honest, so while I was curious about her views and did want to clarify what she meant, I chose to keep the conversation going in a way that made space for her perspective without discrediting her. I've included this reflection because it highlights the complexity of navigating conversations about harm and intention—especially in settings where both clients and professionals carry different lived experiences.

Here, Kelly is alluding to the set-up of anti-oppressive working groups as performative, as she highlights the reduced frequency of some groups, and absence of other working groups for minorities.

Similarly, several participants noted a disconnect between the SJ values that courses, professional bodies, and institutions claim to uphold, and what is actually practiced. This often came across as virtue signalling—evident in the lack of representation within staff teams, inconsistent commitment to values, and a noticeable gap between the models being taught and supposedly 'diverse' ethos being promoted:

*"Just lack of representation and lack of critical consciousness among the leading bodies and institutions, such as the BPS. I don't think they are really putting in practice what they publish in their policies… as a course there have been issues around racism, transgender malpractice, misogyny, people overlooked for their impairments or disabilities. So it gives*

*me pause to hold a critical lens and hold them as a course team accountable for ways where they are not living up to principles that they promote." -Dayo*

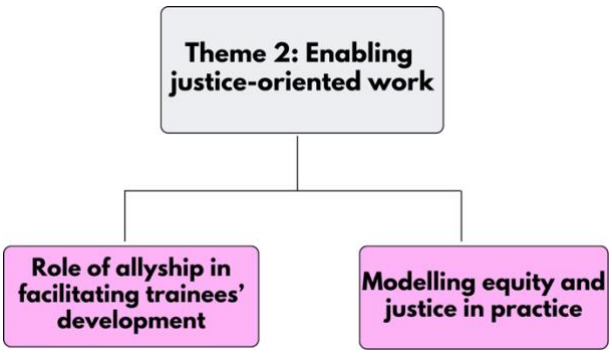
*"The importance of decolonising is that's really big at [course], but majority of the people who teach us are from Western European backgrounds, most of the theorists we learn about tend to be Western European theorists. I think because White is the standard, And I think sometimes they only think about diversity [lecturers] when it comes to a topic that calls for it." –Soumaya*

In summary, all participants reflected on the tokenistic nature of SJ consideration during training. There appeared to be inconsistency between the values that course promote and how they are practiced.

### 4.3 Theme 2: Enabling justice-oriented work

**Figure 7**

*Theme 2 and subthemes*



Participants reflected on the varying support they felt was available in helping to develop their thinking about SJ. Most highlighted the value of thinking about difference and identity within a group context while also emphasising the influential role of course teams and supervisors in modelling this thinking.

### 4.3.1 Subtheme 1: Role of allyship in facilitating trainees' development

Many participants spoke to the benefits of thinking about identity and difference in group spaces, as it enabled learning through peers and enhanced reflexive thinking. They also drew on support gained through acts of allyship from peers and course teams. Most reported the availability of group reflective spaces on their course, but the set-up of the varied. Some were optional trainee-led spaces while others were mandatory course-led spaces. All participants reported on the importance of attending such spaces as they provided collective support through shared commitment to SJ values.

*"What's really helpful is you also feel like you start to take risks[7], you start to feel more braver. For example, a conversation is happening about a client, you start to bring in, how is gender affecting this conversation? How is our collective thinking around trans issues around class affecting this discussion right now? I've experienced those groups as really helpful because over time feels less like a risk to take…more like embedded into your practise." -Haley*

[7] The mention of 'risk' here highlights the experiences of some participants who felt unequipped to think about identity and context with their clients or teams.

Many participants echoed the benefits of reflecting in groups with those who share similar lived experiences for example a *"a space for black women facilitated by a black woman (...) that's been really helpful" (Soumaya).* Such spaces increased safety and fostered connection, belonging and openness, which would otherwise be amiss in a mixed group.

*"It would make people of colour feel less isolated. [...] Psychology is a predominantly white profession so to have a space to have your feelings validated without anything else, when you are someone of colour and you are amongst white people you still have a level of awareness that you cannot say certain things and an affinity group reduces that barrier." -Grace*

In contrast, another participant experienced affinity groups as unhelpful. She spoke to how shared characteristics do not always enhance safety and connection in groups.

*"I feel like there was an assumption that everyone in the global majority would all get along fine, feel safe and wanted to be part of that space. But actually, there was so much fragmentation within that group itself it felt a bit forced." -Mahira*

Mahira expanded further explaining that her source of support in considering inequity and action in fact came from group spaces *"outside NHS and DClin" (Mahira),* implying an absence of solidarity amongst cohort peer or placement colleagues.

While some spoke to the support sought from affinity groups, others benefitted from a diverse reflective group as it enabled peer-learning.

*"I don't know a lot about social justice to be honest, but I want to know (...) I'd like it to be a space where it can be a bit more educational(...) Maybe it is on me to be seeking out this stuff, whether there are podcasts I should be listening to or blogs, to engage in the material a bit more." -Kelly*

I noticed the discomfort this idea of being educated in a group space brings up in me, as I am aware of the emotional labour that comes with educating others on lived experience. However, whilst I find it difficult to contend with, this person's experience highlights the varying stages people can be in, when moving towards SJ. Therefore, I felt it important to include as this could be others' experience of wanting to think about equity or difference but not knowing where to start.

It therefore begs the question of whether learning or thinking about difference is more useful in group spaces or individually, as contemplated by Kelly.

In addition to group spaces, several participants expressed solidarity emerging through collective enactments of allyship by peers or course teams. Here Soumaya speaks to the confidence she gained through peers, to name exclusion or discrimination of marginalised voices during lectures.

*"I've learned a lot from my cohort, if it wasn't for some colleagues who are real advocates for this and constantly every lecture calling it out(...) before I got so used to hearing someone else calling out all the time that eventually, before they even say anything, I'm noticing it too." -Soumaya*

Acts of allyship or advocacy from tutors or supervisors was a common source of support for participants who held marginalised identities. Below highlights how alleviating it is for those who are marginalised, from having to self-advocate.

*"I have a Disability and faced a lot of barriers in placements. Basic things like whether they have lifts(...) my tutor has been amazing at advocating speaking to supervisors saying no, that's not OK you should provide this. Going up and down the stairs and things or carrying a laptop around (...) she's been very able to say that I can't do that(...) And related [that] I've missed out on so many things in the course because of my body. I didn't even have to explain. She said, I wonder if this feels like this. I'm like, oh, my God, yes, yes, yes!" -Aisha*

While some trainees experienced the power of advocacy, this appeared absent for many others, whereby a lack of flexibility, allyship or adjustment left minoritised trainees feeling unsupported and like courses are *"not paying attention to what people need" (Sasha)*. Lack of support for trainees who required adjustments for disability, health conditions or neurodiversity was commonly shared.

***"****Even though they had the hybrid system set up, there was no flexibility. If it was set to be a face-to-face day. That's it. Like, if you can't attend, even though the online system was recording, you had to catch up later and that just disadvantaged so many people, like parents, people with disabilities, chronic pain(...) there's a difference between being off sick and recognising our fluctuating needs and capacities which we would recognise for the people that we work with(...) there just isn't the support or it just falls on deaf ears." -Bella*

*"If you stop online lectures you're going to disadvantage trainees battling chronic illness that are neurodiverse, that require them to have reasonable adjustments... it felt like you're not paying attention to what people need." (Sasha)*

This revealed a disconnect. While adjustments are encouraged for service users, similar support appeared lacking for trainees despite their differing needs. In addition to a lack of support from course teams, some participants voiced lack of allyship from peers.

*"What happens when someone receives a racial microaggression? nothing no one's writing any letters." (Aisha)*

Here Aisha was referencing acts of allyship by peers who filed a complaint against homophobic remarks made and compared it to a lack of allyship towards racist remarks, naming the inconsistency she found when it came to addressing harm.

Many participants shared personal accounts of feeling unsupported or harmed during training. Minoritised trainees reported lack of sensitivity towards their social identities. There was perceived lack of proactivity in addressing how racialised or disabled trainees would encounter discrimination or systemic disadvantage during training.

*"The course could have thought more about whether they were well resourced enough to increase co, but also the diversity of the cohort and what challenges might come up with that and planned better." (Mahira)*

Overall, participants drew on various sources of support and solidarity in garnering SJ values, including group reflection and acts of allyship from both peers and course staff.

Alongside this, many trainees expressed feeling unsupported by the course team, noting an absence of commitment to these values.

### 4.3.2 Subtheme 2: Modelling equity and justice in practice

Participants attributed responsibility towards course teams and Clinical Psychologists (CP), to take an active role in shaping SJ thinking in trainees through modelling. Many participants spoke to the learning that can come from observing their course team and supervisors embody SJ values. This appeared essential where perceived harm occurred amongst cohorts, and participants felt facilitators missed opportunities to address this.

Several participants shared a sense of needing permission to enact SJ values, which may speak to the novelty or rarity of SJ in practice. Trainees' wish to enact these values coincided with uncertainty around the parameters of their role.

*"I think hearing people in positions of power like lecturers and [course] directors say this is your role and absolutely within your job realm… it's that permission giving. It's hearing powers like the BPS and NHS say it's the role of a clinical psychologist to think about social detriments to health and actually go to meetings or lobby for change or for research to be pushing in that direction." -Abi*

Similarly, several trainees shared needing to observe how course teams would address matters of social injustice, particularly when it impacts clients or colleagues. Here Haley

speaks to needing permission to discuss the UK race riots at work and how to support affected colleagues.

*"I had a South Asian colleague and very little idea how to approach that with the team, and with her. Other than when we were literally at the desk asking how she was and how she was experiencing that. I think that needs to be mirrored by the course team's because that's who you're learning from at the end of the day (...) it's modelling what I would do in my clinical practise. In [said] time I'm going to be in a clinical team, there will be wider societal things going on that affect my colleagues, my clients." -Haley*

Conversely, Aisha shared an example of how observing her tutors advocacy, enabled her to enact her SJ values within research.

"*For my project, I wanted to go through the data set and see who accesses the service, who's offered treatment and who finishes treatment, reproducing a paper about denouncing that black people are least likely to be offered and finish treatment. But the service manager was like, there's no way you're going to do that. You need to do another project - the uni was like, no, no, no. She's going to do this project. So again, being lucky to have certain tutors. So I did that." -Aisha*

Trainees discussed the need for supervisors to broach identity within supervision. Participants felt unable to reflect on their identity and how this impacted their practice, with supervisors who didn't draw attention to identity and context. This was salient for participants who felt that their disability or race played a role in how they relate to clients

and colleagues. A lack of broaching around difference, was experienced as a hinderance for some trainees:

*"Is that going to be an elephant in the room? It would be helpful for trainees if that's been brought up by your supervisor (...) If you don't feel comfortable to bring up even aspects of your own identity and how that impacts your cultural practise I do question if your supervision is necessarily effective." (Lenaa)*

This exemplifies the importance of supervisors modelling their consideration of identity by proactively broaching. Equally, another trainee shared an example of how trainees might feel supported to broach identity or additional needs with their supervisor instead:

*"One thing that came out from the EDI working group is an accessibility, social graces passport we can take when we first meet our supervisor. It's meant to open conversation about different needs and what might be helpful. Not sure how it will go based on reactions I've had when I've spoken about things with supervisors, but I'm glad that it's being opened up." (Bella)*

| |
|---|
| This example brought up an awareness of power difference in supervisory relationships for me, which perhaps resonated with Bella who referred to unsupportive experiences with supervisors, therefore emphasising the significance of supervisors broaching first. |

Many participants felt an absence of scaffolding within cohort discussions surrounding difference and global context. A common dichotomy emerged whereby differing social positions held by trainees, impacted how they experienced such conversations. Trainees

with lived experience of marginalisation reflected on these conversations as painful or unsafe, and for those who may have held more privileged intersecting identities, there was a hesitancy or confusion about how to approach such discussions. This dichotomy necessitated modelling by staff:

*"Some people need modelling because they've never talked about this. Like a person from a specific background surrounded by specific people you don't even know how to talk about this. And that's absolutely fine(...) This is how we can talk about it. These are the prompts that you can start using for you to reflect on these things." -Aisha*

This emphasises the value of staff demonstrating awareness of the varying social positions trainees hold and subsequent difficulties that may emerge as a result.
While trainees acknowledged that ruptures would occur within such conversations, the importance of staff facilitating repair, was stressed.

*"The course would benefit from taking a restorative justice approach. So, where harm is done bringing those people together, having that conversation openly, not looking to blame and shame, but to understand what's happened here, what is the harm and how do we repair this." -Soumaya*

Where course support has been requested around relational ruptures, trainees have experienced responses as defensive and unhelpful:

*"Trying to kind of bring in ideas of professionalism and what our contract is, rather than actually delving into the wounds and difficulties and where are the ruptures and practising and modelling that rupture and repair process? Yeah, a lot of defensiveness" - Dayo*

Dayo emphasised the need for staff to model rupture and repair, but instead experienced staff as defensive, which left trainees unclear about how to manage ruptures.

Most participants discussed the importance of employing facilitators and lecturers that are aware of inequity and can respectfully attend to difference and model how to address perceived harm. This was absent in many participants experiences and therefore felt imperative that staff teams embodied values of equity and justice, to learn from them.

*"I felt like the facilitators could have done much, much better in picking up on the microaggressions and really unpacking what was going on... our facilitator was not prepared at all to think about that"-Mahira*
*"It's who you're employing to teach. If they're employing lecturers that are more critical and who practise social justice, we'd be churning out more compassionately competent psychologists." -Grace*

To address this issue one course is *"doing an audit of their training slides and they're asking them to go away and embed that more [inequity and SJ]" (Haley).*

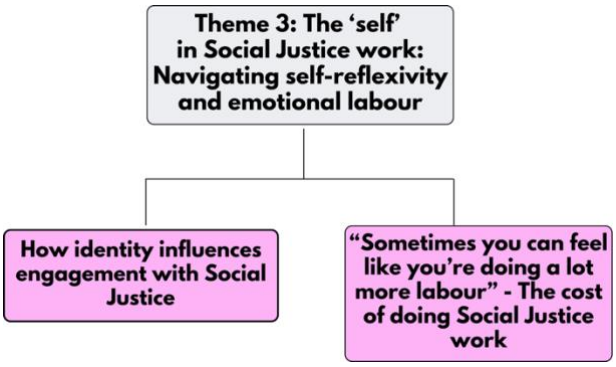
Overall, it felt vital for participants to observe their teaching staff and supervisors to model thinking around equity. It appeared this enabled trainees to feel more comfortable and contained, to draw attention to equity, difference and identity.

> As a trainee of colour myself, I have noticed the tension I have felt in writing this section, as I have reflected on many of the experiences of absence of support that have resonated with me, whilst also realising the constraints course teams may be under. At times I wondered what is playing out here by the need for staff to really scaffold this way of learning for trainees, whilst also thinking about whether this is something that can be taught or learnt and instead is an intrinsic motivation. This dilemma stuck with me writing this section and as I ensured to convey the participants experiences here.

### 4.4 Theme 3: The Self in Social Justice work: Navigating self-reflexivity and emotional labour

**Figure 8**

*Theme 3 and subthemes*




This theme explores how self-identity shapes the extent to which participants engage with SJ work and the personal impact of that engagement. Experiences of marginalisation, alignment of personal values and awareness of privilege appeared to

influence individual engagement. When there was self-alignment to SJ, trainees encountered personal costs, such as emotional labour and negative repercussions.

### 4.4.1 Subtheme 1: How identity influences engagement with SJ

All participants discussed how reflecting on social positioning and identity, in relation to power and privilege, is paramount to working in a culturally responsive and equitable manner. Many participants highlighted that to work with difference, there is a need to interrogate internal biases to prevent "*discriminative practice in a therapy room, with groups or teams" (Dayo)*.

Many acknowledged that holding a marginalised identity may intrinsically motivate aspiration for justice due to lived experience of inequity.

