Addressing Whiteness and Racism in Clinical Psychology: White Clinical Psychologists' Experiences within Leadership

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A thesis submitted in partial fulfilment of the requirements of the University of East London for the degree of Professional Doctorate in Clinical Psychology

May 2022

ACKNOWLEDGEMENTS

First and foremost I would like to express my gratitude to the participants who agreed to give their time to take part, and for their openness in sharing their experiences.

I would like to thank my supervisor, Dr Nargis Islam, for her thoughtful reflections and encouragement throughout this process. I would also like to thank my second supervisor, Ken, for his insightful feedback.

To Prof Nimisha Patel and Dr Nick Wood, I have been guided, challenged and shaped by your teaching on whiteness, without which this thesis would not have been pursued.

I would like to thank my partner, Dan, for his endless support and cheerleading as well as for the countless dinners he made. I'd also like to thank my family and friends for their love and unwavering encouragement. To my grandad, for instilling the value of education, I know you would be so proud.

I do not think this thesis, or the DClinPsy, would have been possible without the continuous kindness, insightfulness and thoughtfulness from the group of women I have met within the cohort, so for that, I am forever grateful.

ABSTRACT

The profession of Clinical Psychology, both in its past and present, has been greatly impacted by whiteness. Due to this, it is important to consider how whiteness affects Clinical Psychologist's leadership within teams as, among many things, it will impact the staff they manage. As white Clinical Psychologists are the main benefactors of whiteness within the profession and are overrepresented in leadership positions, the study aimed to explore their experiences of addressing whiteness within their leadership roles.

Thirteen self-identified white Clinical Psychologists were interviewed on their experiences of addressing whiteness and racism in leadership and their experiences of barriers to and facilitators of examining whiteness and anti-racist leadership.

Interpretative Phenomenological Analysis identified three superordinate themes, each with its own sub-themes: 'Life Being Ignorant is Less Painful' ('Whiteness Isn't at the Forefront of My Mind', 'Too Uncomfortable to Confront Whiteness'); Careful, Shameful Conversations – 'Treading on Eggshells' ('More Careful', 'More Shame and Guilt'); Don't Know How to be Anti-Racist – 'I Don't Know What To Do' (Burden on Racialised Staff as 'Trainers', 'Not Doing Enough', Rationalisations for a Lack of Change – 'I'm Making Excuses Now', Attempts to Encourage Change – 'Working on Being Actively Anti-racist').

Barriers to and facilitators of addressing whiteness were discussed, and recommendations for the profession were made. It is hoped that the study's findings may influence white Clinical Psychologists in leadership positions to examine whiteness within their roles and consider how whiteness affects colleagues. Through the examination of whiteness alongside recognising and harnessing their power and responsibility to address it, they can challenge the harmful status quo.

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1. INTRODUCTION

1.1. Personal Context

I aim to write this with the full awareness that as a white British woman, I am part of the problem of whiteness. Though I have started examining my whiteness and how it impacts me and others around me in my personal and professional life, it is a life-long and continuous commitment. I do not wish to portray that I am not part of the problem or distance myself from my whiteness so I have chosen to write in the first person and used the language ‘we’ or ‘our’ when referencing white people.

1.2. Constructs and Terminology

Several key terms will be considered within this research including ‘race’, ‘racism’ and ‘whiteness’. These concepts and other terminologies are socially and culturally constructed and will change over time.

1.2.1. Race

The social construct of race relates to the grouping of people based on the colour of their skin and hair, which has been problematic as it has been used to create hierarchies and oppress different groups (Omi & Winant, 2015). Race is a social and political construct without biological basis whose meaning changes across context, culture, and time (Helms, 1995). Racialisation of groups seen as ‘other’ has led to eugenics (Galton, 1881), slavery, Nazism, Apartheid, and segregation (Patel, 2021).

1.2.2. Racism

Racism can be defined as discrimination based on belonging to a marginalised ‘racial group’ which can be experienced at an individual, community, institutional and structural level. Racism can be overt (direct or explicit), such as public displays of hatred, or covert (indirect or implicit), such as ‘micro-aggressions’ or

‘colour-blind’ approaches (Rollock, 2012). Colour-blind approaches are attempts to treat everyone equally and avoid discrimination but in reality, they obscure experiences of racism, avoid areas of difference which need to be raised and mean everyone is treated according to white British norms. Racism can be unintentional and sub-conscious and go unnoticed by those who are white or do not experience racism but are equally damaging to those it impacts (Lowe et al., 2012). Racism leads to racial inequity (Kendi, 2019) including the exclusion of racialised people across education, employment, health services and other resources (Patel, 2021). Despite racism being illegal under the Equality Act (2010), it continues to impact all areas of society. Racism is perpetuated through the development of knowledge, theories and research which silences and oppresses alternative knowledge of racialised people (Patel, 2021). Some argue rather than race creating racism, racism created race (Kovel, 1988).

1.2.3. Whiteness

Whilst racism focuses on the discrimination experienced by those who are racialised, ‘whiteness’ relates to privileges which maintain racialised hierarchies and oppression (Clark & Garner, 2009) to produce and reproduce the dominance of white people or those with a lighter skin tone or ‘white passing’ (DiAngelo, 2018). Whiteness therefore shifts the focus from those who are oppressed to dominant groups who oppress and uphold these systems of oppression and power which sustains racism. Whiteness often goes unnoticed by its benefactors but continues to oppress those whose skin colour is not white and who are seen as ‘other’ (Patel, 2021). Whiteness is a powerful ideological system which defines norms which is hard to see, challenge or change due to its invisibility (Patel, 2021). Whiteness is maintained by individuals, collectives, and systems (Patel et al., 2000). However, whiteness is not a well-known term and is not globally used in comparison to anti-racism and some have critiqued whiteness to be overly homogenising of white people’s experiences and intersecting identities (e.g. Myslinska, 2013). There are also those who dispute the existence of racism and whiteness which is discussed further in section 1.4.3.

