



**Increasing Diversity in The Workforce: Exploring Experiences of Diversity
Issues that Affect Clinical Psychology Careers**

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November 2019

Submitted in partial fulfilment of the Doctorate in Clinical Psychology

University of Liverpool

Acknowledgments

Firstly, I would like to thank the participants for sharing their stories. Your willingness to be so open and honest has allowed for a powerful and emotive narrative to emerge.

Secondly, I would like to thank my supervisors, Stephen Weatherhead and Steven Gillespie. Your support and kindness have been instrumental. It has truly been a pleasure working with you both.

Finally, I would like to thank my family. My sisters, Sobia, Salma and Jamima, who have been my greatest champions and source of support. Your unconditional love and guidance have meant the world to me. To my parents, I could not be where I am today without you, thank you for supporting me on this journey.

Table of Contents

Introductory Chapter: Thesis Overview	5
References	8
Chapter 1: Systematic Review	9
Abstract	10
Introduction	11
Method	15
Results	19
Discussion	38
References	45
List of Tables and Figures	
Table 1- Quality Assessment	21
Table 2- Data Extraction	23
Figure 1- Study Selection Flow Diagram	20
Chapter 2: Empirical Paper	53
Abstract	54
Introduction	55
Method	59
Data Analysis	62
Findings	70
Discussion	92
References	104
List of Tables	
Table 3- Process of Data Analysis	67
Appendices	120
Appendix 1: Journal Guidelines	122
Appendix 2: Extract of Seven stage NA Process- Reflective Diary	123
Appendix 3: Participant Demographic Details	128
Appendix 4: Participant Information Sheet	129

Appendix 5: Interview Schedule.....133

Appendix 6: Demographic Information Form.....134

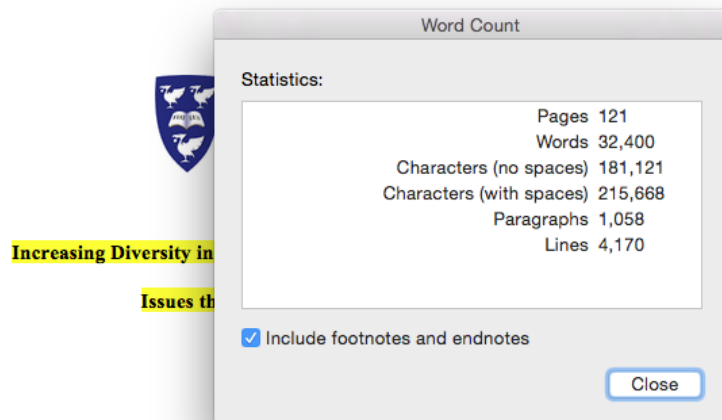
Appendix 7: Ethics Letter.....135

Appendix 8 Consent Form.....137

Appendix 9: Stages of NA Analysis (Fraser, 2004).....140

Appendix 10: Extract of Annotated Transcript.....144

Thesis word count (excluding references): 32,400



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Resubmitted November 2019

Introductory Chapter: Thesis Overview

This thesis is comprised of two chapters: 1) a systematic review of longitudinal career outcomes following mentorship programs in academia, for faculty of colour identified as Underrepresented Minority (URM) and 2) experiences of individuals from low Social Economic Status (SES) backgrounds, reaching leadership positions within Clinical Psychology. The systematic and empirical chapters have been written for planned publications in the Journal of Clinical Psychology, these chapters have been written in accordance with the author guidelines (see Appendix 1).

The two chapters are individual papers, although share an overarching theme of diversity representation within professional settings. A diverse workforce has numerous advantages within academic and healthcare settings, including fostering creative ways of thinking and understandings towards the needs of marginalised individuals (Kline, 2014). Both chapters explore underrepresented professional populations and both chapters explore longitudinal career paths. The literature review focuses on academics of colour as initial literature searches on longitudinal career outcomes yielded sufficient data to conduct a review in this population; in contrast there was limited research available assessing SES and longitudinal career outcomes. As the latter highlighted the need to explore SES and career outcomes further, the second chapter aimed to explore the career paths of people from low SES backgrounds who have reached leadership positions within Clinical Psychology. This chapter followed on from the review chapter as it allowed us to examine the role of important factors, including mentorship, which play a pivotal role in career progression. A specific focus of Clinical Psychology leaders from a low SES background was taken as 1) this population is

underrepresented within the profession (Scior, Williams & King, 2017; Stewart, 2017) and 2) it ensured this doctoral piece of research was specifically relevant to the field of Clinical Psychology.

The literature review provides a contemporary synthesis on the effectiveness of mentoring programs by investigating longitudinal career outcomes. A systematic review was conducted and ten eligible studies were reviewed, consisting of quantitative, qualitative and mixed methods design. Across all studies, positive outcomes regarding publication, grant and promotion rates were observed through a longitudinal timeframe. Informal mentoring programs were noted to be advantageous for URM faculty in allowing a greater focus on 'softer skills', such as personal attributes and personal growth. Future research should focus on comparing longitudinal career outcomes of mentoring programs with a matched control group. Particularly, there is a need for more studies conducted in the United Kingdom (UK), as all papers in the review involved a population from the United States of America (U.S.). Research on the specific components of mentoring in the UK, tailored to URM populations, could lead to the development of more nuanced mentorship schemes, which can explore important issues such as intersectionality that can help decolonise current curriculums and be implemented across academic institutes, including Clinical Psychology programmes.

The empirical paper explored the personal narratives of twelve individuals from low SES backgrounds, who have reached leadership positions within Clinical Psychology. Data was analysed using Narrative Analysis (NA). NA researchers highlight the space it creates for exploring micro, meso and macro influencers, by the examination of the socio, political and cultural context; which in turn helps develop a greater understanding of individuals' experiences (Weatherhead, 2011). Experiences which emerged from the participants'

narratives were presented within the framework of a three-act story, corresponding to a traditional beginning, middle and end. Participants held narratives which integrated interpretations of major life changes and difficult early experiences, such as childhood trauma and abuses of power and reconstructed them to highlight the positive outcomes, i.e. being in a position to passionately champion for and empower vulnerable individuals. In relation to social mobility, participants have developed narratives to negotiate and make sense of their changing circumstances, (within their professional roles this includes working to their values, a strong focus on working hard and gaining confidence to have vulnerable and difficult conversations). Future research should work to develop interventions that can encourage working-class students in their career aspirations, including helping them transition from college to university, through negating some of the barriers embodied as a result of classism, such as improving self-confidence and creating a space to practise vulnerability.

References

- Kline, R. (2014). The “snowy white peaks” of the NHS: a survey discrimination in governance and leadership and the potential impact on patient care in London and England. Middlesex University Research Depository.
- Scior, K., Williams, J., & King, J. (2017). Is access to clinical psychology training in the UK fair? The impact of educational history on application success. *Clinical Psychology Forum* (289), 1-7.
- Stewart, C.E. (2017). Diversify and conquer: A call to promote minority representation in clinical psychology. *The Behavior Therapist*, 40(3), 74-79.
- Weatherhead, S. (2011). Narrative Analysis: An often-overlooked approach. *Clinical Psychology Forum*, 218, 47-52.

Chapter 1: Systematic Review

A Systematic Review of Longitudinal Career Outcomes following Mentorship Programs for Underrepresented Minority (URM) Faculty in Academic Settings.

Abstract

Objective: This paper aimed to review existing research and provide a contemporary synthesis on the effectiveness of mentoring programs by investigating longitudinal career outcomes.

Method: A systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance.

Results: Ten eligible studies were reviewed, consisting of quantitative, qualitative and mixed methods design. Across all studies, positive outcomes regarding publication, grant and promotion rates were observed within a longitudinal timeframe. Informal mentoring programs were noted to be advantageous for URM faculty in allowing more focus on ‘softer skills’, such as personal attributes and personal growth.

Conclusions: To conclude, there was consistent evidence for positive longitudinal career outcomes following mentoring. However, studies in this review varied in duration of the mentoring program, the type of mentoring offered and follow-up period assessing longitudinal outcomes. Future research should focus on comparing longitudinal career outcomes of mentoring programs with a matched control group. Particularly, there is a need for more UK studies, as all the studies in the review involved a U.S. population. Further research on the specific components of mentoring in the UK, related to URM populations could lead to the development of nuanced and tailored mentorship schemes, exploring important issues such as intersectionality, which can help decolonise current curriculums and be implemented across academic institutes, including Clinical Psychology programmes.

Keywords: Mentoring Programs, Underrepresented Minority Faculty, Longitudinal Career Outcomes

Introduction

There are many definitions of mentoring, the most common process involves a senior, experienced faculty member (mentor), providing experience, knowledge, guidance, support and opportunities to another junior or less experienced colleague (mentee), in order to help facilitate the mentee's professional development (Beech, 2013 & Berk, 2005). A mentoring relationship may vary along continuums of informal to formal and short to long term (Berk, 2005). In the context of academia, the main purpose of mentoring higher education faculty is to facilitate the development of professional careers, professional identity, competence and expertise (Toal-Sullivan, 2006).

Over the last 30 years, mentoring has been viewed as one of the most instrumental resources in helping minorities progress in their careers (Bryant-Shanklin & Brumage, 2011). Despite this, minority ethnic faculty are vastly underrepresented in academia, with statistics from universities continually demonstrating that academics of colour are marginalized from British Higher Education (HE). Data generated from the Higher Education Statistics Agency (HESA), revealed the total number of academic faculty between 2014-2018 was 211,980 and of this number only 18,985 were Asian and 3,725 were Black. The latest UK census data, further demonstrates a lack of URM representation in the workforce as a whole, with individuals from Asian and Black ethnic groups making up a higher share of the 'never worked and long-term unemployed' group (at 17.5% and 6.2% respectively) than their share of the general population (7.5% and 3.3% respectively). However, individuals from Asian and Black ethnic groups also make up a higher share of full-time students, (at 15.1% and 6.2% respectively) (Office for National Statistics, 2011).

As all the papers included in this systematic review involved a U.S. population, a brief overview of the statistics involving U.S. academic populations is provided. For instance,

according to the National Centre for Education Statistics (NCES), around three-quarters of post-secondary faculty members in the U.S. were white (76%) (NCES, 2017). Minority faculty members are especially underrepresented in science, technology, engineering and math (STEM) disciplines in the nation's top 40 public universities (Li & Koedel, 2017). For instance, Black and Hispanic representation in STEM ranges from 0.7% to 2.9% and from 2.5% to 5.1% across fields, respectively, versus from 8.8% to 15.1% and from 4.2% to 7.8% across non-STEM fields (Li & Koedel, 2017). Overall, data from both the U.K. and U.S. provide further rationale for the importance of evaluating effective mentoring programmes, which are targeted at academic faculty in order to help increase diversity representation.

Similarly, there is a lack of minority ethnic representation within clinical psychology that is well documented (e.g. Daiches, 2010; Helm, 2002; Turpin & Coleman, 2010). Rather than focussing on Clinical Psychology training in particular, it was felt given the wider breadth of research available, that more meaningful lessons could be garnered by focussing on academia more broadly. A focus on academia nonetheless has clear relevance for Clinical Psychology training. The only available training route to Clinical Psychology in the UK is via the Doctorate in Clinical Psychology. This doctoral training programme is offered by a number of universities and requires trainees to write an original research thesis to be examined in a viva voce examination. The aim of this training is to develop Clinical Psychologists as scientist-practitioners who are producers as well as consumers of research (Shapiro, 2002). Therefore, given Clinical Psychology has strong academic and research components within its training programmes and thereafter, as many Clinical Psychologists choose to work in academic settings as researchers and/or lecturers, it is envisaged that the results from the systematic review could be clinically applicable to the profession.

The presence of minority faculty in academic institutions is crucial because their research areas often target issues of health disparities (Viets et al., 2009). For instance, minority faculty may have greater insights from their own experiences regarding concerns of historically disadvantaged communities and be better equipped to anticipate issues with research engagement and participation within specific cultural contexts (Sutton et al., 2013; Vermund et al., 2018).

Barriers URM faculty face include the frequent demands placed on their time, such as expectations to represent minority faculty/students and championing cultural causes (Harawa, 2016). This can often lead to exploitation through tokenization that can result in an unfair division of labor and ultimately sabotage career success (Harawa et al., 2016; Turner, González & Wood, 2008).

The factors underlining this disparity are likely to include institutional racism and subconscious biases (Tate & Page, 2018). Institutional racism encompasses a set of hidden racist values and practices that form the institutional norms of an organization (Sian, 2017). This form of racism often operates implicitly and without recognition of privilege and power and may be considered examples of microaggressions (Sian, 2017). Microaggressions are subtle and daily occurrences of institutional racism which provoke distress by dismissing a person of colour, leading to isolation and a lack of belief in oneself (Sian, 2017). Because this form of racism is subtle, it is often difficult to confront (Essed, 1991). Common examples of everyday microaggressions include, URM faculty being labelled as aggressive or overly sensitive and students challenging their authority as educators (Zambrana et al., 2017). Although institutional racism and microaggressions critically impact career outcomes for URM faculty, these concepts are often superseded for policies, procedures and narratives which serve the dominant Neoliberal culture (McGuigan, 2016).

Rationale and Aims for Review

According to some scholars, the effectiveness of formal and informal faculty mentoring programs aimed towards junior faculty career development, is based more on hypothesis than on evidence (Berk, 2005). These researchers assert that although mentoring programs for minorities have been in place for many years, minority groups remain minimally represented (Berk, 2005; Dunbar & Kinnersley, 2011). One reason for the disparity may be that the concept of mentoring remains unclear and imprecise instruments designed to evaluate mentoring programs are insufficient (Berk, 2005). Despite this, an ever-increasing number of mentoring programs are rolled out across institutions in the hope they will allow equal opportunities for diversity representation across the ranks (Berk, 2005). Smith et al. (2000) state that academic organisations need to effectively investigate why representation of minorities is low in academic advancement and in leadership positions, even though on the surface mentoring programs are focused on minorities and females (Dunbar & Kinnersley, 2011). This review will aim to help shine further light on this significant issue by assessing longitudinal career outcomes following mentorship.

An additional aim of this review is to incorporate more recent research and provide an updated synthesis to add to the findings from the last two systematic reviews within this field, Sambunjak et al. (2006) and Beech (2013), of which both assessed mentoring programs for URM faculty in academic medicine. Both reviews stated the studies assessed were negatively impacted by limited outcomes following participation in the mentoring programs. The reviews reported that although mentoring is perceived as an important component of success in academic medicine, the relationship between participating in such programs and subsequent success is not particularly strong (Beech, 2013 & Sambunjak et al., 2006).

Therefore, recommendations have been made for longitudinal career outcomes to be assessed for URM faculty who have engaged in structured or unstructured mentoring programs.

In order to ensure longitudinal career outcomes were measured, an inclusion criterion was employed whereby a minimum follow-up period of four years was utilised, which was measured from the point of initial involvement in the mentoring program. The decision to specifically focus on academic faculty was taken as a result of the plethora of research on mentoring within academic settings and, as such, it was hoped that the availability of longitudinal outcomes would aid in the efficacy of this review.

Review Questions

- 1) What are the aims of URM mentoring programs and how are these implemented?
- 2) Do URM mentorship programmes effectively influence longitudinal career outcomes?¹

Method

Protocol

The review followed a predetermined protocol, labelled Systematic Review Protocol, which included a PICO table detailing the key components of the research question, such as, Review Question, Population, Intervention, Comparator, Outcomes, Setting and Study Design (Boland, Cherry & Dickson, 2014). The protocol was not formally registered prior to the study, however key details are identified below.

¹ Effectiveness of mentorship on longitudinal career outcomes defined as positive career outcome(s) following professional mentorship, as assessed via publication, grant output, promotion and/or retention of faculty position (Beech, 2013).

Inclusion / exclusion criteria

Studies were selected for inclusion in the review if they satisfied the following predefined inclusion criteria:

- 1) The population under investigation were underrepresented ethnic minority academic faculty, minimum qualification of post-doctoral researcher through to professorship.
- 2) Studies focussing on a mentoring program and providing, at a minimum, a description of the program.
- 3) Studies focussing on the longitudinal career outcomes of mentoring program participants. Longitudinal outcomes operationalised as a minimum of four years follow-up, measured from the point of initial involvement in the program.
- 4) Studies were required to discuss at least one career outcome, such as publications, grant awards or promotion.
- 5) Formal and/or informal types of mentoring.
- 6) Quantitative and/or qualitative studies.
- 7) Studies available as full-text in English.

Studies were excluded from the review if they met the following predefined exclusion criteria:

- 1) The population under investigation were undergraduate or master students without a longitudinal follow up period of outcomes.
- 2) The underrepresented population under investigation was exclusively white women.
This decision was twofold (a) this review was investigating ethnic minority

populations and (b) the findings of studies focussed on women and academia have recently been reviewed (Nowell et al., 2017).

- 3) Studies which failed to provide enough detail to ascertain whether or not they met inclusion criteria.
- 4) Restrictions applied to publication format (e.g. books/letters were excluded).

Search strategy and selection criteria

The databases: MEDLINE, PubMed, Science Direct and Scopus were searched for articles, in the English language, from database inception to December 2018. The search terms for each database were based on the following combinations: (mentor OR mentors OR mentoring OR mentorship) AND (minority OR minorities OR underrepresented) AND (academia OR academics OR faculty OR post-doctoral) AND (career outcomes OR professional development). Inclusion decisions were made in two stages. At stage one (screening), all title and abstracts were reviewed for initial eligibility based on the criteria above and duplicates were removed and reason for exclusion recorded. At stage two (eligibility), the full text articles identified as potentially eligible were obtained and reviewed against the inclusion criteria to establish eligibility. The reference lists of included articles were also searched. A 20% random sample of stage one and stage two, were screened by a peer, who acted as a second reviewer, to check reliability of the process, with 100% agreement at both stages. The process of screening identified publications is reported using the PRISMA diagram (Liberati et al., 2009) (see Figure 1).

Data extraction

Data was extracted independently by two reviewers, the author of this paper and her peer.

Data was extracted pertaining to study characteristics (author, publication year, country, funding sources), participant information (number of participants, age, sex, ethnicity), study design (data collection techniques, measurements, details of mentorship program, including program goals), study findings (longitudinal follow up period and career outcomes).

Quality assessment

Data was systematically extracted for quality assessing each included study using the 16-item Quality Assessment Tool for Studies with Diverse Design (QATSDD) (Sirriyeh et al., 2012).

This tool was chosen as it enables comparisons between quantitative, qualitative and mixed-methods papers and test-retest and inter-rater reliability of this tool has been assessed and ranged from good to substantial (kappa ranging from .698 to .901) (Sirriyeh et al., 2012).

The tool consists of 16 criteria and a scale from zero to three for each of criteria is awarded; 14 of the criteria apply to qualitative studies, 14 apply to quantitative studies and all 16 items are applicable where mixed methods have been employed (Sirriyeh et al., 2012). A total possible score of 42 can be obtained for qualitative and quantitative studies and 48 for mixed methods studies (Sirriyeh, 2011). The QATSDD authors argue that reviewers should score papers independently and subsequently compare notes to identify and resolve differences in interpretation (Sirriyeh et al., 2012). This process was implemented by two reviewers (the author of this paper and her peer) and a total quality score for all eligible papers was subsequently obtained. A Kappa score was calculated to establish reliability of the decisions and any discrepancies were resolved by discussion with the primary supervisor (see Table 1). Discrepancies between the reviewers were greater on certain criteria, such as, 'explicit theoretical framework,' perhaps illustrating greater subjectivity within this criterion when

evaluating the level of detail provided. Overall across the QATSDD, the percentage of discrepancy between the two reviewers was 12.4%.

Data synthesis and Analysis

An integrated mixed methods synthesis was selected, as the studies in this review included qualitative, quantitative and mixed methods design (Briggs, 2014). Mixed methods reviews are arguably more advantageous than single method reviews as they can often be too narrow to develop actionable findings in terms of policy and practice (Briggs, 2014). The integrated mixed method review combines quantitative and qualitative data into a single mixed method synthesis (Sandelowski et al., 2006). In this review, quantitative data will be discussed alongside qualitative outcomes under relevant thematic subject headings in a meta-aggregation (Sandelowski et al., 2006).

Results

Study Selection

After duplicates were removed 4,051 articles were screened for eligibility, 195 full text articles were reviewed and three additional papers were found by hand searching the reference list for eligible articles. In total, ten articles met the inclusion criteria and were included in the synthesis (see Figure 1).

Figure 1

Study Selection Flow Diagram

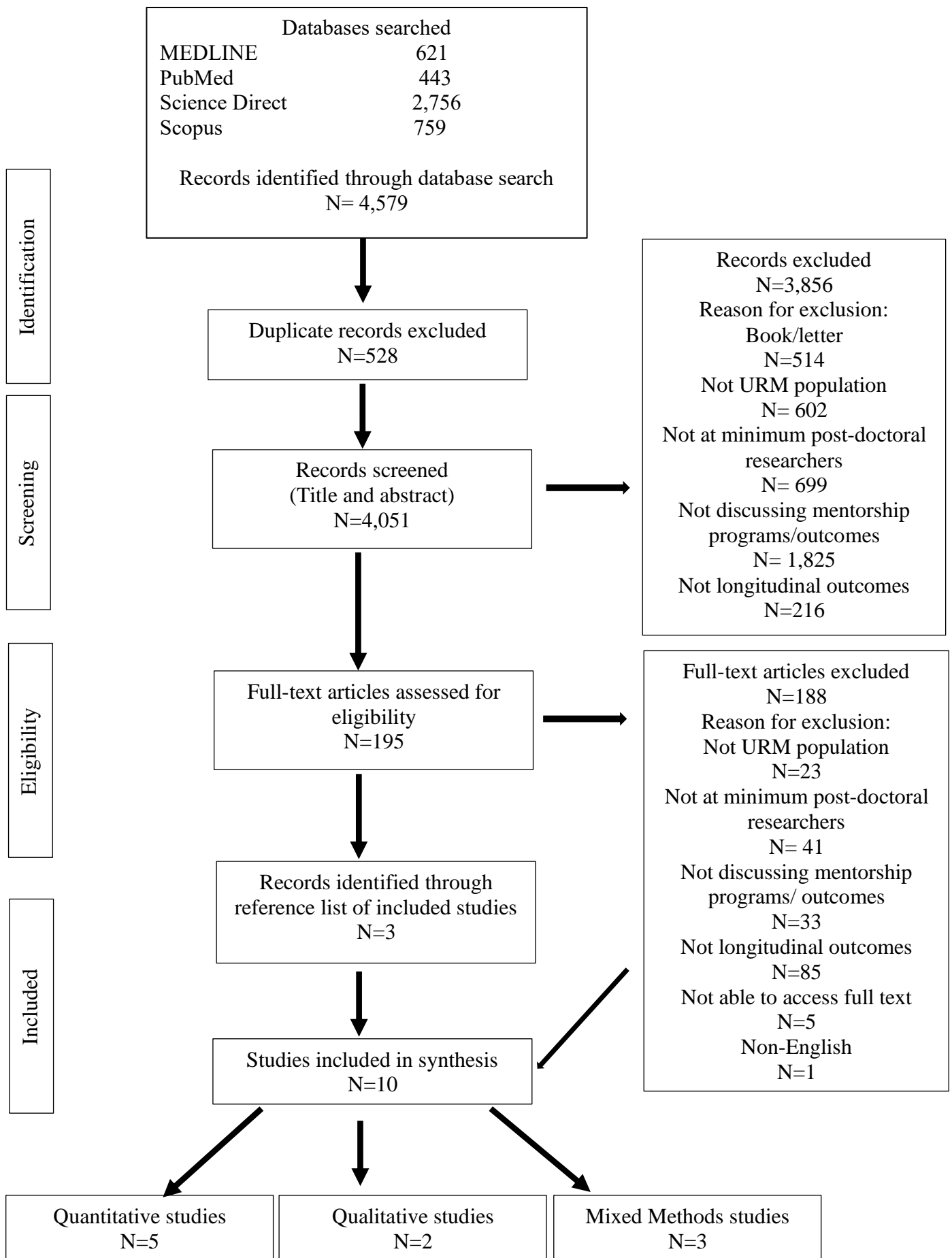


Table 1- Quality assessment of studies using the QATSDD tool

Selected articles identified by author and year. The score awarded to each criterion relate to 0=Not at all, 1=Very slightly, 2=Moderately, 3=Complete.