*"[If] you've been in a perceived power down position yourself in terms of your social graces and have experienced marginalisation in some way [you're more likely] to be fired up about things" (Kelly*)

*"When I feel the effect of that lack of support [around neurodiversity], I'm like, gosh, no wonder there aren't many neurodivergent or autistic psychologists and it pushes me because I'm like, no, some people have to get through the system to make a change." (Bella)*

Others also drew on SJ being at their *"core" (Grace)* due to experiencing disadvantage because of their race, ability and class. Below, Grace demonstrates SJ values by affirming her identity and resisting marginalising narratives that centre whiteness:

*"I'm hyper visible, I walk into a room the first thing you see is that I'm Black, so it's pointless to shy away from that. I'm always gonna draw attention to it because oftentimes we're conditioned to draw attention away from it. That's the polite thing to do when actually it's more detrimental." (Grace)*

While Grace spoke to needing to actively affirm her Black identity, Abi acknowledged the privilege that comes with activism or advocacy in SJ work as a White person, that is not afforded to racialised psychologists:

*"From my space of privilege, I can say, well, I can get work elsewhere. There's real privilege in being able to say I'm not going to let that scare me off of speaking up for what I think is right. I know friends that really would like to be able to speak up, but because they don't hold the same privileges that I do, they're scared they might be kicked off of a course or lose their job." -Abi*

In contrast, some participants reflected on how holding multiple privileged identities can influence the extent to which trainees engage with examining their own biases. Participants pointed out that certain environments or contexts may not require trainees to reflect on their privilege and therefore shield them from considering inequity. They also noted that confronting privilege can feel threatening, as it may be perceived as

risking the loss of comfort or status. Here Soumaya highlights how contending with privilege can be frightening for others, but important:

*"Fear is a big one. And comfort. It's inconvenient to fight social injustice. I have a privilege here and I'm going to give it up because it's unfairly given to me, it's inconvenient. It's uncomfortable. And to face those hard truths about oneself can be very uncomfortable. But it's so necessary." (Soumaya)*

Here Haley noted the discomfort that comes with deconstructing her own privilege and her journey in recognising the importance of doing so:

*"As a white person, I experience conversations about race very differently than I did four years ago [...]you come into conversations from a position of defence... people say they don't, but I mean you do, you come into conversations around difference from a position of, I know "I've done my work" and I think the work in itself is breaking that down is like where does that come from? Why have I reacted like that? Why have I thought like that?" (Haley)*

Many participants shared their perspective on why motivation towards SJ work and responses to talking about difference may vary. Some felt that SJ work is a choice, because it comes down to *"whether you care or not" (Grace)* and *"it is essentially a value that people either hold or don't hold" (Mahira)*. Here Bella highlights how one's proximity to privilege or disadvantage, impacts commitment to issues of injustice:

*"There's definitely people in the cohort that will speak up about these issues more and some people who have said nothing, probably because it just doesn't affect them." (Bella)*

A few participants discussed how not all trainees have *"subscribed" (Dayo)* to deconstructing their biases or engaging with SJ thinking during training, therefore reflecting on identity feels novel, different or uncomfortable.

*"For people who don't recognise the importance of social justice in our work, it can be really grating to constantly talk about race and it's importance. [They] didn't come here to necessarily learn this, or to do the work because it is personal work, so asking people to uproot their identities in the way they view themselves, to face ways in which they might have harmed people by enacting Whiteness, is not what they signed up for." (Soumaya)*

*"Not everybody who has applied to this course, with it's social justice ethos, will actually align with that ethos. People are on different levels of the journey of deconstructing their biases, privileges and marginalised identities, will have different reactions." (Dayo)*

Others too reflected on their journeys of deconstructing biases, and for some this began *"prior to the doctorate" (Aisha),* which may have prepared them for consideration of SJ during training:

*"I won't have been aware of racial differences as a white person at 10, like my peers of colour, but it's been a part of my journey prior to the doctorate. I suppose the hat I had on coming into training was one that I picked up much later in my journey." (Haley)*

Overall, the process of interrogating biases and reflecting on one's identity appeared to be a personal and variable journey. For some, experiences of marginalisation brought an early awareness of inequity, while for others, privilege may have buffered this recognition. Engaging with one's power and privilege appeared to be an ongoing, evolving process that requires conscious effort.

### 4.4.2 Subtheme 2: "Sometimes you can feel like you're doing a lot more labour" - The cost of doing Social Justice work

While many participants were dedicated to SJ, this came at a cost. They felt burdened with the responsibility and emotional labour of enacting SJ principles. This sat uncomfortably with most participants who had experienced marginalisation, as they were conflicted by the need for SJ, alongside feeling that if they "*don't do the work, then who will" (Soumaya).* Others experienced moral injury from not being able to enact such values due to systemic constraints, leaving them feeling unfulfilled in their role.

Trainees have been responded to negatively for their outward commitment to equity and considered *"too radical" (Aisha)* for raising discussion around inequity. Here Haley and Soumaya share the negative responses they've encountered, suggesting the opposition that may come with working in this way:

*"I wear a rainbow lanyard to work, and patients experience me as being too on the political spectrum, seen as [using] this 'snowflake' language. And I think that's a barrier*

*because how you're perceived then almost puts a block for people to it to engage in reflective conversation in therapy about it." -Haley*

*"Sometimes it can be seen in a negative light... [we're] these kind of 'social justice warriors' and your job is to be a psychologist, not to be a political activist, but the personal is political and so is mental health." -Soumaya*

Not only did participants experience opposition, but they also discussed the fear of addressing injustice, as they shared examples of serious repercussions psychologists experienced, such as *"getting fired from their jobs" (Mahira)* or disciplinary action for a *"bake sale to raise money for Gaza" (Abi)*. For many the fear of repercussions in addressing social issues, left them feeling torn and constrained in their social action:

***"****Actually, we need our job security, and we need to pay the bills, you know, that might necessitate that we actually just stick to the status quo and don't challenge too much." -Dayo*

All participants spoke to the genocide occurring in Palestine. They spoke about the importance of talking about it amongst colleagues, setting up action-oriented spaces or even spaces for reflection and mourning. And yet there was a palpable sense of fear in talking about this – a fear I too have experienced during my training. Fear that words or intentions may be mistaken.

I am of the belief that we should be able to discuss global injustice and be able to have nuanced and respectful discussions, because if we as psychologists cannot, who will be better placed? I hold the belief that psychologists as practitioners concerned with human wellbeing should be equipped to engage in nuanced, respectful conversations about global injustice. Yet, it feels like profession discourages 'political' expression. From where I stand, naming violations of human rights is not political — it is ethical and human.

Thus, while I write this with a degree of apprehension, I feel a strong responsibility to reflect my participants' insights. If this resonates with the reader, or provokes discomfort, I hope it underscores how vital these conversations felt to both my participants and to me.

In a similar vein, some participants shared that naming inequity at work felt conflicting, due to fear of being perceived negatively, or stereotyped. Below participants shared fear of being stereotyped for naming racial inequities as trainees from racialised backgrounds:

*"I'm just very conscious of my own identity, bringing it up in a bigger cohort you always have that fear of how am I going to be perceived? There's this fear that you, well I don't want to be that person that makes everything about my identity. You know, for example, pulling the race card or, oh, why haven't you thought about this or that. I just don't want to be that person that makes everything about my identity." -Lenaa*

***"**I think it's because it's not done as much. It's just uncomfortable and you don't want to be the person who is making my colleagues who I'm desperate to kind of get on with, uncomfortable." -Selina*

For some this fear resulted in an internal deliberation of the benefits or drawbacks of speaking up. It cost participants the ability to name racial disparity openly, and instead limited free expression of their values:

*"They didn't view it as racist, no one else did and I felt very uncomfortable. I need to address this, but it's my first day and I don't want to be that person. I'm very mindful that I'm a black woman, and so it's not always well received, so you have to be tactical about things." -Soumaya*

*"You have to read the room, what's going to be received and where do I just hold my breath and be like, oh, I don't know if that's going to sit well." (Mahira)*

In addition to fearing repercussions, trainees felt that *"carrying the weight" (Abi)* of considering injustice and inequity fell on the shoulders of marginalised trainees. Many shared the feeling like they're *"doing a lot more labour" (Soumaya)* and taking personal risks by *"sharing their lived experienced to educate the rest of us" (Abi)*. Grace shared how highlighting culturally insensitive practice to her supervisor, resulted in her being ask to work on addressing this:

*"Would you like to come in and do the work with that? I'm like, yeah, I do, but again, it will always take a person of colour to come in and be like, let's do this. When it shouldn't really, because then the burden is on us. Coming into a predominantly white field and knowing what my interests are, I knew that I'd have to be that person. But doesn't make it less exhausting." (Grace)*

Several other trainees identified areas where inclusion was lacking and found themselves expected to take on the responsibility of delivering training on topics such as race or neurodivergence. While some expressed desire to resist such expectation, there was a prevailing sense that if they did not do the work, nobody else would.

For many this responsibility felt exhausting resulting in physical tension or even *"trauma responses of freezing up" (Abi).* They spoke about resisting this responsibility to preserve their energy:

*"My job is not to be a testing bunny for this person to learn how to have conversations about race in a way that's going to harm me and there's no support for me (... )as someone from an oppressed background compared to peers, they're able to use their psychic energy on just work where you have to use it on work, as well as navigating microaggressions, educating people on oppression and your lived experiences, it can be tiresome." (Soumaya)*

This assumed responsibility also emerged in how trainees perceived the burden of initiating and driving SJ efforts as falling primarily on them. Trainees spoke of *"taking the reins" (Selina)* to set up peer led spaces, social action groups for trans communities or in addressing perceived harm by *"calling out microaggressions when supervisors wouldn't" (Aisha).*

*"It's us reaching out to them to bring an issue or raise the topic and them not reaching out to us." (Sasha)*

Sasha highlights a recurring feeling among trainees where push for social action, drawing explicit attention to these issues, was often initiated by them, without encouragement or backing from their supervisors or course staff.

Moreover, participants reflected on the difficulties of wanting to embody SJ values but having to forego these to endorse how systems currently offer support. This dichotomy left several trainees in a state of moral injury as they often felt in conflict with values of SJ:

*"We see the individual at the receiving end and we're just sticking a plaster over the problem. It feels really rotten to give someone like emotional coping skills, to me it feels like medical gas lighting. Sometimes you have to speak the language of the system to get change, which can feel like you're betraying yourself and what you believe in. I keep coming back to that quote about you can never dismantle the masters house with the master's tools, and sometimes I'm worried that's what I'm trying to do within this system because those are the only tools in my imagination." (Abi)*

This highlights the emotional toll of attempting to uphold one's own SJ values, whilst operating in a system that doesn't help facilitate this.

This subtheme captures the tension trainees face between upholding SJ values and protecting their wellbeing within unaligned systems. Marginalised trainees often felt they carried the burden of initiating and sustaining SJ efforts alone, facing resistance, stereotyping, and professional consequences. The emotional toll of being a minority

voice led to a cycle of determination and exhaustion, contributing to a sense of moral injury.

As I wrote this section, I became acutely aware that racial marginalisation was central to many participants' narratives and therefore what is represented here. Several participants spoke about racial marginalisation through the lens of personal lived experience. Interestingly, some White participants also reflected on it in relation to the emotional labour they observed others enduring. This made me wonder whether my own racialised presence as a researcher may have influenced this focus—perhaps shaping what participants felt able or inclined to share.

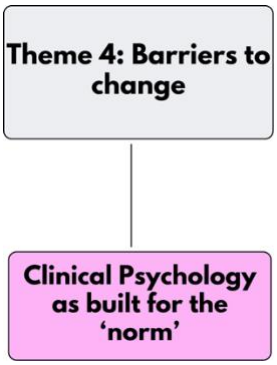
While reviewing interviews and demographic data, I noted that several participants also disclosed disabilities, health conditions, neurodiversity and diversity of sexual orientation. I wondered whether these aspects of identity might have intersected with race, and whether racial marginalisation emerged as most salient because it felt most pressing, or because my visible presence made it feel safer to discuss race over other forms of marginalisation.

During interviews, I often felt conflicted if I should gently raise aspects of identity that had not been explicitly discussed, even if they weren't visible? Or would doing so risk overstepping, possibly touching on something participants were not ready to explore? As a result, while this subtheme focuses heavily on racial marginalisation, I remain mindful that other, less visible dimensions of identity and marginalisation may have remained unspoken.

### 4.5 Theme 4: Barriers to change

**Figure 9**

*Theme 4 and subtheme*




This theme encompasses the challenges trainees faced in enacting their SJ values due to systemic barriers. These barriers were rooted in the cultural inertia of both training programmes and the NHS settings trainees were working in.

Several trainees noted resistance to changes such as more flexible service access criteria:

*"People who are neurodivergent or whose backgrounds are really chaotic, the main thing is how quick we are to cut off service access for those people. It's one thing to access the service, but it might be harder for some to maintain engagement and with the waiting list and demand, service policies aren't very forgiving, So people just cut off and don't attend."-Bella*

A great sense of hopelessness emerged during interviews where participants felt *"these systems have been in place for decades, and it's difficult to dismantle"* (Grace). However, this meant for Grace that although *"it's been so rigid for so long, any change at this point is good?",* highlighting some hope in micro changes.

Many participants encountered rigidity in hierarchical structures, which limited openness to more equitable approaches within services. Professionals who were positioned with power, impacted trainees' sense of autonomy and comfort to challenge harmful or exclusionary practices on placements:

*"[With] director or managers, you get this; Oh, it's nice that you think that way, but it's not really going to happen, or you get that like God, you're so perpetual and keep this idea that it's aggressive to demand better."-Abi*

*"I found it really difficult to challenge a colleague in the room who's more senior than you. The culture of the team was we can't challenge him [psychiatrist], he would say the most outrageous things and my supervisor would look at me like do not say anything because he would kick off and make your life hell." -Sasha*

Participants also felt the rigidity of services affected freedom of time and space to enact values:

*"I hope to carve out [time in] my role to be advocating on a wider, policy level, networking across wider spheres. But I haven't quite got the time or the luxury for that in my band 7 role, it's just about getting on with seeing a lot of the patients." -Selina*

Selina highlights the constraints of time and service pressures, as a barrier to address inequity on a macro level. This signifies the sentiment of other participants, who felt a capitalist agenda within the NHS shaped their job expectations and limited their creativity.

Training programmes were also viewed as constrained by funding bodies and institutional ties, limiting their autonomy to adopt more justice-aligned practices.

*"How would a university that's embedded within often oppressive and discriminatory systems then operate outside of that? In that, like proper social justice: a university is an institution within a system, so they also have to toe the line. So having an intention and then being able to enact that is quite tricky."- Mahira*

Furthermore, most participants felt course ethos' and NHS services were not aligned in their SJ values, creating dissonance in practice for trainees:

*"I notice I get stuck by the barriers, I want to be able to do this radical option but because of the way I've been trained and where I've been working, I just go, oh, but we couldn't quite do that and this system stopped us from doing that." – Abi*

*"When we step out of course room, into the NHS, the course team doesn't always have power to actually influence what happens in those clinical teams."- Dayo*

While Dayo highlights the little influence training programmes have in NHS services, Soumaya felt that courses could prepare services to be aware of SJ principles:

*"The course could maybe do a better job of spreading that ideology and having placements in line with or aware of the [uni's SJ] way of doing things so you're not coming up against a brick wall trying to put into practise. It's completely alien but I feel the placements we go on, are not receptive to that or able to engage in those conversations." - Soumaya*

#### 4.5.1 Subtheme 1: Clinical Psychology as built for the 'norm'

All participants described how CP and its training is structured to serve the 'norm,' which hinders progress toward more equitable practice. The 'norm' was considered as white, middle-class, heterosexual, cisgender, neurotypical, and able-bodied individuals. Those

who fall outside this norm were seen as excluded. Participants noted that CP's 'neutral' and 'apolitical' stance remains a harmful barrier to addressing inequities.

Participants shared how training has focussed on Western, Eurocentric theories that are centred on individualistic cultures. These left trainees feeling limited in their practice as they were not able to practice alternative models:

*"That's part of white supremacy culture. This sort of removal, stepping back and not really kind of getting involved, it's quite individualist, not very collective." -Grace*

*"With CBT teaching specifically, the focus has been on the assumption that you are working with that white middle class person. Rarely, there's recognition of how this might work with different groups of people who have different needs.*
*CBT generally hasn't thought about diversity, equity, human rights or non-discriminatory practise."–Sasha*

Many participants highlighted the exclusion of marginalised identities from lecture content:

*"What is that like to think about the experiences of trans men that breastfeed? The subsection of the lecture was about breastfeeding and that was not even considered. So yeah, it's all very normative."- Aisha*

*"The amount of times in lectures that we've had to put our hands up and say, well, how would this apply to someone who's got neurodivergence or dementia, we're constantly*

*having to ask these questions, not everyone is like this [shows straight body], and that's frustrating." -Kelly*

Most participants felt that the profession lacked representation, which affected both marginalised psychologists who feel they do not belong to CP, as well as service users:

*"As a professional, how do you feel when an MDT is very different to you or you're working in a certain area of the country where you're very different to those clients? (...) we are moving to work with such diverse populations, but there are still some marginalised groups who still have stigma and feel like psychology is not accessible because the profession is not visibly diverse." –Lenaa*

*"It was a predominantly white course and we had an influx of people from racial backgrounds. And were they really set up for that because the placements were quite white in racial demographic, but also white thinking, you know, not ready to hear the ideas and the experiences of people from global majority backgrounds." -Mahira*

Several participants shared feeling marginalised groups are disadvantaged at every step of the professional career.

*"It starts even before training, what is the route into training and how might people be disadvantaged from the very beginning? And then once people get there, how might they be disadvantaged by the fact that this was never built for them?" -Soumaya*

Furthermore, most participants described how CP's emphasis on neutrality and apoliticism acted as a barrier to social change. Many felt the profession silenced their efforts to advocate against injustice, and that avoiding political engagement contributed to the individualisation of problems faced by marginalised groups.