1.2.4. Institutional Whiteness

The concept of institutional racism was introduced after the uncovering of police failures in the Macpherson report following Stephen Lawrence’s murder in the

UK in 1993. Institutional racism was defined as the collective failure of an organisation to provide appropriate services due to discrimination against people because of the colour of their skin, culture, or ethnicity (Home Office, 1999). Institutional racism discriminates through ignorant, thoughtless, and racist stereotyping processes, attitudes or behaviours which disadvantage those who are racialised (Home Office, 1999). As racialisation was produced by whiteness and institutional racism is maintained by whiteness, institutionalised racism is essentially institutionalised whiteness (Patel, 2021).

Institutionalised whiteness maintains the status quo through sustaining racist practices and processes and through the omission of acts to rectify discrimination (Patel et al., 2000). Institutionalised whiteness continues to exist as it serves the interests (material or otherwise) of those who hold power and privilege (white people) which leads to institutionalised blindness (Patel, 2021). This means it goes unnoticed and remains unchanged. It is legitimised within the set-up of structures, processes, practices, and policies within organisations and is legalised through legislation (Patel et al., 2000).

1.2.5. Anti-racism

If to be racist is to express racist ideas or support racist policy through actions or inactions, to be anti-racist is to identify and describe racism and dismantle it, express antiracist ideas and support anti-racist policy through actions (Kendi, 2019). The aim of anti-racism is racial equity (Kendi, 2019) which can only occur through systems change addressing institutional whiteness. Anti-racism is a non-neutral position against whiteness and its impacts which involves a commitment to creating change (Patel, 2021). Therefore, anti-racism could be better described as anti-whiteness. By drawing attention to whiteness and how it impacts everyday practices, we can aim to de-centre whiteness (Patel, 2021). Without a collective examination of institutionalised whiteness, we cannot engage in collective anti-racism (Patel, 2021).

1.2.6. Terminology

Terminology is dependent on time, place, culture, and socio-political context. When discussing all groups who do not identify as white, there are no globally agreed terms of reference as all terminologies which attempt to be all-encompassing are overgeneralising and ‘other’ those who are not white further

perpetuating whiteness. It is always preferable to privilege people's chosen terminologies or identities when discussing whiteness.

Some academics and journalists, especially in the US, prefer the term 'People of Colour', however, this term may be too close to the derogatory term 'coloured' for others (Lim, 2020). Other researchers argue we can start to de-centre whiteness through terminology, for example, by using the term People of the Global Majority (PGM), or Global Majority People (GMP) (Lim, 2020). Some contend in comparison to the term 'People of Colour' which inherently centres whiteness, People of the Global Majority can exist as a term separate from whiteness (Lim, 2020). However, People of the Global Majority is not a widely used term and may not feel representative to people who live in places where they are an ethnic or racial minority, for example, within the UK where white people are the majority (Office for National Statistics, 2011). 'Black, Asian and Minority Ethnic' (BAME) is the term used mainly by UK government reports (Aspinall, 2002) which has been criticised and labelled unhelpful due to maintaining social hierarchies, 'otherings' and conflating experiences as synonymous (Fakim & Macaulay, 2020; Mohdin et al., 2021).

The terminology used by individual researchers will be reflected when citing their work. Otherwise, the term 'racialised' will be used to describe individuals or groups who are not white and experience discriminatory consequences of race, whilst acknowledging associated pitfalls including the heterogeneity of racialised people's intersecting experiences of oppression and discrimination.

1.3. UK Context of Race, Racism and Whiteness

There is a long and complex history of whiteness within the UK which is far beyond the scope of this thesis (see Eddo-Lodge, 2017). Therefore, elements of the history within the UK and elements to consider within the current socio-political context will be discussed. Understanding the historical and current context is important as it will have impacted both researcher and participants.

1.3.1. The UK as a Coloniser

We are unable to discuss whiteness within the current context without discussing the UK's role in colonisation and slavery. The history of the UK has been shaped by colonialism, which is a practice of acquiring political control over another country, occupying it and exploiting it. Colonialism attempts to destroy cultural values (Adebisi, 2016) and oppresses and culturally appropriates those who are racialised (Kiefer, 2020). The legacies of slavery continue to exist. British involvement in slavery existed for much longer than it has currently been abolished and compensation for slave owners only ceased in 2015 (Eddo-Lodge, 2017).

Following Britain's inhumane and racist treatment of Indian, African and Caribbean soldiers during the first world war, overt racism and horrific racial hate crimes were rife across Britain (Eddo-Lodge, 2017). The government dealt with this by repatriating victims of these crimes and 'sending people back to where they came from', a policy which continues to be used to this day (Eddo-Lodge, 2017). Britain then further tightened immigration rights to Britain's commonwealth citizens in 1962 with the Commonwealth Immigrant Act, the logic of which continues to prevail (Eddo-Lodge, 2017).

The dominance of whiteness has impacted white British understanding and learning of historical events, ignoring the negative impacts of colonialism and excluding historical achievements and contributions of those who are racialised. Colonialism is often glorified or excluded from British education, further contributing to the ignorance of British history. Due to this, many white British people believe they have never had a problem with race despite racism being embedded in all systems within society (Eddo-Lodge, 2017).

The murder of Stephen Lawrence in 1993 and the aforementioned development of the concept of institutionalised racism following the MacPherson report (1999) forced systems to reflect. Following this, overt racism reduced and covert racism increased, including 'micro-aggressions', 'colour-blind' approaches and a shift in language such as, 'political correctness' (Fernando, 2017; Sue, 2010), which wrongly created the myth of a 'post-racial society'. However, institutionalised racism continues to be rife in most organisations (Kline, 2015), as demonstrated by the recent example of Child Q (Iqbal et al., 2022).