Criteria	1.Daley (2011)	2.Harawa (2016)	3.Kent (2015)	4.Manson (2006)	5.Murakami (2014)	6.Robboy et al. (2017)	7.Sutton et al. (2013)	8.Vermund et al. (2018)	9.Viets et al. (2009)	10.Waitzkin et al. (2006)
Explicit theoretical framework	3	2	3	3	3	1	2	1	2	2
Statement of aims/objectives in main body of report	3	2	3	1	3	2	2	3	3	3
Clear description of research setting	3	2	3	3	3	3	3	3	3	3
Evidence of sample size considered in terms of analysis	1	3	3	1	1	1	1	3	2	2
Representative sample of target group of a reasonable size	3	3	3	0	3	2	3	3	3	1
Description of procedure for data collection	3	2	3	1	3	2	2	2	2	2
Rationale for choice of data collection tool (s)	2	0	3	0	1	2	2	2	2	2
Detailed recruitment data	2	2	3	1	1	0	2	3	1	1
Statistical assessment of reliability and validity of measurement tool(s) (Quantitative only)	0	0	n/a	1	n/a	2	0	0	0	0
Fit between stated research question and method of data collection (Quantitative only)	2	0	n/a	1	n/a	2	2	2	2	2
Fit between stated research question and format and content of data collection tool e.g. interview schedule (Qualitative)	0	1	3	0	2	0	0	0	2	2
Fit between research question and method of analysis	2	1	3	1	2	2	2	2	0	2

Table 2- Data extracted from ten studies pertaining to study characteristics.

Author, Year, country, funding sources	Participants: N, Sex, Age, Ethnicity. Mentor characteristics,	Study Design	Mentorship Program, Program Goals,	Follow-up Period	Longitudinal Career Outcomes/ Fall-Out Rate/ Culture and mentoring
1. Daley et al. (2011), USA	<p>N=12 Hispanic, African American, Native American, Pacific Islander. Female= 6, Male= 6</p> <p>Age: not reported.</p> <p>Professional status at time of participation: first time assistant professors</p> <p>Mentor: senior mentor not a member of mentee’s faculty. Study involved formal mentoring and peer mentoring. Further details of mentors not reported.</p>	Mixed Methods	<p>National Center of Leadership in Academic Medicine (NCLAM) is a structured junior faculty career development program designed to foster gender equity and diversity, increase retention and promotion of junior faculty and develop young faculty for successful careers in academic medicine.</p> <p>NCLAM supports junior faculty participation in the program by partially funding release time from clinical, teaching and other duties. The curriculum requires each junior faculty to: (1) attend 12 half-day faculty development workshops on goal setting and preparing and academic portfolio, principles of teaching & learning, leadership styles, negotiation skills, stress management; (2) participate in structured 7 month 1:1 instrumental mentoring program; (3) attend a 2-hour academic performance counselling session;(4) complete a professional development project. Participation in the program is voluntary.</p> <p>NCLAM's core area of emphasis includes: instrumental mentoring, networking, navigating institutional culture, and professional skill development.</p>	10-year longitudinal study, 1999-2009	<p>The cohort of 12 produced 196 peer reviewed articles & published papers, 10 of the 12 received independent funding of more than \$12.6 million for projects which they were Personal Investigator (PI). 11 of the 12 (92%) junior faculty were promoted to associate professor by 2009 and remained at the University of California, San Diego. The URM faculty member who left the University of California, San Diego is a member of faculty at another academic institution and was promoted in 2010. Average time to promotion of the 11 faculty who were promoted to the next rank by 2009 and remained at the University of California, San Diego was 5.3 years. 37 federally funded grants were awarded to this cohort, for which they were either principal investigators or coprincipal investigators. In 2010, the 12-cohort faculty received open-ended survey asking them to evaluate the NCLAM program. Ten of the 12 URM faculty responded to the survey. Following coded themes: 60% cited instrumental mentoring. 60% cited networking. 50% cited understanding institutional culture 40% cited professional skill development. Specific component reported by faculty included: role models, academic counselling, support peer networking, navigating institution, understanding culture of academia, increased self-efficacy, research development and publications. Fall out rate 0%. 83% response to survey.</p>
2. Harawa et al. (2016), USA	<p>N= 177 scholars 70% URM groups, Hispanic/Latino Black/African, American, American Indian/Alaska Native, Pacific Islander, Asian, Multiracial/Multi-ethnic Female=138, Male=39</p> <p>Age: not reported.</p>	Quantitative	<p>The Resource Centres for Minority Aging Research (RCMAR) program aims to mentor faculty in research addressing the health of minority elders and to enhance the diversity of the workforce that conducts elder health research by prioritising the mentorship of underrepresented diverse scholars. Scholars selected via application. Funding period maximum of 2 years. Five core competencies emerged across centres: (1) develop research proposals; (2) effective scientific writings; (3) knowledge of REM aging & health disparities; (4)</p>	1997-2015 (for the 4 longstanding resource centres)	<p>177 scholars who completed their training at the 4 longstanding centres produced 2607 published articles, were first author of 39% of these. Won 46 R01 (Research Project Grants) awards or equivalent awards, 137 NIH awards, 394 research awards. A common trajectory includes a postdoctoral position- RCMAR award-diversity supplement (K award)-NIH award. More than 80% of the scholars remain in academia, including 15% who hold major leadership roles at their academic institution. Nearly 45% have reached or exceeded the rank of associate professor. About 3% remain in a scholar or fellow role through other programs. Among alumni who were no longer in academia, most continued working in health</p>

	<p>Professional status at time of participation: not reported</p> <p>Mentor: chosen by scholars themselves or centre leadership or both. Mentors receive salary support. Mentor ethnicity not reported.</p>		<p>communicating findings to scientific and lay audiences; (5) research methods including how to retain elderly minority research participants.</p> <p>Opportunities for community representatives to offer feedback to scholars is provided. In some centres, community members offered direct mentorship to scholars enrolled in the program.</p> <p>Scholars across centres are expected to attend designated trainings and share their work with other scholars.</p>		<p>research or related policy roles, with 17% of scholars occupying major leadership roles at governmental or community health agencies.</p>
<p>3. Kent, Green & Feldman (2015), USA</p>	<p>N=3 1 white male (mentor) 1 White female (mentee 1) 1 African-American male (mentee 2)</p> <p>Age: not reported.</p> <p>Professional status at time of participation: assistant professors.</p> <p>Not reported if mentor was reimbursed for his time.</p>	<p>Qualitative longitudinal case study</p> <p>Data was gathered primarily via 3 methods (1) collective discussions among the participants as a group (2) participants engaging in the analysis of personal documents (3) self-analysis through regular reflections.</p>	<p>Informal mentoring which centered around research explorations i.e. writing a manuscript or grant. Meeting weekly, either face-face, phone conversations, emails or text messages. Period of mentoring 8-10 years. Self-selected sample.</p>	<p>10 years (mentee 1) 8 years (mentee 2)</p>	<p>4 developmental themes: (1) Awareness stage of induction, 2) Joint exploration, (3) clarity & autonomy & (4) generativity. Specifically, this included: mutual trust, time invested to the collaboration, the intense focus of the mentoring, the specificity of what was to be accomplished in terms of being goal oriented, the reciprocity which developed over time so the relationship was mutually beneficial and the holistic focus of the effort to encompass professional and personal aspects. Fall out rate 0%.</p>
<p>4. Manson, Goins & Buchwald (2006), USA</p>	<p>N=10 American Indian (AI) and Alaska Native (AN) post-doctoral scientists. Gender not reported.</p> <p>Age: not reported.</p> <p>Professional status at time of participation: Advanced degrees (e.g. M.D., PhD, DSW, Ed.D.) in a social, behavioural or health science</p> <p>Mentor: Each participant is assigned a statistic mentor and a substantive mentor who works 1:1 during the first year, these mentors rotate in the beginning of the second year to expose the</p>	<p>Quantitative</p>	<p>Native Investigator Development Program- 2 years training cycle which aims to prepare young AI/AN investigators for careers as independent, externally funded scientists researching culture, aging and health.</p> <p>Application process to be selected. On average 2-year program cycle, each participant received an average of 15.8 hours per week of faculty mentorship.</p> <p>The program employs a structured skill-driven approach. The program includes: (1) introduction to Native Aging and Health; (2) intensive statistics and writing instruction; (3) pilot studies; (4) group meetings every 2 months; (5) continuous interaction with mentors drawn from the programs core faculty; (6) mock reviews of grant applications & (7) other seminars and workshops</p>	<p>6 years</p>	<p>Program graduates have produced 57 publications (49 articles, 3 books, 5 chapters). These individuals are also principle or co-investigators, or project leaders on grants. These individuals are also principal, coinvestigators, or project leaders on 12 NIH grants and have been supported by three minority investigator research supplement awards and three career development awards. Producing culturally relevant research. Fall out rate 0%.</p>

	<p>junior faculty to diverse styles and strengths and weaknesses of the core faculty members. On average spending 6.5 hours a week for each mentee they had primary responsibility for. Moved to team-based approach to mentoring.</p> <p>Further details of mentors not reported.</p>				
<p>5. Murakami et al. (2014), USA</p>	<p>N= 10 new faculty, all female 2/3 Mexican-American faculty, the rest were central and South American descent.</p> <p>Age: not reported.</p> <p>Professional status at time of participation: junior tenure-track faculties</p> <p>Mentor: Initially 3 senior Latino faculty mentored participants and guided them in the tenure and promotion process through a series of informal meetings. As the group began to publish about their experiences, members described the development and enactment of peer-mentoring activities that supported them in the peer-mentoring</p>	<p>Qualitative Meta-Synthesis-analysed published works of REAL faculty members about their experiences as Latina faculty and their participation in the group. These contain ethnographies, autoethnographies , narratives & testimonios.</p>	<p>Research for the Educational Advancement of Latinos (REAL) participating in a peer mentoring group. Self-selected group.</p> <p>REAL members were initially mentored by senior Latina faculty. Full professors guided the group through series of informal meetings. These meetings inspired group members to reflect about the role of Latino faculty and the socio-political implications of being a Latino faculty, peer mentoring also developed as group began to publish. They have produced 8 articles about REAL program. Average time spend in mentoring program 6 years.</p>	<p>6 years (formed in 2005).</p>	<p>The original members of REAL are now tenured and take on new departmental, institutional, and national leadership roles. No fall out rate. The scholars discussed peer mentoring reflecting 3 primary processes: (1) personal attributes including building self-reliance and commitment to shared goals; (2) individual behaviour, involving the cultivation of self-efficacy and the process of flow to address challenges while building professional skills & (3) opportunity recognition to identify and actualize shared interests. Fall out rate 0%</p>

<p>6. Robboy & McLendon. (2017), USA</p>	<p>N= 51 junior faculty 37% of faculty have Asian, Hispanic or Afro-American heritage. Female= 37, Male=14</p> <p>Age: not reported.</p> <p>Professional status at time of participation: MD faculty at the rank of instructor and above who were involved in clinical care and faculty involved in basic science research and the PhD clinical Scientist faculty. The end point of mandatory reviews occurred when faculty member where granted tenure or if they reached position of associate professor.</p> <p>Mentor: 4 (1) Program head, served as chair of the department's appointment, promotion and tenure committee. (2) director of anatomic pathology/anatomic services, (3) vice-chair for research (4) faculty member. Funded role. Mentor ethnicity not reported.</p>	<p>Quantitative-retrospective observational study</p>	<p>Structured mentoring program at Duke University Pathology department. The mentoring program mostly consisted of an annual review process. Process is mandatory for junior faculty. The aim was to help faculty develop a rigorous process providing early mentorship which would help them to better identify potential opportunities that might be missed, develop a better strategic plan for growth & clarify goals. All participants had to participate in annual review of their recent performance as well as discuss goals for the coming year, which included submitting an updated CV & complete a standardized questionnaire to help understand where the faculty members thoughts and priorities lay. The review also focussed on structured promotion process. Average time spend in mentoring program=11 years</p>	<p>18 years 1997-2015</p>	<p>Diversity increased- in 1997, only 9% of faculty were of Asian, Hispanic or Afro-American heritage. Among faculty hired since 2005, 37% have Asian, Hispanic, or Afro-American heritage.</p> <p>From 1998 through 2016, there were 24 promotions to the rank of associate professor without tenure, 17 promotion to the rank of associate professor with tenure, 11 promotions to the rank of full professor with tenure, and 7 promotions to the rank of full professor without tenure. Six faculty won 17 awards.</p> <p>The reviews helped candidates focus much earlier, identified personal limitations, and helped them gain national recognition. National committee membership increased. Fall out rate 25%</p>
<p>7. Sutton et al. (2013), USA</p>	<p>N=27 scientists 23 (85%) self-identified as Black or Hispanic. Female= 15, Male=12</p> <p>Age: not reported.</p> <p>Professional status at time of participation: Research or a health professional masters, or doctoral level degree, no experience of PI on HIV research award</p> <p>Mentor: Centre for Disease Control and Prevention (CDC) 10% of their time as part of their federal duties, no</p>	<p>Quantitative-review of progress outcomes</p>	<p>The Minority HIV/AIDS Research Initiative (MARI), is a mentored training program for underrepresented, early career scientists conducting HIV prevention research in highly affected racial/ethnic and sexual minority communities. MARI aims to ensure a diversified and culturally relevant research agenda and programme activities are established. Selected through application. MARI provides 3-year funded opportunities to address relevant research questions. During first 2 years mentors provide advice on epidemiological methods; ensuring training and support to develop the scientific protocol, survey instruments, consent forms etc. During later years mentoring focuses on writing support, PI meetings and attending conferences to increase networking. Average time spend in mentoring program=4 years</p>	<p>10-year period, from 2003-2013</p>	<p>To date, MARI scientists have produced 45 peer-reviewed articles and more then 60 presentations at national and international scientific meetings. Since 2003, scientists have obtained \$32 million in NIH research funding as either PI or co-PIs. Many MARI investigators have been promoted and received tenure. 0% drop out at follow up & all completed program.</p>

	<p>additional funding, often needed to volunteer. They continue to provide mentoring support for MARI investigators beyond the years of funding. Mentors are from historically underrepresented minority groups. MARI mentees in time become mentors to the program themselves.</p>				
<p>8.Vermund et al. (2018), USA</p>	<p>N= 26 22 (85%) self-identified as Black/African American, 4 (15%) identified as Hispanic/Latino/Latina Female= 20, Male=6</p> <p>Age: 24-29 (1), 30-34 (17), 35-39 (4), 40-44 (3), 45-49 (1)</p> <p>Professional status at time of participation: Early stage investigators (e.g. doctoral degree completed within 10 years of application).</p> <p>Mentors: volunteer. Does not discuss professional position or ethnic background of mentor. Special effort was made to reduce distance between mentee-mentor</p>	<p>Quantitative- peer reviewed articles published</p>	<p>HIV Prevention Trials Network (HPTN) Scholars Program mentors early career investigators from underrepresented minority groups. Scholars were selected via application and were affiliated with the HPTN for 12-18 months, mentored by a senior researcher to analyse HPTN study data and participated in scientific committees, training protocol teams, and advisory groups. Mentors volunteered their time to mentor scholars. Average time spend in mentoring program=12-18 months.</p>	<p>2010-2017</p>	<p>26 scholars have produced 17 primary authored, peer-reviewed publications. Research topics typically explored health disparities and HIV prevention among black and Hispanic MSM and at-risk black women. Scholars have presented project related posters and oral presentations at scientific meetings of the International AIDS Society and various other relevant conferences. 81% of scholars continued HIV research after program completion. Alumni reported program-related career benefits and subsequent funding successes. Longitudinal FU drop out= 1. All participants completed program.</p>
<p>9.Viets et al. (2009), USA</p>	<p>N= 9 6 Latino, 3 Native American Female=8, Male=1</p> <p>Professional status at time of participation: Six mentees received advanced degrees (PhDs, MDs MPHs) & either tenure or non-tenure track faculty</p> <p>Age not reported</p>	<p>Mixed Methods design, program outcomes and focus group data</p>	<p>Southwest Addictions Research Group (SARG) mentorship program, at the University of New Mexico. The aims were: (1) train and mentor junior faculty & graduate students from URM backgrounds, (2) conduct addiction related intervention research in Latino, Native America and rural communities through pilot research studies, (3) to develop culturally supported and empirically supported interventions, (4) to develop methods of dissemination within communities and academia. Participants selected via application. The program consisted of regular research meetings, collaboration with the community advisory board, monthly symposia with renowned professionals, pilot projects and conference support</p>	<p>2003-2007</p>	<p>Mentee productivity from the pre-SARG time periods rose from 3-12 grant application and awards, 11-37 publications & 43-62 professional presentations. 200% increase in grant applications, awards and pilot grant. 336% increase in publications and a 144% increase in professional presentations.</p> <p>Focus group qualitative data highlighted program and institutional barriers, i.e. irritation at the lack of recognition for their accomplishments & a lack of commitment from the university to recruit and maintain faculty of colour as well. Successes included: creating a safe cultural space emphasising value of cultural issues and community commitment and feeling accountable to community partners. 4 mentees dropped out of program. One felt unsupported by the program.</p>

	<p>Mentors: 3 senior faculty. Female=2, Male=1 2 Native American, 1 White.</p> <p>Mentors reimbursed for their time.</p>				
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Quality assessment

Risk of bias within studies

The assessment of methodological quality is presented in Table 1. Cohen's kappa was calculated ($k=0.89$) to establish the level of inter-rater agreement in the quality assessment of the studies between the two raters and revealed a very good agreement.

Overall, the studies were of reasonable quality as rated by the QATSDD tool, with most papers scoring within the 20-30 range (see Table 1). The paper by Kent, Green and Feldman (2015), was the only paper which scored above this, with a score of 33. Two papers, both using quantitative methodology scored below this, with the lowest scoring paper by Manson, Goins and Buchwald (2006), only obtaining a three for two criteria, which were '*explicit theoretical framework*' and '*clear description of research setting*'. A high number of quantitative and mixed methods papers scored poorly on the criteria assessing '*statistical assessment of reliability and validity of measurement tool(s)*'. A decision was taken not to exclude papers from the review based on their quality assessment score, instead additional caution was applied in synthesising results to account for reduced quality. Most studies provided acceptable detail regarding: '*the objectives of the research, the research setting, detailed recruitment data, representative sample of target group of a reasonable size and description of procedure for data collection*'. The choice of data collection and analysis were appropriate to the research aims in most of the studies reviewed. All studies failed to provide any '*evidence of user involvement in design.*' This is particularly problematic as service user involvement is increasingly being recognised as a requirement for effective and ethical research practise (Ferguson, 2008). For instance the National Institute for Health Research (NIHR) states, involving patients and members of the public in research is likely to lead to

better research, clearer outcomes and faster uptake of new evidence (National Institute for Health Research, 2018).

Study characteristics

Study characteristics are presented in Table 2. All studies were conducted in the USA, in academic institutes and published between 2006 and 2018. All studies described in detail the aims and structure of the mentoring program. Eight studies explored formal mentoring relationships, (Daley et al., 2011; Harawa et al., 2016; Manson, Goins & Buchwald, 2006; Robboy & McLendon, 2016; Sutton et al., 2013; Vermund et al., 2018; Viets et al., 2009; Waitzkin et al., 2006); and two studies explored informal mentoring relationships (Kent, Green & Feldman, 2015; Murakami et al., 2014).

Participant selection into mentoring programs varied across studies. Most participants were selected on to the mentoring programs via an application process (Harawa et al., 2016; Manson, Goins & Buchwald, 2006; Sutton et al., 2013; Vermund et al., 2018) or through self-selection (Daley et al., 2011; Kent, Green & Feldman, 2015; Waitzkin et al., 2006), one program was compulsory for faculty members to attend (Robboy & McLendon, 2016).

Longitudinal timeframes of the studies ranged from four years follow up (Viets et al., 2009), to 18 years follow up (Harawa et al., 2016; Robboy & McLendon, 2016), with the mean follow up period as 9.2 years for all studies. The timeframe for participant involvement in the mentoring program varied across studies from seven months (Daley et al., 2011) to 11 years (Robboy & McLendon, 2016), with the mean program length as 4.2 years. Drop-out rate across studies was low as most studies had 0% drop out from the mentoring program and subsequent follow up period.

The sample size across studies varied, the largest sample was 177 (Harawa et al., 2016) and the smallest was three (Kent, Green & Feldman, 2015). The mean sample size across all studies was 34.

Most studies measured outcomes via promotion and academic productivity defined by number of publications and grants received (Daley et al., 2011; Harawa et al., 2016; Manson, Goins & Buchwald, 2006; Robboy & McLendon, 2016; Sutton et al., 2013; Vermund et al., 2018; Viets et al., 2009; Waitzkin et al., 2006). In addition, some papers measured outcomes via increased research productivity and engagement with underserved communities (Harawa et al., 2016; Manson, Goins & Buchwald, 2006; Sutton et al., 2013; Vermund et al., 2018; Viets et al., 2009; Waitzkin et al., 2006). In studies which utilised qualitative measures, the analysis was predominately through thematic analysis (Daley et al., 2011; Kent, Green & Feldman, 2015; Murakami et al., 2014; Viets et al., 2009). No study had a matched control group.

Participant details

All but one study, (Manson, Goins & Buchwald, 2006) reported gender in their study. Within these studies, most had a majority female sample. For instance, one study reported 100% female sample (Murakami et al., 2014) (they did not indicate this was an inclusion criterion), and six reported over 50% of their sample as female.

Most studies exclusively consisted of a majority URM sample (with participants identifying as, Afro-American, American Indian/ Alaska Natives, Asian, Black-American, Hispanic and Latino). One study (Robboy & McLendon, 2016) had a minority (37%) URM sample.

Professional status at time of participation in the mentoring program was presented in all but one study (Harawa et al., 2016). In three studies, professional rank at entry to the program

was Assistant Professor (Daley et al., 2011; Kent, Green & Feldman, 2015; Waitzkin et al., 2006). In the remaining studies professional rank at entry to the program was advanced degrees, i.e. PhDs and MDs.

Details of the mentors involved in the programs were provided in all studies to varying degrees. In studies which reported on the ethnicity of the mentors (Kent, Green & Feldman, 2015; Murakami et al., 2014; Sutton et al., 2013; Viets et al., 2009), most were from a similar URM background as their mentees.

Aims and implementation of mentoring programs

Four programs aimed to increase retention and promotion of URM staff in their institutes as a principal objective (Daley et al., 2011; Kent, Green & Feldman, 2015; Murakami et al., 2014; Robboy & McLendon, 2016). Six programs aimed to increase URM representation for the purposes of expanding the workforce of researchers in underrepresented populations, such as research addressing the health of minority elders (Harawa et al., 2016; Manson, Goins & Buchwald, 2006), HIV prevention in minority populations (Sutton et al., 2013; Vermund et al., 2018), addiction related research in Latino, Native America and rural communities (Viets et al., 2009) and mental health research with American Indians and other marginalised groups (Waitzkin et al., 2006).

All but one study (Murakami et al., 2014), which provided mentoring through a group setting, included a structured one-to-one mentoring program delivered by senior faculty, targeted at role modelling and career counselling as important aspects of mentoring. Common features across all mentoring programs included: goal setting, networking in the form of attending conferences, workshops, seminars and enhancing skills in manuscript and grant writing. Two studies, (Harawa et al., 2016; Manson Goins & Buchwald, 2006), highlighted the benefits of collaboration between institutes regarding mentorship and career

advancement. In addition, mentees viewed networking as an instrumental component of mentoring across many studies (Daley et al., 2011; Harawa et al., 2016; Manson, Goins & Buchwald, 2006; Sutton et al., 2013; Vermund et al., 2018; Viets et al., 2009; Waitzkin et al., 2006). For instance, in one study (Daley et al., 2011) 60% of the sample cited networking as one of the most beneficial elements of the mentoring program to career outcomes and professional development.

Longitudinal career outcomes

The majority of studies reported on outcomes via the number of publications produced, with all studies reporting the total number of publications, across all participants, had increased by the end of the study period. Most studies failed to provide details for individual participants rate of publication following mentorship, thus making comparison between studies challenging. For instance, the study by Harawa et al. (2016), which included the most extensive follow-up period (18 years) and sample size (177), participants produced a cumulative total of 2607 published papers, across the study period. In the study with the shortest follow-up period (four years) (Viets et al., 2009), publication output increased from a total of 11 to 37 papers across the nine participants. Viets et al's (2009) study was the only study which provided comparison data regarding publication rate, as participants acted as their own controls. Nevertheless, the outcome data provided in Viets et al's (2009) study included the combined scores across all participants, which prevented individual comparison before and after mentoring participation.

A comparison with general statistics produced for U.S. faculty publication rate, which assessed 40,000 researchers between the years 1900 and 2013, found on average researchers published two or more papers within 15 years in any of the disciplines covered by the Web of

Science (Fanelli & Lariviere, 2016). The study found the total number of papers published by researchers during their early career period, first fifteen years, had increased in recent decades, but so too had their average number of co-authors (Fanelli & Lariviere, 2016). The ten papers included in this review, fail to detail co-authorship of the published papers produced following mentoring, thus limiting accurate comparisons regarding research productivity between papers and with the general U.S. academic population.

Three studies (Daley et al., 2011; Viets et al., 2009; Waitzkin et al., 2006), reported an increase in cumulative grant applications across participants, throughout the study period, to 37, 42 and 12 respectively. Viets et al's (2009) study, was again the only study which provided a comparison of grants produced before and after mentoring, with an increase of grant application from three to 12 grant applications across the nine participants.