*"To what's happening in Palestine it was a really interesting conversation because the course team were like we're with you, we would like to express support however the university has taken a particular position that we have to follow, so we have to actually not say anything and maintain a position of neutrality. All the trainees were like there is no such thing as neutrality. Because you're still taking on a certain position." –Sasha*

Like Sasha, many felt that neutrality was not possible and that trainees should be encouraged to *"take a stance while still maintain professionalism" (Selina)*.

Several participants saw the professions neutrality as a barrier to attaining harmed communities' trust due to its historical roots in colonialism, eugenics and torture. They felt strongly about the need for CP to acknowledge this and remain critical of itself to advocate for systemic change and healing.

*"I find it so frustrating that our field expects people to suddenly trust us because we're better than we were before. There are communities that know psychology as completely intertwined with barbaric research practises, asylums locking people up, taking away liberty and I don't think we've done enough to take accountability for that. We just hope that people trust us from here on out even though we have the same systems we've been*

*built on that foundation. (…) We keep being told like the therapeutic relationships, the most important part of therapy, but to me, neutrality is such a barrier to a therapeutic relationship" -Abi*

Overall, this theme emphasises the cultural inertia within institutions linked to training programmes as a systemic barrier to social change. Institutional bias against marginalised groups hinders trainees from putting their SJ values into practice. CP's stance of neutrality and apoliticism further impedes efforts to address the root causes of distress and support marginalised groups.

# Chapter 5. Discussion

## 5.1 Chapter overview

This chapter begins by summarising the main findings in relation to the research questions restated below. The findings are then discussed in the context of existing literature, followed by a critical appraisal of the research, including its strengths and limitations. I then explore the implications for clinical practice, outline directions for future research, and detail dissemination plans. The chapter concludes with a summary of the research and my final reflections on the research process.

**Research questions:**

To understand experiences of DClinPsy training on a SJ oriented course including perspectives on:

a) How do trainee/qualified CPs relate to SJ?

b) What are trainees' experiences of how SJ is/was embedded into their training curriculum?

c)How do trainee/qualified CPs apply SJ ideas in practice?

d)What are barriers/improvements to implementation of SJ?

## 5.2 Summary of findings

The analysis presented four themes summarising participants perspectives. The first theme, *'Negotiating Social Justice in Practice'*, addressed how participants related to social justice (SJ) expressing strong alignment with SJ values and a desire for meaningful integration within Clinical Psychology (CP). It also addressed how SJ was embedded into training, with trainees describing this as largely superficial and limited to awareness-level

content, lacking concrete action. Participants noted that SJ efforts were often patchy, and service specific. Some participants described tokenistic engagement with anti-oppressive practice, where peers positioned marginalised identities within a hierarchy. Initiatives around diversity, including working groups and decolonising agendas, were frequently viewed as performative without structural change (e.g., diverse staffing). The theme also addressed how trainees apply SJ ideas in practice. Many critiqued Eurocentric and individualistic models of distress, advocating instead for approaches that acknowledge broader social contexts and decentre power within CP. Trainees saw their role as extending beyond therapy to include activism and advocacy, though were often discouraged from this. They called for more teaching on Community Psychology (ComPsy) and social action, including policy influence. Overall, trainees perceived a disconnect between the values courses promoted and the reality of their implementation.

Theme two *'Enabling Justice-Oriented Work'* addressed how SJ was embedded in training through peer reflective spaces which were seen as valuable. Some preferred affinity groups for psychological safety, while others valued diverse groups for broader learning. The theme also addressed potential improvements to SJ implementation, highlighting the importance of trainee support. Participants emphasised the role of course teams in modelling SJ values, advocating for trainees' needs in placement settings, and encouraging critical engagement with dominant narratives. However, this support was experienced inconsistently, particularly by minoritised trainees, who described staff as defensive or unresponsive when harm occurred. To strengthen implementation,

participants called for course teams to model rupture and repair and for supervisors to actively broach identity in supervision.

Theme three, *'The Self in Social Justice Work: Navigating Self-Reflexivity and Emotional Labour'*, addressed how participants related to SJ by reflecting on their own power and privilege and how this shaped their clinical practice and strengthened therapeutic relationships. For some, alignment with SJ values developed during training, while many minoritised trainees described a deep, pre-existing commitment rooted in lived experience. The theme also highlighted barriers to implementation, particularly for minoritised trainees who were often positioned as solely responsible for addressing injustice. Enacting SJ was sometimes met with resistance or viewed negatively, with some participants fearing professional consequences for speaking out. Concerns about being stereotyped also limited their ability to fully embody SJ values in practice.

The final theme, *"Barriers to Change"*, captured the systemic obstacles faced in enacting SJ values, addressing barriers to implementation. While trainees were motivated to introduce socially inclusive practices, they encountered rigid, exclusionary systems resistant to change. Key barriers included limited time and resources, hierarchical structures, and lack of autonomy; particularly in NHS settings which were largely perceived as misaligned with the SJ values taught in training. Participants described the training environment as centred on white, middle-class, heteronormative, cisnormative, neurotypical, and able-bodied norms. The perceived neutrality and apolitical stance of CP further hindered change. Curriculum content reflecting dominant norms left trainees feeling unprepared to serve diverse communities, and the lack of diversity within the

profession reinforced this. Some also pointed to CP's historical roots in eugenics and torture as a fundamental barrier to transformation

### 5.3 Links with existing literature

#### 5.3.1 Theme 1: Negotiating Social Justice in Practice

All participants expressed a strong desire for greater SJ integration in CP training, including moving beyond individual-level interventions, de-pathologising distress, and incorporating non-Eurocentric models. These calls align with existing literature advocating for multicultural teaching, focus on oppressive structures, and approaches from the Global South (Ahsan, 2022; Afuape, 2016; Charura, 2025; Rajan & Shaw, 2008). CP has been critiqued for its focus on empowering individuals to make change intra-psychically, often disregarding the power of broader structures (Hagan & Smail, 1997). Theoretical frameworks such as 'power-mapping' (Hagan & Smail, 1997) can support clinicians in moving beyond proximal influences to explore the distal operations of power, such as politics and culture with their clients.

Participants also described wanting to engage in activism and advocacy but often felt this was seen as outside the CP role. This mirrors Browne et al. (2020), the only UK study on CPs' macro-level involvement in policy work, which found such work was driven by personal motivation rather than professional support. Nadal (2017) also noted the lack of training on policy and advocacy, suggesting a lack of explicit assertion for this in CP. However, calls for activism and advocacy are not new. Patel (2003), for example, urged CPs to engage in social action by writing letters or challenging policies, reflecting many

of the concerns and intentions expressed by participants in this study. However, given that much of the SJ literature remains theoretical (Hage & Kenny, 2009; Nilsson & Schmidt, 2005), participants' uncertainty around macro-level work is unsurprising. A review by Caputo et al. (2020) found limited alignment between ComPsy principles and CP practice, echoing participants' reports of minimal ComPsy exposure during training. This is possibly due to ComPsy being more suited to community-based roles (Thompson et al., 2022), while DClinPsy training remains heavily focused on individual client work.

Participants viewed SJ inclusion in training as novel, describing a slow and shallow pace of integration. The limited literature on SJ within CP training may reflect how emerging this work is, supporting participants' perceptions of its superficial incorporation. Participant accounts of training remaining at an awareness level, with little meaningful application, are echoed by prior research highlighting a gap between SJ rhetoric and meaningful action (Winter & Hanley, 2015). Similarly, previous studies have noted that despite strong interest, there is often limited commitment to SJ in applied settings (Baluch et al., 2004; Winter & Hanley, 2015). In contrast, SJ has been more extensively explored within Counselling Psychology, which has a longstanding foundation in engaging with multiculturalism, human rights and social context (Goodman et al., 2004; Tribe & Charura, 2023). This contrast raises the question of whether CP's historical foundations may be hindering its progress in this area.

As in this study, several SLR papers reported tokenistic engagement with cultural identity, often reduced to an afterthought or insincere mention of minoritised groups (MacIntyre-Harrison, 2023; Odusanya et al., 2017; Shetra, 2024). Such displays suggest equity work can become performative, driven by 'fashionable' focus rather than genuine

commitment. This is echoed by Patel's (2023) critique that efforts can operate under the guise of SJ, while failing to examine power or engage in genuine critical reflection. Participants also highlighted a lack of diversity among teaching staff which felt dissonant with course values, a finding attested to in previous research (Butler, 2004; MacIntyre-Harrison, 2023; Paulraj, 2016). It is contestable however that representation alone equates to equity, as mere representation ignores the experiences of working within a prejudicial system as a minoritised individual (Patel, 2023; Saini, 2023). Some participants also observed peers raising the oppression of one group in response to discussions about another, reflecting what is described as the 'Oppression Olympics'(Hancock, 2011). This response implies a lack of intersectional awareness (Nash, 2012).

### 5.3.2 Theme 2: Enabling justice-oriented work

The value of affinity groups was emphasised by many participants, particularly in fostering connection and a sense of belonging. Some participants however, preferred diverse group spaces, as it enabled deeper peer learning. These varied perspectives are echoed in Baig's (2024) study, which found that affinity spaces could strengthen connection and encourage allyship, but also prompted discomfort among trainees due to feelings of mistrust and disconnection between groups. Mixed spaces also produced nuanced responses of blame or harm, suggesting the importance of locating systems like patriarchy and whiteness outside of individuals. Doing so may support what Ahsan (2022) describes as generative conflict and help create reflective spaces where care and healing can take place.

Acts of allyship were experienced positively by minoritised participants, who felt genuinely supported by peers and training staff. Given CPs longstanding role in perpetuating the oppression of marginalised groups (Scholz et al., 2021), allyship and the redistribution of power are central to advancing SJ in training contexts. Both the findings from the SLR and participant accounts highlighted how the absence of allyship left trainees feeling unsupported. Participants reflected on how supportive it felt when supervisors broached their identity, which was also highlighted by studies in the SLR (Falcon, 2022; Shah et al., 2012; Shetra, 2024). Therefore, allyship behaviours, such as speaking out against injustices or challenging microaggressions (Kossek et al., 2024), are crucial to meaningful SJ advocacy within training environments. Allyship involves recognising one's social advantage and power (Washington & Evans, 1991). Since training staff are perceived to hold more power than trainees, it is unsurprising that participants described feeling more empowered to engage in SJ work when staff actively modelled such behaviours. Similarly, participants emphasised a need for staff to address relational ruptures through restorative justice approaches, highlighting the critical role staff play in supporting trainees' development. The theoretical model underpinning the Social Change Ecosystem Map (Iyer, 2022) emphasises that SJ work is most sustainable when rooted in collective action and solidarity. Course teams can use this framework to reflect on their roles and assess whether their actions align with their core values. Doing so can strengthen authentic allyship and solidarity with trainees: key needs identified by participants. This aligns with literature showing that trainers who engage in self-reflection around their positionality can better shape trainee learning on anti-racist practice (Pieterse, 2009; Winter & Charura, 2023). Baig (2024) also found that

trainees felt better supported when staff explicitly modelled anti-racism, reinforcing the importance of staff-led engagement in SJ.

### 5.3.3 Theme 3: The Self in Social Justice work: Navigating self-reflexivity and emotional labour

Participants emphasised the importance of reflecting on their social positioning to promote equity and cultural responsiveness. This aligns with previous research showing that awareness of one's privileged or marginalised identities often shapes engagement with specific SJ issues (Ginwright & James, 2002; Guerrero et al., 2021), reinforcing the deep connection between identity and social inequality. Freire's (1972) theoretical framework of critical consciousness supports this, arguing that developing an awareness of social structures and power dynamics that perpetuate inequity, is a necessary precursor to social action. Many participants shared how their own experiences of marginalisation motivated them to embed SJ in their practice. Research has also highlighted the relevance of intersectionality awareness in driving SJ action; a theory conceptualised by Crenshaw (2017) to explain how overlapping social identities shape experiences of systemic oppression. This was not widely discussed in the current study but discussed in the literature, for instance, undocumented LGBTQ+ youth described engaging in SJ through intersecting struggles for immigrant and queer rights (Asakura, 2017). Conversely, for white students, feelings of guilt and awareness of privilege were powerful motivators for action (Howard, 2011), a theme also reflected by participants in this study. However, connecting to privilege can either foster accountability or provoke discomfort and fragility, which may limit responsibility and engagement with anti-oppressive work (Coleman et al., 2020; DiAngelo, 2018).

Participants spoke to witnessing defensiveness in peers, particularly among those who had not intentionally chosen training programmes with a strong SJ ethos. Therefore, the need to reflect on positionality is paramount (Ahsan, 2020; Charura, 2025; DiAngelo, 2018; Patel, 2003). The 'Wheel of Privilege' is a valuable framework for increasing awareness of how social identities influence a clinicians' proximity to societal power, by highlighting positions of privilege or marginalisation (Duckworth, 2020). While much of the literature focuses on challenging whiteness, it is essential to situate these findings within the broader context of intersecting systems of oppression. Whiteness does not operate in isolation but is deeply intertwined with structures such as patriarchy, capitalism, ableism, and heteronormativity (Ahsan, 2022; Lorde, 1984).

Most studies in the SLR reported the emotional burden associated with advocating for SJ (Falcon, 2022; Goodbody & Burns, 2010; Isaac, 2023; MacIntyre-Harrison, 2023; Odusanya et al., 2017; Paulraj, 2016; Rajan & Shaw, 2008; Shah et al., 2012; Shetra, 2024). Similarly, participants in this study discussed the emotional weight of SJ work, carried by marginalised trainees during training. While this burden is well-documented (Liu et al., 2023), there is little evidence to suggest responsibility is meaningfully shared by peers.

The literature also shows that levels of activism are often associated with the extent to which individuals face marginalisation. For example, low-risk activism, such as displaying a poster or challenging microaggressions is more common among marginalised individuals who fear repercussions, while individuals with more privilege may engage in higher-risk forms of activism such as political resistance or political protest that has the potential to lead to arrest (Hope et al., 2019). Minoritised participants

echoed this, sharing concerns about professional consequences (e.g., expressing support for Palestine), while peers with greater privilege discussed facing fewer risks. These insights highlight the need to consider safety in activism and align with theoretical frameworks like Deepa Iyer's (2022) social change map, which recognises that individuals contribute to social change through different roles. Yet, there remains limited research on how SJ is practiced within CP, a profession rooted in Eurocentric and individualistic values. Participants described the moral injury[8] of attempting to uphold SJ values within systems that often perpetuate oppression (Litz et al., 2009). Their experiences resonate with research in social work, where practitioners reported distress when trying to navigate unjust or disorganised structures (Reamer, 2022), pointing to the need for restorative justice approaches to sustain practitioners' values and wellbeing.

### 5.3.4 Theme 4: Barriers to change

Most participants described systemic barriers within NHS services, such as rigid attendance polices that hindered inclusive and flexible working, particularly for clients with neurodivergence or chaotic life contexts. These concerns reflect wider research highlighting the systemic biases that deter therapeutic engagement from certain groups, while prioritising others (Houghton et al., 2010). Participants expressed discomfort with these inequalities but felt constrained in challenging them due to cultural inertia and rigid service structures. Recent findings suggest that when service criteria and culture conflict with a psychologist's values, it can affect job fulfilment and even lead to departure from

[8]Moral injury (MI) refers to the lasting impact on clinicians who face ethical challenges supporting individuals with trauma, such as asylum seekers, within systems not designed for their needs (Litz & Walker, 2025).

the NHS (Rosairo & Tiplady, 2024). While this finding was not directly cited by participants, many described feeling silenced within the status quo. This mirrors previous literature where trainees felt pressured to focus on waitlists 'just get on with it' (Bettney, 2017), reinforcing dominant systems.

Participants described a lack of power in challenging exclusionary practices by managers or psychiatrists. This reflects previous findings where counselling psychologists felt limited in their SJ efforts due to working in medically dominated contexts and needing to be taken 'seriously' (Beer et al., 2012). While some attributed this to being trainees, newly qualified participants also felt constrained by long waitlist pressures and limited flexibility to question hierarchy. Interestingly, this sense of powerlessness appeared to persist across career stages, echoing Winter's (2013) findings that even qualified psychologists experienced a lack of space and creativity to challenge systemic issues; suggesting such barriers are embedded throughout the professional trajectory. Thompson's (2007) findings suggest that some UK CPs even saw it as 'naïve' to think we can actively challenge and be critical of NHS structures, which contrasts with some of the hope held by participants in this study. Bronfenbrenner's Ecological Systems Theory (1977) offers a useful framework for understanding psychologists' sense of powerlessness. Efforts to create change within their immediate environments (microsystems) are often limited by Exosystems (e.g., NHS structures), which are shaped by broader macrosystems, such as dominant norms and neoliberalism. These larger systems reinforce barriers at the Exosystem level, making meaningful change at the microsystem level challenging. This misalignment across levels helps explain why individual efforts fall short without broader systemic change.