1.3.2. History of Racism and Whiteness in Psychology and the Sciences

Scientists have greatly influenced racist theories and practices including Clinical Psychology (CP), evolutionary psychology and the field of psychology more broadly. Scientists 'research' influenced, legitimised and perpetuated the exploitation of African people, colonialism and slavery for example, by falsely associating intelligence with skull size for white European's benefit (Mitchell, 2018). The concept of eugenics (Galton, 1881) informed psychologists' theories on psychometrics and the hypothesis that there were race-related determinants for intelligence (Rushton, 1985), which informed public policies such as colonisation, apartheid, segregation and immigration policies. The increasing medicalisation of distress lead to the development of institutionalisation and asylums which birthed the disciplines of psychiatry and psychology (the 'psy' disciplines) (Fernando, 2017). The 'psy' disciplines perpetuated the medicalisation of distress and marginalised and oppressed those who are racialised, for example, by creating diagnoses such 'drapetomania' (Fernando, 2017). These factors have influenced how services are commissioned, designed and developed as well as where services are positioned (e.g. within medical settings in the NHS). British Clinical Psychology has played an uncomfortable role in the history of race by producing and reproducing racism (Attenborough et al., 2000).

1.3.3. Current Socio-Political Context

Despite many believing racism is a bygone issue of the UK's colonial history, recent worldwide events have demonstrated how this sentiment is untrue as whiteness continues to flourish in the UK.

In recent years the UK has witnessed Brexit fuelled by anti-immigration and anti-refugee sentiment (Wood & Patel, 2017). Following Brexit, a huge rise in overt racist acts and racial hate crimes were reported (Virdee & McGeever, 2017). The UK focused on 'preventing terrorism' which has seen policies and practices introduced which are inherently anti-Muslim and racist (Bhambra, 2016).

Traumatic events of 2020, including the murder of George Floyd in the US, prompted worldwide protests and a resurgence of the Black Lives Matter (BLM) movement. This was aligned with the start of the COVID-19 pandemic where disproportionate deaths of black and south Asian Britons further demonstrated

the impact of whiteness and health inequalities (Public Health England, 2020). The COVID-19 pandemic also fuelled anti-Asian hate crime due to the blaming of China for the pandemic (Khan, 2021).

Racialised asylum-seeking people and refugees have faced the Nationality and Borders Bill, put forward by the conservative government, to try to legalise inhumane treatment of refugees and further increase social and racial inequalities. However, for (majority white) Ukrainian asylum-seeking people and refugees there has been an entirely different response where the government has launched a 'Homes for Ukraine' scheme (DLUHC, 2022; Al Jazeera, 2022).

These events forced individuals and organisations such as the NHS to reflect on the harm caused by institutionalised whiteness, however the apolitical nature of the NHS and the professional bodies of psychology (e.g. BPS) has hindered the engagement in the naming and examination of whiteness. This maintains the status quo within NHS systems and services and leaves whiteness unchallenged and unexamined.

1.3.4. Whiteness and Mental Health

The relationship between racism and poor physical and mental health is well recognised (e.g. Bhui, 2016; Fernando, 2010; Came & Griffith, 2018), but despite this, it has not been named a major public health concern (McKenzie, 2003). The Race Disparity Audit highlighted inequalities in criminal justice, housing, education, and physical and mental health for those who are racialised, especially Black people (Cabinet Office, 2017). These social and health inequalities are associated with higher levels of psychological distress (Wilkinson & Pickett, 2011).

Racism induces similar physical and psychological reactions to a trauma response, such as anxiety and hypervigilance (Carter & Forsyth, 2010) as the body understandably responds the same way as it would to other causes of anxiety (Carter & Pieterse, 2020). Racism-based distress is both an individual and collective trauma which is often re-lived and has long-term impacts (Carter, 2007). The race-based traumatic stress model provides a framework to understand people's race-based experiences and the impacts of them on their mental health (Carter, 2007). The impact of racism can also be understood through intergenerational trauma and internalised racism where values and

beliefs of dominant groups are internalised and passed down through generations (McKenzie-Mavinga, 2016).

1.4. Experiences of Whiteness

1.4.1. Racialised Peoples' Experiences of Talking to White People about Whiteness

Eddo-Lodge wrote a blog titled 'Why I'm No Longer Talking to White People about Race' in 2014 as she had experienced white people refusing to accept the legitimacy of racism and its impacts and no longer wanted to engage in conversations where white people are emotionally disconnected from the person of colour sharing their experiences (Eddo-Lodge, 2017). Eddo-Lodge (2017) described people of colour being met with bewilderment, defensiveness, silence, indignation, denial, interruptions or inability to listen by white people when discussing race or white people's privileges and power. During these painful conversations, white feelings continue to be prioritised to the detriment of people of colour (Eddo-Lodge, 2017). If any anger or frustration is expressed, racist stereotypes of 'angry black people' are reared and the conversation is de-railed and shut down (Eddo-Lodge, 2017).

In the wake of the resurgence of the BLM movement in 2020, racialised people watched white people 'wake up' individual and institutional whiteness which was painful and disappointing for people of colour as it had taken multiple violent tragedies and global protests for it to happen (Morris, 2020). Racialised people then had to deal with emotions of white people expressing shame, guilt and wishes to 'do better' which has exacerbated their emotional distress (Morris, 2020). White people have placed the burden on those who are racialised to educate us, tell us about their experiences, and validate or applaud efforts which essentially re-enacts racism and impacts the mental health of those who are racialised (Morris, 2020).