The number of faculty promotions were reported in detail in five studies. The pathway in U.S. academics career progression includes, Assistant Professor, Associate Professor and Professor. In the U.K. the equivalency of academic progression includes, Lecturer, Reader and Professor. In the U.S. tenure position grants a professor permanent employment at their university and protects them from being fired without cause, in its place there is the distinction between permanent and temporary contracts in the U.K.

In the study by Daley et al. (2011) within the ten-year period, 92% of the junior faculty were promoted to associate professor and the average time of promotion was 5.3 years. In the study by Harawa et al. (2016), nearly 45% had reached or exceeded the rank of associate professor within a 15-year timeframe. In Kent, Green and Feldman's (2015) study, the two mentees in the case study were promoted over a ten-year period from assistant professors, through tenure and promotion. In Robboy & McLendon's (2016) study, which has the longest follow up period of 18 years, there were 24 promotions to the rank of associate professor

without tenure, 17 promotion to the rank of associate professor with tenure, 11 promotions to the rank of full professor with tenure, and seven promotions to the rank of full professor without tenure. Most other studies made a general statement that mentorship impacted rates of promotion, without further elaboration. The findings within the mentored sample are in-line with general U.S. statistics on URM promotions in academia, which reveal URM faculty are more likely to receive associate professorship positions without tenure. For instance, statistics reveal a larger share of assistant professors (junior faculty without tenure) were non-white in autumn 2017, compared with fully tenured professors (27% vs. 19%) (National Centre for Education Statistics, 2017).

A limitation across most studies was the length of mentorship, which was relatively small with mean program length of 4.2 years, with the range between seven months to 11 years. All studies with a formal program highlighted that funding budgets dictated the length of their programs. Publications on faculty development strategies recommend an intensive highly structured format and a two-year fellowship type program for faculty entering research-oriented institutions (Murray, 2001). Two of the studies with the longest mentoring period were studies by Kent, Green and Feldman (2015) and Murakami et al. (2014), with mentoring programs lasting six years and eight-ten years. Both these programs included informal mentoring as a large part of their structure and both studies did not evaluate their programs via traditional outcome measures (i.e. grant and publication output), but instead focussed on outcomes in terms of 'softer skills' i.e. personal attributes and personal growth.

Another limitation of many of the studies, despite this review specifically assessing for longitudinal career outcomes, is limited data. For instance, retention rates of faculty who continued to research with underserved communities were not reported across all studies (Daley et al., 2011; Manson, Goins & Buchwald, 2006; Murakami et al., 2014; Robboy & McLendon, 2016). Most studies recommend further data on career choices and scientific foci.

Of the six mentoring programs (Harawa et al., 2016; Manson, Goins & Buchwald, 2006; Sutton et al., 2013; Vermund et al., 2018; Viets et al., 2009; Waitzkin et al., 2006), which aimed to increase the workforce of researchers in underserved communities, four reported the benefits in terms of feeling an added sense of accountability to communities they were serving (Harawa et al., 2016; Manson, Goins & Buchwald, 2006; Viets et al., 2009; Waitzkin et al., 2006). Other benefits to participants included helping aid the direction of their research to better serve marginalised communities (Harawa et al., 2016; Manson, Goins & Buchwald, 2006; Sutton et al., 2013; Vermund et al., 2018; Viets et al., 2009; Waitzkin et al., 2006). Institutional barriers were reported in one study with participants stating mentoring programs allowed for an opportunity to discuss the lack of recognition from institutions of the value that was placed by mentees on service to ethnic minorities (Viets et al., 2009).

The impact of culture on mentoring

Mentoring programs that aimed to increase research participation with under-represented communities included the following features that were positively correlated with researcher output: a) providing advice on epidemiological methods in helping address research participation from marginalised communities (Waitzkin et al., 2006), b) communicating findings to lay audiences and community members offering direct mentorship to researchers and c) utilising personal experiences of researchers to better anticipate key issues of racial and cultural inclusion (Harawa et al., 2016; Sutton et al., 2013; Viets et al., 2009). A strength of studies by Harawa et al. (2016), Vermund et al. (2018) and Viets et al. (2009) was that they reported the long-term career retention of the researchers who continued to work with marginalised communities, which further highlighted the positive outcomes of these three mentoring programs.

All studies, to varying degrees, included space in their programs to explicitly discuss the impact of culture on faculty career experiences. For instance, reflecting on the social and political implications of being a minority faculty (Murakami et al., 2014) including, understanding and navigating institutional culture, such as addressing unconscious social conventions in the form of implicit biases and stereotypes impacting daily interactions (i.e. scrutiny of performance in meetings) (Daley et al., 2011). In addition, gaining greater clarity about the university's promotion requirements and structure in helping manage structural barriers in academia, such as lack of financial support for research related to minority concerns or interests (Manson, Goins & Buchwald, 2006; Robboy & McLendon, 2016; Vermund et al., 2018). The study by Kent, Green & Feldman (2015), which assessed informal mentoring, discussed the importance of the mentor being sensitive to cultural barriers, staying committed to learning about each other, respecting differences and developing cultural interaction by embracing collective value of race and gender as integral to the relationship. Studies by Daley et al. (2011) and Viets et al. (2009) addressed additional positive outcomes from culturally sensitive mentorship, including learning and understanding institutional culture, (i.e. many subtle largely unconscious social conventions that exist in the work environment), and developing a safe space emphasising value of cultural issues and community commitment (Viets et al., 2009). However, Viets et al's (2009) study also discussed some difficulties that emerged in terms of balancing how much mentored support should be technical, psychosocial or cultural and identified that this resulted in tensions. However, this study failed to adequately provide greater detail on these difficulties or make suitable recommendations moving forward.

The two studies with an informal mentoring program (Kent, Green & Feldman, 2015; Murakami et al., 2014) discussed in greatest detail the impact of culture in fostering a successful mentorship relationship. These two studies scored in the higher range within this

sample of studies, regarding their overall quality according to the QATSDD tool. Informal mentoring, alongside peer support (the latter was recognised across all studies as an important aspect of mentoring for URM faculty in promoting cooperation and a sense of belonging), allowed for a significant opportunity for reflection, self-analysis and connecting to life events on a personal level and developing mutual trust.

Discussion

This review sought to explore the impact of mentoring programmes on longitudinal career outcomes for minority ethnic staff. A systematic search strategy was employed identifying ten research studies for inclusion in this review. This review attempted to address a gap that was identified by two previous systematic reviews in this field, Sambunjak et al. (2006) and Beech (2013), in which recommendations were made for longitudinal career outcomes to be assessed for URM faculty who have engaged in structured or unstructured mentoring programs.

One of the clear distinguishing features of the papers reviewed was the difference in mentoring program structure and how longitudinal career outcomes were reported. For instance, the two papers by Kent, Green and Feldman (2015) and Murakami et al. (2014), which involved an informal mentoring structure, focussed on longitudinal career outcomes in terms of developing 'softer skills,' such as personal attributes and personal growth. These two programs also had the longest mentorship engagement, a reason for which could be that informal mentors arguably have a greater personal investment in their mentee relationship (Chao & Gardner, 1992). The structured formal programs, which had shorter mentorship engagement, due to funding availability focussed on markers such as publication, retention and promotion as longitudinal career outcomes. The studies in this review varied in duration of the mentoring program, the type of mentoring offered and follow-up period assessing

longitudinal outcomes. Therefore, it was difficult to compare outcome measures between individual studies.

All studies presented advantageous career outcomes resulting from mentoring program participation. The career outcomes assessed across the majority of studies in the review, were in line with existing previous literature assessing the effectiveness of mentoring, such as publications, grant output, promotion and retention of faculty position (Beech, 2013). However, some of the papers lacked detailed outcomes, despite longitudinal follow-up periods. A particular limitation of some papers was a lack of data on URM faculty longitudinal career choice, promotions, salary and research focus following on from mentoring programs. The latter was particularly problematic, as missing data limited evaluation of how successful programs were, which specifically aimed to recruit URM faculty for the purposes of increasing numbers of researchers within marginalised groups. Furthermore, a limitation across studies was a lack of detailed discussion regarding which elements of the mentoring programs were the most advantageous for longitudinal career success. However, the plethora of confounding variables outside the mentoring program, impacting career trajectory, such as levels of individuals' conscientiousness, would mean cause and effect would be difficult to establish.

Four studies explicitly stated the ethnicity of the mentor (Kent, Green & Feldman, 2015; Murakami et al., 2014; Sutton et al., 2013; Viets et al., 2009) and revealed most mentors were from a similar URM background as their mentees. Of these studies, no comparison was made regarding long-term career outcomes following experiences of being mentored by someone from a similar or different cultural background. Existing literature on mentorship concurs that as a result of the minimal minority representation, there are few minorities available who can serve as mentors to those who are entering the education profession (Crutcher, 2014). This

lack of diversity in terms of both ethnicity and culture amongst mentors has resulted in the creation of cross-cultural mentor/mentee relationships. This research illustrates the need to consider factors such as age, social class, race, ethnicity, gender, religion, and sexual orientation when pairing mentors with mentees (Crutcher, 2014). Future research might need to examine how matching on these factors affects the relationship and outcomes in more detail (Crutcher, 2014).

As this review focussed on ethnic minority staff exclusively, most papers discussed cultural issues within the mentoring programs. The two papers that provided the most detail on culture, mentoring and career advancement were based on informal mentoring programs, Kent, Green and Feldman (2015) and Murakami et al. (2014). Findings from these studies concurred with existing research on the benefits of informal mentoring, for example, highlighting the sense of trust obtained via informal mentoring, which can be more effective than positional relationships in providing effective mentoring experiences (Inzer & Crawford, 2005). Three studies in the review, which primarily focused on formal mentoring programs also briefly discussed the engagement of participants in peer-mentoring alongside the formal program (Daley et al., 2011; Murakami et al., 2014; Sutton et al., 2013). Existing research highlights the importance of peer-mentoring for URM faculty in allowing opportunities to build upon one another's assets, self-efficacy and social identities, rather than suppressing or compartmentalizing identities (Allan, 2006). Peer mentoring and informal mentoring are argued to have greater advantages for URM faculty compared to traditional hierarchical mentoring (Allan, 2006). For instance, in the latter, URM faculty are encouraged to imitate traditional norms which may not align with their authentic strengths and interests (Shieh & Cullen, 2018). A rudimentary example of this is that Western cultures tend to focus on individuality whilst Eastern cultures focus on interdependence (Varnum et al., 2010).

Although all studies revealed positive career outcomes following mentoring program involvement, most of these programs did not detail elements which comprehensively addressed issues such as intersectionality. Intersectionality involves oppressions which are experienced at the intersection of race and sex (Crenshaw, 1995) and may go some way in understanding why certain groups are minimally represented in leadership positions (Dunbar & Kinnersley, 2011). Certainly, mentorship programs are targeted the most heavily towards URM and female faculty, yet there is a glass ceiling in obtaining higher positions of leadership for these populations (Chisholm-Burns, Spivey, & Josephson, 2017). The term glass ceiling, dating back to the 1980s, is used to describe the difficulties and barriers that many faculty members, especially minorities and females encounter during the tenure process at institutions (Chisholm-Burns, Spivey, Hagemann, & Josephson, 2017). The scholarship on intersectionality has long embraced the complexities of identity and how that complexity interacts with institutions (Crenshaw, 1995). Intersectionality encourages scholars to recognise the differences that exist within groups, a recognition that moves beyond simply acknowledging the differences between groups (Crenshaw, 1995). It provides greater understanding that issues which are faced by those at the intersections cannot be addressed through the lens of gender alone or race alone (Smooth, 2011). Intersectionality is grounded in critical theory and is focused on social justice outcomes which makes it especially relevant to discussions of increasing opportunities and creating more democratic practices within the discipline of academia (Smooth, 2011). Much of the current research on intersectionality is found within the grey literature. Arguably, studies that assess mentorship from the viewpoint of the majority culture fail to adequately address the nuanced and complicated issues faced by URM faculty. In this review of the mainstream literature, the study by Kent, Green and Feldman (2015) addressed these issues the most thoroughly. This study had a case series design assessing informal mentoring and obtained the highest QATSDD score. Arguably, it is

the one paper in this review which is likely to represent studies more pronounced within the grey literature.

Strengths and Limitations

A strength of the review was that a second researcher was able to cross check a sample of screened articles. However, it is acknowledged that it would have been preferable if the second researcher searched across all the articles. Nonetheless, there was total agreement between researchers on the quality assessment cross checked sample. The quality tool QATSDD did provide valuable information about the quality of included studies. However, this tool was nonetheless limited, for instance, studies with a mixed methods design have artificially inflated scores because the final score includes two additional indicators compared to studies which are exclusively qualitative or quantitative (Fenton, Lauckner & Gilbert, 2015).

Further limitations of the review included varied timeframes across studies regarding mentorship program involvement, program content and follow up periods. This meant it was very difficult to establish a baseline and compare the outcomes of studies effectively.

In addition, except in the study by Robboy and McLendon (2016), participation in the mentoring program was voluntary. Thus, the self-selected sample of individuals who are motivated to participate in a career development program may share characteristics that affect career success, independent of their participation in a faculty development program. Indeed, some mentoring programs included an extensive eligibility criterion (Manson, Goins & Buchwald, 2006; Sutton et al., 2013; Vermund et al., 2018), this is likely to mean the sample of participants were very high achievers and not necessarily representative.

The ecological validity of the review is limited as all papers are from the USA and therefore generalisability to other cultures, such as the UK is impaired. For instance, the experiences of the minority populations represented in this review, such as Native Americans, cannot be assumed to accurately reflect the experiences from other groups identified as underrepresented, such as individuals identifying as British South Asian, as inevitably experiences are constructed within a specific social-political, historical and cultural context.

Furthermore, there are important structural and organisational differences between the UK and USA, such as on average the cost of tuition for UK institutions is lower in comparison to the USA (Altbach, Rumbley & Reisberg, 2010). In addition, on average additional years of study are required in order to gain both undergraduate and postgraduate qualifications in the USA, which is likely to cause additional barriers for underrepresented populations in this country.

Implications for Future Research

This review highlights the importance of academic organisations taking a deeper look at the intrinsic biases within organisational structures in order to better understand why representation of minorities is low in both advancement to higher academic ranks and in leadership positions, even though on the surface mentoring programs are focused on minorities and females (Dunbar & Kinnersley, 2011).

Future research should focus on comparing longitudinal career outcomes of mentoring programs with a matched control group. Presently, this data is severely limited and as such creates a bias evaluation of the true effectiveness of mentoring programs. Particularly, there is a need for more UK studies, as mentioned above, the ecological validity of the review is limited as all papers are from the USA. Further research on the specific components of

mentoring in the UK, related to URM populations could lead to the development of nuanced and tailored mentorship schemes, which can help decolonise current curriculums and be implemented across academic institutes, including clinical psychology programmes.

Finally, as highlighted from the QATSDD tool, all studies in the review lacked any evidence regarding service user involvement. Future research, which is driven by service user involvement is therefore warranted. For instance, service user focus groups could aid in generating ideas in how best to explore and combat the insidious barriers preventing URM career progression.

Conclusion

This review has evaluated the longitudinal career outcomes of studies which have presented mentoring programs. The results suggest that there is a positive impact of mentoring programs, targeted at URM faculty on longitudinal career outcomes, such as faculty continuing to research with under-represented communities as well as achieving promotion, receiving tenure and professorship positions. However, studies in this review varied in duration of the mentoring program, the type of mentoring offered and follow-up period assessing longitudinal outcomes. Future research should focus on comparing outcomes with a matched control group, focussing on specific components of mentoring most advantageous to URM populations' career progression. The latter could lead to the development of tailored mentorship schemes, that incorporate important issues such as intersectionality and help decolonise current curriculums across academic institutes, including Clinical Psychology programmes.

References

- Allen, T. D., Eby, L. T., & Lentz, E. (2006). Mentorship behaviours and mentorship quality associated with formal mentoring programs: Closing the gap between research and practice. *Journal of Applied Psychology, 97*(3), 567-5.
- Altbach, P., Reisberg, L., & Rumbley, L. E. (2010). *Trends in global Higher Education: Tracking an Academic Revolution*. Paris: UNESCO Publishing.
- Beech, B. M., Calles-Escandon, J., Hairston, K.G., Landon, S.E., Latham-Sadler, B. A., & Bell, R.A. (2013). Mentoring Programs for Underrepresented Minority Faculty in Academic Medical Centers: A Systematic Review of the Literature. *Acad Med, 88*(4).
doi:10.1097/ACM.0b013e31828589e3
- Berk, R. A, Berg, J., Mortimer, R., Walton-Moss, B., & Yeo, T. P. (2005). Measuring the effectiveness of faculty mentoring relationships. *Acad Med 81*, 66–71.
- Boland, A., Cherry, G., & Dickson, R. (2014). *Doing a Systematic Review. A Students guide*. London. SAGE publications.
- Briggs, J. (2014). *The Joanna Briggs Institute Reviewers' Manual. Methodology for JBI Umbrella Reviews*. The Joanna Briggs Institute. The University of Adelaide, Australia.
- Bryant-Shanklin, M., & Brumage, N.W. (2011). Collaborative responsive education mentoring: Mentoring for professional development in higher education. *Florida Journal of Educational Administration & Policy, 5*, 42–53.

- Chao, G. T., Walz, P. M., & Gardner, P. D. (1992). Formal and informal mentorships: A comparison on mentoring functions and contrast with non-mentored counterparts. *Personnel Psychology, 45*(3), 619- 636.
- Chisholm-Burns, M.A., Spivey, C.A., & Josephson, M. A. (2017). Women in leadership and the bewildering glass ceiling. *American Journal of Health-System Pharmacy, 74*(5), 312-324.
- Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K, (Eds.). (1995). *Critical Race Theory: The Key Writings that Formed the Movement*. New York: The New Press.
- Crutcher, B. N. (2014). Cross-cultural mentoring. *Liberal Education, 100*(2), 26-31.
- Daiches, A. (2010). Clinical psychology and diversity: Progress and continuing challenges: A commentary. *Psychology Learning & Teaching, 9*(2), 28-29.
- Daley, P.S., Broyles, L.S., Rivera, M.L., Brennan, J.J., Regis E., & Reznik, V. (2011). A Conceptual Model for Faculty Development in Academic Medicine: The underrepresented Minority Faculty Experience. *Journal of the National Medical Association, 103*(9), 816-821.
- Dunbar, D.P., & Kinnersley, R.T. (2011). Mentoring female administrators toward leadership success. *The Delta Kappa Gamma Bulletin, 77*(3), 17-24.

- Essed, P. (1991). *Understanding Everyday Racism: An Interdisciplinary Theory*. California: Sage.
- Fenton, L., Lauckner, H., & Gilbert, R. (2015). The QATSDD critical appraisal tool: comments and critiques. *J Eval Clin Pract*. 21(6), 1125-8. doi: 10.1111/jep.12487
- Ferguson, L. (2008). *Reclaiming social work: challenging neo-liberalism and promoting social justice*. London: SAGE.
- Harawa, N. T., Manson, S.M., Mangione, C.M., Penner, L.A., Norris, K.C., DeCarli, C, Scarinci, I.C., Zissimopoulos, J., Buchwald, D.S., Hinton, L., & Perez-Stable, E. J. (2017). Strategies for enhancing research in aging health disparities by mentoring diverse investigators, *Journal of Clinical and Translational Science*, 167–175. doi:10.1017/cts.2016.23
- Helm, M. (2002). *Promoting Diversity in Clinical Psychology*. Canterbury: Allied Health Professions Department.
- Higher Education Staff Statistics: UK, 2016/18. (2019, February 25). Retrieved from <https://www.hesa.ac.uk/news/18-01-2018/sfr248-higher-education-staff-statistics>.
- Inzer, L.D., & Crawford, C.B. (2005). A Review of Formal and Informal Mentoring: Processes, Problems, and Design. *Journal of Leadership Education*, 4(1), 31-50.

- Kent, A.M., Green, A.M., & Feldman, P. (2015). The role less travelled-crossing gender and racial lines in comprehensive mentoring. *International Journal of Educational Research* 72, 116-128.
- Li, D., & Koedel, C. (2017). Representation and Salary Gaps by Race-Ethnicity and Gender at Selective Public Universities. *Educational Researcher*, 46 (7), 343–354.
- Liberati, A., Altman, D.G., Tetzlaff, J., Mulrow, C., Gotzsche, P.C., Ioannidis, J.P., & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. *Annals of Internal medicine*, 151(4), 65-94. doi: 10.7326/0003-4819-151-4-200908180-00136
- Manson, S.M., Goins, R.T., & Buchwald, D.S. (2006). The Native Investigator Development Program: Increasing the Presence of American Indian and Alaska Native Scientists in Aging-Related Research. *The Journal of Applied Gerontology*, 25(1), 105S-130S.
- McGuigan, S. (2016). *Neoliberal Culture*. Palgrave Macmillan UK.
- Murray, M. M. (2001). *Beyond the myths and magic of mentoring: How to facilitate an effective mentoring process*. San Francisco, CA: Jossey.
- Murakami, E.T., & Núñez, A. M. (2014). Latina Faculty Transcending Barriers: Peer Mentoring in a Hispanic-serving Institution. *Mentoring & Tutoring: Partnership in Learning*, 22(4), 284–301.

National Institute for Health Research. (2018). Patient and Public Involvement in Health and Social Care Research. Retrieved https://www.rds-london.nihr.ac.uk/wpcms/wp-content/uploads/2018/10/RDS_PPI-Handbook_2018_WEB_VERSION.pdf.

National Centre for Education Statistics. (2017). Race/ethnicity of college faculty. Retrieved <https://nces.ed.gov/fastfacts/display.asp?id=61>

Nowell, L., Norris, J.M., Mrklas, K., & White, D.E. (2017). A literature review of mentorship programs in academic nursing. *Journal of Professional Nursing*, 33(5), 334-344.

Office for National Statistics. (2011). Ethnicity Facts and Figures. UK population by ethnicity. Retrieved from <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/socioeconomic-status/latest>

Robboy, S.J., & McLendon, R. (2017). Structured Annual Faculty Review Program Accelerates Professional Development and Promotion: Long-Term Experience of the Duke University Medical Centre's Pathology Department. *Academic Pathology*, (4), 1-19.

Sambunjak, D., Straus, S.E., & Marusić, A. (2006). Mentoring in academic medicine: A systematic review. *JAMA*. 296:1103–1115.

Sandelowski, M., Voils, C. I., & J, Barroso. (2006). Defining and designing mixed research synthesis studies. *Research in the Schools* 13(1), 29–40.

- Shapiro, D. (2002). Renewing the scientist-practitioner model. *The Psychologist*, 15(5), 232-234.
- Shieh, C., & Cullen, D. L. (2018). Mentoring Nurse Faculty: Outcomes of a Three-Year Clinical Track Faculty Initiative. *Journal of Professional Nursing*.
<https://doi.org/10.1016/j.profnurs.2018.11.005>
- Sian, K. (2017). Being Black in a White World: Understanding Racism in British Universities. Papeles del CEIC. *International Journal on Collective Identity Research*, vol. 2017/2, papel 176, CEIC (Centro de Estudios sobre la Identidad Colectiva), UPV/EHU Press.
<http://dx.doi.org/10.1387/pceic.17625> Recib
- Sirriyeh, R., Lawton, R., Gardner, P., & Armitage, G. (2012). Reviewing studies with diverse designs: the development and evaluation of a new tool. *Journal of Evaluation in Clinical Practice*, 18(4), 746-752.
- Smith, J. W., Smith, W. J., & Markhan, S.E. (2000). Diversity issues in mentoring academic faculty. *Journal of Career Development*, 26(4), 251-262.
- Smooth, W. (2011). Standing for Women? Which Women? The Substantive Representation of Women's Interests and the Research Imperative of Intersectionality. *Politics and Gender*, 7(3), 436-441.
- Sutton, M. Y., Yzette, A. L., Willis, L.A., Castellanos, T., Dominguez, K., Fitzpatrick, L., & Miller, K.S. (2013). Strengthening the Network of Mentored, Underrepresented Minority

Scientists and Leader to Reduce HIV-Related Health Disparities. *American Journal of Public Health, 103(12)*, 2207-2214.

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

Toal-Sullivan, D. (2006). New graduates' experiences of learning to practise occupational therapy. *British Journal of Occupational Therapy, 69(11)*, 513–24.

Turner, C.S.V., González, J.C., & Wood, J. L. (2008). Faculty of color in academe: what 20 years of literature tells us. *J Divers High Educ, 1*, 139–168.

Turpin, G., & Coleman, G. (2010). Clinical psychology and diversity: Progress and continuing challenges. *Psychology Learning & Teaching, 9(2)*, 17-27.

Varnum, M.E.W., Grossmann, I., Kitayama, S., & Nisbett, R.E. (2010). The Origin of Cultural Differences in Cognition: Evidence for the Social Orientation Hypothesis. *Curr Dir Psychol Sci; 19(1)*, 9–13.