Participants also reflected on the broader systems in which training occurs, identifying institutional and funding priorities as barriers to meaningful SJ work. This tension aligns with literature from the US, where Ivey and Collins (2003) argue that capitalist structures underpinning training institutions often conflict with multicultural and SJ aims. Despite the time since this was first raised, participants in the current study still noted cultural inertia within courses, accentuating the persistent challenge of promoting SJ within neoliberal systems (Jha, 2023). Literature suggests that meaningful change often happens quietly and is not openly promoted (Ivey & Collins, 2003), which may explain why UK-based SJ efforts in resistance to these systems, are underrepresented in published research.

### 5.3.5 Subtheme 1: Clinical Psychology as built for the 'norm'

Participant experiences closely aligned with the SLR findings regarding the dominance of normative, Eurocentric identities in teaching and professional representation. SLR studies echoed participant concerns about the exclusion of disabled, racialised, trans, and neurodivergent individuals (Butler, 2004; Coop, 2018; Falcon, 2022; Rajan & Shaw, 2008; Shetra, 2024). However, participants in this study also reported actively raising these issues with lecturers, suggesting a shift toward greater trainee-led advocacy. Despite this, minoritised trainees continued to report a lack of belonging due to limited representation, a theme also reflected in earlier research (Butler, 2004; MacIntyre-Harrison, 2023; Paulraj, 2016). The literature cautions that addressing representation alone is insufficient, as "presence does not equate to representation, nor psychological

safety" (Jameel et al., 2022, p.26). This study similarly highlighted concerns about unrepresentative course content and limited adaptations for additional needs. Jameel et al. (2022) also included reflections from qualified psychologists who noted a decline in hope for systemic change over time, compared to aspiring psychologists. These findings underline the need to move beyond access and diversity agendas, calling instead for a deeper re-examination of theories, methods, and practices, with a focus on ensuring psychological safety for minoritised individuals.

Participants also critiqued the perceived 'neutral' and apolitical stance within Clinical Psychology, viewing it as a barrier to meaningful social change. While their views align with broader calls for the profession to adopt a more active stance on social issues (Duarte et al., 2015), others argue that political neutrality is itself an ethical position within CP (Haeny, 2014). In contrast, Nadal (2017) highlights how psychology has historically played a critical role in shifting public perceptions and informing theory to support racialised and LGBTQ+ communities, illustrating the potential power of psychologists taking a clear stance against injustice.

All participants expressed a desire for their training programmes and governing bodies to actively address global injustices, specifically citing the genocide in Palestine. Similar sentiments have been echoed by networks such as Psychologists for Social Change (www.psychchange.org), who have issued petitions and statements urging UK institutions like the BPS and NHS to acknowledge Britain's role in global harm. They argue that CP's ethical commitment to treating all individuals with compassion and dignity necessitates action in the face of injustice.

However, Thompson (2007) highlighted discomfort among professionals around psychology becoming overly politicised, a tension participants also recognised within their DClinPsy programmes. Participants reflected on the need for explicit approval from those in positions of power, suggesting that hierarchical structures dictate whether political engagement is seen as legitimate and necessary within CP.

### 5.4 Quality Appraisal

Evaluating the study's integrity and robustness is necessary to substantiate the quality of the research (Hammarberg et al., 2016). To assess the quality of this inquiry I have used Tracy's (2010) "Big-Tent" criteria as the criterion offers a flexible but comprehensive evaluation of qualitative research. Appraisal of this study is detailed in Table 13 below:

**Table 13**

*Quality Appraisal of this Research*

| Quality Criteria | Appraisal of this research |
|---|---|
| **Worthy topic** | The topic is worthy and relevant since the recent SJ movements, such as Black Lives Matter and rise in discriminatory policies for immigrant, disabled and trans rights in the UK. Now more than ever, CPs are appropriately placed to respond to the social contexts that contribute to psychological distress. This has been addressed by HEE, BPS and HCPC, however no study has to my knowledge explored the impact of SJ efforts in CP training. Therefore, this offers a timely and significant contribution to the research base. The topic is of interest for all stakeholders in the field. |
| **Rich rigour** | Rich rigour is demonstrated by detailed description of the data collection and analysis process. I have taken care in organising data well, checked for accuracy through line-by-line transcription and maintained richness of data by including many quotes from participants in the write-up. Time and consideration were given to data collection through carrying out interviews over many months, to ensure meaningful and substantial data was captured. |
| **Sincerity** | This study can be considered sincere through use of transparency and reflexivity. I endeavoured to remain self-reflexive throughout the research process and documented this in the write up where possible, using excerpts from my reflective account. My use of first person allows the reader to be aware of my subjective influence. My epistemological stance and position have been clearly stated. I have also documented challenges that arose in recruiting a representative sample and improvements that could be made to my interview schedule. |
| **Credibility** | Credibility is attained through use of thick description, triangulation, multivocality and member reflections (Tracy, 2010). Thick description was provided through a 'show' rather than 'tell' (Tracy, 2010) approach, by using participant quotes throughout the results. Triangulation through using different data sources was not in line with the aims or epistemological stance of this study, however some crystallisation may be attributed to this study through the diversity in sample, therefore ways of understanding the world. Similarly, multi-vocality was present in this study through reporting the diverging viewpoints in participant data, as well as varied contributions by consultants and supervisors throughout the project. Member reflections were not used, as this did not align with |

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|---|---|
| | my analysis approach and epistemological stance, however findings and analysis were shared with my supervisory team, who were involved throughout the research process. There was open discussion about the interpretations of data, helping me arrive at my interpretation. |
| **Resonance** | Considering the nature of the topic, it is hoped that the way of writing and experiences shared by participants evokes the reader and can transform the reader's disposition. The findings may be transferable across disciplines and regulatory bodies such as the BPS and HCPC. Arguments for implementation of SJ are supported by participant experiences and are strongly linked to the rationale for this work, in the context of the history of CP and naming of existing harmful structures. It is hoped the reader can resonate with the findings through their own experience, or it challenges their worldview, due to the content and compelling arguments within the writing. |
| **Significant contribution** | The research offers a significant contribution to both the dearth of literature on SJ action within CP, but also practical solutions to advancing this, which are discussed in the clinical implications below. These practical implications apply across audiences including policy makers, trainees, CPs and course programmes, making it a heuristic contribution. The research has shed light on the problem of dissonance and misalignment of SJ values and practice, making the invisible, visible (Tracy, 2010). |
| **Ethical** | Ethical considerations have been core to this inquiry. Relational and procedural ethical considerations have been detailed in the methodology chapter. Ethics of being an insider-outsider researcher were considered in a reflective diary, such as difference and similarity with participants within interviews and the impact of this on participant safety. I will continue to hold in mind ethics when disseminating research, to ensure participant contributions are honoured. |
| **Meaningful coherence** | The research has explored what it intended across all aims, providing coherence. Findings map onto the SLR and wider literature. The method and procedures are appropriate based on the inquiry. The findings also speak to the controversies around structural barriers to SJ within CP, identified in wider literature. |

### 5.4.1 Strengths

As noted in table 13 above, the study has made a significant contribution to an area where there is little known about the topic and no previous research has been conducted. SJ inclusion in CP has been more recently promoted, implying the worthiness of the topic. This study sheds light on the experiences of this during training; a novel but relevant inquiry within the field. The research also holds various clinical implications for stakeholders, that if implemented, could advance meaningful SJ efforts. The use of RTA lends well to this research, as it is an appropriate and useful method when exploring under-researched areas (Braun & Clarke, 2006). The inductive approach taken, allowed for theme generation from data itself, as opposed to constructing data from preexisting theories, concepts or models (Byrne, 2022). This allowed for detailed and rich insights to be elicited (Braun & Clarke, 2006). Furthermore, the detailed account provided of the RTA process, enhanced transparency and rigour within the research, as discussed in the table above.

I sought to embed reflexivity throughout the research, to allow the reader insight into my insider-outsider position (Braun & Clarke, 2006). It is thought that highlighting my epistemology, and making clear research decisions in line with this, is a strength of this study and offers sincerity (Harper & Thompson, 2011; Willig, 2013). It is hoped that the ongoing reflexivity both seen and unseen within this research has enhanced the credibility and depth of the study. Through use of a reflexive diary and discussions with supervisors and consultants, I remained aware of my biases and grounded in the data, whilst also shedding light on my position (Dodgson, 2019).

### 5.4.2 Limitations

The sample in this study was diverse and included representation from a range of groups. While the findings may be transferrable to other contexts, the data heavily represents racialised experiences during training. While this is important, it is also necessary to understand more about the experiences of disabled, queer, and neurodivergent trainees, as well as the intersectional nature of marginalisation and subjugation, as individuals hold multiple overlapping identities (Proctor et al., 2017). Experiences of these groups are under-represented within this area as highlighted by the SLR. It is possible that visible aspects of my identity such as race influenced aspects of experience that trainees felt able to bring. Therefore perhaps, future research could bring more explicit attention to people's multiple identities, inviting further discussion. The sample consisted of all females, which highlights a lack of insight into the experiences of male trainees, whose voices are often excluded from literature and representation within the field (Caswell, 2008). While efforts were made to expand recruitment of male identifying trainees, more research is required to understand their experiences of minoritisation within this field (Anonymous, 2025).

The study represents perspectives of trainees from eight out 37 DClinPsy programmes, that promote their commitment to SJ. Therefore, findings may not represent experiences of trainees across all courses, specifically those that do not promote a SJ ethos. This indicates the need for research to understand experiences of trainees on such courses. While generalisability is not an implicit goal within RTA, it is possible that findings may have relevance for courses and governing bodies, beyond the contexts included in this study (Braun & Clarke, 2022).

While RTA was an appropriate methodology for this study, the identification of themes across interviews may have resulted in the loss of pertinent individual experiences, therefore an alternative approach such as IPA may have been valuable.

My positionality was reflected upon throughout the study, which enhances the study's credibility by providing the researcher with insight into how I subjectively constructed the themes generated (Lainson, et al., 2019). Despite this overt recognition, my personal experiences and views may have pulled me away from the data which can be seen as a limitation.

### 5.5 Clinical Implications

The findings of this research raise important clinical implications for trainee CPs, DClinPsy programmes, NHS services and broader regulatory bodies and government policies. Recommendations have been made drawing from the themes generated and relevant frameworks. These are outlined below, and attention is paid to multiple systemic layers (Bronfenbrenner, 1977).

#### 5.5.1 Individual and microsystem

While some recommendations are offered for trainees, it is important to recognise their limited power compared to training providers and supervisors. Power also varies among trainees due to social positioning. These dynamics must be considered when applying the recommendations. Both current findings and previous research (Kossek et al., 2024) highlight the importance of peer allyship and solidarity in advancing SJ principles and

advocating for trainee needs. Trainees with lived experience of marginalisation often invest disproportionate emotional labour to ensure diverse voices are included in teaching and reflective spaces, which affects their wellbeing. Therefore, peers with more privilege should actively share this load by speaking up, challenging exclusion, and addressing harmful rhetoric.

Allyship can also take the form of developing peer support networks, open to all trainees committed to SJ, where individuals can reflect, share ideas, and support one another. Crucially, these spaces should not rely solely on marginalised trainees and allies should initiate and lead such efforts. Allyship will require mobilisation of one's privilege, a willingness to face discomfort, and a commitment to acting despite fear of making mistakes (Ahsan, 2022; Chow & Yim, 2021). This includes listening to and centring marginalised voices.

### 5.5.2 Mesosystem – DClinPsy Programmes and Supervisors

To allow trainees to engage in allyship, and sustain their SJ efforts, there are several implications for DClinPsy training providers and placement supervisors.

#### *Group spaces*

Emphasis was placed on the importance of well-facilitated reflective groups, that promote thinking around identity and difference. Findings highlight the need for group facilitators to engage in critical consciousness (Freire, 1972) and develop awareness of their own positions, to safely manage relational ruptures or harm, using restorative

justice approaches (Marshal et al., 2022). Self-reflexivity may be mandated for facilitators, to prevent placing the burden on trainees to manage harm or challenge discrimination. If staff model critical consciousness and cultural humility this will equip trainees to do the same. As wider socio-political issues may arise within groups facilitators should be responsible to also engage with wider socio-political issues and transparently consider how these influence how trainees think about social context and psychological distress (Hartley, 2020).

Current findings and Baig's (2024) study imply the value of both affinity and mixed groups but stress the importance of clearly setting out intentions. In mixed groups, marginalised voices should be centred, and conversations scaffolded thoughtfully. Staff can draw on Sue's (2016) eleven steps to facilitate these spaces[9]. Anti-oppressive working groups could be developed collaboratively with trainees to address intersectional forms of oppression (e.g. race, disability) and to be rooted in meaningful change rather than performance. Participants underscored the need for consistency and regularity, within these groups.

***Representation and inclusion***

Findings suggest that a lack of diversity within course teams undermines course efforts to uphold SJ in practice. Recruitment should prioritise diverse representation to challenge normative standards and amplify marginalised voices (Ahsan, 2020). However, diversifying staff should not result in placing the burden of SJ teaching on those with lived

[9] In her book 'Race Talk and the Conspiracy of Silence: Understanding and facilitating Difficult Dialogues on Race', Sue (2016) outlines 11 steps for facilitators to be able to create conditions for trainees to move from racial oblivion to becoming racially conscious of themselves and others within group spaces.

experience. To support systemic change, value-based recruitment is key, ensuring that incoming staff already demonstrate alignment with anti-oppressive values.

Findings from this study highlighted that curriculum content must also be meaningfully diversified, challenging CP's historical foundations, by incorporating alternative theories and models for practice. Participants shared that existing SJ content feels surface-level, and recommended that courses focus on genuinely embedding Liberation and ComPsy approaches throughout, inviting psychologists who model these practices in both theory and application. This includes teaching activism, advocacy, and policy engagement, alongside incorporating Eastern and African therapeutic traditions in a non-tokenistic way. Browne's (2020) policy toolkit can be used to prepare trainees for policy work; an area participants desired more teaching on.

Participants shared the need for lecturers to consider identity and representation throughout their teaching, not just in isolated modules or tacked on the end. Therefore value-based recruitment could also extend to visiting lecturers. Courses may also include mandatory readings by lived experience authors, and core teaching on the historical roots of CP (Rahim, 2017). Building genuine partnerships with community organisations and offering public health or policy placements can further enable trainees to act on their values and bridge gaps between statutory services and communities.

***Support***

Current findings suggest that DClinPsy programmes were not designed with diverse trainee needs in mind, often leaving disabled, racialised, queer, and neurodivergent

trainees feeling unsupported and unsafe. Merely increasing access to the profession is not enough, therefore programmes should actively consider all trainees' needs.

Supervisors and course staff should undergo allyship training, creating awareness of the emotional toll of navigating training as a minority. Participants discussed the need for staff and supervisors to also proactively broach trainees' identity and difference, relieving trainees from having to raise these issues themselves. Programmes could also streamline reasonable adjustment processes to avoid placing the responsibility on trainees to repeatedly request support for additional needs (Coop, 2018).

Supervisors and staff play a key role in ameliorating power imbalances for trainees on placement, by encouraging their attempts to resist oppressive systems, and advocating for them against hierarchical push-back. Incorporating allyship training into supervisor preparation can better scaffold this support.

***Challenging neutrality in CP***

A finding of this study was that a major barrier to engaging in SJ work is CP's assumed stance of neutrality. Participants in this study, and previous research have questioned whether neutrality in CP is ever truly possible or ethical (Thompson, 2007). As Kidner (2001, p. 178) states, "silence or denial is no less a political act than an explicit one.", highlighting that CP's silence often masks its complicity (Burton & Kagan, 2003). If programmes wish to uphold ethical standards such as "do no harm," staff may take transparent positions on social issues, resisting pressure to remain silent. Doing so empowers trainees to act in line with their own values. While challenging dominant political discourses can be daunting, remaining silent is to "stay silent in the face of

oppression" (Rahim & Cooke, 2020), so whilst I acknowledge the limitations programmes are under, internal resistance can contribute to embedding anti-oppression.

### 5.5.3 Exosystem, Macrosystem and Chronosystem – Governing bodies and policies

Findings highlight the critical role accrediting and regulatory bodies, such as the BPS and HCPC, play in promoting social action in CP. To ensure parity within the field, board members and decision-makers might engage in anti-oppressive education and undergo personal reflection to develop critical consciousness. This internal work is essential to ensuring that policies and guidance reflect a genuine commitment to SJ, particularly given the gaps reported in this study between policy and implementation.