1.4.2. Experiences of Whiteness for White People

As whiteness is mainly upheld by white people, it is vital to gain an understanding of white people's position on whiteness (Poston, 1990). Whiteness is invisible to most white people, blissfully unaware of our privileges

and dominance until it is called into question (Eddo-Lodge, 2017). Helms' model of white identity development (1990) provides a framework for understanding how white people experience whiteness and racism. Helms (1990) hypothesises two phases of white identity development: internalising racism (maintaining the status quo); and evolving non-racist identity (challenging some aspects of white racial socialisation norms). Helms (1990) argues white people only move from obliviousness and colour-blindness to awareness of racism after exposure to its impacts on those who are racialised. This greater awareness leads to guilt, anger and sadness which is accompanied by denial or action (Helms, 1990). The discomfort of this process and fear of rejection from other white people can lead to fear and anger towards racialised people and victim-blaming (Helms, 1990). For those who continue to examine whiteness, an understanding of it develops along with the sense of responsibility to dismantle it and engage in anti-racist activity (Helms, 1990). White people may then seek out those who are racialised and distance themselves from or educate white people who disagree with them (Helms, 1990). Helms (1990) argued people move between these stages at different times but the 'work' is never completed. The White Awareness Model (WAM; Ryde, 2009) was developed to build on Helms' model to include guilt and shame as Ryde regarded them as essential to influence change. WAM is made of five stages including denial, establishing a new openness towards learning about the impacts of racism, guilt and shame of complicity, acknowledgement of one's role in racism and white privilege, and integration where an understanding of whiteness is meaningfully explored. Similarly to Helms' model, due to painful feelings which arise, peoples' levels of complicity with whiteness fluctuate due to difficulties of sacrificing privileges (Ryde, 2009).

Researchers such as Sue (2015) have provided ways of understanding why 'race talk' is disconcerting and difficult for white people. Sue (2015) argues discomfort leads to cognitive, emotional and behavioural avoidance. This includes denying experiences, thinking of alternative explanations to excuse white people, and helplessness and powerlessness from the lack of knowledge about what to do about racism they do or do not sense (Rabow et al., 2014). Major fear categories identified were fear of being labelled racist, of realising their racism, of confronting white privilege and fear of taking responsibility to

dismantle racism, which silences conversations (Sue, 2015). Action was a way of alleviating feelings of guilt, however, there is a lack of knowledge as to what to do both individually and collectively at a system or institutional level (Sue, 2015). Due to all of these factors, virtue signalling and wanting to look like we're on the 'right' side often occur. There may be genuine desires to be anti-racist, however, the hard work, time it takes and conflicts it creates mean efforts often go nowhere (Patel, 2000).

However, this will not represent the experiences of all white people as some deny the existence of whiteness and privileges or openly advocate racist, discriminatory views, politicians or legislation. A minority publicly argue for white supremacy, such as those within neo-Nazi groups (e.g. Quinn, 2021; BBC, 2022). Members of these groups can be openly, and overtly racist and do not feel 'white guilt', do not fear being labelled racist and do not desire to be anti-racist. They may even wrongly define criticisms of them as a form of racism towards white people.

1.5. Racism and Whiteness Experienced by NHS Staff

Racism within the NHS is rife despite the Equality Act (2010) prohibiting discriminatory acts based on 'protected characteristics' including 'race'. Whilst there have been some improvements since the Workforce Race Equality Standard (WRES) was published in 2016, there are racial inequities across the NHS demonstrating continued institutionalised whiteness (WRES, 2021). Disproportionate numbers of Black and Minority Ethnic (BME) staff experience discrimination in the workplace from the public, colleagues and management (WRES, 2021). BME women continue to experience the most harassment, abuse or bullying from patients and staff which has been an ongoing trend (WRES, 2021), demonstrating the need to consider intersectionality and the impact of the patriarchy and misogyny (Crenshaw, 1989). BME staff are given less opportunities for continued learning and development, which impacts career progression, and are more likely to be referred into the disciplinary process (WRES, 2021). Rather than naming institutionalised whiteness, the

WRES (2021) report claims the need to address issues of ‘equality and inclusion’.

1.5.1. Racism and Whiteness in Leadership in the NHS

NHS Trust Boards ought to be representative of those they serve to provide good patient care (Kline, 2014). Yet, recruitment within the NHS disproportionately favours white applicants (1.61 times more likely to be appointed) with no improvement over the past six years (WRES, 2021) highlighting institutionalised whiteness. Whiteness is also exemplified through the “snowy white peaks” of NHS leadership (Kline, 2014) which continue to prevail, which is demonstrated by a continued lack of representation from people from BME backgrounds at a senior leadership level (WRES, 2021). Racial inequity at a leadership level is further demonstrated through pay gaps among white and BME staff in senior positions (NHS Digital, 2020).

Despite increasing awareness of whiteness and racism in 2020, the number of BME staff experiencing discrimination from their managers is at the highest level since they have been recorded (WRES, 2021).

When specific targets have been set for particular regions due to the WRES, such as debiasing interview panels and increasing accountability for disciplinary referrals, there have been some notable improvements (WRES, 2021), demonstrating the power held by leaders to either sustain the status quo or create change.

1.6. Racism and Whiteness in Clinical Psychology

1.6.1. Whiteness in UK Clinical Practice

Clinical Psychologists (CPs) are expected to be able to have conversations about race, racism and whiteness with their clients in clinical practice. CPs are expected to be “aware of the importance of diversity, the social and cultural context of their work. . . and have the skills, knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives” (BPS, 2019,

pp. 6–8). CPs hold an ethical, moral and professional responsibility to acknowledge whiteness wherever it occurs (Nadirshaw, 1992). Despite these expectations, CP services fail to meet the needs of racialised service users (Goodbody & Burns, 2011). Whiteness is demonstrated in practices and procedures through disproportionate use of adverse pathways into mental health care (Islam et al., 2015), prescription of medication rather than therapy, and hospital admissions for BME people (McInnis, 2017). It is also demonstrated by Eurocentric models and theories further centring white knowledge and ways of understanding distress (McInnis, 2017; Turpin & Coleman, 2010). Due to this, clinicians lack an understanding of models, theories and subsequent interventions which may better meet the needs of those who are racialised (Islam et al., 2015).