Vermund, S. H., Erica, L., Hamilton, S.B., Griffith, L.J., Typhanye, V.D., Mayer, D., & Wheeler, D. (2018). Recruitment of Underrepresented Minority Researchers into HIV Prevention Research: The HIV Prevention Trials Network Scholars Program, *AIDS Research and Human Retroviruses, 34(2)*. doi: 10.1089/aid.2017.0093

- Viets, V.L., Baca, C., Verney, S.P., Venner, K., Parker, T., & Wallerstein, N. (2009). Reducing health disparities through a culturally centered mentorship program for minority faculty: The Southwest Addictions Research Group (SARG) experience. *Acad Med*, *84*, 1118–1126.
- Waitzkin, H., Yager, J., Parker, T., & Duran, B. (2006). Mentoring Partnerships for Minority Faculty and Graduate Students in Mental Health Service Research. *Acad Psychiatry*, *30*(3), 205-217.
- Zambrana, R. E., Wingfield, A.H., Lapeyrouse, L.M., Davila, B.A., Hoagland, T.L., & Valdez, R.B. (2017). Blatant, Subtle, and Insidious: URM Faculty Perceptions of Discriminatory Practices in Predominantly White Institutions. *Sociological Inquiry*, *87*(2), 207–232.

Chapter 2: Empirical Paper²

Experiences of Individuals from a low Social Economic Status (SES) backgrounds, reaching leadership positions within Clinical Psychology

² To be submitted to: The Journal of Clinical Psychology. Author guidelines are outlined in Appendix 1.

Abstract

Objective: This study sought to explore the personal narratives of twelve individuals from low SES backgrounds who have reached leadership positions within Clinical Psychology.

Method: Data generated via semi-structured interviews was analysed using Narrative Analysis (NA). The findings were synthesised into 12 sub-narratives for each participant, following from which the findings were amalgamated into a grand narrative.

Results: Participants developed sub-narratives that integrated interpretations of major life changes and difficult early experiences (i.e. childhood trauma and abuses of power, as well as the role of luck, as opposed to meritocracy, in their journey) and reconstructed them to highlight their positive outcomes (i.e. being in a position to passionately champion and empower for vulnerable individuals). In relation to social mobility, participants developed narratives to negotiate and make sense of their changing circumstances (i.e. within their professional roles, this included gaining confidence to be brave to have difficult conversations).

Conclusions: Future research might consider how to develop interventions that can encourage working-class students in their career aspirations, including helping them transition from college to university by negating some of the barriers embodied as a result of classism, such as improving self-confidence and creating a space to practise vulnerability.

Key words: Clinical Psychology, Leadership, Social Economic Status (SES), Narrative Analysis (NA).

Introduction

A diverse workforce has numerous advantages within healthcare settings, including fostering creative ways of thinking and understandings towards the needs of marginalised individuals, as well as increasing productivity by encouraging employees to bring their authentic self to work (Kline, 2014). One of the Department of Health's key objectives for many years has been to increase the diversity of its workforce (Department of Health, 2003). The consequence has been to implement legislation aiming to create fairness across society and respect for people in all aspects of their diversity (Equality Act, 2010). SES is not a protected characteristic within the Equality Act (2010) and this may be a factor to why issues of race and gender inequality often supersede discussions around class disadvantage (Totsuka, 2014).

SES is predominately measured through objective indicators of power, privilege and control over resources, such as income, wealth, education level and occupational prestige (Diemer & Blustein, 2007). As SES is a multifaceted construct it can also include subjective features, such as rank with others in society (Adler et al., 2000). The constructs of class and poverty are often overlapped with SES, despite distinctions existing between them. For instance, poverty is defined when individuals' resources fall significantly below their minimum needs. Class extends beyond differences in financial circumstances and incorporates differences in social and cultural capital, including the size of social networks and extent of engagement with different cultural activities (Manstead, 2018). Class identity is often impacted by cultural identity, as the material conditions in which people grow up and live can often influence both the way they think and feel about their social environment and key aspects of their social behaviour (Manstead, 2018). For the purposes of this paper, the term SES has been implemented, however when citing existing research terminology is in line with the research referenced.

SES is a predictor of a variety of different outcomes across all stages of development, including physical and psychological health (Cingano 2014; OECD, 2010). There is an extensive literature considering the association between a wide range of measures of socio-economic position and subsequent health outcomes (Gallo & Mathews, 2003; Mackenbach et al., 2016, Muntaner et al., 2010). For instance, low SES correlates with lower educational achievement, as well as poorer mental and physical health outcomes (Cingano 2014; OECD, 2010). In addition, SES is a significant factor in influencing career aspirations and achievement (Diemer & Blustein, 2007; Blustein, 2013). For instance, individuals from lower SES generally have less career-related self-efficacy when it comes to career aspirations (Ali, McWhirter, & Chorister, 2005).

Social Cognitive Career Theory (Lent et al., 1994), offers some explanation of the barriers faced by individuals from low SES backgrounds aspiring to work within predominately middle-class professions. According to this theory, individuals from low SES backgrounds are influenced by their cognitive appraisals, as measured by self-efficacy beliefs and expectations (Lent et al., 1994). Cognitive appraisals are developed from a perception of the barriers faced due to economic disadvantage, at the micro, (i.e. neglecting home environment), meso, (i.e. discrimination that is built into organisations, such as biased decision making) and macro level, (i.e. societal and cultural norms which can impact the activities an individual is exposed to) (Lent et al., 1994). Resilience may mediate the likelihood of whether an individual is able to overcome their perceived barriers and obtain career progression by challenging their negative appraisals and expectations; leading to greater self-efficacy, motivation and action towards obtaining success (Bryan, 2005). However, research within this area has produced mixed findings. For instance, Thompson (2012) reported coping with perceived barriers fully mediated the relationships between the perceived SES variables and career outcomes

(Thompson, 2012). However, SES has also shown to have no significant association in relation to perceived barriers (McWhirter et al., 2007), self-efficacy, outcome expectations (Ali, McWhirter, & Chorister, 2005) and educational goals (Ali & Saunders, 2006). These mixed results give credence for further research aimed at developing a more nuanced understanding of the effects of SES on career progression.

Clinical psychology in the UK is a relatively high-status profession with regards to salary, the importance to achieve academically to obtain a doctorate qualification and the opportunity to pursue an academic career thereafter (Goodbody & Burns, 2011). Although the workforce is predominantly middle-class, clinical psychologists in the National Health Service (NHS) work largely with individuals from working-class backgrounds (Naylor, Taggart, & Charles, 2017). This can be problematic, as some research suggests that individuals from non-dominant groups may receive better therapy outcomes and are more willing to engage with services when the therapist is from a similar background (Wintersteen, Mensinger & Diamond, 2005). In addition, greater diversity in the profession can demonstrate a culture of inclusivity for clients and encourage different clinical and theoretical perspectives, which can challenge inaccurate assumptions within the profession (Awais & Yali, 2013). Given the positive consequences of greater inclusivity, clinical psychology has understandably received criticism for failing to increase diversity (Scior, Williams & King, 2017; Stewart, 2017). This is problematic throughout the profession and has resulted in the Clinical Psychology Leadership Development Framework (DCP, 2012), advocating for greater diversity at the higher bandings. Diverse representation at leadership level is particularly important, as leaders frequently have a significant impact on the culture and policies of an organisation, help challenge implicit biases and are in a position to role model for the next generation (Astin, 1993; Campbell et al., 2012). Role modelling and mentoring early career

professionals, as discussed in the systematic chapter above, can be a powerful tool in aiding the career progression of underrepresented staff. Specifically, mentors from a similar background (i.e. race or class) have been shown to help foster a greater sense of cohesion and belongingness (Berk, 2005).

Reflexivity

According to Elliott, Fischer and Rennie (1999), researchers should declare their values, beliefs and assumptions which allow for transparency towards possible biases being offered in the research. As a Black Minority Ethnic (BME), able-bodied, cisgender, heterosexual, female Clinical Psychology Trainee, I have been particularly influenced by the concept of intersectionality. Intersectionality refers to the relationship between the multiple dimensions of an individual's social identity (Crenshaw, 1988) and how gender, race, class, and sexuality, simultaneously affect their perceptions, experiences, and opportunities (Cole, 2009). My own lived experience of the remarkable change I witnessed from growing up in a working-class background, in my early childhood, to an experience of upward mobility before entering into my adolescent years, has provided an insight into the interplay between class, personal aspirations and opportunities. Thus, the narrative I hold of myself is one where class has been instrumental in providing the direction for my journey, certainly as it pertains to pursuing a career as a Clinical Psychologist.

Working with a primary supervisor identifying as an able-bodied, cisgender, heterosexual male, who met the inclusion criteria, offered a lived experience component to the empirical research process. This fostered engaging discussions throughout the research process. However, we remained conscious and reflective of the possible over-identification and bias which may have occurred as a result, as such I kept a thorough reflective diary throughout this

process (Appendix 2) and further developed skills as a principal investigator and project manager.

Aims and Objectives

The study aimed to examine personal narratives on the key influencers, events, attributes, barriers and enablers in obtaining professional successes; including an appreciation of the social, political and cultural context in which these narratives have formed.

The study objectives were twofold: (1) to explore the first-person narratives of individuals from working-class backgrounds who have reached leadership positions within Clinical Psychology, and (2) to provide tangible experiences and examples, in a creative way, which can resonate, engage and be applied to helping lower SES schools, colleges and universities in informing and inspiring their students. In addition to helping inform and inspire early career professionals, such as Assistant/Trainee Clinical Psychologists.

Method

Participant Characteristics

The study population comprised of professionals in the NHS and/or a university institute, currently working as a Consultant Clinical Psychologist or within a Clinical Psychology department. Leaders were operationalised as a minimum Band 8C position in the NHS and / or a minimum Senior Lecturer position in academia. This cut-off was chosen because job descriptors of individuals in or above these positions state leadership as a key component of their role.

SES inclusion for the study, which was informed by existing literature (Ploubidis et al., 2014), were met if two or more of the following criteria were applicable:

1) Eligibility to receive free school meals as a child, 2) parental education to less than high school level, 3) one or both parents never worked, and /or the primary earner was long-term unemployed, or worked as an unskilled manual labourer and 4) living at a postcode within an economically deprived area as a child/adolescent, according to poverty surveys and censuses dating back to the 1960s (Dorling et al., 2007). Participants were asked to assess their eligibility based on their childhood circumstances, until the age of 18 years (Krieger, Williams, & Moss, 1997).

Twelve individuals took part in the study (Appendix 3), eight were female and four were male. Six participants were in the category 46-55 years, four were between 36-45 years, one participant was in the category 35 years and below and one was in the category 56 years and above. Ten participants described themselves as White, one participant identified as Asian and one identified as being mixed ethnicity. Eleven participants identified as heterosexual and one identified as bisexual. Two participants described their professional rank as Head of Service, two participants were Clinical Psychology Programme Directors, one was as a Clinical Director, one was a Professor and six participants were Consultant Clinical Psychologists.

Research Design and Procedure

The study was a qualitative research design, consisting of individual semi-structured interviews and analysed using Narrative Analysis (NA). Participants were approached via the following: A) An email advertising the study was sent to administrative staff at universities with a Clinical Psychology department and asked to be forwarded to staff members and local networks of clinicians. B) Emails were sent to relevant sub-systems in the Division of Clinical Psychology (DCP), such as the Leadership and Management list faculty and to the Psychological Professions Network (PPN) in the North West and the PPN covering Kent, Surrey and Essex.

C) The study was advertised, periodically over several months, on the twitter page of the primary supervisor.

Individuals interested in taking part in the study were asked to contact the lead researcher by email and were subsequently emailed a copy of the information sheet (Appendix 4) and interview schedule (Appendix 5). A phone call was arranged with all potential participants to confirm eligibility for the study, answer any further questions and arrange details for the interview. Eight interviews were conducted in person, with the researcher travelling to a location most suitable for the participant. Four interviews were conducted via Skype or via phone call at the request of the participants. When possible, interviews were video recorded as opposed to audio, as it was hoped a richer source of data could be gathered to aid analysis. All interviews were conducted in a secure location to maintain privacy and lasted approximately 60-90 minutes.

Materials

An interview schedule (Appendix 5), with general prompts for discussion including the following questions was utilised: ‘can you describe the most important experiences you went through in childhood, adulthood which influenced you in your professional endeavours? Have you experienced barriers and enablers during your journey to this point? And if yes, please can you explain what these have been?’

A demographic data form (Appendix 6), which aided analysis, captured the following participant information: age, gender, ethnicity, sexual orientation, marital status, annual

income, denomination or faith tradition they most closely identify with and current professional rank.

The Interviews were recorded on an iPad, which had been provided by the Clinical Psychology department at the University of Liverpool. The iPad was password protected and had approval from the University to be used for confidential recordings.

Ethics

Ethical approval for the study was granted by the University of Liverpool's Research Ethics Committee (Appendix 7). Information sheets were provided to all potential participants, to ensure they were able to make an informed decision before participating (Appendix 4). The information sheet detailed the aims of the study, including potential negative consequences from participating; such as the possibility of participants' stories being identifiable as direct quotes would be included in the write-up. To ensure anonymity, all identifying information was removed from the write up at the point of transcription and participants were given pseudonyms. The participant's right to withdraw was explained and written consent gained (Appendix 8). Before interviews were conducted, participants completed the consent and demographic forms.

Data Analysis

NA is an analytical method which explores how people story their lives (Andrews et al., 2004). NA aligns with this research question, as it allows for a qualitative exploration of how participants view their own narratives with an exploration of how these views have been influenced by personal, ethical, social and political contexts (Riessman, 1993; Weatherhead, 2011). NA is noted to be an appropriate methodology when the focus of investigation is on the interrelationship between self and culture (Weatherhead, 2011). In this current study, the construct under investigation was SES, which (as discussed above), has significant overlaps

with culture. According to Plummer (1995), narratives are integral to human culture because culture is composed through the stories we tell about ourselves (Plummer, 1995).

Overall, NA allows a space to explore how SES interacts with other important social constructs at the micro (e.g., personal and social identity) and macro levels (e.g., social policy and institutional discrimination) and recognised the consequences of these interactions (Wiggins, Wiggins, & Zanden, 1994). By examining the socio, political and cultural context, NA helps develop a more nuanced understanding of an individual's experiences (Weatherhead, 2011). Furthermore, NA is a creative and inspiring way to disseminate rich data, increasing the likelihood of engaging the intended audience (see dissemination section) (Riessman, 1993).

According to Riessman (1993), NA is an interdisciplinary method with no single approach to analysis. However, there are several papers which guide researchers on conducting NA (Burck, 2005; Emerson, & Frosch, 2004; Fraser, 2004, Weatherhead, 2011).

Fraser's (2004) (Appendix 9) seven stage structure was selected for several reasons. Firstly, Fraser (2004) explicitly discusses different ways to explore language construction, (i.e. by asking questions, such as what words are chosen and how are they emphasised? What kinds of meanings might be applied to these words? Are there notable silences, pauses or gaps, if so how might they be distinguished and what might they suggest?) Secondly, Fraser (2004) emphasises curiosity and reflexivity throughout the research process, placing importance on seeking to democratise professional relationships through reflections on power dynamics; which was particularly relevant to the study population under investigation (leaders in Clinical Psychology). Thirdly, there is discussion on exploring commonalities and differences among participants, which is applicable to this study given the large sample size.

Table 3, provides a breakdown of the seven stages undertaken in this study and includes an overview of the data analysis process which was employed (Fraser, 2004).

The findings have been presented through 12 sub-narratives, representing each participant, which focusses on the content of their individual narratives (as outlined in Table 3, phases three, four and five). The inclusion of this types of analysis allows for a greater understanding of how the narrators constructed a worldview through their lived experiences (Riessman, 2003). In order to ensure participant anonymity, all identifying information has been removed, it should be noted that this therefore limits the richness of detail which can be presented within the findings.

The findings also include a synthesised grand narrative, whereby all twelve interviews have been amalgamated. A grand narrative concerns the kind of narrative which sees interconnections between events (Lyotard, 1984; Sandelowski, Docherty & Emden, 1997). The type of grand narrative employed for this review was a synchronic grand narrative, which tell stories about a specific society at one time in history (Best & Kellner, 1991).

The data was framed as a grand narrative, as there were significant overlaps in the content of the narratives, which gave further credence in utilising a grand narrative approach (Lyotard, 1984). Furthermore, the data presented as a grand narrative was in-line with the research aims which was to disseminate the data to students and early career professionals in an engaging and creative way. A limitation of a grand narrative approach it that it can produce highly individualized accounts from which it is difficult to develop commonalities across narratives (Maxwell, 1996). Critics against implementing a grand narrative approach argue that it fails to capture the diversity of human experiences (Maxwell, 1996). However, these limitations were addressed by ensuring the findings presented in this paper included sub-narratives from

all 12 participants', which included nuanced analysis of individual experiences and explored differences between the participants' narratives.

The findings incorporate direct quotes from interviews, so as to provide evidence of the key sub-narratives. Additionally, an overarching three act story structure with a beginning, middle and end has been selected to frame the findings of the grand narrative. Preliminary readings across the interview transcripts overlapped with the three-part story structure with narratives incorporating a clear beginning, middle and end. According to Berger (2019) this structure of storytelling has been the most dominant throughout human history and the capacity to tell simple stories that transmit over time and distance have allowed humans to successfully spread ideas over hundreds of thousands of years (Berger, 2019). Furthermore, according to Riessman (1993), theory on how to conduct NA places an emphasis on connecting sections of texts which are sequentially organised, forming a story with a beginning, middle and end (Riessman, 1993).

In order to measure the validity of this qualitative approach, relevant research was consulted. According to Riessman (2008), the basis for assessing the validity of NA should not focus on the impossible task of representing the 'truth,' but instead focuses on the notion of 'trustworthiness' (Riessman, 2008). Riessman (2008), asserts that researchers should evaluate the validity of their NA by how transparent the process by which their interpretations of the narratives have been reached (Riessman, 2008). To this end, a comprehensive reflective diary was utilised throughout the research process, in order to provide a transparent paper trail and included reflections from regular meetings, which were arranged between the principle researcher and her supervisors (Appendix 2).

In addition to the reflective diary, prior to analysis the researcher had aimed to send a narrative summary to all participants, which consisted of summarising their narratives into a sequence of events across time (Crossley, 2000). This was an important step for ensuring the goodness of the NA, as it allowed participants the opportunity to comment on the summary's accuracy and thus foster greater validity and transparency between the researcher and participants. Unfortunately, due to time restraints, the summaries were not sent out to participants, which is a limitation of this study and acknowledged within the limitations of this paper.

The criterion of 'plausibility' was also used to measure the goodness of the NA. Plausibility involves assessing whether the data gathered is consistent with well-founded knowledge (Riessman, 2008). The findings within this NA were assessed and consistent with relevant theory and research in the field, as presented in the discussion section of this paper.

Phase of NA	Data Analysis Process
Phase 1- Hearing the stories, experiencing each others emotions	<p>As guided by the literature, which states narrative research is created around storytelling, the researcher employed a conversational style of interviewing (Riessman, 1993). An interview schedule (Appendix 5) was created, in order to help guide the researcher as she was new to this methodology. However, the interview schedule was not employed during the interviews and instead interviews were led by the participants. This style of interviewing is in-line with the epistemology of NA (Riessman, 1993). Accordingly, the interviews were ‘interviewee-oriented’ (Fraser, 2004) and at best led by the participants’, with emphasis being placed on the participants’ self-evaluative comments and meta-statements (Berger Gluck and Patai, 1991).</p> <p>A reflective diary (Appendix 2) was used to describe the feelings that emerged by the researcher immediately following each interview, this allowed transparency during the research process (Anderson and Jack, 1991). For instance, the researcher answered questions such as ‘what sense do you get from each interview? How are emotions experienced during and after the interview? How curious do you feel when you listen to the narrators? According to Riessman (1993), subjectivity, reflexivity and transparency are fundamental components of NA, as the listener is just as fundamental as the storyteller in the narrative which emerges (Riessman, 1993).</p>
Phase 2- Transcribing the Interview	<p>The interviews were transcribed verbatim and silences and pauses were included in the transcription as they were likely to have meaning (Appendix 10). According to Riessman (1993), transcription and analysis cannot be separated within the research process. Thus, recognising the inevitability of forming hypotheses and assumptions during transcription, the researcher noted reflections throughout this process and discussed these regularly with her research supervisors.</p>
Phase 3- Interpreting Individual Transcripts	<p>Interpretation of interviews began once all 12 interviews had been conducted, this decision was taken to limit the influence of researcher bias. For instance, the researcher aimed to limit the influence of bringing her earlier interpretations in to subsequent interviews. The researcher began analysis by reading the transcripts several times and noting types and directions of the stories. The researcher explored the content, style and tone of each speaker. The holistic content from each narrative was analysed which consisted of looking at complete life stories and labelling chronological episodes, for instance episodes which pertained to, ‘attending university,</p>

clinical training, working as a professional' (Chanfrault-Duchet, 1991; Lieblich, Tuval-Mashiach, & Zilbe, 1998) (Appendix 2 & 10).

Phase 4- Scanning Across
Different Domains of
Experience

To avoid problems of social determinism, each interview was further scanned for different domains of experience under the headings: life chapters, significant people, key events, stresses and problems, personal ideology and life theme (Cossley, 2000; McCabe and Bliss, 2003; Segal, 1999). Specifically, individual stories were examined for their intrapersonal, interpersonal, cultural (Simon, 1996) and structural aspects (Mullaly, 2002). Interpersonal aspects of stories involved other people (Simon, 1996), cultural aspects of stories referred to larger groups of people and sets of cultural conventions (Mullaly, 2002; Plummer, 1995). Structural aspects of stories involved noting instances where class, gender, ethnicity and other modes of social organization were discussed by the participant (Mullaly, 2002) (Appendix 2 & 10).

Phase 5- Linking the
Personal with the Political

Following on from phase four, each interview was explored further and the researcher specifically deliberated on how dominant discourses constitute an interpretative framework for understanding the stories (Coates, 2003; Hyden, 1994; Riessman, 2003) (Appendix 2). For instance, ideas around "meritocracy vs. luck" was particularly important for participants in this study. This phase allowed for further exploration of how participants' views had been influenced by their social and political contexts (Riessman, 1993; Weatherhead, 2011). Following phases three, four and five, the researcher developed sub-narratives for individual participants.

Phase 6- Looking for
Commonalities and
Differences among
Participants

After individual transcripts were analysed the researcher examined the transcripts for commonalities and differences that existed among and between participants. Similar to the work undertaken on individual transcripts, this was done by comparing and contrasting the content, style and tone of respective speakers. Similarities and differences become more apparent after the stories were listed, numbered and named by connecting plots, events and themes, which were then clustered together for analysis. The researcher was then able to develop a synthesised grand narrative, whereby all twelve interviews were amalgamated (Lyotard, 1984). At this stage, the researcher also considered how stories aligned with her initial assumptions of the research, noting in her reflective diary 'findings' that were inconsistent, counter-intuitive, surprising and/or anomalous (Worthington, 1996).

Phase 7- Writing Academic Narratives about Personal stories	Several drafts of the academic narrative were produced and involved input from supervisors and examiners, which consisted of honing the analysis, whilst still allowing the reader to hear the voice of each participant (Ellerman, 1998; Ezzy, 1998; Riessman, 1993).
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Table 3-Process of Data Analysis

Findings

All twelve participants met the following two inclusion criteria, all are from a working-class background and all have reached a leadership position within clinical psychology. The sub-narratives from each participant will be presented and followed by the grand narrative. The grand narrative will amalgamate the collective narratives across the twelve interviews within the framework of the three-act story, corresponding to the beginning, middle and end of the collective narratives. The experiences highlighted in the grand narrative will then be explored alongside relevant theory and research in the discussion section of this paper.

Sub-Narratives

Laura

"As a little girl with big ideas" in 1970s England, Laura's life trajectory *"to marry a labourer"* was laid out for her by her parents, both hard working manual labourers themselves. These beliefs were reinforced by their community and resulted in Laura growing up in a household with a strong working-class identity and sense of belonging. However, for as long as she can remember, Laura *"never felt part of it."* Despite these class and gender expectations, she saw *"a ticket out"* of that life, one that involved her mother never working but getting *"up at 3 o'clock in the morning... (to) make fresh sandwiches."* Her way out was academia and with a strong inner drive to work hard and to prove the doubters wrong in spite of her low confidence, a seminal point in her life was her successful admission to university. There, she had her first real exposure to privilege which *"was a right shock to the system"* even more so because it was *"at the time of the miner's strike,"* so Laura felt *"very much on the edge"* battling with her own sense of identity.

Now, as a successful leader in the Clinical Psychology field and nearing retirement, Laura reflects on her working-class roots and values “[it’s] *about hard work... no sense of entitlement...feeling of not being good enough...you can really turn to your advantage because you work harder.*” As an NHS Leader, these working-class values have served Laura well as she is “*not afraid to call things out which don’t feel right*” liking a “*good scrap,*” particularly as it pertains to championing for the disempowered and certainly not being the kind of “*person who thinks they know it all.*” Remaining open to new ideas, ways of thinking, healthy challenges and living true to her values, has enabled Laura to be effective and successful within the NHS.