The HCPC and BPS could make explicit that SJ is a mandatory component of CP practice**.** This includes revising accreditation standards to formally include competencies in non-western therapeutic approaches, activism, advocacy, community engagement, and policy influence. While recent BPS accreditation drafts acknowledge SJ principles, they fall short of offering practical implementation guidance. Therefore, the BPS could co-create toolkits and frameworks for embedding anti-oppressive practices into course content and placements. This work might be done in consultation with experienced social action clinicians and in collaboration between allied professions such as social work, and counselling psychology (Winter, 2013).

Accrediting bodies could mandate reflection on power and privilege within continuing professional development (CPD) portfolios and introduce audit or surveys to track how programmes and placements are engaging with SJ principles. As per calls from within the

profession, professional bodies might move beyond neutrality to explicitly name structural oppression. This can be reinforced by board executives influencing and contributing to governmental policy on the link between public health and social determinants (Rahim & Cooke, 2020). These actions would expand CPs' presence in public discourse and policy (Harper, 2016). Finally, in line with the NHS Long Term Plan, funding may be directed towards creating roles such as community psychologists in services, with clear guidance on how CP roles can evolve in this way, to support community action, outside of direct therapeutic involvement (Harper, 2016).

### 5.6 Future research

Given that both this research and the wider literature highlight identity as a key factor in driving SJ engagement, future research should more explicitly consider identity and intersectionality (Guerrero et al., 2021). There is a particular need to hear from trainees who identify as neurodivergent, disabled, queer, and male, as these perspectives were underrepresented in the current findings. Exploring their unique experiences can help generate more tailored and meaningful recommendations to improve how SJ efforts are experienced and supported across diverse trainee groups.

This study was advertised to trainees on courses that promote SJ, which may have limited participation from psychologists less engaged or interested in SJ. Given that current and previous findings suggest privilege can hinder engagement with equity (Wright et al., 2025), it is important to explore the perspectives of those who feel SJ does not belong in CP. Understanding these views could help identify areas of resistance and inform strategies to encourage more gradual integration of SJ principles.

Conversely, research could explore perspectives of staff working on SJ informed programmes, to get a sense of what motivates them, barriers they encounter engaging in this work and changes they would like to make. This meso-level insight would helpfully complement trainees' insights.

Additionally, there is gap in the literature exploring the longer-term impact of training within a SJ oriented course and its role in sustained or dissipated engagement in SJ. While this study focused on trainees who primarily work within statutory services, future research exploring the experiences of CPs working in non-statutory settings could offer valuable insights into how SJ values are enacted beyond the NHS. Such findings could inform recommendations for the NHS and related systems, which this study identified as potential barriers to meaningful change.

As this research was novel, it explored experiences of training more broadly, however more research evaluating specific components of SJ in training, such as placement, research or teaching, could provide further depth and specificity in recommendations for courses.

The SLR revealed longstanding experiences of marginalisation among certain trainees, dating back several decades. This indicates limited progress in fostering belonging and psychological safety for marginalised groups within training. Exploring how course programmes are currently addressing these issues could offer valuable insight into efforts to improve training experiences for these trainees.

### 5.7 Dissemination

Disseminating findings is a vital part of the research process. To honour participants' contributions, I plan to present this study at the UH DClinPsy research day in September 2025. This is an opportunity to engage trainees and course staff in highly relevant and meaningful discussion. I also intend to prepare the study for publication in a relevant academic journal, such as the *Journal of Critical Psychology, Counselling and Psychotherapy*, to broaden its reach and contribute to the limited literature. Additionally, presenting at the next Group of Trainers in Clinical Psychology (GTCiP) conference would allow key stakeholders to engage with the findings and their implications.

### 5.8 Conclusion

This novel study explored trainee and newly qualified CPs experiences of SJ integration during their DClinPsy training. Reflexive thematic analysis of data from 12 semi-structured interviews, revealed four themes. In theme one, participants described the recent shift toward SJ, as lacking depth, with course values not always translating into meaningful practice or structural change. Eurocentric, individualistic models remained dominant, leaving little space for diverse or alternative frameworks. There was a strong desire for greater inclusion of ComPsy and indigenous approaches, and proposition that CP role extends beyond therapy, into advocacy and activism. Overall, diversity efforts were seen as tokenistic and performative. In theme two, participants shared that peer and staff support was central to engaging with SJ, particularly through reflective spaces. There was a desire for staff to proactively model SJ values through advocating and responding to relational rupture, however this support was inconsistent. In theme three,

participants noted that awareness of power and privilege was key to equitable practice. However, minoritised trainees described the emotional burden of being expected to challenge injustice and how marginalisation sometimes hindered their ability to fully engage with SJ values. In theme four, participants identified cultural inertia in rigid hierarchies and an emphasis on neutrality, as a barrier to meaningful SJ work. The profession was viewed as structured around normative experiences, leaving it poorly equipped to support diverse staff and service user communities. The findings highlight key clinical implications and recommendations: DClinPsy programmes must deepen the authenticity of SJ efforts by transforming curricula to cultivate psychologists who respond to psychological needs equitably. This includes embedding indigenous frameworks and centring the lived experiences of marginalised trainees, ensuring equity is structural rather than performative. If course staff engage in ongoing reflection and actively model and advocate for inclusion, they create the conditions for trainees to do the same. Broader systems, such as the BPS, HCPC and NHS must also be held accountable for defining and operationalising SJ within CP more explicitly. Ultimately, meaningful and sustained change requires all stakeholders, including trainees, course staff and governing bodies, to develop a critical consciousness and commit to systemic transformation.

### 5.9 Final reflections

This research process has been both confronting and dismantling. At the outset, I felt a strong drive to explore the gap between what a just psychology could be, and the reality of what it is. Having only recently found the language to describe how the psychology I

encountered was shaped by norms that excluded me, I hadn't anticipated how much would need to be unlearned before SJ could be meaningfully or ethically claimed within the field.

As I stepped into the role of insider researcher, the weight of what I was uncovering felt overwhelming. I was tempted at times to retreat, to engage with the work purely on a cognitive level. But this was never going to be just an intellectual exercise. This work began as a calling to self, and I've come to see that many others share this call; a desire to create change within systems that often feel immovable.

At times, it felt like trying to dismantle the master's house with the master's tools. With the support of my supervisors, I came to see value in this position, that change can happen both within and outside systems. For now, this work is from within. It is a small act of resistance: naming the oppressive structures that shape CP and inviting others to reflect on its troubled past and present. Perhaps it is naïve, or hopeful - likely both.

This process has clarified the kind of CP I want to be; someone who lives their values and resists harm, even in quiet, personal ways. There have been moments of doubt, when I questioned whether this work would offer anything new. While many of the challenges reflect what others have already found, I'm hopeful this is one of the first to clearly document efforts toward SJ in CP and that it might help shape future practice for those who engage with it.

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# 7. Appendices

## Appendix A - Final search terms for an electronic database

| Database | Search Format | No. Results |
|---|---|---|
| PubMed | ("clinical psycholog*"[Title/Abstract] AND "experience*"[Title/Abstract] AND "discriminat*"[Title/Abstract] AND "clinical psychology"[Title/Abstract]) AND ((humans[Filter]) AND (english[Filter])) | 12 |

## Appendix B - *SLR Coding and theme development*

Screenshot of 48 out of 275 lines of data coding

| | A | B | C | E |
|---|---|---|---|---|
| 1 | Paper | Quote | Code (Descriptive) | Themes (Analytical) |
| 2 | Shah et al | Although trainees felt that it w | Exhausting/Battle fatigue | Macro/Micro impact of marginalisation |
| 3 | Shah et al | I have had situations where I t | Privelege | Power, Privelege & Intersectionality |
| 4 | Shah et al | I have had situations where I t | Broaching | Support |
| 5 | Shah et al | Many trainees also struggled v | Burden | Macro/Micro impact of marginalisation |
| 6 | Shah et al | Another factor was the fear of | Homgenisation | Power, Privelege & Intersectionality |
| 7 | Shah et al | Whilst some were more ambiv | Stregnth in identity - Positive | Negotiating identity |
| 8 | Shah et al | Many of the trainees coped wit | Negotiating identity | Negotiating identity |
| 9 | Shah et al | ...if I am sitting down in a roor | Assimilation | Negotiating identity |
| 10 | Shah et al | Adopting a more 'professional | CP as white | Normative |
| 11 | Shah et al | Adopting a more 'professional | White as professional | Normative |
| 12 | Shah et al | Adopting a more 'professional | Hiding parts of self | Negotiating identity |
| 13 | Shah et al | Many of the trainees generally | Solidarity -positive | Support |
| 14 | Shah et al | Participants voiced a preferenc | Supervisor support - postive/Broacl | Support |
| 15 | Shah et al | The course's commitment to c | Allyship - positive | Support |
| 16 | Falcon | • The participants were either | Stereotyping | Macro/Micro impact of marginalisation |
| 17 | Falcon | "threatening" and "aggressive, | Stereotyping | Macro/Micro impact of marginalisation |
| 18 | Falcon | The fear of being racially stere | Hypervigilance | Macro/Micro impact of marginalisation |
| 19 | Falcon | As I analysed the transcripts, I | Hypervigilance | Macro/Micro impact of marginalisation |
| 20 | Falcon | For example, Myles described | Hypervigilance | Macro/Micro impact of marginalisation |
| 21 | Falcon | "I've had to think about how I | Hypervigilance | Macro/Micro impact of marginalisation |
| 22 | Falcon | leave BM feeling that they have | Assimilation | Negotiating identity |
| 23 | Falcon | ; it can be exhausting. It can be | Exhausting/Battle fatigue | Macro/Micro impact of marginalisation |
| 24 | Falcon | I think I have to overcompensa | Work harder to prove self | Power, Privelege & Intersectionality |
| 25 | Falcon | Joseph's description of the pro | Exhausting/Battle fatigue | Macro/Micro impact of marginalisation |
| 26 | Falcon | Furthermore, the identity of BM | Stereotyping | Macro/Micro impact of marginalisation |
| 27 | Falcon | : "I remember as a first year, m | Privelege | Power, Privelege & Intersectionality |
| 28 | Falcon | There is an intersection of race | Intersectionality | Power, Privelege & Intersectionality |
| 29 | Falcon | "How can this person perceive | Hiding parts of self | Negotiating identity |
| 30 | Falcon | it was not enough to have "ver | Intersectionality | Power, Privelege & Intersectionality |
| 31 | Falcon | "There is a way of talking abou | White as professional | Normative |
| 32 | Falcon | But you, you see others getting | Assimilation | Negotiating identity |
| 33 | Falcon | Being in the presence of others | Not belonging to CP | Normative |
| 34 | Falcon | In the DClinPsy application sta | Intersectionality | Power, Privelege & Intersectionality |
| 35 | Falcon | you'll be received in a way whe | Language/Stereotyping | Macro/Micro impact of marginalisation |
| 36 | Falcon | The above quote illustrates tha | Assimilation | Negotiating identity |
| 37 | Falcon | It is interesting that the BM ide | Stereotyping | Macro/Micro impact of marginalisation |
| 38 | Falcon | was not his fault for where he g | Systemic racism | Macro/Micro impact of marginalisation |
| 39 | Falcon | Mo seemed to be addressing V | Systemic racism | Macro/Micro impact of marginalisation |
| 40 | Falcon | All participants mentioned to v | CP rooted in whiteness /excluding | Normative |
| 41 | Falcon | "like diversity, or racial equalit | CP rooted in whiteness /exluding | Normative |
| 42 | Falcon | There was a uniting feeling tha | CP as professional | Normative |
| 43 | Falcon | . Marcel described how lecture | CP rooted in whiteness /exluding | Normative |
| 44 | Falcon | CPs, hinted that the omission | CP as eurocentric | Normative |
| 45 | Falcon | "And to be fair, my cohort was | Solidarity -positive /Broaching | Support |
| 46 | Falcon | I think that really helped a lot b | Solidarity -positive /Broaching | Support |
| 47 | Falcon | "My supervisors have been sup | Lack of support/systemic bias | Support |
| 48 | Falcon | The longer time may be due to | Systemic racism | Macro/Micro impact of marginalisation |

Example of one major theme and subthemes (colour coded)

| | A | B | C | D | E |
|---|---|---|---|---|---|
| 1 | Paper | Quote | Code (Descriptive) | Subtheme | Themes (Analytical) |
| 2 | Shah et al | Although trainees felt that it w | Exhausting/Battle fatigue | Burden Responsi | Macro/Micro impact of marginalisation |
| 5 | Shah et al | Many trainees also struggled v | Burden | Burden Responsi | Macro/Micro impact of marginalisation |
| 16 | Falcon | • The participants were either ( | Stereotyping | Dehumanisation | Macro/Micro impact of marginalisation |
| 17 | Falcon | "threatening" and "aggressive, | Stereotyping | Dehumanisation | Macro/Micro impact of marginalisation |
| 18 | Falcon | The fear of being racially stere( | Hypervigilance | Discrimination | Macro/Micro impact of marginalisation |
| 19 | Falcon | As I analysed the transcripts, I | Hypervigilance | Discrimination | Macro/Micro impact of marginalisation |
| 20 | Falcon | For example, Myles described | Hypervigilance | Discrimination | Macro/Micro impact of marginalisation |
| 21 | Falcon | "I've had to think about how I ( | Hypervigilance | Discrimination | Macro/Micro impact of marginalisation |
| 23 | Falcon | ; it can be exhausting. It can be | Exhausting/Battle fatigue | Burden Responsi | Macro/Micro impact of marginalisation |
| 25 | Falcon | Joseph's description of the pro | Exhausting/Battle fatigue | Burden Responsi | Macro/Micro impact of marginalisation |
| 26 | Falcon | Furthermore, the identity of BM | Stereotyping | Dehumanisation | Macro/Micro impact of marginalisation |
| 35 | Falcon | you'll be received in a way whe | Language/Stereotyping | Dehumanisation | Macro/Micro impact of marginalisation |
| 37 | Falcon | It is interesting that the BM ide | Stereotyping | Dehumanisation | Macro/Micro impact of marginalisation |
| 38 | Falcon | was not his fault for where he g | Systemic racism | Systemic factors | Macro/Micro impact of marginalisation |
| 39 | Falcon | Mo seemed to be addressing V | Systemic racism | Systemic factors | Macro/Micro impact of marginalisation |
| 48 | Falcon | The longer time may be due to | Systemic racism | Systemic factors | Macro/Micro impact of marginalisation |
| 53 | Falcon | shame about one's identity ca | Exhausting/Battle fatigue | Burden Responsi | Macro/Micro impact of marginalisation |
| 66 | Macintyre -queer/trans | H (she/her) described starting | CP as harmful | Discrimination | Macro/Micro impact of marginalisation |
| 70 | Macintyre -queer/trans | Living in threat mode I still dor | Hypervigilance | Discrimination | Macro/Micro impact of marginalisation |
| 75 | Macintyre -queer/trans | Elle speaks directly to this sen | Burden | Burden Responsi | Macro/Micro impact of marginalisation |
| 76 | Macintyre -queer/trans | "The bravery, the energy requir | Burden | Burden Responsi | Macro/Micro impact of marginalisation |
| 78 | Macintyre -queer/trans | This variously included experie | Burden | Burden Responsi | Macro/Micro impact of marginalisation |
| 79 | Macintyre -queer/trans | They didn't have a policy or any | Burden | Burden Responsi | Macro/Micro impact of marginalisation |
| 80 | Macintyre -queer/trans | Profession as hostile "I felt ver | Lonliness | Burden Responsi | Macro/Micro impact of marginalisation |
| 81 | Macintyre -queer/trans | expressed a sense of injury sus | CP as harmful | Discrimination | Macro/Micro impact of marginalisation |
| 82 | Macintyre -queer/trans | 105 implications that being a g | CP as harmful | Discrimination | Macro/Micro impact of marginalisation |
| 83 | Macintyre -queer/trans | was "bitchy, backstabbing [an | CP as harmful | Discrimination | Macro/Micro impact of marginalisation |
| 84 | Macintyre -queer/trans | including experiencing some of | CP as harmful | Discrimination | Macro/Micro impact of marginalisation |
| 85 | Macintyre -queer/trans | clinical psychology was a perf( | CP as performative | Systemic factors | Macro/Micro impact of marginalisation |
| 86 | Macintyre -queer/trans | I think with trans identities, the | CP as harmful | Discrimination | Macro/Micro impact of marginalisation |
| 87 | Macintyre -queer/trans | For Cleo, psychology as a prof | CP as performative | Discrimination | Macro/Micro impact of marginalisation |
| 89 | Macintyre -queer/trans | For Sage, the allyship that is e | Performative allyship | Discrimination | Macro/Micro impact of marginalisation |
| 90 | Macintyre -queer/trans | , 'oh, yeah, I'm with you, I'm sc | Performative allyship | Discrimination | Macro/Micro impact of marginalisation |
| 91 | Macintyre -queer/trans | Though Sage's adult professio | Performative allyship | Discrimination | Macro/Micro impact of marginalisation |
| 92 | Macintyre -queer/trans | . Her fear of challenging this pr | Exhausting/Battle fatigue | Burden Responsi | Macro/Micro impact of marginalisation |
| 94 | Macintyre -queer/trans | experiences of fear, shock, vigi | CP as harmful | Discrimination | Macro/Micro impact of marginalisation |
| 95 | Macintyre -queer/trans | Kate recognises that psycholo | CP as performative | Discrimination | Macro/Micro impact of marginalisation |
| 96 | Macintyre -queer/trans | the lack of visible role models | Representation | Systemic factors | Macro/Micro impact of marginalisation |
| 97 | Macintyre -queer/trans | Cleo points to the loss of elder | Historical harm | Systemic factors | Macro/Micro impact of marginalisation |
| 99 | Isaac | This is evident in minoritised st | Systemic racism | Systemic factors | Macro/Micro impact of marginalisation |
| 101 | Isaac | colonial ideas that Black peop | Dehumanisation | Systemic factors | Macro/Micro impact of marginalisation |
| 102 | Isaac | including BCPs, experience an | Dehumanisation | Dehumanisation | Macro/Micro impact of marginalisation |
| 103 | Isaac | You don't touch other White pe | Dehumanisation | Dehumanisation | Macro/Micro impact of marginalisation |
| 106 | Isaac | realising that that's not norma | Stereotyping | Dehumanisation | Macro/Micro impact of marginalisation |
| 107 | Isaac | 'I'm very conscious that somet | Systemic racism | Systemic factors | Macro/Micro impact of marginalisation |
| 108 | Isaac | It's the assumption that, as a | Stereotyping | Systemic factors | Macro/Micro impact of marginalisation |
| 109 | Isaac | These racialised assumptions | Dehumanisation | Dehumanisation | Macro/Micro impact of marginalisation |