Considering the skills psychologists should have working with their clients and the BPS Code of Ethics and Conduct (2009), it is reasonable to expect they will be able to use these same skills with their colleagues, supervisees and teams (Desai, 2018).

1.6.2. Impact of Whiteness on Racialised Clinical Psychologists in the UK

Whiteness is the normative and unchallenged position within CP influencing its demographic make-up, theories and processes (Odusanya et al., 2018). CP is dominated by white, middle-class, heterosexual, able-bodied, cis-gender women (Ahsan, 2020; McNeil, 2010). Some racialised CPs, therefore, feel they stand out as different within the profession due to their race which leads to feelings of isolation and alienation (Odusanya et al., 2018).

Whiteness is demonstrated by BME applicants being less likely to be selected for CP training in comparison to their white peers (Turpin & Coleman, 2010) and white CPs being offered more career progression opportunities (Rennalls et al., 2019). Due to this, there have been drives to ‘increase diversity’ and ‘improve access’, however, this usually places the problem within applicants either not applying or not having the skills rather than placing the blame within the system which fails them and discriminates against them (Wood & Patel, 2017). These systemic issues and structural barriers which disproportionately impact BME applicants lead them to feel unwelcomed, exhausted and demoralised leading to many questioning entering the profession (Meredith & Baker, 2007) or pursuing a career in CP (Bawa et al., 2019). Furthermore, racialised trainee

CPs have found it hard to highlight racism and challenge training courses and have experienced little or no support when they have done so (Odusanya et al., 2018). It is therefore unsurprising there are higher levels of drop-out rates for racialised trainees in British clinical psychology courses (Bender & Richardson, 1990) to “survive with their identity and dignity intact” (Adetimole et al., 2005). Without challenging and changing systems which continue to uphold institutionalised whiteness, racism experienced by racialised CPs is unlikely to change (Wood & Patel, 2017). Paulraj (2016) argues it may be unethical to ‘increase diversity’ in CP until whiteness in the profession has been addressed.

Racism, prejudice and discrimination experienced by racialised CPs is well documented and sadly relatively unchanged over the past two decades (e.g. Adetimole et al., 2005; Odusanya et al., 2018; Rajan & Shaw, 2008; Shah et al., 2012; Williams et al., 2006). Racialised trainee and qualified CPs have described feeling marginalised, pathologised and undermined and are simultaneously invisible and hyper-visible due to white norms held within the profession (McNeil, 2010; Paulraj, 2016). Racialised CPs feel they are positioned as experts on issues of race, often at their own emotional and educational expense (Adetimole et al., 2005). Racialised psychologists have reported experiencing emotional conflict and questioning of their identities when colluding with the profession and its white models and theories (Pethe-Kulkarni, 2017) and by hiding some of their identities to ‘blend in’ (Paulraj, 2016). For self-preservation and survival, some avoid conversations with white people about race, whereas others face the ‘battle’ by engaging in conversations which sometimes leaves them feeling more disempowered if they are faced with white people’s denial or inability to listen (Paulraj, 2016). As speaking out was linked to further isolation and marginalisation (Rajan & Shaw, 2008), racialised psychologists felt they needed to be careful about how they talk about their experiences due to white people’s anxieties, guilt, anger or suspiciousness (Adetimole et al., 2005). Whilst racialised CPs are navigating this minefield, white peers are unaware of the power of their collective whiteness (Adetimole et al., 2005; Paulraj, 2016).

1.6.3. Racism and Whiteness in Leadership in Clinical Psychology in the NHS

The agenda for change NHS bandings meant responsibility to manage and lead services was automatically added to skills required of CPs and meant core competency frameworks were created in line with these bands. The Clinical Psychology Leadership Development Framework (LDF; BPS, 2010) highlights the expected development of CPs competencies in leadership throughout their careers. The LDF outlines the expectations that CPs demonstrate personal qualities, work with others, manage and improve services and set direction within their roles. They are required to influence the development of staff, lead team discussions and problem-solve difficulties which emerge. With this framework in mind, CPs are well positioned to facilitate the examination of whiteness within teams. The framework does not speak specifically to addressing whiteness, racism or discrimination but does speak to valuing, respecting and promoting 'equality and diversity', acting with integrity, conflict management and creating and delivering a vision (BPS, 2010).

CPs can hold power in multiple contexts and situations, including but not limited to: team meetings; supervision; teaching and training; recruitment; policy-making; service development; consultation; therapy; and commissioning of services. Although forms of leadership can be exercised at all levels and bandings, typically within the NHS, the higher the band of the job role, the more managerial, leadership and macro-level focus the role has and the more power they hold to exert and influence change. The power wielded by those within leadership positions is complex to explore considering the multiple settings and contexts where leaders' voices can be heard and who (also holding power) will be there to listen, learn and reflect. With this in mind, responsibility to continually raise issues of whiteness and racism is great.

1.6.3.1. Providing Supervision

One discrete element of leadership in clinical psychology which has been researched is providing supervision. Supervisor training is offered to CPs two years post-qualification which draws on psychological models and theories of therapy, learning and management and explores how to address practical problems and dilemmas which arise within supervision. Supervisors are expected to be 'sensitive to diversity', have 'an understanding of issues around

difference and diversity in supervision', know their limitations and be committed to lifelong learning (BPS, 2010).

Supervision holds the power to both cause and alleviate stress depending on the relationship you have with your supervisor and the experiences of supervision (Patel, 2004). Links between covert or overt racism and distress have already been outlined, however, secondary trauma occurs when those who are racialised confide in others and are questioned, dismissed or blamed (Lowe et al., 2012). This demonstrates the responsibility held by supervisors, managers and people in positions of power as their responses to supervisees seeking support for experiences of racism will alleviate or aggravate distress (Desai, 2018).