Perhaps most significantly, Laura’s early experiences have not only shaped her political views but also her approach to service users, as she seeks to meet their needs holistically, including considering individual circumstances, as opposed to pathologising problems within the individual. This in turn has fostered a strong motivation to “*break down barriers between them (service users) vs us (professionals).*” Her role as a leader has also seen Laura develop into a “*hard task master,*” however she has her “*staff’s back in front of others, if they’ve made a mistake.*” Laura fosters a working culture that nurtures “*the importance in connecting with people, bringing out the best, be kind, be values driven.*”

As a result, Laura has integrated her working-class values, academia and clinical career to form a strong part of her identity. Not surprising then, Laura’s career has remained a constant anchor for her, especially during painful experiences. Her journey has involved a significant amount of personal loss, including a painful divorce and the death of close family members. Her once low self-confidence has transformed over the years as she has learnt “*to trust that inner feeling...it’s probably just in the last ten years or so that I’ve really felt much more comfortable in my own skin.*” A key part of this transformation has been finding mentors,

“people like me” who’ve helped Laura to understand the importance of *“finding the unique ingredient in you and find a way to make that work.”*

Farzana

Farzana, a Clinical Psychologist, now in her 40s describes her challenging *“journey of moving up and down classes,”* along with *“being of a mixed heritage background.”* Crucial to making sense of her specific circumstances in a larger social context (including identity), were the seminal works of *“Sara Ahmed and Kimberly Crenshaw.... feminist writers have been very helpful for me.”* Their works helped her to contextualise and normalise her own intersecting experiences of race, gender and class, after *“feeling quite different throughout my life...not knowing many people from a mix race or mix faith marriage.”*

As Farzana struggled with her own sense of identity, she recalls *“masking not feeling very authentic...focussing on my academic work...which was really an escape for me being a survivor of child abuse”*. These traumatic experiences, for many years silenced her as she diligently worked hard to debunk and not *“fit the stereotypes”*. The importance of education was also instilled in her by her parents, alongside the *“expectation of needing to go into a helping profession.”* Her choice of career was further influenced by her own experiences of *“being a client of psychology.... having professionals that were involved with me going the extra mile.”*

A pivotal change occurred following the *“acrimonious divorce”* of her parents, leading to a significant adverse change in circumstances, from growing up in an affluent part of town, to experiencing *“financial hardship and the family being placed on benefits”*. Farzana recalls the “dyer” situation of *“feeling the lack of money... my shoes often had holes in the bottom*

and I was putting in plastic bread bags to try and stop them from leaking.” This made Farzana very self-aware and even self-conscious of class difference. This clash of cultures was felt most acutely when Farzan attended a prestigious university and “instantly being able to tell who the state school kids...and who were the private school kids, just by the way they walked... not feeling apologetic for being in certain places and walking into a room like they owned it...you could see how embodied their confidence was.”

The feeling of “*masking not feeling authentic*” were perpetuated during clinical training by the “*need to fit the white normative professional identity... quite a few times ... I felt as I was being warned not to be on a mission not to be too interested in particular areas,*” in contrast to other times where she felt “*tokenized.*” Over the years, Farzana has learnt that she has “*spent so much time trying to work to a certain norm of how psychologists should look and behave... embedded stuff around the white western norm,*” including dressing in a certain way, pretending to fit in despite feelings to the contrary. This has exacerbated her sense of wearing a mask, not belonging and being inauthentic, “*at this point in my career... probably the last couple of years...for the first time am more confident to be who I am...which is a bit sad...all that time I felt... anxious and frightened about somehow being discovered.*” Farzana talks about the importance of finding her tribe to redress this and to feel a sense of belonging which has given her the ability to have “*reclaimed a bit of space...and actually for a long time when I came into the profession I was kind of actively dissuaded talking about personal experiences...talking about me being a survivor, which has been one of the most defining experiences of my life...in the last few years I’ve kind of come out and actually thought take it or leave it, that’s actually who I am.*”

Integrating her identity is an ongoing process for Farzana, who admits a sense of guilt at affording her middle-class lifestyle. However, as she has taken ownership of her narrative as a survivor, she too is shining the light on internalised classism she feels is present “*there’s not a sense of celebrating being working class, but escaping it...I feel the structure as it is supports the notion of moving up an income bracket as meritocratic in some way, like you’re special you’ve made it, rather than being, actually you’re lucky.*” By doing so, Farzana believes working class people are being pathologised, their social context being ignored in favour of their internal world and symptoms. Hence her championing of community facing services, where service users are empowered with knowledge.

Andy

Andy, a Clinical Psychologist in his 50s, grew up in a “*poor rural setting... wearing my sister’s jerseys as hand me downs.*” He recalls “*no sense of feeling different*” and was surrounded by peers in similar circumstances, “*it was quite egalitarian.*” A sense of feeling different occurred at a “*watershed moment...at my parent’s divorce... when I was 11 ... I started to feel different because divorce was a very unusual thing in those days...I was slightly jealous of friend’s family life.* The divorce evoked a “*parental war fought through all the children...they encouraged rivalry amongst the children and between themselves...my brother was quite badly damaged by the divorce... it was a ghastly time.*” Andy felt compelled to take on a significant level of responsibility following the divorce, “*because my father was working, I was looking after myself and my brother... I was a carer for my brother to a degree.*” He speaks to holding a narrative on how these early experiences have shaped his later development, “*it made me much more assertive then perhaps I would have been, to the point of over assertion, which is my reputation... needing to stand up for myself and not taking any shit...it made me very sensitive to other people’s conflict.* As Andy has learnt of

the potential catastrophic psychological consequences for children following an acrimonious divorce, he has developed a sense of gratitude for his resilience, *“I have had a fairly lucky escape...overall I am surprisingly unscathed... see my brother didn't and that's very sad... the stats are pretty horrendous for that sort of thing.”*

It is foreseeable how Andy's lived experiences have shaped his passionate political views, *“I'm extremely Socialist”* and parallel his professional career, (e.g. working with families), *“try and help parents who are fucking their kids heads up to see how that might be.”* He recognises his success has been in part due to making the most of the opportunities afforded to him and strengthened by *“a ridiculous work ethic...I think has come from my father, both my parents.”*

As a leader in clinical psychology, Andy believes *“ my background has given me a strong sense of loyalty for people who depend on me...you know I'll ask them to do all sorts of things, but I will look after them and if they're in trouble then I'll back them, if somebody has a go at them then I will have a go at the person who's having a go at them...it's about looking after people, that's the value that drives me.”* Values are core to helping him navigate the terrains of professional relationships, *“I think it's about their underpinning values...I see values as really hard to change...if somebody's got a severe case of being an arse hole, I don't think you can do much with that.”*

Thomas

Thomas was raised outside the UK in the early 1970s, in a country where racial divisions were starkly apparent. A son of a white working-class factory worker, he grew up in a town which was arbitrarily divided into two, *“someone drew a line...it was a stroke of luck really... the school I was in was the best school in town... the son of the factory worker happened to go to*

the same schools as the sons of the factory bosses ...it was such a big reason for why I was able to pursue more of an academic or professional route.” The school afforded him many opportunities, such as *“one important thing they teach is to be confident to have that sense of I can do it. I’m good enough,”* and access to aspiring teachers *“she took me under her wing...she saw something in me some academic potential...without a doubt I think she was the most important person to help me go to university.”*

The traumatic loss of his father in his early years, as a consequence of the poor factory working conditions, was a defining moment in Thomas’s life. Failure to receive any compensation following his father’s death, plunged the family into significant financial struggle. *“My sister and I then grew up in this house where we had to sort of muck in and help...because that’s the way we would survive.”*

Throughout his narrative, Thomas acknowledges his *“white privilege”* and *“having benefitted tremendously from it,”* particularly prevailing as he was witness to the implementation of many racially discriminatory policies, throughout his childhood. As a bystander to many such experiences he now holds *“shame personally that I carry, I think that will never go away.”* Not surprising then, he has developed *“a strong sense of social justice...some simply to do with the personal events in my life and the suffering which followed...the lack of support after my father died.”* These experiences have been instrumental to his choice of career, which has seen him work predominately with children and families, *“something positive I can do with the privilege [afforded to him].”* He also holds a strong belief that *“fundamentally I don’t believe in this idea...it’s through merit that you achieve things if you work hard enough...I just don’t buy it...I think a lot of it is determined by where you are born.”* Regarding his working-class background, Thomas feels proud and states, *“I see it as my roots, these are the*

things that guide me...I think it inspires me to do a little bit to make a difference to people's lives, the people who are not as fortunate and lucky as me."

Claire

A Clinical Psychologist in her 40s, Claire retells a narrative of being the youngest child of three, raised in a mining community, in a very deprived village in England. *"I remember money was always very tight...we we're always in debt...I could see some families had more and I think I felt quite embarrassed by it...attending a church school...they used quite a humiliating approach, with students at times...I was made to feel, because my parents didn't have enough money, that was seen as less than."* As a result, she showed up in the world as *"super shy...super compliant...didn't want to stand out...didn't want to feel different."* By age 13 *"I really wanted to get out of the village...I felt a little bit constrained by it...I didn't really like that often the girls would have children very young...it was a very white village...wasn't very much difference."* An aspirational sister several years older, attending university in a cosmopolitan city, studying Psychology, provided a pivotal role model for Claire, *"I saw education as a way out, from a life full of limited money and debt."* A difficult journey during her college years, which included an unsupportive tutor, highlighted Claire's tenacity and resilience *"I applied to university and it was something like eight distinctions and I remember telling my psychology tutor and she laughed and I just thought right I will show you and I did. I go in."*

During her university experience, Claire states she found it *"quite difficult...I found it hard to fit in...internal kind of self-doubt. Just thinking do I know enough to be here...really inhibited in my own head and trying to fit in...I just didn't know how to write academically...I passed everything, but I didn't write well."*

The early trajectory of her professional career saw a perpetuation in her sense of difference and self-doubt and would see Claire actively try and change her accent in an attempt “*to desperately try to fit in. I found it really difficult. I didn’t really know what I was doing. I was meant to go to loads of conferences and things and network, but I was just this real timid young woman who didn’t know how to be sociable and chat to people who were professionals.*” As she has progressed in her career, which has correlated with an increase in her self-esteem, her attitudes have shifted, “*my boss was somebody from a very financially privileged kind of background...and I could see how she could just work a room. You know, you go to a conference and she’s just in her element and I think I felt for many years rubbish in comparison. But I have started to think that’s just how she is and I’m not like that and that is O.K.*” She credits a combination of experiences throughout the years which have led to this shift, “*I think some of that’s having open discussions...I think having personal therapy has really helped me understand what I bring to situations...being a mum really changed me...just kind of surviving that and coming through and juggling things.*” A newly appointed promotion into a leadership position, has understandably triggered internal feelings of self-doubt, however, Claire remains diligent in working to build her confidence and expresses a desire within this leadership role to develop “*a bit more assertiveness and confidence in my own ability to stick to my own guns.*” This will also include bringing to the roles her working-class routes, such as working hard and fostering an environment which is based on kindness as opposed to shaming others.

Tariq

Tariq, is one of seven children, born to parents who migrated to the UK in the 1960s. From an early age, he was cognisant of how *“incredibly hard”* his father worked, *“my brother did a bit of work at the same place [factory] as my dad...he came back and I’ve never seen him in such shock, he was absolutely numb with shock, because he realised how hard dad worked.”*

Growing up *“in a very close family,”* helped alleviate some of the difficulties of his upbringing, such as *“recognising there wasn’t enough food and mum often wouldn’t eat.”*

An instrumental message relayed to all the children was *“to be educated, it was the most important thing as far as my father was concerned.”* However, entering school predominately speaking his mother tongue, meant Tariq struggled with school and until the age of eight was placed in *“a special school...I was told I was educationally subnormal, which was the term used back then.”* Upon entering mainstream education, Tariq recalls a peer, David, befriending him *“he came up to me and he showed me a letter in the alphabet and I had no idea, he taught me to learn...he taught me to read.”* Tariq’s confidence and ability rapidly began to improve, however was halted when a house move separated him from his friends. *“It broke my heart... it was terrifying...I really struggled at high school.”* The support and encouragement from a pivotal teacher, helped nurture and guide Tariq through these testing times, *“he changed my life...he gave me that confidence...I started to believe in myself.”* Years later, Tariq would hear of the tragic death of David in his 20s, through a drug overdose, *“it was the biggest shock ever...he was brighter than me he could have been anything.”* This seminal event highlighted to Tariq the opportunities afforded to him and the support from family and instrumental teachers which shaped his trajectory, *“I was very very lucky.”*

A career in Psychology was influenced by part, through the words of his father “*if you help people then your life is worthwhile.*” Gaining experience in a mental health unit, provided him with a direction to funnel his desire to stay true to his father’s wisdom and pursue a career which helped others.

His experience with the profession has had significant challenges, “*I don’t think I fit into Clinical Psychology.... I am very to the point... Psychology as a profession is very aloof, a forte around them, we will let you in if we want...I am expected to promote middle-class behaviours and values that will make me somebody who is easier to see as head of department... I have seen so many peers from black, Asian, minority ethnic groups who I don’t see at my level...I realised that every single promotion I’ve got, the panel has included one person with diversity. And that’s absolutely fact. Every single time.*” Research on “tribalism” has helped Tariq understand some of the underlying mechanisms behind racism and unconscious bias he feels he has faced within the profession.

Beth

Beth describes her upbringing in the 1980s, as being “*very safe...there was always food on the table...there were no difficulties...I’m not from a deprived family, I’m from a very stable family.*” Attending school was a “*fantastic experience...really rough...it was diverse ethnically...I was really preoccupied with just fitting in.*” As a student, she recalls struggling with maths and speaks to a significantly positive experience with a teacher, which would later go on to shape her own leadership style, “*she was so kind...someone spotting your needs and how to get the best out of you... that is really important to me, it’s kind of a priority of the people I work with...whether their colleagues in the MDT or Assistant psychologists understanding what someone’s needs are and helping them meet those needs and really using*

their strengths.” This experience was in stark contrast to a swimming coach, *“I spent a lot of time swimming...there was a kind of one size fits all sense about her...rigidity, not a great deal of flexibility in her approach. The opposite of what I value and she took shaming an approach...but that was quite damaging. I stopped swimming.”*

Beth recalls a *“slight narrative”* from her mother that she would go to university, yet she remembers having no clear direction regarding her academic or career route, *“I don’t really know why I choose psychology... I didn’t know what I was doing.”* The experience of attending university was a pivotal turning point and highlighted her sense of difference, *“meeting people for the first time from different backgrounds...the vast majority were either privately educated or went to public school and I remember just thinking I was in a different planet... what struck me was the level of unashamed confidence around those people...I didn’t feel that way at all...I felt afraid to ask questions...I was completely playing it be ear...I didn’t even know how to write an essay, it was a bit silly when I look back, a bit sad.”* In order to help manage the clash of cultures during this time, Beth *“made friends with local people...I felt much more like the kind of social group I was comfortable in and I think that really kept me in university.”*

Following graduation, Beth simultaneously worked part-time jobs alongside her assistant psychology posts, partly as a result of the role modelling her parents provided, *“of being hard grafters”* and her developing *“a sense of, if I put the hours then it will come.”* She describes clinical training as *“fantastic,”* despite encounters with supervisors which further highlighted her sense of difference, *“he said what paper do you read and I said News of the World, he was just disgusted. He was like you don’t read the Guardian? I was like what’s the Guardian...it was just shameful, when I look back like, oh God the cringe.”*

Reflecting back on her career to date, she asserts *“it’s everything to do with luck and a bit of drive...just getting your head down and putting the hours in...I think that kind of attitude and ethic kind of draws respect...and the idea of kindness, not just rocking up and delivering the job and really think about what you’re offering.”*

Amy

Amy a child of the 1990s, was predominately raised by her single mother, following the divorce of her parents age seven. Observing the financial struggles resulting from an absentee father Amy is now, *“absolutely obsessed with like being financially independent, like it’s made me really worry about it... about not having enough money... I worry about having to take career breaks...the men are fine...falling behind, because I’ve had a year off work having a baby”*. A heightened sense of gratitude has emerged in recent years, following the death of her mother, *“she defiantly went without...I didn’t feel like we we’re culturally poor...she still made sure I had money for dancing classes...my mum really tried to make sure we weren’t singled out and bullied.”*

A time of increased government spending on social services benefitted Amy substantially, *“I think I’m lucky that the time I was coming up and there was money for things like gifted and talented and money there to support children to do that and bursaries for people going to university.”*

Personal experiences of involvement with child mental health services, opened up her eyes to working as a Clinical Psychologist. The support from committed tutors at college meant Amy was able to pursue this goal and was encouraged and subsequently accepted to study

psychology at a prestigious university. Upon arrival, she felt alienated in the university setting, *“lots of people that weren’t my kind of people,”* which perpetuated her sense of being an imposter. However, she later recognised the advantages of attending the prestigious university, including a relatively seamless transition onto clinical training. Whilst on training she continued to struggle with her self-confidence, *“no way I’m going to be able to do a doctoral piece of work... was really really hard...it was just like I’m not, I’m just not getting it.”*

As she embarks into her recently appointed leadership position, she is a passionate advocate on highlighting the impact of *“society at large on an individual’s mental health”*, including the impact of *“horrendous upbringings”*. She also is finding her voice to challenge the homogeneity of the profession and uses her own experiences as a guide, *“people do always seem to comment...it’s about how I speak... on my accent and I guess it’s a little about appearance as well...like what you wear...and how you talk to people. I remember getting feedback that I was to flippant...feel like a character assassination...and I was just like that’s just me, I’m not really formal...I can’t help being a bit crass and a bit like I say rough round the edges, but I think it’s fine...if we always soften out edges then the profession just stays the same...we have a responsibility not to pretend to be something we’re not...to show people that it doesn’t have to be a certain type, from a certain background that gets to certain positions within Clinical Psychology.”*

As Amy now holds a very different position in society, she speaks to her current identity around class and recognising integrating her identity is an ongoing process, *“I have to consider on paper I’m probably middle-class now, because I’m a Consultant Psychologist, I’ve got a decent wage, I’ve got a house, I’ve got a nice car...and it really makes you think*

well what the hell is class anyway...on paper I've got these things, but I guess I always feel like I'm playing a role in a way."

Sarah

Sarah was raised *"in a council house, in a small village,"* in 1980s England. Her father worked away often, which meant *"mum kind of held the fort."* She recalls a sense of community within the village, spending *"lots of time outdoors as a child...playing with the other kids."* The divorce of her parents was undoubtedly a critical event, which impacted her sense of self, the world and others around her, *"witnessing the impact of that from a young age, being in a position of trying to help with that, when definitely at that age my focus shouldn't have been trying to help the emotional impact of separation on my parents. It should have been on just being a child."* Following the divorce, Sarah became conscious of the difference in her home environment compared to her friends, *"I remember being surprised at the difference of the interactions in the family.... generally, more pleasant and warmer...more attentive...more talking...more conversations going on in those households than would happen in mine. I don't know if that's because there were two parents there or it was related to economic background, I suspect a little bit of both."*

Other pivotal events in her life included, the birth of a younger brother with significant learning disabilities, *"the experience in having to fight for resources, probably something that influenced my career choice."* In addition, *"a disempowering step-father came into my life, he was quite critical, quite bullying."* She reflects on how these experiences have made her sensitive to power hierarchies and *"to want to devolve power at any opportunity...I work hard to ensure I don't adopt that role."* Now in a leadership position, she recognises the applicability of these sentiments more so than ever, *"I'm aware of not enforcing my values on*

people,” particularly individuals she holds power over, such as junior colleagues, “*it’s really important that any decision making involves other people...the collective voice.*” As a psychologist she identifies as, “*critical...humanising, normalising, not pathologising.*” Her struggle with her identity within the profession has often led to times “*feeling different as a psychologist...how I talk...how I dress...I relate to people more informally... I see myself much more similar to my social worker and nursing colleagues than I do my psychology colleagues.*” This sense of difference within the profession, was also highlighted during her doctoral training as she recalls, “*my own experiences of shame and not being able to bring the whole of me to that training...I didn’t feel safe...I felt like the token working-class girl.*”

When reflecting on her professional journey, she recognises it has been a gradual process over 20 years of learning to bring “*the whole of me to my work, rather than compartmentalising things.*” This journey has involved “*a lot of work around compassion focussed approaches to myself...a lot of movement to acceptance...not pretending to be something that I’m not.*” These learnings have been scaffolded by “*fabulous supervisors...very accepting...very encouraging...very supportive.*” The barriers she has faced within her journey to professional success have at large, she feels, been internal; “*my own barriers, my own sense of shame...of my background, my experiences, my own sense of being less articulate than colleagues, my own sense of being from a family where there’s less conversation and less reflection... I think now I’m in a position of much more acceptance of my roots my background, I use it as advantage...but certainly in a number of years in my career, I think I always felt like I had to kind of compensate or maybe even hide that in some way.*”

Simon

Simon, raised within the UK in the 1970s, describes a time of financial hardship, which was exacerbated by “*emotional deprivation...social deprivation...impoverishment of the relationships...lots of men drank excessively... there was physical and emotional abuse...domestic violence.*” The eldest child of a single mother, Simon spent significant portions of his childhood with his maternal grandparents and credits his grandfather for encouraging his inquisitive nature and questioning the status quo.

From an early age, he aspired to change his circumstances and saw education as a way to escape. He recalls potentially damaging feedback from a career’s advisor, informing him that he had, “*little chance of going to university,*” proved to be “*quite formative in terms of me thinking...I won’t be written off...I’ll show you.*” He began to note a change in his identity when he moved away from home “*as a learner,*” which he embraced and was thankful for “*the opportunity to start again in some ways.*”

Traumatically witnessing the domestic abuse perpetrated by his step-father, was to have a lasting impact on Simon’s relationship with power, “*my mum couldn’t protect me and I couldn’t protect her... maybe to some extent I can locate that in early life, but it shaped and formed by professional training...I learned quite early to kick against power...I’m more thankful of my step-dad now in thinking about how he taught me about power...challenging power... I’m operating under the assumption that the more progressed I get in my career, the more I can protect.*” However, Simon also identifies an incongruence between his position as a leader and how he is interpersonally, “*it doesn’t sit with me in some ways to have that much responsibility...it’s a kind of self-consciousness ...maybe it’s a kind of discomfort with power...because once you communicate your role your kind of elevated, but I’m trying to*

hold on to equalising power.” As a leader he values operating from a space of kindness, although recognises at times “kindness gets in the way of procedure sometimes...dealing with staff frequent sickness those kinds of things.”

Reflecting on his changing identity as a result of his career progression he notes, “*the professional identity I’ve had, that I’ve consciously built, in terms of being a psychologist from my background you know at times, pinching myself thinking no, not really, outperforming expectations that were on me was important in my thirties and forties. But recently I’ve been thinking to do I need this? How important is it? I’m holding it with less reverence...I’m getting much more interested in-service user work...peer work, open dialogue, that’s requiring me to hang up the psychologist role.*”

Hannah

Hannah was raised in 1970s England, within a single parent household following the divorce of her parents aged 5. Growing up in a town where glaring divisions between the classes existed, she holds a powerful narrative of feeling different, which has highlighted by shaming and stigmatising experiences. “*Early memories as a kid, being taken to these rich houses... mum would clean...I wasn’t allowed to touch anything.*” Bullying at school was perpetuated by “*being the poorest kid in a state comp...not many kids on free school meals, not in my school...if you were a free school meal child you’d have to go to the office and they gave you 5 pink tickets...and they were a sign of stigma... I remember feeling really shamed, really different... and angry and I remember thinking I’m going to prove you all wrong ...I’m going to get out of this hell hole, this place that makes me feel ashamed...I’m not going to end up like mum.*”

A mentor in the form of her best friend's father, was instrumental in providing Hannah with the motivation and guidance to pursue an academic path, *"he said no you have to go and do A levels...the one person all the way through... you're bright you can go to university... he had this utter belief that I think people from middle-class backgrounds have for their children, that they're going to go to university...he had aspirations for me."*

A critical moment in Hannah's narrative occurred when she enrolled onto a psychology degree at a prestigious university, *"Everything changed at university...like oh my God there's another world."* Despite initial trepidation resulting from a clash of cultures as the majority of students were from a private school background, she eventually found her *"tribe...a group of non-public educated girls"* and overall relished in her experience, surrounded by people who wanted to learn.