**Appendix C - Interview schedule**

Interview schedule guide

1. From your perspective, what is social justice?
2. What do you think about embedding social justice in Clinical Psychology training? *Prompt: D*o you feel it is important/relevant? If so, why? *Prompt: Why do you think that?*
3. How does your course understand or relate to social justice ideas?
4. How are social justice values embedded into the training curriculum? How is taught in research, academic or clinical components? *Prompt: if they say nothing - are there any attempts or consideration?*
5. How was/is this experienced by you as a trainee?
6. Are there ways your course can improve how they incorporate this into training? *Prompt: Well what do you think can help improve it?*

OR

7. You've given examples of what your course might cover, but what does your course not cover in relation to social justice?
8. Some courses offer teaching on eastern approaches or non-traditional ways of working like community psychology, is this something you have come across or something your course considers?"
9. Do you think issues that arise out of implementing social justice ideas are managed well on your course? *Prompts: supporting interpersonal or relational issues, supporting conversations around EDI?*
10. Are there ways you have been able to implement social justice values/ideas into your clinical practice? Prompt: examples where you have managed to address social justice issues big or small and what was the impact?
11. What barriers do you experience if any, in incorporating such values in your work?
12. Is there anything you feel would have helped you as a trainee to feel better able to apply these ideas in practice?
13. What do you think needs to happen for trainees to feel equipped towards socially just psychological practice?
14. What do you think gets in the way of Clinical Psychology as a profession and people, becoming more socially just?

**Appendix D - Reflexive diary excerpts (below are some examples only)**

Disappointment with initial interview data:

I feel like my questions aren't eliciting enough examples of social justice in practice. I feel pulled to want to ask more specific questions, but I am unsure if this is possible. Also no one has yet mentioned ideas about liberation psychology and community psychology, to me they are key tenets of social justice practice. I am disappointed because for me to convey the changes courses need to make I need to be able to report some of these ideas in practice. I guess it shows maybe the different stages trainees and courses are at with their understanding of social justice work, which does frustrate me. I feel shocked that some courses are not teaching this but that then also I have experienced very little teaching on this myself. I wonder when DClinPsy programmes will reach the stage where critical psychology, community psychology and liberation practices are just seamlessly embedded. A long time I imagine. It's hard to stay with what people are bringing but the fact they may be lacking this is, information in itself. I found myself getting frustrated that there was a lot of caveating and less directness in examples of the 'how' which is what I feel happens in social justice lectures or community psychology lectures. It feels we are still talking at a stage of 'this is important' but hard to embed in the team's we work in – rather than hearing about acts of resistance or examples where these ideas are integrated. However, I need to remind myself that what is being researched is novel, and so I need to stay open to the places trainees are coming from as it will inform us as to the reality of what needs to be done.

Reflection on interview data at familiarisation stage:

Felt really sad to see how much this trainee has needed to endure to be where she is – she spoke about hope for a more safe and supportive environment when qualified and I really hope that is there. The experience of being autistic in a neurotypical world isn't one we really think about at all and to not be met with support from a DClinPsy course is awul. During the interview I felt I had assumptions about her ability and my biases came out and it made me think how little I encounter autistic individuals in the field – which is exactly what she speaks to. I am glad I was thinking about these as she spoke so I could challenge myself in the moment. I feel angry about the capitalist culture trickling into NHS systems and ways of working. That even trickle to university institutions where they can't offer their trainees support to even make adjustments.

Reflection on process during an interview 2:

I felt pulled to agree and validate when the participant spoke to certain comments about race. I felt that my skin colour spoke for me and wondered if some disclosures were made because of this. The participant kept saying sorry for waffling or that they didn't make sense and I wondered about where they heard these stories and may have been silenced in other spaces that it was internalised in our interview, despite us sharing similar ethnic backgrounds.

I am aware that I have not made explicit my interest in this study topic because I don't want to exclude views or close off opinions that oppose social justice involvement but also realise my participants are ones that are interested in social justice. Is my blank face perpetuating neutrality? – Following discussion with my supervisor, I realised that I can be more expressive and still be a good researcher.

When the participant spoke to not wanting to make it all about race and her identity I felt sadness because unknowingly the way whiteness is ever present and affects why people of colour feel like they can't keep bringing identity in. I get what she meant – because sometimes it would be nice to engage colourless in a conversation but is she not therefore stating that we switch our identity on or off? I want to not be afraid not to probe deeper next time. I think what I did well was when she spoke about safety she assumed I would know why it was safe – but I made sure I asked what enabled that safety, so that our similar visible aspects of identity aren't assumed to reflect similar experiences. It shows me that I need to remain open to data and be curious, especially when we share visible aspects of identity.

Interview 5:

I really noticed how my internalised whiteness may have shown up in how I was looking for explicit examples from this participant out of wanting speicifc helpful recommendations, but I questioned if my style of questioning is changing based on who I speak to? Am I too, internalising whiteness by expecting to be 'educated' by my participant who is Black? I then realised I did not want my research to feel harmful especially as experiences of being a Black person in a white spaces was being spoken about. So I kept my questions open and slowed down the pace of the interview, being aware not to prompt too differently and ensuring I heard the participant fully and battled my internalised whiteness.

Reflexive excerpt on later interview data:

Still questioning how useful the data is that is coming out? At the start they felt so new, but now it's starting to feel the same. I guess that's really highlighting how common the patterns are across peoples experiences…However, I am noticing how examples of how courses are doing social justice or barriers to doing so are absent from white, heterosexual participants' answers. I find myself wondering whether this absence

speaks to difficulty in recognising when efforts feel tokenistic due to privilege acting as a buffer? It's not my role to be challenging or questioning participants insights, but it is interesting to consider when situating the findings in context. That, *how* people experience social justice efforts may differ based on their social lens.

## Appendix E - Research invitation email to DClinPsy courses

Hello,

My name is Trusha, and I am a third year Trainee Clinical Psychologist studying at the University of Hertfordshire. I am currently seeking participants that may be interested in taking part in my research. Would it be possible to circulate my study information to the DClinPsy cohorts on your course?

I have attached the UH Ethical approval received for this study and the research advertisement.

**About the study:**
Social justice promotes fair and equitable resource allocation, opportunity, and rights for everyone regardless of race, gender, class, religion, sexual orientation, or ability. The field of Clinical Psychology has a responsibility to work towards these values and several UK DClinPsy courses have made steps towards this.

I am hoping to understand current and past trainee's experiences of social justice integration during their DClinPsy training. Gaining insight into how courses encompass social justice values and how trainees experience this can inform us as to how far along UK Clinical Psychology is in becoming more socially equitable in practice, and any barriers/difficulties with implementation.

**What it will involve:**
An individual interview with me that could last up to 1 hour, online or face to face.

**Who can participate:**
1. Trainee Clinical Psychologists (in any year of training)
2. Clinical Psychologists that have qualified in the last two years
3. English speaking with the option to engage with myself in Gujarati or Hindi.

Participants must have trained on a UK Doctorate in Clinical Psychology programme,

I would love to hear from you, please do get in touch at t.parikh@herts.ac.uk if you are interested or for further information.

Thank you!

Best wishes,

**Trusha Parikh (she/her)**
Trainee Clinical Psychologist
Doctorate in Clinical Psychology
University of Hertfordshire

**Appendix F - Research advertisement**

# Have you trained on a DClinPsy course that advocates for social justice?

## Calling

Trainee Clinical Psychologists and Clinical Psychologists (qualified in the last 2 years) to share their experiences of DClinPsy training on a course with a social justice ethos.

**ETHICAL APPROVAL:** The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. Protocol number:

## What does the study look at?

I am looking to understand how social justice values are implemented on training courses and how trainees navigate this lens in clinical practice. I hope this project will aid understanding of how Clinical Psychology training integrates a social justice framework and what might hinder or help this process.

## About me

Hello! My name is Trusha Parikh, a 2nd year trainee clinical psychologist at University of Hertfordshire.

I am on a DClinPsy course that seeks to address social injustice.

## What will you need to do?

- Take part in an online **interview** that will last up to 1 hour.
- You will be entered into a prize draw of 8 amazon vouchers worth **£25** each as as thank you for your time.

**For more information and to take part please email: t.parikh@herts.ac.uk**

**Appendix G - Participant information sheet**

**INFORMATION SHEET**

**Title of study: *Exploring social justice integration on UK DClinPsy programmes: Experiences of Trainee Clinical Psychologists***

**Introduction**

You are invited to consider taking part in a research study. I am a Trainee Clinical Psychologist at the University of Hertfordshire, and I am completing this study as part of my Doctorate in Clinical Psychology (DClinPsy).

Before you decide whether to participate, it is important that you read this Information Sheet to understand the aims of the study, who is eligible to take part, and what it will involve. Please take the time to read the following information carefully, and there are contact details provided at the end if you wish to get in touch with the Primary Researcher for further information.

Thank you for reading this information sheet.

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

Evidence suggests there is a need for Clinical Psychology to adopt social justice values, that is, addressing inequality, increasing appropriate support for marginalised communities, and reducing reinforcing oppressive systems. This study aims to explore experiences of how social justice is embedded during DClinPsy training. It is hoped that further insight into how such values are embedded in courses and how trainees experience this, can provide more information on what is helpful/unhelpful.

**Who can take part?**

1. Any trainee Clinical Psychologist in the UK
2. Newly qualified Clinical Psychologists who are up to two years post qualification

**What will happen to me if I take part?**

If you decide to take part in this study, you will be asked to take part in a 45–60 minute semi-structured interview about your experience of how social justice values were embedded into your training on the DClinPsy. You will be asked about your views on social justice and clinical psychology as well as what is working and/or not working. The principal researcher (Trusha Parikh, Trainee Clinical Psychologist) will conduct the interview with you. This interview will take place over video conferencing. Please note that not all expression of interest will result in participation. You will be contacted to arrange an interview time and date that is convenient for you.

If you take part, you will be entered into a prize draw of 8 amazon vouchers worth £25 each.

**Do I have to take part?**

No, your involvement in the study is entirely voluntary. If you do decide to take part, you will be given this information sheet to read and be asked to sign a consent form. Agreeing to join the study does not mean that you must complete it. You are free to withdraw at any stage of the interview without giving a reason. You can also withdraw up to 2 weeks after interview. It won't be possible to withdraw after this time, as data analysis may have begun, and it will not be possible to withdraw data from this.

**What are the possible benefits of taking part?**

Gaining insight into how DClinPsy courses encompass social justice values into their programmes and how trainees experience this, can indicate where the profession is at in its endeavour. It is hoped that this research can inform us as to how far along UK Clinical Psychology is in integrating a social justice framework, how useful this is for trainees/clinical psychologists in practice and any barriers to implementation and recommendations for DClinPsy programmes.

**What are the possible disadvantages, risks or side effects of taking part?**

There are no anticipated risks or disadvantages to participating in this study. You will be offered an opportunity to discuss how you are feeling following the interview, if you do require additional support you will be signposted during a debrief.

**How will my taking part in this study be kept confidential?**

Participants from several universities will be interviewed, and while the universities will be named in the final report, participants will not be identifiable from their data. Demographic data will be collected but reported on separately to DClinPsy course information in the final write up. All participants will be given pseudonyms for the write up. Written information such as consent forms will be stored on a password protected encrypted device. Audio-visual recordings and typed transcripts will also be stored on a password protected encrypted device. Interview transcripts will be anonymized prior to data analysis, and any verbatim extracts used for the report will be anonymized. Demographic information sheets and consent forms will be stored in separate files on the Universities of Hertfordshire's OneDrive, from any interview data, all of which will be password protected. The data will be kept with the primary supervisor on their UH OneDrive for 5 years post-doctoral submission, to allow for any secondary research to take place. You will be asked to consent to this, if you do not consent then data will be destroyed once the primary researcher has been awarded their degree.

**What will happen to the data collected within this study?**

Data collected in this study will be processed and kept in accordance with the Data Protection Act (GOV.UK, 2018) and General Data Protection Regulation 2016/679 Data will be stored securely on a University of Hertfordshire One Drive account. The anonymised data will be stored securely for 5 years after completion of the study in accordance with the University of Hertfordshire's policies and destroyed thereafter.

**Audio-visual material**

Interviews will be audio-visual recorded on the video-conferencing platform used for the study (MS Teams or Zoom). Recordings may be transcribed by a service that is in line with a GDPR policy to ensure confidentiality.

**Will the data be required for use in further studies?**

The data collected may be re-used or subjected to further analysis as part of a future ethically-approved study; the data to be re-used will be anonymised. This data will be held for 5 years following the study, before being destroyed.

**Who has reviewed this study?**

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. The UH protocol number is 05768.

**Who can I contact if I have any questions?**

If you would like further information or would like to discuss any details personally, please get in touch with the primary researcher:

Trusha Parikh
*t.parikh@herts.ac.uk*

Alternatively, you can contact the project supervisor:

Dr Rebecca Adlington
r.l.adlington@herts.ac.uk
Clinical Lead, University of Hertfordshire Doctorate in Clinical Psychology

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and considering taking part in this study.

## Appendix H - Ethical approval notices

First approval:

University of Hertfordshire UH

**HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA**

**ETHICS APPROVAL NOTIFICATION**

| | |
|---|---|
| **TO** | **Trusha Parikh** |
| **CC** | **Dr Rebecca Adlington** |
| **FROM** | **Dr Rosemary Godbold, Health Science, Engineering and Technology ECDA** |
| **DATE** | **23/08/2024** |

---

| | |
|---|---|
| Protocol number: | cLMS/PGR/UH/05768 |
| Title of study: | Exploring social justice integration on UK DClinPsy programmes: Experiences of Trainee Clinical Psychologists |

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

**Dr Rebecca Adlington (Principal Supervisor) 729156**
**Dr Anna Duxbury (Secondary Supervisor) External**

**Conditions of approval specific to your study:**

Ethics approval has been granted subject to the following condition being seen and approved by the supervisor as addressed prior to recruitment and data collection:

***Please consider & address this issue***: Can express permission be received from participants to name their University, even without linking participants details to them

**General conditions of approval:**

Ethics approval has been granted subject to the standard conditions below:

**Permissions**: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

**External communications**: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

**Invasive procedures**: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

**Submission**: Students must include this Approval Notification with their submission.

**Validity:**

This approval is valid:

From: 23/08/2024

To: 31/12/2024

**Please note:**

**Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.**
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

**Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.**
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

**Failure to report adverse circumstance/s may be considered misconduct.**
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Approval following amendment 12.03.2025:

To: Miss Trusha Parikh

Your application for an amendment of the existing protocol listed below has been approved by the Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. **Please read this letter carefully.**

Study Title: Exploring social justice integration on UK DClinPsy programmes: Experiences of Trainee Clinical Psychologists

Your UH protocol number is: **0835 2025 Mar HSET**
This reference must be quoted on all paperwork, including advertisements for participants.

**The Protocol Number issued from the online system replaces any previously issued protocol numbers and should be quoted on all paperwork, including advertisements for participants.**

If you wish to use the UH Ethics Committee logo disclaimer in your communications with participants, please find it in our UH Ethics Canvas site under 'Units - Application Forms': UH Ethics Approval (instructure.com.