Supervisors hold power in a multitude of ways which may be further bolstered by their race, gender or other privileged identities (Patel, 2004). Due to these power dynamics within supervisory relationships, racialised supervisees have felt powerless to challenge supervisors and feel helpless (Shah, 2010; Paulraj, 2016). Racialised trainees have described their supervisors silencing them, denying their experiences, and avoiding conversations about race and their experiences of racism (Shah, 2010; Paulraj, 2016). Supervisors were found to avoid conversations about race within supervision due to a lack of knowledge, a lack of time, fears of getting it wrong, and being labelled racist or offending supervisees (Desai, 2018). Due to these anxieties, supervisors were unsure whether to raise whiteness and racism with supervisees and often waited until these conversations were instigated by supervisees (Desai, 2018). In terms of white supervisory dyads, research has shown a noted lack of discussions about whiteness within white spaces (Desai, 2018).

We hope to look to supervisors and leaders for guidance, emotional support and answers to our questions. When white leaders, who are the majority, are not able to talk about race comfortably and honestly, who does that harm and where does that leave those they lead?

1.7. Scoping Review

The narrative review highlighted the complex history and understandings of the concept of 'race', which was partly developed by psychologists, which reared racism and whiteness. Varying experiences of whiteness were outlined of white people and those who are racialised. White people who hold an awareness of whiteness and aspire to address it can experience guilt, sadness and anxiety about getting it wrong and exposing their lack of awareness which often leads to avoidance. Meanwhile, those who are racialised contend with white people's defensiveness, denial or 'well-intentioned' mistakes whilst suffering the consequences of whiteness which impacts their mental and physical health. The majority of literature on race, racism and whiteness within clinical psychology in the UK focuses on clinical practice, increasing access to clinical psychology training for minoritised groups and racism experienced within the profession (e.g. Beck et al., 2019; Wood & Patel, 2017; Adetimole, Afuape, & Vara, 2005). Within the last two years, some studies have focused on white CPs' experiences of talking about race within their clinical practice or their experiences of whiteness more generally, however, there is a lack of understanding of the perspectives of white CP's and how they believe whiteness operates and perpetuates racism within their leadership roles and within staff groups.

A scoping review was undertaken between September 2021 and January 2022 to map out existing research and determine where gaps in understandings lie. A scoping review was deemed appropriate to gather this information due to the broad nature of the topic, the multitude of study designs and as I was not seeking to assess the quality of included studies (Arksey & O'Malley, 2005). The scoping review allowed for a range of types of literature including commentaries, theses and experimental designs which were all included due to a lack of research within the topic area.

Literature searches were completed on PsycInfo, Academic Search Complete, CINAHL, SCOPUS and Google Scholar. The following search terms were utilised: ("racism" OR "race" OR "privilege" OR "whiteness" OR "discrimination") AND ("Clinical Psychology") AND ("leadership" OR "supervision"). Reference lists were also searched. I have avoided using literature from other countries

and other professions as CP training and competencies relating to leadership are specific to UK Clinical Psychology training within the NHS.

1.7.1. Inclusion Criteria:

- UK studies (in the English language)
- Studies relating to Clinical Psychology; leadership or macro-level change; and race, racism or whiteness

1.7.2. Exclusion Criteria:

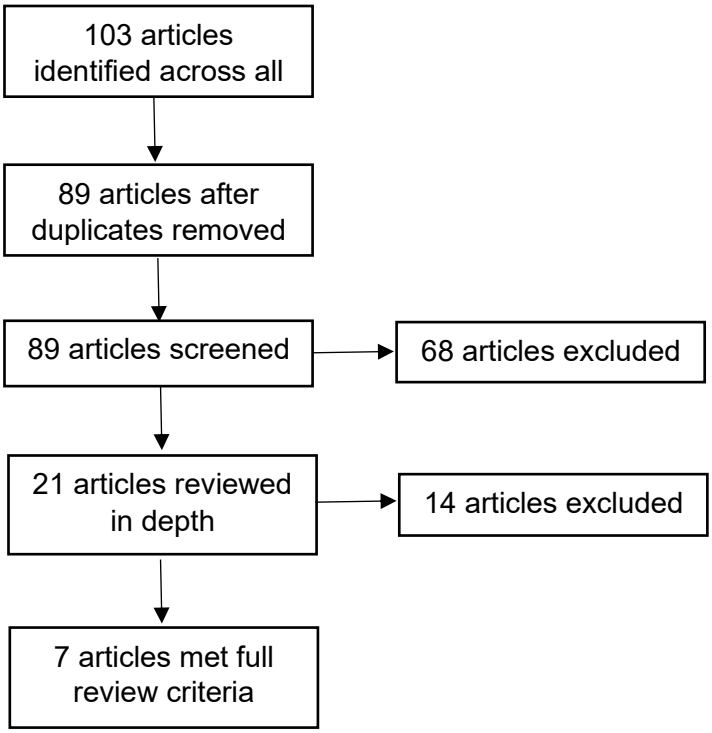
- Other therapy disciplines (e.g. psychotherapy, counselling psychology, family therapy etc.) due to specific leadership competencies geared towards clinical psychology training programmes
- Books or book chapters

Due to a lack of research exploring white CPs' experiences, the scoping review included all CPs' experiences of addressing whiteness and racism in leadership. The guiding question for the scoping review was: how have CPs' perspectives of addressing whiteness and racism in leadership been examined in the literature?

As there did not appear to be any papers exploring CPs experiences of addressing whiteness within leadership, the seven articles which met full review criteria appeared to naturally divide themselves into two groupings. One group of papers explored addressing whiteness at a macro or leadership level within CP and the other explored personal experiences of whiteness for white CPs. For comprehensibility, these groupings have been utilised to outline the articles included within the scoping review.

Figure 1.