A history of mental illness in the family contributed to her career choice of studying psychology and as she entered doctoral training, she again was confronted with class differences, *"everyone was blatantly upper middle class,"* and again was to find a member of her tribe to help alleviate the feelings of difference, *"my best friend was from a BME background...it was like we found each other,"*

Barriers to her career progression have to some extent included not fitting the mould and needing to *"polish of the diamond...some feedback I got along that journey has been quite painful...people don't like the way you speak in meetings...you're not a manager...you know to progress you shouldn't upset people...too blunt...too honest."* Yet as she has progressed and now manages her own team, she feels her transparency has been beneficial and has fostered *"a very honest team."* Overall, she feels the biggest barrier to progressing to a

consultancy position, *“was having children...every time you come off maternity leave you’ve got to prove yourself again.”*

Hannah’s identity around class has inevitably shifted as her experiences have come full circle, *“the biggest thing for my mum can’t get over the fact that I have a cleaner...for years I didn’t have a cleaner...I just couldn’t pay someone, it felt wrong.”* She discusses a shame associated with class which, *“you can’t shift.”* Experiences of interacting across different settings, has allowed her to appreciate that *“class is something you can hide and I have hidden it...I can put on my radio 4 voice, I pause you can sound much more serious...or I can flit the other way and you’re fucking having a laugh and I can do it ...change depending on which audience I’m talking too”*, which she feels is to her advantageous.

Jessica

Jessica, the eldest child of three, raised in the 1970s, spent a significant portion of her childhood moving locations, *“we went to a lot of different schools,”* due to her father’s occupation. Growing up in a time of high unemployment and discrimination, *“no Catholics, no blacks, all that sort of prejudice,”* she was raised in a household which was *“strongly Roman Catholic...focus on going to church, doing the right thing during childhood and for me that often ended up being conscientious and academic stuff was quite easy to focus on.”* A focus on education also allowed Jessica to cope with the stress of constantly moving, which inevitably impacted her sense of self and subsequent life choices, *“when you’re moving around all the time, it’s actually really hard...I couldn’t really say where I was from... I also think that moving affects relationships, so kind of like not expecting relationships to last.”* It is now a priority that she not expose her son to the upheaval of constant movement during his formative years.

As a conscientious student, the choice to attend university was encouraged by her parents, however she recalls not applying to certain universities, *“because I was intimidated by the poshness... I just assumed that’s only where posh people go...I think it’s sad that I didn’t feel good enough to go and fit in with these posh people.”*

Whilst training as a Clinical Psychologist, Jessica was shocked by how unpolitical her peers were, *“I was very interested in left wing politics, challenging the status quo...being aware of misfortune and, kind of, there for the grace of God, that actually it would be so easy to end up on those kinds of paths ourselves, whereas I think people with a more middle-class upbringing might not have exposure to that in the same way.”*

As a qualified psychologist, she notes a class of cultures within the profession, which is highlighted by, *“seeing the kind of people that fit in and don’t...the people that gain promotions...they’re not the brightest, they’re not the most creative...it’s something about don’t rock the boat...they don’t challenge things in the system... I very much think there’s a class thing about the nice people that fit in are the same as people who plan the services...not being a troublemaker.”*

Challenges which have arisen, as she has progressed within her career, have come from defying gendered stereotypes, *“when I was younger I felt my parents were really supportive of my doing education, but then I was expected to get married and have kids.”* She has often felt judged over her life choice to be a single working mother.

As she now holds a leadership position, she notes a marked transition in her approach to revealing her vulnerability. In her earlier years she would, *“front out a situation, rather than reveal vulnerability...people have said oh you’re really confident at times, and I think actually, the times people say I’m the most confident are the times when I actually feel my most insecure...downside I don’t easily accept help and people don’t easily notice when I need help.”* She now advocates for a culture which allows for vulnerability *“it’s okay to cry, goes against the Clinical Psychology culture... I was always told not to cry, not to put yourselves on to others...but you can’t be brave unless you’re vulnerable... It’s healing... it’s important to role model you can be vulnerable, but also strong at the same time.”*

Her current views around class identity have been shaped by feeling proud of her achievements, *“I’ve had a pretty shitty educational experience, but managed to come to university and get a doctorate.”* She asserts class is often about education and as an educated white woman, she acknowledges the power she often holds over others in society, such as working-class men. She has also learned to challenge some of her own biases around class, *“I think there is this assumption that people who speak posh are automatically snobby...looking down their nose at you... and it’s kind of reserve snobbery.”*

Grand Narrative

ACT I - Escaping the Working-Class Narrative

The first Act sets the context and involves experiences which highlight a working-class narrative. Common experiences included: financial hardship, working intensely hard in manual labour roles, lack of parental education, divorce, shame, stigma, childhood trauma and abuses of power.

Striving to move beyond class expectations and conforming to gendered stereotypes, they all

recognise education as an escape route and through the aid of pivotal mentors are guided into higher education.

ACT II – Clash of Cultures

They arrive at university, focused, goal-orientated and determined to undertake the challenges necessary to succeed. However, we see awareness growing in relation to a clash of class cultures. For instance, the exposure to meeting people from different backgrounds during university and clinical training, highlights their sense of difference, including the disparity in levels of projected self-confidence. They navigate the new terrains by finding people who do ‘not fit the mould’ and remain somewhat guarded in revealing their authentic and vulnerable sides.

ACT III – Finding a Way to Integrate Roots with Professional Identity

The concluding act continues with a clash of cultures, amplified in the Clinical Psychology profession, which is arguably dominated by professionals from a middle-class background. The journey of integrating their roots and professional identity includes, (a) reclaiming their relationship with power (b) being strong advocates for the vulnerable and social justice (c) working to their values, such as kindness and a strong work-ethic, (d) fighting against the narrative of being a ‘trouble-maker,’ (e) role modelling authenticity and vulnerability (f) finding a tribe and (g) integrating their new relationship with class.

Discussion

The research explored twelve narratives of individuals from low SES backgrounds who have reached leadership positions within Clinical Psychology. Individual narrative summaries were presented for each participant, following from which a grand narrative highlighted the

following experiences across the twelve interviews: financial hardship, shame and stigma, childhood trauma, powerlessness, work ethic, escaping, clash of cultures, social justice, trouble-maker, relationship with power and protection, working to values, vulnerability, finding a tribe and identity. The discussion will situate these experiences within relevant theory and research on identity, intersectionality, values, power and vulnerability.

Identity

All twelve participants discussed their relationship with class and identity and how this has developed across their life stages. Identity is central to how individuals make sense of who they are and how they respond to their environment (Pratt, Rockmann & Kaufmann, 2006). For some participants, there was a dominant narrative of deep-rooted shame and stigma from others. Experiences of being working-class as a child can produce a gradual sense of inferiority, as individuals are exposed to their position within the class hierarchy through cultural images, class stereotypes, and interactions with teachers and other authorities (Holtzman, 2000). However, not all participants felt this way, with a key distinction between participants who were overtly exposed to class differences and those who were shielded from such experiences. Research supports the notion that class identity becomes more predominant when individuals engage in social interactions with people from different classes (London, 1992). However, unlike other forms of identity, i.e. race, there is the possibility of significant identity change in relation to class (Butler, 1995). This is supported by Erikson (1968), who stated that during childhood, individuals develop a set of expectations about their adult selves, which is determined by life events and the people available to them. Certainly, across all narratives the importance of role models was instrumental in guiding participants to change their expectations about the possibilities of pursuing higher education.

Most of the participants' narratives of going to university map on to the cultural mismatch theory (Covarrubias & Fryberg, 2015; Stephens, Townsend, Markus & Phillips, 2012). This theory illustrates the negative experiences working-class students face whilst attending middle-class universities, such as feeling an internal disconnect due to their changing identity (Covarrubias & Fryberg, 2015; Stephens, Fryberg, Markus, Johnson & Covarrubias, 2012; Destin & Debrosse, 2017). This internal disconnect can cause low SES students to struggle with acclimatising to university life, which can lead to disengagement and poorer outcomes (Destin & Debrosse, 2017). In addition, interactions with students from high SES backgrounds can lead to increased feeling of shame and stigma (Kraus, Tan & Tannenbaum, 2013). The histories and practices of many universities can perpetuate these struggles, leading to social mobility exacerbating inequality, particularly in terms of well-being outcomes (Destin & Debrosse, 2017). It is, therefore, imperative that universities, particularly those historically consisting of higher SES students, become more effective at attracting individuals from working-class backgrounds and also create a greater culture of inclusivity for students from poorer backgrounds who do attend their university. Unfortunately, recent statistics reveal Oxford and Cambridge universities have regressed on SES diversity, with more than four in five students coming from the most privileged backgrounds (Guardian, 2017).

Across most narratives, the relationship with class and identity was further challenged once participants took on their professional identities as Clinical Psychologists. Professional identity is defined as the beliefs and values which relate to an individual's self-concept as a professional (Odusanya, 2016; Slay & Smith, 2011) Individuals working within the same profession do not always share the same professional identity (Ellis, 2006; Odusanya, 2016). According to Kelly's (1963) Personal Construct Theory (PCT), individuals create their own

way of seeing the world through the development of constructs. Ellis (2006) asserts that, greater professional experience increases the likelihood an individual's professional construct system has become nuanced in helping them cope with the demands of their role (Ellis, 2006; Odusanya, 2016). In contrast, individuals with less experience may have a weaker professional identity construct system and thus utilise their personal construct system within a work setting (Ellis, 2006; Odusanya, 2016). The latter may cause challenges for the individual if there is a disconnect with navigating a professional role through utilising a personal construct system (Ellis, 2006; Odusanya, 2016). This explanation may go some way in explaining why some participants felt more alienated earlier on in their career and, as they have progressed and acclimatised into the profession, have become more comfortable. However, an alternate explanation, as is discussed below, argues that gaining more power within a leadership position has allowed individuals to become more authentically themselves.

Literature on working-class individuals who experience upward social mobility reveals the significant impact it has on identity renegotiation (Wentworth & Peterson, 2001). For instance, class movement results in the formation of new tastes, preferences, opinions and practices, which can cause individuals to struggle in establishing a sense of continuity between their past and current selves (Reay, 2005; Wentworth & Peterson, 2001). Often, upwardly mobile working-class individuals, struggle with feeling disconnected from their family of origin, yet also feel detached within a middle-class culture (Reay, 2005; Wentworth & Peterson, 2001).

According to Manstead, (2018), the desire to move up in class hierarchy is influenced, by part, to classism. He argues in the importance of dealing with internalized classism because

of its psychological as well as socio-political implications (Manstead, 2018). The pressure to be upwardly mobile reflects a stigma associated with being working-class, which was discussed in Farzana's narrative; as she asserts the main aspirations of working-class individuals is often to escape their class. Despite all participants being proud of their working-class values, the shame associated with class and wanting to escape from that was discussed as a huge motivator for several participants.

Values

In the context of this research, it is important to consider claims that 'class' based research and discussion is obsolete and irrelevant in today's society. Sociologist Richard Hoggart (1985) addressed such claims with the position that each decade we wrongly assume that class is buried. With Britain continuing to have strong and pervasive socio-economic inequalities three decades on, his sentiments still chime (Evans & Tilley, 2017). For instance, data continues to show that patterns of unemployment are strongly related to class and education, with individuals with low SES impacted the greatest by fluctuations in the economy (Evans & Tilley, 2017). Furthermore, it could be argued that to dismiss the concept of class is an oppressive tactic of the elite. Individuals from a higher SES background may believe in meritocracy and dismiss the need for 'class', however, working-class individuals see the importance because it gives them their values (Evans & Tilley, 2017). This position is certainly evidenced in the present research, where participants clearly internalise their achievements as being the result of luck rather than meritocratic. Arguably, to deny class is to deny these narratives the origins of their values.

Certainly, within this study, participants attributed their values to their working-class routes and were reassured that these values helped them develop a sense of self as well as guiding

their decision making in enabling the best for service users. Can it be proposed that there is a difference in values which could be attributed to class? Interestingly, psychological research has illustrated how social class is linked to class-specific patterns of traits, cognition, and behaviour (Kraus & Stephens, 2012). For instance, evidence demonstrates social class is linked to higher rates of compassion and prosocial behaviour, for example, individuals from lower SES backgrounds, where resources are limited and large-scale cooperation is common, participants donated more generously (i.e. money, time) than individuals from more independent cultures. Independent cultures typically stress the needs of the individual over the needs of the group as a whole. In this type of culture, people are seen as independent and autonomous and are unlikely to sacrifice their own comfort for the greater good of the group (Kraus & Stephens, 2012; Snibbe & Markus, 2005). This difference may occur because behaving more generously leads to lower class individuals promoting trust, cooperation and reciprocity from others, which in turn aids their own survival (Kraus, Piff & Keltner, 2011; Kraus & Stephens, 2012).

Intersectionality

Differences across narratives were illuminated the most significantly when participants discussed experiences which were attributed to other intersecting identities, such as gender and race. For instance, the female participants spoke consistently about the barriers to leadership positions resulting from their gender, such as receiving promotions later in the careers compared to male counter-parts, which did not occur in the narratives of the three male participants. In addition, the two ethnic minority participants spoke about barriers due to race, for example, Tariq stated he had only been offered promotions when a member on the interview panel held a diversity status. Farzana spoke candidly about the intersectionality of her race and gender and expressed the importance of finding direction through the works of

Sara Ahmed, (Ahmed, 1996; 2000; 2009) and Kimberlé Crenshaw, (Crenshaw, 1988; 1995), in helping to label and give a context to her experiences. It is imperative to recognise the complexity of multiple, intersecting identities and the ways in which changes in social context can increase the importance of a social identity (Aronowitz, 1992). The narratives of the participants align with research suggesting gender, race, ethnic and class identities are fluid and multidimensional (Aronowitz, 1992).

Power

Psychologists often consider their power as clinicians in the therapeutic space, arguably more so than considering their power as leaders (Goodbody & Burns, 2011; Odusanya, 2016). All twelve participants discussed their role as leaders and most discussed their relationship with power within their role. There is extensive literature around class and power, as class is about the power some people hold over others (Guinote & Vescio, 2010; Flynn et al., 2006; Fiske, 2011). Participants' discussed experiencing abuses of power and feeling powerless during their childhoods and how this has impacted their approach as leaders. For instance, Sarah discussed having a conscious awareness of power hierarchies and how she was determined to empower others who were more vulnerable.

Participants were aware of their heightened position to influence others and the added layer of responsibility which ensues. Research has highlighted the impact of power in transforming how people live their lives (Keltner et al., 2003; Kraus & Stephens, 2012). For instance, power fundamentally alters how an individual perceives and reacts to the world (Galinsky et al., 2008; Kraus & Stephens, 2012). This research highlights the differences between those with power and those without, for example, power can impose influence and barriers over others, however, obtaining power can free people from the influence of external forces

(Galinsky et al., 2008; Keltner et al., 2003; Kraus & Stephens, 2012). Keltner et al., (2003) have suggested that power increases thought and expression which is less restrictive and increases goal-directed behaviour and cognition (Keltner et al., 2003; Kraus & Stephens, 2012). The narratives within this study corroborate with this literature, as participants in their leadership positions discussed a primary focus on achieving goals oriented to the needs of service users. They also discussed feeling more comfortable to challenge others, particularly in instances when their values were being compromised. Interestingly, stereotypes of the working-class, which involve beliefs that these individuals are tough and straightforward, are more likely to garner respect from others, when exerted by a leader, in contrast to being viewed as problematic when displayed by a junior member of the team (Kraus & Stephens, 2012).

Low SES creates daily lived experiences of feeling powerless (Kraus et al., 2009). This is certainly true for participants whose experiences have shaped their beliefs concerning the role of luck as opposed to meritocracy in their own narratives. Research highlights individuals who have experienced lower SES are more likely to explain a wide variety of personal events within a cultural, social and political context (Kraus et al., 2009; Kraus & Stephens, 2012). In contrast, upper-class individuals will explain social events through internal characteristics of the individual (Kraus & Stephens, 2012; Snibbe & Markus, 2005; Stephens et al., 2007). These vastly different cultural narratives have an instrumental impact on attitudes towards social policies and social justice (Snibbe & Markus, 2005; Stephens et al., 2007). For instance, participants own lived experiences have led to them becoming passionate champions of causes related to social justice.

Across most narratives, participants discussed their reputation for being assertive, having difficult conversations and potentially being seen by others as a troublemaker. Sarah mentions

limitations of this way of working and how she has learnt to adopt her style to ensure she does not upset anyone in order to be more productive. However, recent literature on leadership discusses the importance of not falling into ‘traps’ as a leader (Berger, 2019). According to Beger, (2019) leaders often develop mind traps, which direct them in a wrong way to navigate a complex, unpredictable and rapidly changing world. For instance, the ‘agreeable trap’, occurs because humans are built to be connected, to tribe up and stay close to our people, it is a biological imperative to being connected. However, we can get trapped with a need to be agreeable and see agreeability as a virtue because disagreeing pains us (Berger, 2019). Research illustrates that feelings of social discomfort are experienced in the brain in similar ways that physical pain is experienced (Lieberman, 2013). As a result, individuals tend to fix disagreement with compromise, which arguably is suitable for simple problems, however, in complex situations this may be problematic (Berger, 2019). For instance, there is an imperative need for contrary ideas and opinions as a creative force for innovation (Berger, 2019). Arguably, innovative and creative ways of working are needed now more than ever within the context of the National Health Service (NHS), where there continues to be an expectation to deliver higher quality care in parallel to cuts to funding (King’s Fund, 2017). One way of eliminating the agreeable trap is encouraging and modelling brave and difficult conversations, which Jessica in her narrative explicitly mentions she aims to do. Other participants discussed the importance, as they’ve become leaders, in learning to bring the whole of themselves to work, including being emotionally exposed and vulnerable. Literature by Brené Brown (2006), further highlights how honesty and vulnerability can positively change working cultures.

Limitations

An interview schedule (Appendix 6), was emailed to all participants prior to their interview, which listed potential questions. However, the interview schedule was not utilised during the

interview process and instead interviews were led by participants, as in-line with NA methodology (Riessman, 1993). Nevertheless, the inclusion of the schedule is likely to have imposed a certain structure on storytelling.

The sample size of 12 participants was a limitation as it generated a large amount of data. The extensive data impeded the depth of analysis, which was also restricted by the word count imposed on the doctoral thesis and thus impacted on how the results were presented. Furthermore, the sample was limited as it consisted of a specific section of society, which neglected stories of people younger than 35 and older than 56.

The quality criteria utilised in this paper principally followed the notion of ‘trustworthiness,’ which was measured against how transparent the research process was, including how the interpretations of the sub-narratives and grand narrative were reached (Riessman, 2007). However, the researcher did not send participants their narrative summaries, prior to analysis due to time constraints, which resulted in a missed opportunity for participants to comment on the summary’s accuracy, therefore limiting further transparency in the research process.

Furthermore, the participants volunteered to take part in the study, increasing the likelihood of self-selection bias. This may have led to the sample not being representative of the population being studied. For example, different narratives may have emerged from participants who may have internalised shame and stigma regarding their working-class roots.

Dissemination/Clinical Implications

There is a lack of discourse about class which contributes to a lack of class consciousness (Jones, 1998; Savage, 2015). The clinical implications of this piece of research include,

increasing the dialogue around class consciousness within the Clinical Psychology community. To this end, discussions have been facilitated as a result of posting a video on the video-sharing website YouTube [URL: <https://www.youtube.com/watch?v=H7SJOr5lPxM>], which involved researchers in this study discussing class within the profession. This video also garnered a very positive response when it was presented at the British Psychological Society (BPS) conference. Specifically, it is hoped this piece of research can help foster greater dialogue around class and professional identity, with mentors of early stage professionals, including Assistants & Trainees Clinical Psychologists, feeling encouraged to facilitate greater conversations around class identity, in a sensitive, curious and compassionate way.

Furthermore, it is hoped the findings from this piece of research are disseminated across educational institutions, including schools, colleges and universities which serve students from low SES backgrounds, with the aim of inspiring their students to potentially pursue a career in Clinical Psychology.

Future Research

Although psychological research on social class and SES has expanded in recent years (Destin & Debrosse, 2017), it still remains limited (Kraus, Nicole & Stephens, 2012; Destin & Debrosse, 2017). Most of the research on class has fallen to sociologists, who have studied social class for centuries, (Durkheim, 1802; Marx & Engels, 1973/1848). The majority of participants discussed a difficult experience entering higher education, therefore it may be beneficial to develop interventions which can encourage working-class students in their potential career aspirations within Clinical Psychology. For example, helping students transition from college to university, by negating some of the barriers embodied as a result of

classism, such as improving self-confidence and creating a space to practise greater vulnerability in using one's voice.

Conclusions

This study has examined the narratives of individuals from a low SES background who have reached leadership positions in Clinical Psychology. Although SES is not considered a protected characteristic, these findings highlight the unique challenges and experiences associated with SES. For instance, the dynamic and multifaceted nature of SES, which is malleable and develops over time, has had a significant impact on participants' identities throughout their lives, including on the development of their professional identities.

Participants have developed narratives that integrate interpretations of major life changes and difficult early experiences, such as childhood trauma and abuses of power. In addition to the role of luck as opposed to meritocracy in their journey, and reconstructed them to highlight their positive outcomes, such as being in a position to passionately champion for and empower vulnerable individuals, particularly as it pertains to issues of social justice. In relation to social mobility, participants have developed narratives to negotiate and make sense of their changing circumstances, for example, within their professional roles this includes working to their values, a strong focus on working hard, delivery and gaining the confidence to be vulnerable to have difficult conversations.

References

- Adler, N.E., Epel, E., Castellazzo, G., & Ickovics, J. (2000). Relationship of subjective and objective social status with psychological and physical health: preliminary data in healthy white women. *Health Psychology, 19*, 586–592.
- Andrews, M., Sclater, S. D., Rustin, M., Squire, C. & Treacher, A. (2004). Introduction. In M. Andrews, S. D. Sclater, C. Squire and A. Treacher (Eds.), *Uses of Narrative*. New Brunswick, NJ: Transaction.
- Ahmed, S. (1996). Beyond Humanism and Postmodernism: Theorizing a Feminist Practice. *Hypatia: Journal of Feminist Philosophy, 11*(2), 71-93.
- Ahmed, S. (2000). Whose Counting? *Feminist Theory, 1*(1), 97-103.
- Ahmed, S. (2009). Embodying Diversity: Problems and Paradoxes for Black feminists. *Race Ethnicity and Education, 12*(1), 41-52.
- Ali, S. R., McWhirter, E. H., & Chronister, K. M. (2005). Self-efficacy and vocational outcomes expectations for adolescents of lower socioeconomic status: A pilot study. *Journal of Career Assessment, 13*, 40-58.
- Ali, S. R., & Saunders, J. L. (2006). College expectations of rural Appalachian youth: An exploration of Social Cognitive Career Theory factors. *Career Development Quarterly, 55*(1), 38–51.

American Psychological Association, Task Force on Socioeconomic Status. (2007).

Report of the APA Task Force on Socioeconomic Status. Washington, DC: American Psychological Association.

Anderson, K. & Jack, D. C. (1991). 'Learning to Listen: Interview Techniques and Analyses', in S. Berger Gluck and D. Patai (Eds.), *Women's Words: The Feminist Practice of Oral History*, pp. 11–26. New York: Routledge

Aronowitz, S. (1992). *The Politics of Identity: Class, Culture, Social Movements*. Psychology Press.

Astin, A. W. (1993). *What matters in college?* San Francisco, CA: Jossey-Bass.

Awais, Y. J., & Yali, A. M. (2013). A call for diversity: The need to recruit and retain ethnic minority students in art therapy. *Art Therapy, 30*(3), 130–134.

Berger, J.G. (2019). *Unlocking Leadership Mind traps. How to Thrive in Complexity*. Stanford University Press.

Berk, R. A., Berg, J., Mortimer, R., Walton-Moss, B., & Yeo, T. P. (2005). Measuring the effectiveness of faculty mentoring relationships. *Acad Med, 81*, 66–71.

Best, S., & Kellner, D. (1991). *Postmodern Theory: Critical Interrogations*. New York: Guilford Press.

Blustein, D. (2013). *The psychology of working: A new perspective for career development, counseling, and public policy*. Abingdon-on-Thames, England: Routledge.

Borland, K. (1991). *That's Not What I Said: Interpretive Conflict in Oral Narrative Research*, in S. Berger Gluck and D. Patai (Eds.), *Women's Words: The Feminist Practice of Oral History*. New York: Routledge.

Brené, B. (2006). Shame Resilience Theory: A Grounded Theory Study on Women and Shame. *Families in Society*, 87, 43-52.

Bryan, J. (2005). Fostering educational resilience and achievement in urban schools through school-family-community partnerships. *Professional School Counseling*, 8, 219-227.

Burck, C. (2005). Comparing qualitative research methodologies for systemic research: The use of grounded theory, discourse analysis and narrative analysis. *Journal of Family Therapy*, 27, 237-262.

Butler, T., & Savage, M. (Eds.). (1995). *Social Change and the Middle-Classes* London, UCL Press.

Campbell, C. M., Smith, M., Dugan, J. P., & Komives, S. R. (2012). Mentors and college student leadership outcomes: The importance of position and process. *The Review of Higher Education*, 35, 595-625.