**This ethics approval expires on 30/05/2025**

**Amending your protocol**

Individual protocols will normally be approved for the limited period of time noted above. Application for minor amendments (including time extensions) of a protocol, may be made for a maximum of 4 working weeks after the end date of that protocol.

It is expected that any amendments proposed via the online system will be minor. Should substantial modification be required, it would be necessary to make a fresh application for ethical approval.

Note that you must obtain approval from the relevant UH Ethics Committee with Delegated Authority **prior to implementing any changes**. Failure to do so constitutes a breach of ethics regulations (UPR RE01).

**Adverse circumstances**
Any adverse circumstances that may arise because of your study/activity must be reported to ethicsadmin@herts.ac.uk as soon as possible.

**Permissions**
Any necessary permissions for the use of premises/location and accessing participants for your study/activity must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Ethics Administration Team

ethicsadmin@herts.ac.uk

## Appendix I - Consent form

**CONSENT FORM**

**Study title:** Exploring social justice integration on UK DClinPsy programmes: Experiences of Trainee Clinical Psychologists

I, the undersigned *[please give your name here*, *in BLOCK CAPITALS]*

……
of *[please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address]*

…..……
hereby freely agree to take part in the study entitled: Exploring social justice integration on UK DClinPsy programmes: Experiences of Trainee Clinical Psychologists

(UH Protocol number 05768/0835 2025 Mar HSET)

**1** I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of my involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent to participate in it.

**2** I have been assured that I may withdraw from the interview at any time without disadvantage or having to give a reason. I can also withdraw from the study up to 2 weeks following the interview.

**3** In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

**4** I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used, including the possibility of anonymised data being deposited in a repository with open access (freely available).

**5** I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

**6** I do/do not **(please highlight as appropriate)** wish to be contacted regarding the findings of this study.

7 If you do not wish for anonymised data to be held beyond the completion of this study for future research please tick the box ☐

Signature of participant……..…Date……

Signature of (principal) investigator……Date……

Name of (principal) investigator *[in BLOCK CAPITALS please)……..TRUSHA PARIKH……..*

**Appendix J - Demographic questionnaire**

## Demographic information

**Code name:**

| | |
|---|---|
| Which DClinPsy course are you training at? | |
| What year of training/post training are you? | |
| Please describe your race and ethnicity | |
| What is your gender identity? | |
| How would you describe your sexual orientation? | |
| What is your social class currently and what was it prior to training? | |
| Do you identify as neurodivergent? | |
| Do you identify as a person with a disability or other chronic condition? | |

***Thank you for taking the time to answer these questions.***

**Appendix K - Debrief sheet**

## Debrief Information

**Exploring social justice integration on UK DClinPsy programmes: Experiences of Trainee Clinical Psychologists**

Thank you for taking part in this interview today. The aim of the study is to explore experiences of DClinPsy training on a social justice-oriented course. The study hopes to gain insight into how courses embed values of social justice across their curriculum and training, and how trainees experience this. It hopes to shed light on what is most useful or necessary for trainees, in being taught and implementing these values in practice.

The information you have provided will be used by the Principal Researcher (Trusha Parikh Trainee Clinical Psychologist) to develop key themes around the perspectives and experiences of social justice inclusion during DClinPsy training. There were no right or wrong answers as your account of you experiences and opinions, are what mattered. The information you have given will be anonymized during transcription and treated in confidence.

If you are interested in the results of this study when they are available please let us know and we can email you in due course.

If any aspect of participation in this study has caused any distress and you would like to access additional support please contact any of the organisations below:

- - For confidential NHS Staff Support text FRONTLINE to 85258 for 24/7 support.
- - Samaritans for health and social care workers in England call on **116 123** for 24/7 support.
- - To contact BPS minorities group please email minorities.cp@gmail.com

***Thank you again for your participation.***

***If you have any questions about this study, please contact:***

**Principal Investigator:** Trusha Parikh
(University of Hertfordshire; Doctorate in Clinical Psychology; t.parikh@herts.ac.uk)

**Internal Supervisor: Dr Rebecca Adlington**
(University of Hertfordshire; Doctorate in Clinical Psychology; r.l.adlington@herts.ac.uk)

**External Supervisor: Dr Geena Saini**
(Clinical Psychologist (DClinPsy); drgsaini@protonmail.com)

## Appendix L- Excerpts from coded transcripts

Interview 1 – small excerpt from 36 pages

| | Participant |
|---|---|
| Important to role of CP | I think it's important a very big aspect of our work. |
| Distress in social context | It relates to suffering many different forms of suffering and a lot of that can come from social circumstances and we don't exist in a vacuum. And |
| The problem is the problem, not the person | so it's really important to situate the person within |
| Distress in social context | the right context and to name, the kind of the systemic factors at play that could be contributing towards their distress. And that way you're situating the distress as a reaction to the system and the things that they're having to experience as opposed to the person. |
| Normal response to abnormal situations | So you know someone being traumatised or someone being depressed is a natural reaction in some circumstances to forms of oppression as opposed to it being something that's a maladaptive thing or something that is wrong with that person. So if we're able to kind of recognise |
| Naming systemic factors is key | and name these systems and these factors, then it helps us to work, work with people more effectively. |
| Victim blaming | Also helps us not to kind of victim blame as well. |
| Poorly applied cbt | And you know that this kind of the challenge that we can have with CBT or poorly applied CBT I |
| Critique of CBT | should say it's not inherent in CBT, but poorly applied CBT can be very much onus on the individual in the way that they perceive things and think about things. And therefore it's a 'thinking |

| | |
|---|---|
| Role of CP not to change thinking<br>Power<br>Therapy doesn't change social context<br>Therapeutic value in acknowledging context | flaw' when actually sometimes it's not. It is the reality. So there's no way that, you know, you can tell somebody to change the way that they think about what it means to be moving in the world as an oppressed person. And suddenly they're no longer going to feel depressed or alienated or isolated. Actually, there's a real helpfulness in recognising the realities of that and then finding space within that for healing. And it doesn't have to be mutually exclusive.<br><br>**Interviewer**<br>Thank you. Could you just, I know you mentioned a little bit about kind of acknowledging the systemic impact. Could you just speak to that a bit more in terms of?<br>Yeah, it's relevance and prevalence in clinical psychology or kind of acknowledging that. |

Interview 3 – small excerpt from 37 pages

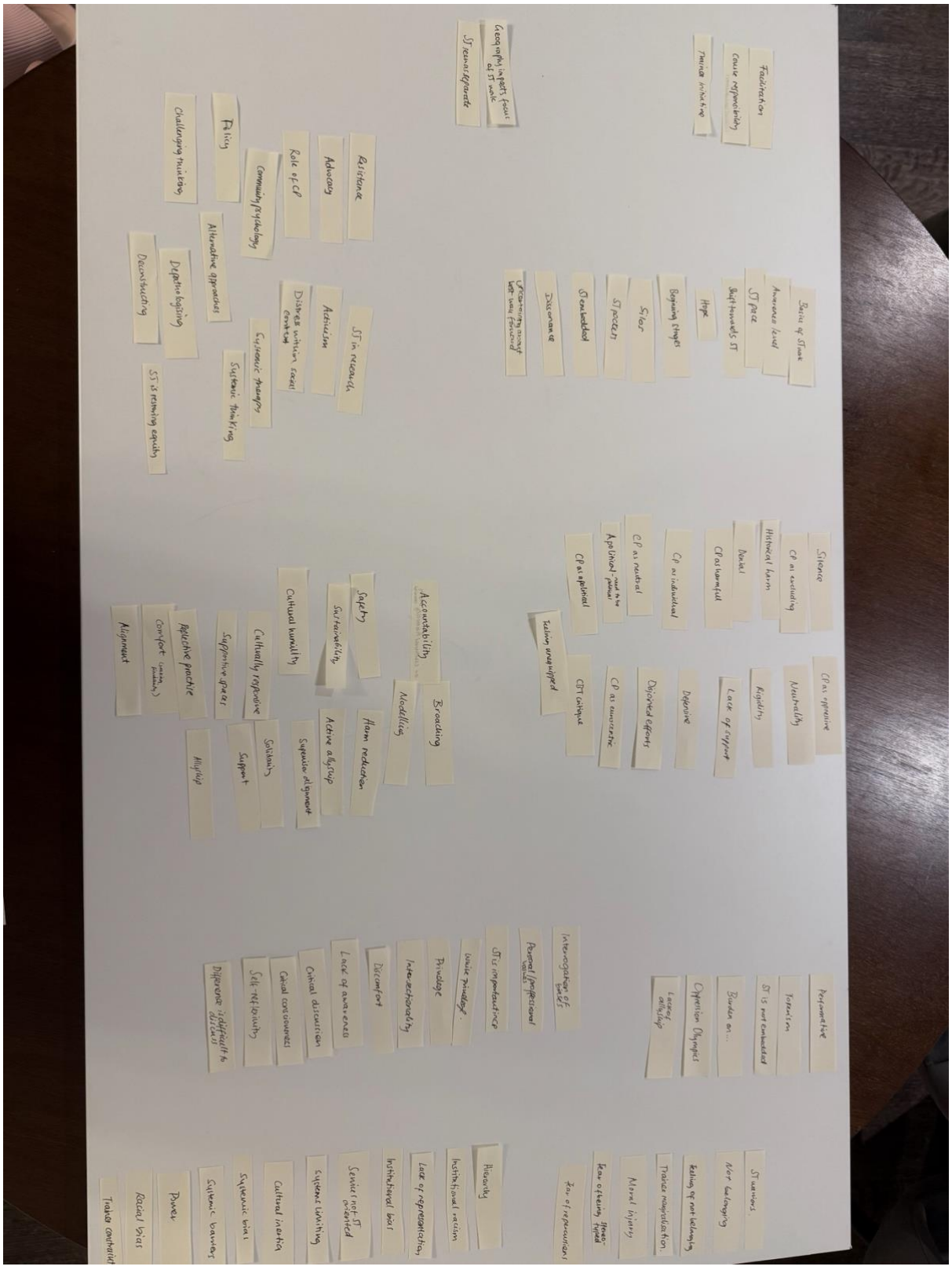
| | |
|---|---|
| Collective actions<br>Activism<br>Trainee led<br>Elephant<br>Neutrality<br>Apolitical | And yeah, it's about like, I think community and like finding a community in that.<br>In the field. But also I've got quite a strong community outside of the the field of psychology that are all in like, think and feel the same way about things as I do.<br>And and that might be like, you know, painting a banner and going to a protest at a weekend and feeling really uplifted by that collective action?<br>And I think rooting in the real changes that we are making like small scale changes.<br>You know we we we've set up here XXX, a reflective space to talk about the elephant in psychology. So to talk about racism, to talk about Palestine, to talk about social justice and the things that we feel aren't being discussed in our teachings.<br>Which is why we call it the elephant in the room. And more and more people are coming to that. It's it's |

| | |
|---|---|
| | spreading across some different universities. |
| Change | And and it just feels really uplifting to see that that if you just chip away, there is some change happening. |
| Change is slow | Sometimes I get stuck in the frustration of like it's too slow. We're not moving fast enough. These changes aren't grand scale enough. |
| Solidarity | But yeah, looking like taking stock and looking around at my colleagues and peers who are doing great work and thinking we're we're the next generation coming through. And we won't rest until things are shifting. |
| Moral injury<br>Sustainability | Yeah. And then sometimes it's just like switching off from it. Actually it's spending a weekend, not looking at the news, not thinking about it, which again is a is a huge privilege. And that kind of like. I kind of think about it like the hokey cokey like we step in and we step out. So when I'm exhausted, I might step back a bit, but I know that one of my mates has got it and they're going to step forwards and when you've got this sort of network you, yeah, you just kind of, I can see my brain envision people stepping and stepping out and taking some time to rest and reset and stepping right back in again. |
| Change is slow | And knowing that someone else is going to pick up the slack while you have a little bit of a breather.<br>It's slow work. |
| Mobilisation | And I think sometimes I think, oh, we're not going to see real change in my lifetime.<br>But what we're going to do then just sit around and just be like Meh can't do anything about it. So I'm not going to do anything at all. |
| Power for social change<br>CP as powerful | Or. You know use use the power and privilege we have in our positions of. In kind of healthcare and also in academic sort of circles to just chip away. I think also I carry around friends on my shoulders. I can. I've got, |

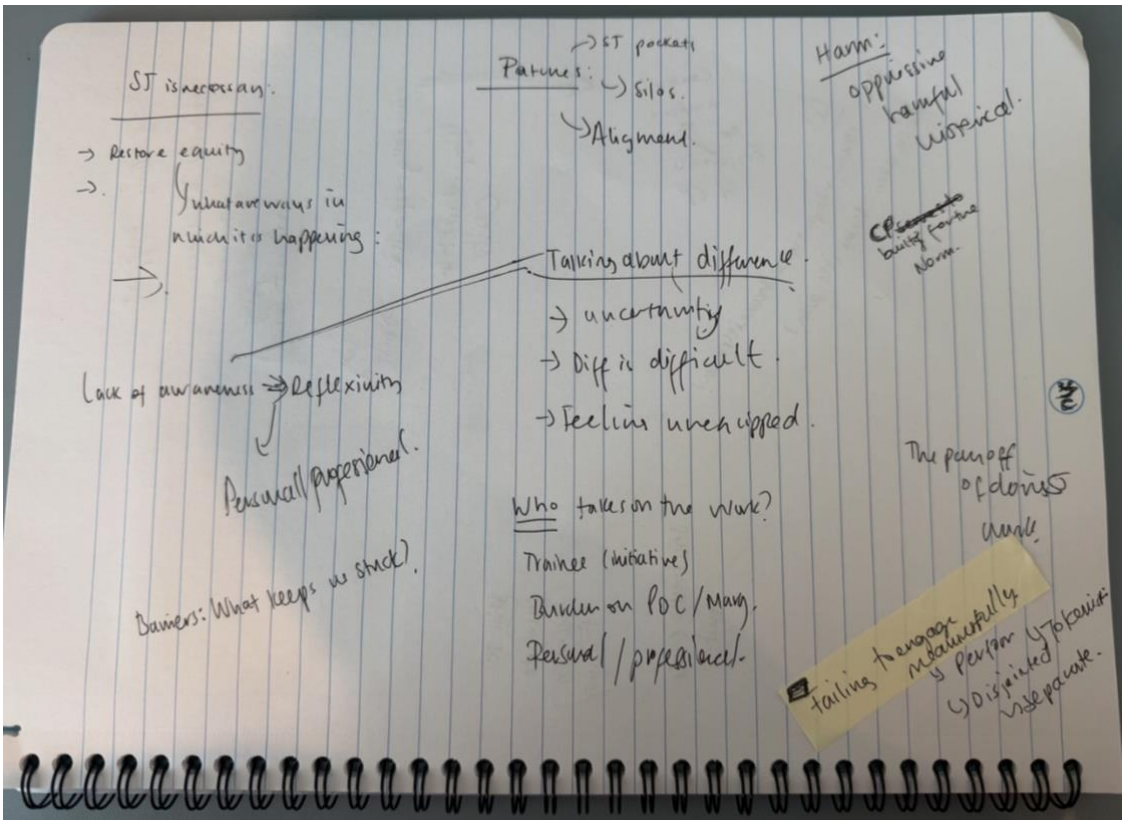
| | |
|---|---|
| Geography impacts focus of SJ work | lot of it, I think because we're XXX based, a lot of it is geared towards kind of austerity and poverty. |
| Oppression Olympics | And I know that there's some frustrations around how little there is around racism. |
| Tokenism | I think at times we have teaching that feels quite tokenistic because they have to have it on the curriculum. |
| Trainee initiative | And I see that and I also think that we are our teaching. So when we don't engage as a cohort, that's what's the problem. |
| | Like we have quite a lot of reflective spaces on whiteness, and as far as I see it. |
| Bare minimum<br>Virtue signalling | We often have times where it kind of becomes a pat on the back like I'm white, and I was raised to be racist and I'm admitting it to myself, so well done, me and I've I've spoken to friends of mine who are people of colour. Who that that's really harmful. They have to sit in this room and hear their white peers and colleagues kind of commend themselves for recognising that they're racist. |
| Performative<br>Lack of accountability | And and without that next step of like OK recognition and then action, that's just incredibly insulting. |
| Lack of awareness<br>Unintended harm | So I think sometimes it's done well and sometimes it's done really clumsily and when it's done clumsily. It's really harmful and. |
| Space to be messy | And I think it's that that concept of like what are safe spaces and who are they safe for? Like I believe that we need to have spaces for people to be clumsy and to recognise their blind spots, to recognise their biases. And address them. |
| Uncertainty around best way forward | At the moment I don't. I don't. I don't know the answer to this, but I doesn't feel right that that happens at the expense of people in the room who have to listen to |
| Unintended harm | that and just tolerate that their colleagues are talking |