Flowchart for Scoping Review



1.7.3. Articles Exploring Addressing Whiteness and Racism within Clinical Psychology at a Macro or Leadership Level

1.7.3.1. Patel (2021)

Patel is an academic tutor and professor of CP and has written extensively on whiteness within CP. Patel's paper describes how organisational consultants can facilitate anti-racist practice in the hope of dismantling institutionalised racism within organisations, such as the NHS. Patel highlights the important role of scrutinising and disrupting Whiteness within organisations through consultancy to work towards anti-racism praxis and racial equity. The author describes how despite solutions often being requested following a crisis, solutions cannot be presented to organisations. Instead, through consultancy, organisations can be supported to do their own work of anti-racism. The consultation aims to make visible and de-centre whiteness by exploring how whiteness and the associated advantages are produced and sustained, how it harms and impacts people, and how changes to the status quo are resisted. The consultant facilitates discussions to raise awareness of racialisation, make visible the invisibility of whiteness, highlight the realities of experiences of racialised staff and consider how whiteness is denied, defended or justified. It is

acknowledged these conversations can cause conflict, fear and anger which may instigate further crises or denial. By facilitating staff to examine everyday interactions and practices through a non-neutral, human-rights focused stance, organisations can interrogate operations of power which uphold racism. This pivots the focus from those who are subjected to racism as the 'problem' and places the responsibility on those who are beneficiaries of whiteness.

The paper acknowledges most efforts are often fruitless or become tokenistic and performative which can silence racialised staff's continued concerns. The paper concludes the work of anti-racism is never 'done' and an ongoing effort to institutionalise anti-racism praxis within organisations is required from all staff at all levels, especially the commitment of senior leadership at every stage of the process.

1.7.3.2. Patel & Keval (2018)

The authors explore how the psy-professions including clinical psychology have engaged in race-making, have taken it off the agenda, and have created the illusion of addressing racism and whiteness whilst producing and re-producing racism.

Authors pose fifty questions or statements to reflect upon for individuals, teams and institutions to examine whiteness and privilege. Readers are asked to consider, for example, what privileges they are prepared to lose, how they can decolonise their minds or practices, what practices produce and re-produce whiteness and who is impacted and harmed by whiteness. They ask readers to reflect on their reactions and reluctance in discussing whiteness and racism within teams and note how teams often provide excuses to avoid these conversations. Questions invite reflections on how conversations are often 'careful' and query how this impacts whiteness. Readers are asked to reflect on who they place the responsibility on to name, address and solve the dominance of whiteness and where they seek to be soothed for their discomfort and guilt of those who oppress. Authors invite readers to reflect on how they might deny whiteness or engage in window-dressing and superficial fixes in response to the naming of whiteness to minimise reputational damage. Authors question how often leaders are 'doing their own work' and encourage others to 'do the work'.

They recommend clinicians should partake in these tasks and reflections regularly individually and collectively as part of their moral responsibility to dismantle whiteness and racism. The authors highlight the requirement of courage to make mistakes and humility in accepting responsibility for their role in producing and maintaining oppression. They emphasise there may not be a clear vision or process and there is no clear endpoint to the tasks.

1.7.3.3. Wood & Patel (2017)

Wood & Patel (2017) discuss how they have addressed whiteness within the University of East London's clinical psychology training program. They outline their introduction of workshops focusing on whiteness and decolonising the profession which include examining historical and current racism and Eurocentricity within the profession. They reflect on the relative silence on racism and whiteness within clinical psychology training programmes, the push for 'diversity' over anti-racism and how 'widening access' or increasing 'diversity' will not solve racism experienced within the profession.

Authors speak to the pain, discomfort and conflicts of confronting racism and whiteness within training teams and how this can lead to cycles of avoidance followed by further anti-racism efforts. The authors described the team learning from making mistakes, naming their wrongdoings and continuing to examine whiteness. Staff turnover was identified as a barrier to progress as conversations needed to begin afresh.

Training programs are generally dominated by white trainees, however, conversations about racism are often left to be led by those who are harmed by racism. Authors, therefore, developed a workshop for trainees to discuss and reflect on the colonial history of 'race' and racism within psychology, experiences of racism within the profession, introduce the invisibility and meaning of whiteness and white privilege and consider how to disrupt whiteness through anti-racist action. The authors noted the difficulties of engaging trainees due to trainees feeling threatened by the topic. Therefore, self-disclosure was utilised, white guilt was re-framed as a 'spur to act' (Hartley, 2017), and 'safe talk' (Sue, 2015) was disseminated to encourage discussions. The authors highlighted the need for a skilled facilitator to contain heightened emotions who has already done the groundwork on examining whiteness.

Authors argue to instil values of equality, human rights and social justice within psychologists, they must examine whiteness and racist practices to work sensitively. They describe the importance of the role of clinical psychology trainers in teaching and influencing future CPs.

1.7.4. Research on Experiences of White Psychologists Talking about Race, Racism and Whiteness

1.7.4.1. Desai (2018)

Desai's (2018) professional doctoral thesis on the DClinPsy explored supervisor responses to issues of race, culture and ethnicity in clinical psychology supervision due to the importance of the supervisory space for supervisees to seek support for their distress. They interviewed twelve clinical psychology supervisors from a range of ethnic backgrounds to explore their comfort and confidence during discussions of race, culture and ethnicity with their supervisees. Thematic analysis was used to analyse data and three main themes emerged: The blue whale in the room: Racism and oppression (in clinical psychology), It's not like talking about the weather, and Professional structures, discourses and practices as sites of power. There were noted differences between supervisors of colour and white supervisors' responses within certain themes, however, due to focusing on shared themes, between-participant differences were often obscured. Some of the relevant findings for this scoping review included a lack of conversations for white supervisors linked to the privileges they experience which allows them the luxury of not considering these issues, especially with white supervisees. A fear of 'getting it wrong' was found to be a barrier as it led to a loss of confidence due to the risk of offending supervisees or being branded racist. Participants acknowledged their power and responsibility to raise issues of race, however, some expressed dilemmas as to whether the discussions should be led or instigated by their supervisees. The pressure of knowledge and a lack of time were reported to also impede discussions.