- Chanfrault-Duchet, M. F. (1991). Narrative Structures, Social Models and Symbolic Representations in the Life Story. In S. Berger Gluck and D. Patai (Eds.), *Women's Words: The Feminist Practice of Oral History*, pp. 77–92. New York: Routledge.
- Cingano, F. (2014). *Trends in income equality and its impact on economic growth*. OECD Social, Employment, and Migration Working Papers.
- Coates, J. (2003). *Men Talk*. Oxford: Blackwell.
- Cohler, B. J. (1994). The Human Sciences, the Life Story, and Clinical Research. In E. Sherman and W. J. Reid (Eds.), *Qualitative Research in Social Work*, pp. 163–74. New York: Columbia University Press.
- Cole, E. R. (2009). Intersectionality and research in psychology. *American psychologist*, *64*(3), 170.
- Covarrubias, R., & Fryberg, S. A. (2015). Movin' on up (to college): First-generation college students' experiences with family achievement guilt. *Cultural Diversity and Ethnic Minority Psychology*, *21*(3), 420-429.
- Crenshaw, K. (1988). Race, Reform and Retrenchment: Transformation and Legitimation in Anti-Discrimination Law. *Harvard Law Review*, *101*(7), 1331–1387.
- Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (Eds.). (1995). *Critical Race Theory: The Key Writings that Formed the Movement*. New York: The New Press.

Crossley, M. L. (2000). *Introducing narrative psychology. Self, trauma and the construction of meaning*. Philadelphia: Open University Press.

Destin, M., & Debrosse, R. (2017). Upward social mobility and identity. *Current Opinion in Psychology, (18)*, 99-104.

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

Diemer, M. A., & Blustein, D. L. (2007). Vocational hope and vocational identity; Urban adolescents' career development. *Journal of Career Assessment, 15*, 98-118.

Division of Clinical Psychology. (2012). *Clinical Psychology Leadership Development Framework*. Leicester: British Psychological Society.

Dorling, D., Rigby, J., Wheeler, B., Ballas, D., Thomas, B., Fahmy, E., Gordon, D., & Lupton, R. (2007). *Poverty, wealth and place in Britain, 1968 to 2005. The Policy Press for the Joseph Rowntree Foundation*. Bristol, UK.

Durkheim, E. (1802). *The Division of Labour in Society*. New York, NY: Free Press.

Ellerman, A. (1998). Can Discourse Analysis Enable Reflective Social Work Practice? *Social Work Education 17(1)*: 35-44

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British*

Journal of Clinical Psychology, 215-229.

Ellis, J. (2006). A personal construct theory view of professional identity in Caputi, P., Foster, H., and Viney, L. L. (Eds.). (2006). *Personal Construct Psychology: New Ideas*. John Wiley & Sons.

Emerson, P., & Frosch, S. (2004). *Critical narrative analysis*. London: Palgrave Macmillan.

Equality Act 2010 (c. 15). London: The Stationery Office.

Erikson, E.H. (1968). *Identity: Youth and Crisis*. W.W. Norton & Co, New York.

Evans, G., & Tilley, E. (2019). *The New Politics of Class: The Political Exclusion of the British Working Class*. Oxford University Press.

Ezzy, D. (1998). Theorizing Narrative Identity: Symbolic Interactionism and Hermeneutics. *The Sociological Quarterly* 39(2): 239–53

Fiske, S. T. (2011). *Envy up, Scorn Down: How Status Divides us*. New York, NY: Russell Sage Foundation.

Flynn, F. J., Reagans, R. E., Amanatullah, E. T., & Ames, D. R. (2006). Helping one's way to the top: Self-monitors achieve status by helping others and knowing who helps whom. *Journal of Personality and Social Psychology*, 91, 1123–1137.

Fraser, H. (2004). Doing Narrative Research: Analysing Personal stories Line by Line.

Qualitative Social Work. pp. 186-196, 32(2): 179-201.

Galinsky, A. D., Magee, J. C., Gruenfeld, D. H., Whitson, J. A., & Liljenquist, K. A. (2008).

Power reduces the press of the situation: Implications for creativity, conformity, and dissonance. *Journal of Personality and Social Psychology*, 95, 1450–1466.

Gallo, L.C. & Matthews, K.A. (2003). Understanding the association between socioeconomic

status and health: do negative emotions play a role? *Psychological Bulletin*, 129, 10–51.

Goodbody, L., & Burns, J. (2011). Deconstructing personal-professional development in UK

clinical psychology: disciplining the interdisciplinarity of lived experience. *The International Journal of Interdisciplinary Social Sciences*, 5(9), 295-310.

Guinote, A., & Vescio, T. K. (2010). *The Social Psychology of Power*. New York, NY:

Guilford Press.

Jones, J.S. (1998). Subjectivity and Class Consciousness: The Development of Class Identity.

Journal of Adult Development 5(3):145-162.

Holtzman, L. (2000). *Media messages: What film, television, and popular music teach us*

about race, class, gender, and sexual orientation. Armonk, NY: M. E. Sharpe.

Hoggart, R. (1985). Lambeth Boys: Sight and Sound. *Spring*, 54(2), 106–109

- Hyden, M. (1994). Women Battering as a Marital Act: Interviewing and Analysis in Context', in C. K. Riessman (Ed.), *Qualitative Studies in Social Work Research*, pp. 95–112. Thousand Oaks, CA: Sage.
- Kelly, G. A. (1963). *A theory of personality: The psychology of personal constructs*. New York: W. W. Norton.
- Keltner, D., Gruenfeld, D. H., & Anderson, C. (2003). Power, approach, and inhibition. *Psychological Review*, *110*, 265–284.
- Kleinman, S. & Copp, C. (1993). *Emotions and Fieldwork*. London: Sage.
- Kleven, T. (2009). Systemic Classism, Systemic Racism: Are Social and Racial Justice Achievable in the United States? *Connecticut Public Interest Law Journal*, *8* (2).
- Kline, R. (2014). The “snowy white peaks” of the NHS: a survey discrimination in governance and leadership and the potential impact on patient care in London and England. Middlesex University Research Depository.
- Kraus, M. W., Piff, P. K., & Keltner, D. (2009). Social class, sense of control, and social explanation. *Journal of Personality and Social Psychology*, *97*, 992–1004.

- Kraus, M.W., Piff, P. K., & Keltner, D. (2011). Social class as culture: The convergence of resources and rank in the social realm. *Current Directions in Psychological Science*, 20, 246–250.
- Kraus, M.W., & Stephens, N. (2012). A Road Map for an Emerging Psychology of Social Class. *Social and Personality Psychology Compass*, 6(9), 642-656.
- Kraus, M.W., Tan, J.J.X., & Tannenbaum, M.B. (2013). The social ladder: A rank-based perspective on social class. *Psychology Inquiry*, 24 (2), 81-96.
- Krieger, N., Williams, D.R., & Moss, N. E. (1997). "Measuring Social Class in Public Health Research: Concepts, Methodologies, and Guidelines." *Annual Review of Public Health*, 18:341-78.
- Goodman, L.A. (1961). Snowball sampling. *Annals of Mathematical Statistics*, 32(1), 148–170.
- Grinyer, A. (2002). The Anonymity of Research Participants: Assumptions, Ethics and Practicalities?. Social Research Update Issue 36, Department of Sociology, University of Surrey.
- Josselson, R. (1996). *Ethics and Process in the Narrative Study of Lives*. London: Sage.

- Lent, R. W., Brown, S. D., & Hackett, G. (1994). Toward a unifying social cognitive theory of career and academic interest, choice, and performance. *Journal of Vocational Behavior, 45*, 79–122.
- Lewthwaite, B., Wilson, K., Wallace, V., McGinty, S., & Swain, L. (2016). Challenging normative assumptions regarding disengaged youth: a phenomenological perspective. *International Journal of Qualitative Studies in Education, (4)* 388-405.
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Applied social research methods, Vol. 47. Narrative research: Reading, analysis, and interpretation*. Thousand Oaks, CA, US: Sage Publications, Inc.
- London, H. B. (1992). Transformations: Cultural challenges faced by first-generation college students. In L. S. Zwerling and H. B. London (Eds.), *First-generation students: Confronting the cultural issues* (New Directions for Community Colleges Series No. 80, pp. 5–11). San Francisco: Jossey-Bass.
- Lyotard, J. (1984). *The Postmodern Condition: a report on knowledge*. Minneapolis: University of Minnesota Press.
- Mackenbach J.P., et al. (2016). *Changes in mortality inequalities over two decades: register based study of European countries*. *BMJ, 353*: i1732.
- Manstead, A.S.R. (2018). The psychology of social class: How socioeconomic status impacts thought, feelings, and behaviour. *British Journal of Social psychology, 57(2)*, 267-

291.

Marx, K., & Engels, F. (1973/1848). Manifesto of the communist party. In K. Marx. (Ed.), *The Revolutions of 1848: Political Writings* (pp. 62–98). Vol. I. Harmondsworth, UK: Penguin.

Maxwell, J. A. (1996). *Qualitative research design: An interactive approach*. Thousand Oaks, CA: Sage.

McCabe, A., & Bliss, L. (2003) *Patterns of Narrative Discourse: A Multicultural, Life Span Approach*. Boston, MA: Pearson Education

McWhirter, E. H. (1997). Perceived barriers to education and career: Ethnic and gender differences. *Journal of Vocational Behavior*, 50, 124–140.

Mullaly, B. (2002). *Challenging Oppression: A Critical Social Work Approach*. Toronto: Oxford University Press.

Muntaner, C., Borrell, C., Vanroelen, C., Chung, H., Benach, J., Kim, I.H., & Ng, E. (2010). Employment relations, social class and health: a review and analysis of conceptual and measurement alternatives. *Soc Sci Med*, 71(12), 2130-40.

Naylor, C., Taggart, H., & Charles, A. (2017). Mental health and New Models of Care: *Lessons from the Vanguard*. King's Fund & Royal College of Psychiatrists.

- Odusanya, S.O.E. (2016). *The Experience of Qualified BME Clinical Psychologists: An Interpretative Phenomenological and Repertory Grid Analysis* (Doctoral thesis). University of Hertfordshire, Hertfordshire, UK.
- OECD. (2010). A family affair: Intergenerational Social Mobility across OECD countries. *OECD General Economics and Future Studies*, 2010 (1), 166-183.
- Olson, K., & Shopes, L. (1991). Crossing Boundaries, Building Bridges: Doing Oral History among Working-Class Women and Men. In S. Berger Gluck and D. Patai (Eds.), *Women's Words: The Feminist Practice of Oral History*. New York: Routledge
- Ploubidis, G.B., Benova, L., Grundy, E., Laydon, D., & DeStavola, B. (2014). Lifelong socioeconomic position and biomarkers of later life health: Testing the contribution of competing hypotheses. *Soc Sci Med*. 119, 258–265.
- Plummer, K. (2001). The Call of Life Stories in Ethnographic Research. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland and L. Lofland (Eds.), *Handbook of Ethnography*, pp. 395–406. London: Sage.
- Plummer, K. (1995). *Telling Sexual Stories: Power, Change and Social Worlds*. London: Routledge.
- Pratt, M. G., Rockmann, K. W., & Kaufmann, J. B. (2006). Constructing Professional Identity: The Role of Work and Identity Learning Cycles in the Customization of Identity among Medical Residents. *Academy of Management Journal*, 49(2), 235-262.

Reay, D. (2005) 'Beyond Consciousness? The Psychic Landscape of Social Class. *Sociology* 39(5), 911–28.

Riessman, C. K. (1987) 'When Gender is not Enough: Women Interviewing Women, *Gender & Society* 1(2), 172–207.

Reissman, C.K. (1993). *Narrative analysis*. London: Sage Publications Ltd.

Riessman, C.K. (2003). Performing Identities in Illness Narrative. *Qualitative Research* 3(1), 5–34.

Riessman, C.K. (2008). *Narrative methods for the human sciences*. London: Sage Publications Ltd

Rogers, C. (1959). A Theory of Therapy, Personality and Interpersonal Relationships as Developed in the Client-Centered Framework. In S. Koch (Ed.), *Psychology: A Study of a Science. Vol. 3: Formulations of the Person and the Social Context*. New York: McGraw Hill.

Sandelowski, M. (1996). One is the liveliest number: the case orientation of qualitative research. *Res Nurs Health* 19(6), 525-529.

Sandelowski, M., Docherty, S., & Emden, C. (1997). Qualitative metasynthesis: Issues and Techniques. *Res Nurs Health* 20(4), 365–371.

Savage, M. (2015). *Social Class in the 21st Century*. Birmingham; Penguin.

Scior, K., Williams, J., & King, J. (2017). Is access to clinical psychology training in the UK fair? the impact of educational history on application success. *Clinical Psychology Forum* (289),1-7.

Segal, L. (1999). *Why Feminism?* Cambridge: Polity Press.

Simon, W. (1996). *Postmodern Sexualities*. London: Routledge.

Slay, H. S., & Smith, D. A. (2011). Professional identity construction: Using 136 narrative to understand the negotiation of professional and stigmatized cultural identities. *Human Relations*, 64(1), 85-107.

Snibbe, A. C., & Markus, H. R. (2005). You can't always get what you want: Educational attainment, agency, and choice. *Journal of Personality and Social Psychology*, 88, 703–720.

Solas, J. (1995). Recovering and Reconstructing the Client's Story in Social Work. *Australian Social Work* 48(3), 33–6.

Stephens, N., Markus, H. M., & Townsend, S. M. (2007). Choice as an act of meaning: The case of social class. *Journal of Personality and Social Psychology*, 93, 814–830.

Stephens, N. M., Townsend, S. S. M., Markus, H. R., & Phillips, T. (2012). A cultural mismatch: Independent cultural norms produce greater increases in cortisol and more negative emotions among first-generation college students. *Journal of Experimental Social Psychology, 48*, 1389-1393.

Stewart, C.E. (2017). Diversify and conquer: A call to promote minority representation in clinical psychology. *The Behavior Therapist, 40*(3), 74-79.

The Kings Fund (2017). *Priorities for the NHS and social care in 2017*. (2019, March 01). Retrieved from <https://www.kingsfund.org.uk/publications/priorities-nhs-social-care-2017>

Thompson, M. N. (2012). Career barriers and coping efficacy among Native American students. *Journal of Career Assessment, 21*, 311–325.

Totsuka, Y. (2014). Which aspects of social GRRRAACCEEESSS grab you most? The social GRRRAACCEEESSS exercise for a supervision group to promote therapists' self-reflexivity. *Journal of Family Therapy, 36*(S1), 86-106.

Weale, S., Adams, R. & Bengtsson, H. (2017, October 19). Oxbridge becoming less diverse as richest gain 80% of offers. *The Guardian*, p. 371.

Wintersteen, M. B., Mensinger, J. L., & Diamond, G. S. (2005). Do Gender and Racial Differences Between Patient and Therapist Affect Therapeutic Alliance and Treatment Retention in Adolescents? *Professional Psychology: Research and Practice, 36*(4),

400-408.

Wiggins, J. A., Wiggins, B.B., & Zanden. J.W.V. (1994). *Social Psychology 5th edition*.

NY: McGraw-Hill.

Weatherhead, S. (2011). Narrative Analysis: An often-overlooked approach. *Clinical*

Psychology Forum, 218, 47-52.

Wentworth, P. & B. Peterson (2001) 'Crossing the Line: Case Studies of Identity

Development in First-Generation College Women. *Journal of Adult Development* 8

(1), 9-21.

Worthington, K. (1996). *Self as Narrative, Subjectivity and Community in Contemporary*

Fiction. Oxford: Clarendon Press.

Appendices

Appendix 1: Journal Guidelines

Appendix 2: Extract of Seven stage NA Process- Reflective Diary

Appendix 3: Participant Demographic Details

Appendix 4: Participant Information Sheet

Appendix 5: Interview Schedule

Appendix 6: Demographic Data Form

Appendix 7: Ethics Letter

Appendix 8: Consent Form

Appendix 9: Stages of NA Analysis Fraser (2004)

Appendix 10: Extract of Annotated Transcript

Appendix 1- Journal Guidelines

Author Guidelines for The Journal of Clinical Psychology

Aims and Scope: The Journal of Clinical Psychology is a peer-reviewed forum devoted to research, assessment, and practice. The Journal includes research studies; articles on contemporary professional issues, single case research; brief reports (including dissertations in brief); notes from the field; and news and notes.

Submission Guidelines: Follow the stylistic guidelines detailed in the Publication Manual of the American Psychological Association, Sixth Edition. The text should be written in a uniform style.

Title Page: The title page should contain the complete title of the manuscript, names and affiliations of all authors, institution(s) at which the work was performed, and name, address (including e-mail address), telephone and telefax numbers of the author responsible for correspondence. Authors should also provide a short title of not more than 45 characters (including spaces), and five to ten key words, that will highlight the subject matter of the article. Please submit the title page as a separate document within the attachment to facilitate the anonymous peer review process.

Abstract: Abstracts are required for research articles, review articles, commentaries, and notes from the field. A structured abstract is required and should be 150 words or less. The headings that are required are:

Objective(s): Succinctly state the reason, aims or hypotheses of the study.

Method (or Design): Describe the sample (including size, gender and average age), setting, and research design of the study.

Results: Succinctly report the results that pertain to the expressed objective(s).

Conclusions: State the important conclusions and implications of the findings

Research Articles: Research articles may include quantitative or qualitative investigations, or single-case research. They should contain Introduction, Methods, Results, Discussion, and Conclusion sections conforming to standard scientific reporting style (where appropriate, Results and Discussion may be combined).

Appendix 2-Extract of Seven stages of NA- Reflective Diary

Interview 1- Laura

Phase 1- Hearing the stories, experiencing each other's emotions

Reflections immediately after interview – I felt very connected to the participant and as a result felt she came across as genuine and vulnerable. She became visibly upset (crying), when discussing her difficulties in later life. She discussed a lot of loss and learning to transition and new beginnings, currently in transitional stage in life as she will be leaving the NHS and taking early retirement. She discussed being very inquisitive throughout her life. There was an importance of NHS values, which was prevalent in her narrative and the overlap with working-class values.

1) What 'sense' do you get from each interview? Disappointed and hurt during her later years in the NHS, disconnected from and feeling betrayed by other professionals she worked with. Very values driven. Wanting to work hard and do a good job, not get too big for boots. Class & identity struggle, has embraced working-class routes more now than when she was younger, when she wanted to escape, didn't feel she belonged.

2) How are emotions experienced during and after the interview? I Felt a great sense of sadness, loss and betrayal from the participant. Very emotional interview.

3) How does each interview tend to start, unfold and end? Started by telling her background, where her parents came from and then her journey from childhood to becoming an adult and a professional. *"born in the sixties...daughter of a labourer...eldest of three...mother never worked...neither of them had an education...I was not encouraged academically...little girl should be seen and not heard...oh little girl with big ideas...went to grammar school...spent a lot of time in room ostensibly doing homework, never felt part of the community...just keeping myself out of things...went to University...I feel I've always had the focus on delivery...not wanting the title [leadership position yet opportunities have presented themselves]...NHS my God its constraining... only last ten years I've really felt much more comfortable in my own skin...took time to trust that inner feeling... I've had a lot of loss in my life...as a leader high support high challenge...I connect with my staff...I really dig down beside them...right there in the trenches kind of scrapping...don't ever think you've got to change to be in the profession... Find what that unique ingredient is in you and find a way to make it work"*.

4) How curious do you feel when you listen to the narrators? I'm interested to know more about what she wasn't telling me, especially about power structure? She didn't go into much detail about difficult childhood experiences, although alluded to it, also was careful with how she spoke about the NHS- potentially holding back for the purposes of the interview?

Reflections of self: I was very nervous as it was my first interview. I felt very connected although worried about my questioning, was not as present as I would have liked, reflecting in the moment on my own performance. Difficult shifting from clinical style of interviewing to research interviewing. For instance, I spent a significant portion of the interview reflecting back to participant and summarising her responses, tools I would use in clinical interviewing.

Reflections with Ste (supervisor): Utilising my therapeutic skills which come more naturally to me than research interviewing, especially using NA, which I am fairly new to. I will clarify with Ste once he has watched the video about my concerns before the next interview. During supervision we also spoke about the time and context in which Laura has grown up, having experienced the miners' strike as a significant event. How has this impacted her sense of self and others? *"I was also at university at the time of the big miners' strike in the eighties, so I felt very much as the edge... values were about hard work, don't expect, no sense of entitlement so you don't expect anything you work for it and if you work for it you don't necessarily get rewarded for it."* As we continue with more interviews, we may have cohort effects, i.e. Baby boomers, Generation X & Millennials, may have similarities and differences between cohorts."

Phase 2- Transcribing the interview

Interviews are transcribed and all identifying information removed from the video recordings to ensure participant confidentiality. Transcriptions are detailed in ensuring all information spoken is captured as accurately as possible. Interview clear to transcribe, no difficulties with audio. Video recordings of the interview show that Laura took long pauses, was very emotional at points in the narrative, especially when she is talking about loss experiences. Also pauses indicate (through her facial expressions), that she appears to be very thoughtful and considered as she responds to the questions posed.

Phase 3- Interpreting Individual Transcripts

1) What are the common themes in each transcript? Parents-difficult relationship with them especially mum. Did not want to end up like mum, not wanting to fit the stereotype of what was expected of her, do the same job as her mum. Not fitting in. Internal drive to work hard. Academically not encouraged, by at times discouraged by parents. Going to University-pivotal event, first real exposure to privilege, inequalities. Mentors really important throughout career. Really good at picking out people to help. Important of finding her tribe "finding people like me".

Parents did not get what she did, they worked very hard as manual worker, did not value her career on surface, suspect they were proud. Feelings of guilt projected to her by parents, betraying the culture. Lots of personal loss throughout adult life, career has stayed stable throughout this. Same way academia stayed constant throughout difficulties in childhood. Leaving the NHS, taking early retirement (Mental Health Officer Status), having felt very personally hurt by the profession. Planning to do a PhD, escape back to academia.

2) What words are chosen and how are they emphasized? *"little girl with big ideas"*

3) What kinds of meanings might be applied to these words? Intersectionality barriers resulting from class and gender expectations. Childhood was seen as something which needed to be escaped from, education was seen as a route out.

4) What contradictions emerge? Identity around class, wanting escape working-class routes but aware this is where her values come from. Values now guide her.

Phase 4- Scanning Across Different Domains of Experience

1) Are there aspects of the stories that highlight intrapersonal experiences that are concealed from others? Feeling very different as child, wanting to escape. Complete lack of self-confidence, only recently has this changed. However, always had a tenacity to want to prove people wrong.

2) Which parts of the stories relate to interpersonal relationships and interactions? Constant battle throughout narrative not to lose sense of self, although trying to fit in. Wanting to gain a sense of belong, community. Feeling at the edge. Values are critical in this. As a leader is a hard task master, *“I really have my staff’s back in front of others, if they’ve made a mistake...the importance in connecting with people, bringing out the best, be kind, be values driven”*. Not individualistic motivated, but important to help each other, going a step above to help others which coincides with working class values. As she has progressed through her career, able to go with her gut more and now uses her voice in meetings, not afraid to call things out which don’t feel right. Not wanting to *“bull-shit”*, liking a *“good-scrap”*. *“Not wanting to be the person who thinks they know it all”*.

3) Are social structures, institutionalized or otherwise, present? If so, how do they appear and what is being said about them? *“Use of language, powerful tool to alienate others, them (service-users) vs us (professionals) culture in the profession. Really wanting to break these barriers down.”*

Phase 5- Linking the Personal with the Political

1) What relationship do the stories have to particular discourses? NHS values in-line with working class values which really helped with framing her identity and what is important to her. Especially as she grew up during the minor’s strike. Throughout narrative the relationship with the NHS has become conflictual, the same way her relationship with her working- class routes were conflictual growing up. Lots of parallels to narrative.

2) What do the stories say about the (multiple) lived experiences of class, gender, race, sexual orientation, age, dis/ability, religion and/or geographical locations?

Early life experiences of coming from a low SES background have shaped her later political views and leadership styles, really value holistically looking at person’s individual circumstances for difficulties, not pathologizing and locating difficulties within the person. Added sense of personal duty and responsibility to deliver for service users and be kind and authentic whilst doing so. *“Very hard grafter”*.

Important to hold onto working class routes as a leader, uncomfortable with the position not wanting to be a ruthless leader, turned down promotions as wanted to keep working clinically. Really important to use position of power to help protect and ally herself with those more vulnerable. Discussions around intersectionality of gender and class and at times gender has been a bigger barrier i.e. there was an expectation to marry and be a manual worker’s wife like her mum.

3) Have you clearly distinguished participants’ accounts from your own? Or are their accounts becoming too subsumed by your analyses? Yes, at this stage of the analysis it is very driven by the data, thus accounts are not becoming subsumed by my analysis. I am very

clear when I am asking inquisitive questions from the data and proposing hypotheses of the data, i.e. use of question marks.

Phase 6- Looking for Commonalities with Differences among Participants

1)What are the emergent themes or patterns across the transcripts?