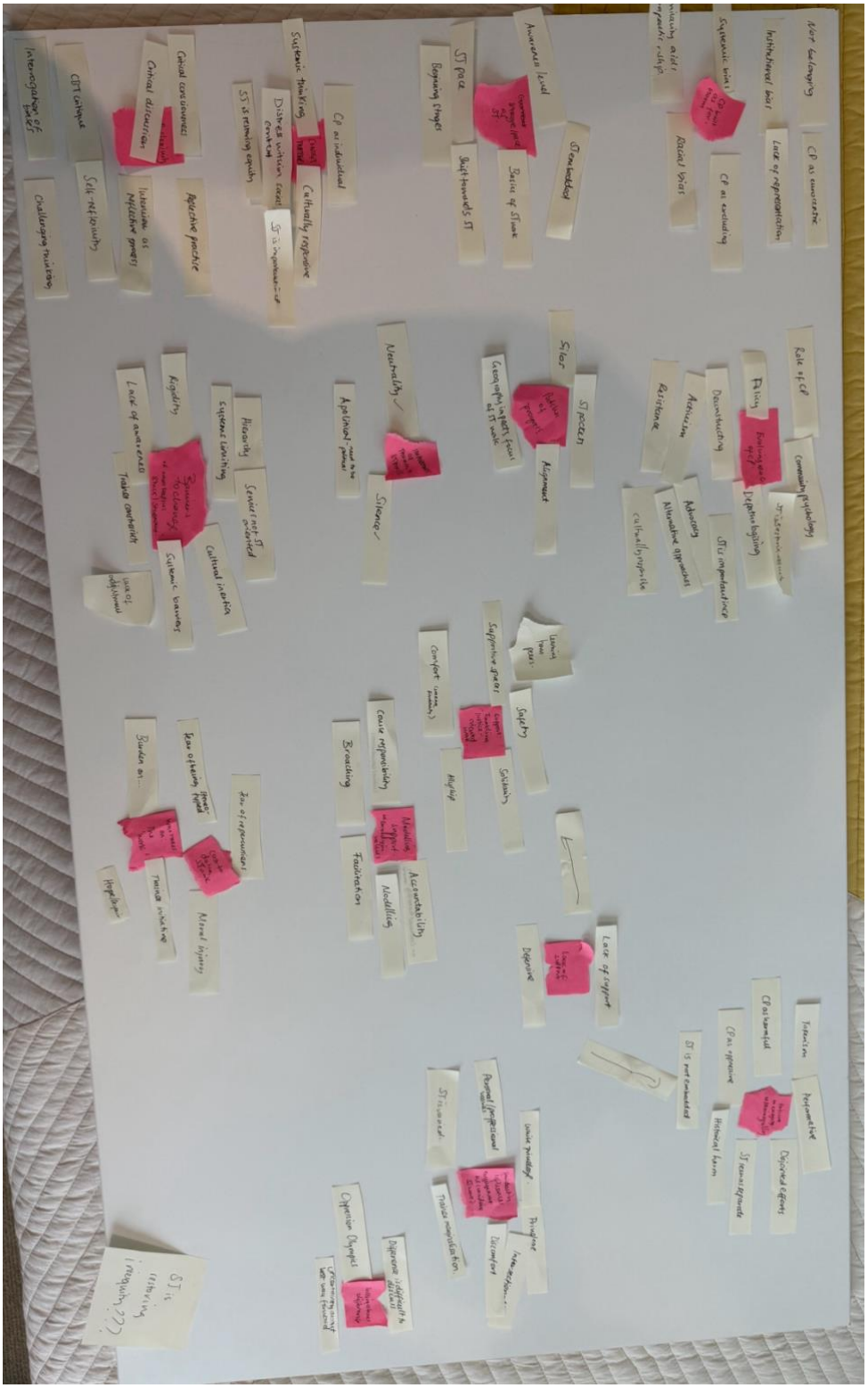
## Appendix M - List of initial codes

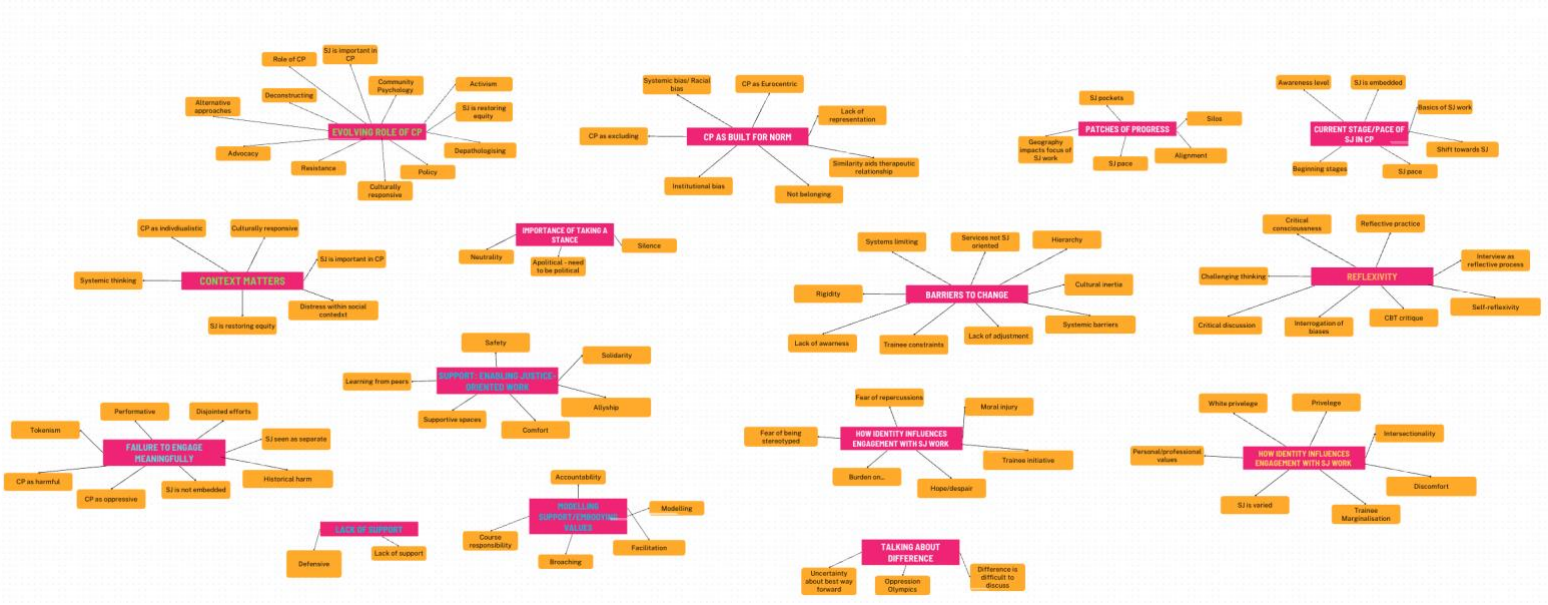
*Initial clusters*

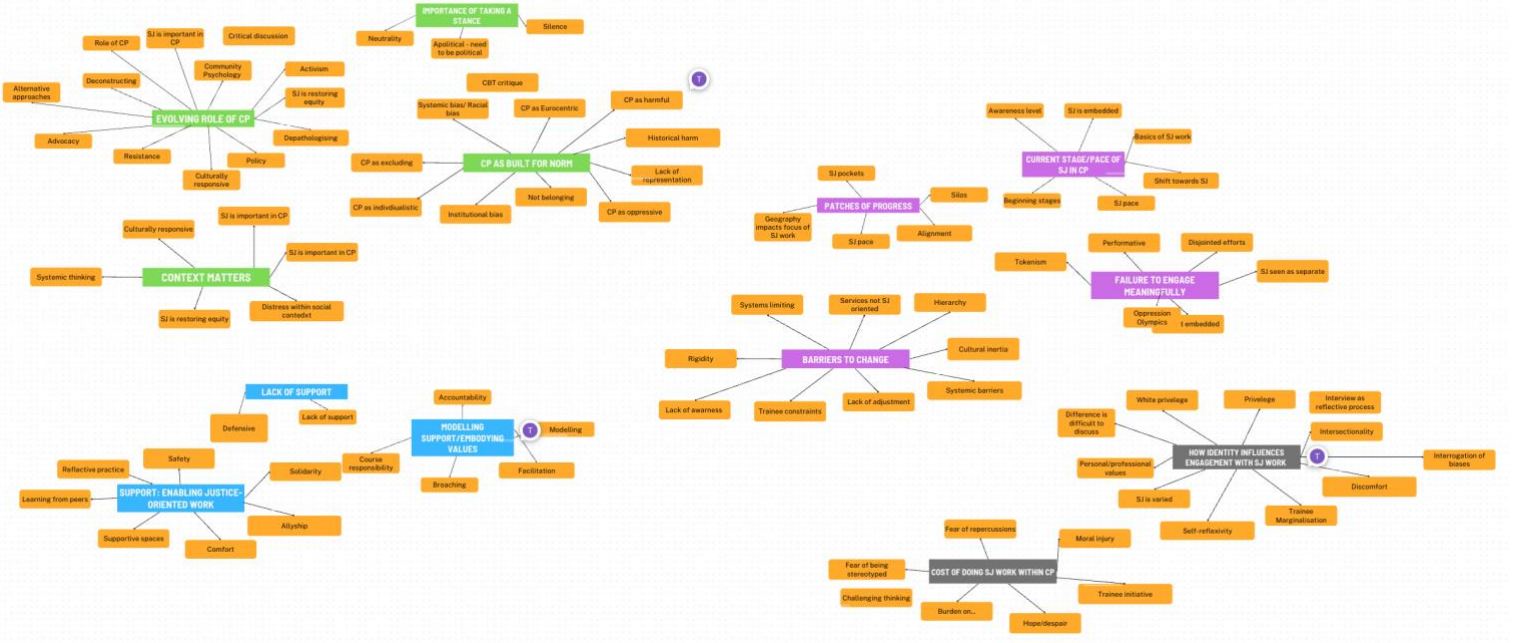


**Appendix N - Mind maps of clustering to theme development**

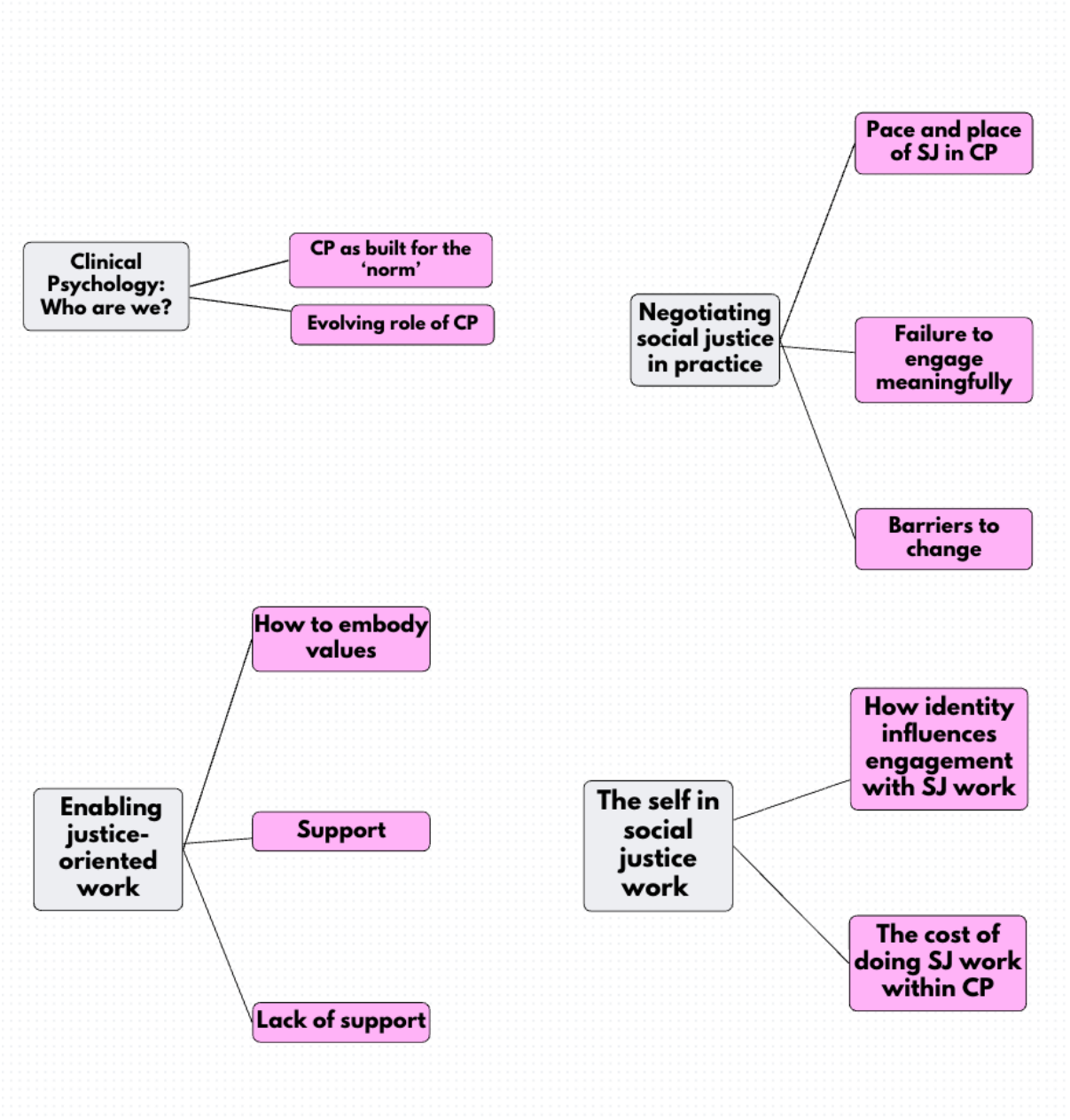



EVOLVING ROLE OF CP
Role of CP
SJ is important in CP
Community Psychology
Activism
Alternative approaches
Deconstructing
SJ is restoring equity
Advocacy
Depathologising
Resistance
Policy
Culturally responsive
CP AS BUILT FOR NORM
Systemic bias/ Racial bias
CP as Eurocentric
CP as excluding
Lack of representation
Similarity aids therapeutic relationship
Institutional bias
Not belonging
PATCHES OF PROGRESS
SJ pockets
Silos
Geography impacts focus of SJ work
Alignment
SJ pace
CURRENT STAGE/PACE OF SJ IN CP
Awareness level
SJ is embedded
Basics of SJ work
Shift towards SJ
Beginning stages
SJ pace
CONTEXT MATTERS
CP as individualistic
Culturally responsive
Systemic thinking
SJ is important in CP
Distress within social contedxt
SJ is restoring equity
IMPORTANCE OF TAKING A STANCE
Silence
Neutrality
Apolitical - need to be political
BARRIERS TO CHANGE
Systems limiting
Services not SJ oriented
Hierarchy
Rigidity
Cultural inertia
Lack of awarness
Trainee constraints
Lack of adjustment
Systemic barriers
REFLEXIVITY
Critical consciousness
Reflective practice
Challenging thinking
Interview as reflective process
Critical discussion
Interrogation of biases
CBT critique
Self-reflexivity
SUPPORT: ENABLING JUSTICE-ORIENTED WORK
Safety
Learning from peers
Solidarity
Allyship
Supportive spaces
Comfort
FAILURE TO ENGAGE MEANINGFULLY
Performative
Disjointed efforts
Tokenism
SJ seen as separate
CP as harmful
CP as oppressive
SJ is not embedded
Historical harm
HOW IDENTITY INFLUENCES ENGAGEMENT WITH SJ WORK
Fear of repercussions
Moral injury
Fear of being stereotyped
Trainee initiative
Burden on...
Hope/despair
White privilege
Privelege
Intersectionality
Personal/professional values
Discomfort
SJ is varied
Trainee Marginalisation
LACK OF SUPPORT
Defensive
Lack of support
MODELLING SUPPORT/EMBODYING VALUES
Accountability
Modelling
Course responsibility
Facilitation
Broaching
TALKING ABOUT DIFFERENCE
Uncertainty about best way forward
Oppression Olympics
Difference is difficult to discuss


EVOLVING ROLE OF CP
IMPORTANCE OF TAKING A STANCE
CP AS BUILT FOR NORM
CONTEXT MATTERS
CURRENT STAGE/PACE OF SJ IN CP
PATCHES OF PROGRESS
BARRIERS TO CHANGE
FAILURE TO ENGAGE MEANINGFULLY
SUPPORT: ENABLING JUSTICE-ORIENTED WORK
MODELLING SUPPORT/EMBODYING VALUES
LACK OF SUPPORT
HOW IDENTITY INFLUENCES ENGAGEMENT WITH SJ WORK
COST OF DOING SJ WORK WITHIN CP

**Appendix O - Thematic mapping**

Initial thematic map



Final thematic map