Theme: Early life experiences shaped later political views: -

Laura: really value holistically looking at person's individual circumstances for difficulties, not pathologizing and locating difficulties within the person. Personal life experiences instrumental in the career trajectory of many participants. Thomas: Impact of his father's death impacted his working with children, the sacrifices his father made yet his family remained extremely vulnerable after his death. Tariq: Experience of personal struggle and loss, i.e. childhood friend had a Heroin overdose in his 20s, "*he was smarter than me*", shape views towards wider societal factors that impact a person. Hannah: Divorce of parents as a child, father leaving and significant financial struggles which followed, not meritocracy but luck in her story. Sarah: Experience of divorce as a child. Taking on the emotional impact of the divorce, forced to grow up sooner. Amy: Personal lived experience of CAMHS, impacted on career choice... Aware of societal problems which impact mental health.

Jessica: Social justice, more empathy to the conditions of patients and circumstances around them, "*sitting around meetings feels like a mothers meeting rather than discussing the hardships of people.*" Andy: "*Politically, extremely socialist.*" Farzana: lived experience has made her very passionate and social justice.

2) How are common patterns or plots unveiled? The plots and themes flow like a story with a clear beginning, middle and end. Plots are unveiled through key events.

3)How are differences in themes, plots, characters, settings and temporal orderings enunciated? Ordered in a fairly similar across narratives, with talking through their journey from childhood to present day, but will also be impacted hugely by my interview style and the order at which I ask questions, which I am very aware of.

4) On what grounds are you short-listing the stories? Stories which are in-line with the research objectives and questions, i.e. the barriers and enablers in their stories.

5) Are sensational, provocative or contentious stories deliberately fore-grounded – or conversely – avoided? If so, what are the implications? As it is a grand narrative and not case studies, it is difficult to always include all the anomalies which occur in each individual story, mostly because we are limited on word count. I will try my best to include when I can difference in narratives i.e. differences which occur as a result of race or gender across narratives will be instrumental to include.

Phase 7- Writing Academic Narrative about Personal stories.

1)Are your analyses relevant to your research questions? If not, should the discussion or the research questions be altered to reflect the new foci? Yes, the narratives are relevant to the research question.

2) Does your writing style acknowledge that your subjectivity mediates the interpretations being made? I will be writing a separate discussion section which will allow a clear

distinction between my interpretations and what was said by the participants. I will also include a reflective paragraph in the empirical paper outlining mine and Ste's background and the potential bias from this.

3) Have drafts been circulated so as to get a preliminary response to the ideas being raised? If so, how are others responding? If not, why? Not as yet, but will be circulated to participants before publication for their feedback and asked if they want anything changing.

Appendix 3-Participant Demographic Details

Participant	Sex	Age	Sexual Orientation	Marital Status	Annual Income	Race/Ethnicity	Faith
Laura	F	46-55	Heterosexual	Divorced	>£80.000	White/British	Spiritual
Farzana	F	46-55	Heterosexual	Married	£60.000-£70.000	Mixed Multiple Ethnic group	None
Andy	M	56>	Bisexual	Married	>80.000	White/British	None
Thomas	M	46-55	Heterosexual	Married	£70.000-£80.000	White/British	None
Claire	F	36-45	Heterosexual	Married	£60.000-£70.000	White/British	None
Tariq	M	46-55	Heterosexual	Married	>80.000	Asian/British	Muslim
Beth	F	36-45	Heterosexual	Married	£50.000-£60.000	White/British	None
Amy	F	35<	Heterosexual	Single	£50.000-£60.000	White/British	None
Sarah	F	36-45	Heterosexual	Married	£50.000-£60.000	White/British	None
Simon	M	46-55	Heterosexual	Married	£60.000-£70.000	White/British	None
Hannah	F	36-45	Heterosexual	Married	£50.000-£60.000	White/British	Christian
Jessica	F	46-55	Heterosexual	Single	£70.000-£80.000	White/British	Roman Catholic

To ensure the anonymity of participants, the names presented are pseudonyms and their professional titles have been removed.

Appendix 4- Participant Information Sheet**Participant Information Sheet****Individuals from a low Social Economic Status (SES) background, reaching leadership positions within Clinical Psychology. A Narrative Analysis (NA).**

Background: You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being conducted and what it will involve. Please take the time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your colleagues, friends, or family if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to. Thank you for reading this.

What is the purpose of the study?

Clinical psychology has received criticism for its underrepresentation of women and minorities (including those from low SES backgrounds) in leadership positions within its profession. The objective of this study is to explore first person narratives for individuals who have experienced adversity and have strived, despite this, to leadership positions within Clinical Psychology in order to inform future practice, research, and interventions aimed at widening participation.

Why have I been chosen to take part?

You have been chosen to take part as you have self-identified as meeting the following inclusion criteria, Leadership: meeting a minimum Band 8C position in the NHS and / or a minimum Senior Lecturer position in academia. SES: meeting two or more of the following criteria: 1) Received free school meals as a child. 2) Parental education to less than high school level. 3) One or both parents never worked, and /or the primary earner was long-term unemployed, or worked as an unskilled manual labourer. 4) Living at a postcode which was in an economically deprived area as a child/adolescent.

Do I have to take part?

You do not need to take part in this research. Participation is voluntary and you are free to withdraw at any time, without explanation, and without incurring a disadvantage.

What will happen if I take part?

Once consent has been obtained, the principle investigator will organise a time and date suitable for you to complete the interview. Ideally, the interview will be in person, in a location that is least burdensome for you. However, if this is not possible an interview via Skype can be arranged. Interviews will be video recorded to allow us to gather a richer source of data that will aid analysis. We will aim to complete the interview in a secure location to maintain privacy. Interviews will last approximately 60-90 minutes. Please see a copy of the interview schedule [Version 1 dated 21 January 2018] for a list of the questions asked to you during the interview. You will be sent a one-page summary of the Narrative Analysis for your own interview within two weeks of the interview, as well as a copy of the final empirical paper. This one-page summary of your story is typical practice in Narrative Analysis and is a way to acknowledge your individual contribution. You will be invited to provide feedback regarding any errors.

Are there any risks in taking part?

The research team does not envisage any significant risks to taking part in the study. There is a small possibility that your story may be identifiable as direct quotes will be included in the write up. However, to ensure anonymity all identifying information will be removed from the write up and each participant will be given a pseudonym. Nevertheless, if you wish to have your own name used in the research this will be respected. If you should experience any discomfort or disadvantage as a result of taking part, then the research team advise that you make this known to the principal investigator immediately to allow the appropriate action to be taken.

Are there any benefits in taking part?

There is no direct benefit to you intended as an outcome of this research. The research team hope your participation in the study will help provide examples to students from disadvantaged backgrounds and help inspire them to pursue a career within Clinical psychology. Furthermore, the researchers are tentatively hopeful the research findings and dissemination may influence changes in culture and biases in the profession. In addition, it is hoped through the dissemination process a greater understanding of the related issues will be gained.

What if I am unhappy or if there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Principal Investigator Mariam Iqbal at mkiqbal@liverpool.ac.uk or one of the supervisors listed below and we will try to help. If you remain unhappy or have a complaint that you feel

uncomfortable discussing with us then you should contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. When contacting the Research Ethics and Integrity Office please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

Will my participation be kept confidential?

Your interview will be recorded on an iPad, which has been provided by the Clinical Psychology department at the University of Liverpool. The iPad is password protected and has approval from the University to be used for confidential recordings. The interviews will be stored on the iPad for less than 24 hours, after which time, they will be deleted from the iPad and transferred for storage on an encrypted USB. This procedure is in line with Mersey Care NHS Trust policies regarding recorded data management.

Interviews will be transcribed and analysed by the principle investigator and all identifying information will be removed at the point of transcription.

This piece of research will be submitted as a thesis for the purposes of meeting the requirements of the Doctorate in Clinical Psychology programme.

Data will be stored and destroyed in accordance with the University of Liverpool Research Data Management policy and in accordance with the data protection act 1998. Data will remain the responsibility of the principal investigator until completion of the Clinical Psychology doctoral program. Following this, the data custodian (the primary supervisor) will be responsible for the data for a minimum of 10 years.

What will happen to the results of the study?

Results will be disseminated across academic and community settings, through journal papers, conference presentations, and other dissemination opportunities.

What will happen if I want to stop taking part?

You can withdraw your participation without explanation. You may request that your results are destroyed any time before the data is analysed which will be before January 30th 2019.

Who can I contact if I have further questions?

Please contact the principal investigator Mariam Iqbal on the details below:

Researchers:

Principal Investigator: Mariam Iqbal (Trainee Clinical Psychologist)

mkiqbal@liverpool.ac.uk, University of Liverpool, Clinical Psychology, Whelan Building, Brownlow Hill, Liverpool, L69 3GB

Primary Supervisor: Dr Stephen Weatherhead (Senior Academic and Clinical Tutor)

ste@liverpool.ac.uk, Tel 0151 794 5025 / 07826 085 537

University of Liverpool, Psychological Sciences.

Secondary Supervisor: Dr Steven Gillespie (Lecturer, Research Tutor)

Steven.Gillespie@liverpool.ac.uk, Tel: +44 (0)151 794 4140, University of Liverpool,

Psychological Sciences.

Appendix 5- Interview Schedule**Interview Schedule**

A semi-structured interview will be conducted with the researcher guided by the participants regarding follow up questions and prompts. Questions will be open ended.

1. What are your experiences of coming from a low SES background to a leadership position in clinical psychology?
2. Can you describe the most important experiences you went through in childhood which influenced you in your professional endeavours?
3. Can you describe the most important experiences you went through in adolescence which influenced you in your professional endeavours?
4. Can you describe the most important experiences you went through in adulthood which influenced you in your professional endeavours?
5. Did you have any specific role models who influenced you to pursue a career in Clinical Psychology or influenced you more generally? And if yes, please describe these relationships?
6. Have you experienced barriers during your journey to this point? And if yes, please can you explain these?
7. If you did experience barriers what factors do you attribute to helping you overcome these? Both personal attributes and wider contextual attributes?
8. Have you experienced enablers during your journey to this point? And if yes, please can you explain what these have been?
9. What are the most important learning points you have gained throughout your journey thus far that you would be willing to share? Advice you would give to your younger self?

Appendix 6- Demographic Form**Demographic Information Form**

Instructions: Please provide a response for each of the following questions:

Your answers will remain confidential.

1. Age?

35 and under 36-45 46-55 56 and over

2. What is your sex?

Female Male Non-binary

3. What is your sexual orientation?

Bisexual Heterosexual Homosexual Other

4. What is your marital status?

Divorced Married Separated Single Widowed

5. What is your annual income?

Less than £50,000 £50,000 to £60,000 £60,000 to £70,000

£70,000 to £80,000 Greater than £80,000

6. With which racial or ethnic category do you identify?

Asian/Asian British Black/African White/ Mixed/Multiple ethnic groups Prefer not to say

Other: _____

7. With what denomination or faith tradition do you most closely identify, if any?

8. What is your current professional rank?

Professor Assistant/Associate Professor Programme Director Academic Director
 Clinical Director Research Director Senior Lecturer
Head of Service Consultant Clinical Psychologist

Appendix 7- Ethics Letter



Health and Life Sciences Research Ethics Committee (Psychology, Health and Society)

2 March 2018

Dear Dr Weatherhead

I am pleased to inform you that your application for research ethics approval has been approved. Application details and conditions of approval can be found below. Appendix A contains a list of documents approved by the Committee.

Application Details

Reference:	3026
Project Title:	Reaching leadership positions in Clinical Psychology from a low Social Economic Status (SES) background
Principal Investigator/Supervisor:	Dr Stephen Weatherhead
Co-Investigator(s):	Miss Mariam Iqbal, Dr Steven Gillespie
Lead Student Investigator:	-
Department:	School of Psychology (including DClinPOsych)
Approval Date:	02/03/2018
Approval Expiry Date:	Five years from the approval date listed above

The application was **APPROVED** subject to the following conditions:

Conditions of approval

- All serious adverse events must be reported via the Research Integrity and Ethics Team (ethics@liverpool.ac.uk) within 24 hours of their occurrence.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the research, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form using the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Health and Life Sciences Research Ethics Committee (Psychology, Health and Society)

iphsrec@liverpool.ac.uk

0151 795 5420

Appendix - Approved Documents

(Relevant only to amendments involving changes to the study documentation)

Document Type	File Name	Date	Version
Research Tools	Demographic form version 2	31/01/2018	Version 2
Participant Information Sheet	Participant information sheet version 2 (1)	31/01/2018	Version 2
Interview Schedule	Interview schedule version 2	31/01/2018	Version 2
Study Proposal/Protocol	Research Proposal 31-01-2018 (1)	31/01/2018	Version 2
Advertisement	recruitment poster	31/01/2018	Version 2
Advertisement	Email advertisement version 2	31/01/2018	Version 2
Advertisement	Social Media advertisement version 2	31/01/2018	Version 2
Research Tools	it10-v4-confidentiality-and-data-sharing-policy-uploaded-2-october-2017-review-april-2019	31/01/2018	Version 2
Participant Consent Form	Consent form version 2	31/01/2018	Version 2

Appendix 8- Consent Form**Participant Consent Form**

Title of the research project: Individuals from a low Social Economic Status (SES) background, reaching leadership positions within Clinical Psychology. A Narrative Analysis (NA).

Researchers:

Principal Investigator: Mariam Iqbal (Trainee Clinical Psychologist),
mkiqbal@liverpool.ac.uk, University of Liverpool, Clinical Psychology, Whelan Building,
Brownlow Hill, Liverpool, L69 3GB

Primary Supervisor: Dr Stephen Weatherhead (Senior Academic and Clinical Tutor)
ste@liverpool.ac.uk, Tel 0151 794 5025 / 07826 085 537, University of Liverpool, Whelan
Building, Room 2.12, Brownlow Hill, Liverpool, L69 3GB

Secondary Supervisor: Dr Steven Gillespie (Lecturer, Research Tutor),
Steven.Gillespie@liverpool.ac.uk, Tel: +44 (0)151 794 4140, University of Liverpool,
Whelan Building, Room G19, Brownlow Hill, Liverpool, L69 3GB

Please initial box

1. I confirm that I have read and have understood the information sheet dated 31st January 2018 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. I understand that, under the Data Protection Act 1998, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish up to the point where analysis has begun.
4. I agree for the data I provide to be archived in accordance with the University of Liverpool's Research Data Management policy. I understand that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

5. I understand and agree that my participation will be video recorded and I am aware of and consent to your use of these recordings for the purposes of transcribing the interview and analysing thus after.
6. I understand that my responses will be kept confidential. I give permission for members of the research team to have access to my anonymised responses.
7. I understand that my name will not be linked with the research materials and every effort will be made to keep my responses anonymous. However, I understand there is a small possibility that my story may be identifiable as direct quotes (with identifying information removed) will be included in the write up.
8. I understand that the fully anonymised data will be held securely at the University of Liverpool. The data custodian, Dr Stephen Weatherhead, will be responsible for the data for a minimum of 10 years after which time the data will be destroyed in accordance with the University's Research Data Management policy.
9. I understand that I can request access to the data collected and/or request that the data is destroyed any time before the data is analysed which will be one week after the interview has taken place,
10. If you wish for your name to appear in any study related publications please initial the corresponding box. If you wish to remain anonymous please leave the box blank.
11. The information you have submitted will be published as a report. Please indicate whether you would like to receive a copy.
12. I agree to take part in the above study.

Participant name Date Signature

Researcher Date Signature

Appendix 9- Stages of NA Analysis Fraser (2004)

Phase of NA	Overview of Phase	Questions Considered
Phase 1- Hearing the stories, experiencing each others emotions	The first phase of the analysis involves listening to the stories and being mindful of what emotions are felt by the participant and interviewer (Borland, 1991; Kleinman and Copp, 1993; Olson and Shopes, 1991). This phase aims to avoid over-intellectualizing personal stories. A reflective journal (Appendix 10) is used to describe the feelings that emerge which are likely to affect the subsequent interpretations (Anderson and Jack, 1991). Paying attention to points of agreement and disagreement between interviewers and interviewees is also advised because they often provide insights about the ways the conversations unfolds (Cohler, 1994; Plummer, 2001) (Appendix10).	<ol style="list-style-type: none"> 1) What 'sense' do you get from each interview? 2) How are emotions experienced during and after the interview? 3) How does each interview tend to start, unfold and end? 4) How curious do you feel when you listen to the narrators?
Phase 2- Transcribing the Interview	In the second 'phase', the interview material is transcribed. Transcriptions are useful because they offer a more accurate record of the interview than memory alone. Transcriptions are also necessary for researchers who hope to analyse the stories line by line. Depending on their purpose, researchers may (or may not) attempt to 'clean up the speech'; that is, remove comments made by interviewers, erase repetition and sentences that are not finished, and so on. Silences and pauses may be indicated at the points at which they occur because they too, are likely to have meaning (Appendix 9).	<ol style="list-style-type: none"> 1) Have you omitted or misheard any of the material? 2) How detailed will your transcription be? For instance, will you specify interruptions, break-offs? Or will you concentrate more on 'what' is said rather than 'how' it is said?
Phase 3- Interpreting Individual Transcripts	Researchers note specific details from each transcript. This may involve identifying the types and directions of the stories, as well as any contradictions. For instance, narrators may tell stories that circle around particular themes or try to drive home a particular point. Some may tell stories that seem to be well rehearsed, almost 'perfected'. One of the main challenges of this phase, is trying to	<ol style="list-style-type: none"> 1) What are the common themes in each transcript? 2) What words are chosen and how are they emphasised? 3) What kinds of meanings might be applied to these words?

	<p>disaggregate long chunks of talk into specific stories, or segments of narratives. One way is to divide the talk into sets of ideas expressed and scene(s) in which some sort of plot unfolds. Scanning for characterisation and/or chronology might be another way to segment the material (see Chanfrault-Duchet, 1991). However, the disadvantage of using chronology is the artificial order it can imply when many participants' use of chronology is far from straightforward (see Riessman, 1987). (Appendix 9 & 10).</p>	<p>4) What contradictions emerge?</p>
<p>Phase 4- Scanning Across Different Domains of Experience</p>	<p>To prevent researchers from fixating on one dimension of life and to avoid the problems of social determinism, narrative researchers may want to scan stories for different domains of experience (McCabe and Bliss, 2003; Segal, 1999). To do this, personal stories may be examined for their intrapersonal, interpersonal, cultural (Simon, 1996) and structural aspects (Mullaly, 2002). These (artificial) distinctions are made not in the belief that such 'domains' can or should be neatly separated from one another. Rather, they are suggested for explanatory purposes. Interpersonal aspects of stories are quite literally those that involve other people (Simon, 1996). Again, narrators might recite direct quotes to indicate this. Sometimes they appear through lines in stories that involve 'reported speech', or speech that uses 'I said – s/he said'. Cultural aspects of stories often refer to larger groups of people and sets of cultural conventions. Often these ideas are broadcast through popular culture (Mullaly, 2002; Plummer, 1995). Lastly, structural aspects of stories overlap with the other aspects of stories but are distinct by the claims made about the influence of public policies and/or social systems. For instance, they may be evident when narrators refer to social systems, laws and conventions. In so doing, references are often made to class,</p>	<p>1) Are there aspects of the stories that highlight intrapersonal experiences that are concealed from others? 2) Which parts of the stories relate to interpersonal relationships and interactions? 3) Are social structures, institutionalised or otherwise, present? If so, how do they appear and what is being said about them?</p>

gender, ethnicity and other modes of social organization (Mullaly, 2002) (Appendix 10).

Phase 5- Linking the
Personal with the Political

This phase involves researchers deliberating how dominant discourses and their attendant social conventions constitute an interpretative framework for understanding the stories (Coates, 2003; Hyden, 1994; Riessman, 2003) (Appendix 10).

- 1) What relationship do the stories have to particular discourses?
- 2) How do you imagine other theorists are likely to analyse the stories?
- 3) What do the stories say about the (multiple) lived experiences of class, gender, race, sexual orientation, age, disability, religion and/or geographical locations?
- 4) Have you clearly distinguished participants' accounts from your own? Or are their accounts becoming too subsumed by your analyses?

Phase 6- Looking for
Commonalities and
Differences among
Participants

This phase involves researchers examining the transcripts for commonalities and differences that exist among and between participants. Similar to the work undertaken on individual transcripts, this may be done by comparing and contrasting the content, style and tone of respective speakers. Patterns may surface that are worth exploring. Similarities and differences may become more apparent after the stories are listed, numbered and named. Connecting plots, events and/or themes may be clustered together for analysis. Irrespective of how stories are short-listed, explanatory notes about the criteria used to select might be provided so that readers have the chance to reflect on the logic underpinning the analyses. While considering how stories align with the initial assumptions of our research, narrative researchers may also want to note 'findings' that are inconsistent, counter-intuitive, surprising and/or anomalous (Worthington, 1996). It

- 1) What are the emergent themes or patterns across the transcripts?
 - 2) How are common patterns or plots unveiled?
 - 3) How are differences in themes, plots, characters, settings and temporal orderings enunciated?
 - 4) If so, are they relevant to understanding the social role of stories?
 - 5) On what grounds are you short-listing the stories?
 - 6) Are sensational, provocative or contentious stories deliberately fore-grounded – or conversely – avoided? If so, what are the implications?
-

	<p>might also involve exploring ideas that are confronting and/or unpopular (Appendix 10).</p>	<p>7) Are stories that challenge the views on which the research is predicated given sufficient analytical attention? If not, how is this rationalised?</p>
<p>Phase 7- Writing Academic Narratives about Personal stories</p>	<p>Narrative researchers are aware that in the process of pulling together threads of others' stories, we will be telling stories of our own (Ellerman, 1998; Ezzy, 1998; Solas, 1995). This is particularly important as we translate oral talk into some form of written analysis. A central part of the writing process is honing the analyses. Often many drafts are needed before the analyses are worthy of formal presentation. Rather than hoping to produce 'the right' knowledge, or indeed, 'the truth', narrative researchers realise that there are multiple possibilities for representing stories. We also know that humility is an important trait for us to demonstrate if we are to 'stay true' to the philosophy of the method. Yet, humility need not be an enemy of conviction. The two may coexist if one accepts that, 'a narrative is never concluded, it is always subject to reconstruction and reinterpretation' (Hyden, 1994: 109). That said, for the research to be coherent and credible, narrative analysts may want to keep checking that the written analyses they are producing correspond to the stories told, as well as to the objectives of the research.</p>	<p>1) Are your analyses relevant to your research questions? If not, should the discussion or the research questions be altered to reflect the new foci? 2) Are the interpretations that you have made fair? Are any too understated 3) Have you developed blind spots that undermine the veracity of your claims? 4) Are some arguments becoming repetitive? If so, how should they be edited out? 5) Do your analyses maintain a respectful tone towards participants? 6) Does your writing style acknowledge that your subjectivity mediates the interpretations being made? 7) Have drafts been circulated so as to get a preliminary response to the ideas being raised? If so, how are others responding? If not, why?</p>

Appendix 10-Extract of Laura’s Annotated Transcript

Interviewer: hmm

Respondent: erm my mother never worked

Interviewer: right

Respondent: erm, my father worked until his retirement erm neither of my parents erm did the high school thing and you could leave very young in those days

Parents background

Interviewer: yeah

Respondent: you didn’t have to finish school, so neither of them had much of an education

Interviewer: right

Respondent: I’m the eldest of three children

Setting the Scene

Interviewer: yeah

Respondent: erm

Family Structure

Interviewer: is there a big, is there any age gap between the three of you

Respondent: two years

What’s not being said?

Interviewer: ok

Respondent: so there’s myself then my sister’s two years younger and then my brother was two years younger again. Erm it was a community that I had very mixed feelings about I’m probably more positive about it now

Change, transition of views-why?

word chosen, meaning behind word?
Feeling different

Interviewer: ok

Respondent: erm but when I was younger, it was it felt quite a restricting kind of community. Erm grammar school education was still around then erm so I was one of the last erm people to go to grammar school, but certainly, I was the first from my village

Very different experience from parent’s education

Sense of difference

Common across narratives

Interviewer: right

Respondent: to go to grammar school and erm always had very mixed messages about achievement from my family and community. And that never really resolved itself, that’s been one of the things that has been a struggle for me erm so erm I was not encouraged academically or for achievement at all erm, in fact quite the reverse. I was erm discouraged from and it wasn’t valued at all. Erm in fact I had quite a lot of grief about it. Erm my encouragement came from teachers. Erm and I got a lot from that. Erm I felt, it’s interesting, because now that I’m out of it, I can take the good things from it ‘cause the values that did were there very much, were about hard work. Don’t expect, no sense of entitlement so you know you, you don’t expect anything you work for it and if you work for it you don’t necessarily get rewarded for it.

Role Models

Interviewer: yeah

Intrapersonal struggle- Impact on identity development?

Barriers- culturally different expectations, experienced difficulties for pursuing education. Discouragement-possibly not fitting gender stereotypes

Working class values- retrospectively appreciate these values- values she now holds, important to her

Intersectionality? Class & gender expectations