Reflections on the process of the interview revealed participants believed the interview may have been different had the interviewer been white however they denied feeling restricted in what they felt able to say.

1.7.4.2. Ong (2021)

Ong's (2021) professional doctoral thesis on the DClinPsy explored white CPs' experiences of talking about race and racism within therapy. Fifteen self-identified white CPs were interviewed on what hindered and facilitated their experiences of talking about race and racism in therapy. Thematic analysis was utilised which identified three main themes and subthemes: 'I'm not a racist, even when I get it wrong' ('managing feelings of unease', 'certainty in audience', 'what my whiteness does'); 'Proximity to racism' ('easier to do nothing', 'integral to CPs role') and 'Commitment: "anti-racism is a lifelong journey" ('holding the power for change', 'stuckness: don't stop there'). Although the main focus of the research was about conversations in therapy, participants spoke somewhat about their experiences within supervision and teams. Participants noted feelings of anxiety, guilt, shame and anger when talking about racism and worried about being perceived as racist. Anxiety and defensiveness were experienced when racism was reported and negative feelings related to complicity with institutional racism. Complicity was evident as silence in response to others being racist and avoidance of engaging in conversations at a service level due to the difficult emotions associated with this and due to the solutions feeling too difficult to find. The ability and privilege of avoiding conversations were highlighted as well as avoidance through language (e.g. focusing on 'diversity' rather than racism). Some did not address race or racism unless the client brought it themselves and felt relieved when clients named it whereas others broadly spoke about difference in the hope this would invite conversations about race. Despite some not naming whiteness and racism, others viewed this as their responsibility within therapy, supervision or team meetings. Participants rationalised they cannot change the systems and do not have the time and therefore continue not to act. Some felt paralysed by negative emotions, however 'doing nothing' was also linked to further guilt, shame and regret. Participants reported 'stuckness' moving from reflection to action and that it was difficult to facilitate change.

Participants named the socio-political shift and social consciousness-raising of the BLM movement and how this had led them to engage in more conversations about race and racism both with clients and colleagues. Participants spoke about learning from racialised colleagues sharing their experiences of racism.

The presence of racialised staff within team discussions amplified participants' awareness of whiteness which led them to stop talking.

Personal values, supportive peers and training were identified as key facilitators of these discussions. Participants in leadership positions described their role as a facilitator due to feeling they had more power to implement change through recruitment and team narratives whilst others not in a position of leadership described their power as limited due to unsupportive managers. Experience during DClinPsy training was influential and acted either as a barrier or a facilitator depending on their quality of training concerning race and racism.

Participants noted they felt more worried and uncomfortable being interviewed by a racialised researcher and they felt they needed to be careful as they feared upsetting the researcher or getting it wrong. The researcher questioned how honestly participants felt able to share their experiences and wondered how this impacted the data.

1.7.4.3. Osman (2021)

Osman's (2021) professional doctoral thesis on the DClinPsy examined white CPs' race talk utilising critical discursive analysis to understand how discourse is used in negotiating, justifying and challenging race and power. Self-identified white CPs took part in focus groups discussing the issue of race. Although focus groups may have been impacted by being online, they may enable more naturally occurring conversations.

Eight patterns of talk or repertoires are discussed including Uneducated Psychologist; Skilled Psychologist; Racism as Automatic; Racism as Systemic; White Victimhood; Wish to be Responsible; Cultural Difference; and White Fear. Participants felt ill-equipped to talk about race due to inadequacies in their training, externalising responsibility for their lack of knowledge. Conversely, some felt due to the skills expected of psychologists they are well-positioned to manage race issues and felt able to deal with issues relating to race. Many described racism as out of their control due to 'unconscious biases' which were more acceptable and understandable than overt racism, which positioned participants as passive and powerless which reduced their responsibility and accountability. Accountability was further reduced by racism being framed as a systemic issue to which individuals have no power to create change.

Throughout, participants distanced themselves from the 'racist' position and offered justifications for not addressing issues of race, such as difficulties challenging racial hierarchies and power dynamics, and placed racism outside of themselves further reducing accountability and responsibility. Some evaluated what changes are needed to the system including training, 'diversity' and recruitment however issues of tokenism were also raised. Some wished to be responsible for managing issues of race to create change despite uncertainty about what to do. The negative emotional consequences of talking about race and potential sacrifices were used to justify the lack of engaging discussions. This prioritises white feelings or oppressors over those who are oppressed by racism.

These findings highlighted the dilemma that psychologists hold responsibility and power to manage race issues whilst feeling powerless and passive. Findings demonstrate how white CPs' repertoires maintain and justify the status quo through positioning themselves as passive victims, powerless to facilitate change.

1.7.4.4. Ahsan (2020)

Ahsan's (2020) journal article explored how nine self-identified white, middle-class female psychologists in London understand whiteness in clinical psychology. Semi-structured interviews were conducted and analysed using Interpretative Phenomenological Analysis (IPA). Three themes emerged: 'the white profession'; 'therapy is a white idea based on white peoples' experiences'; and 'we don't see ourselves as white'. Participants had rarely been asked to reflect upon the meaning of being white and their subsequent whiteness. Acknowledging their privileges was painful and, therefore, they did not want to identify with whiteness. Supervision and the interview itself were named as places where consciousness-raising can occur. The responsibility for anti-racism was described due to professional power held by psychologists whilst simultaneous complicity and avoidance of doing so were reflected. Participants' fear of addressing whiteness due to fears of getting it wrong or offending others was noted as a barrier. Further barriers included the whiteness of the profession and psychological models and theories and white gatekeepers upholding the status quo. All participants were aware of whiteness within the profession, however, were also complicit.

1.7.5. Summary

These papers highlight the importance of making whiteness visible through the examination of the harm it causes (Patel, 2021). They demonstrate how this can be done at all levels including individual, team or organisational levels (Patel & Keval, 2018). Authors encourage examining what produces, reproduces and sustains whiteness and the status quo to dismantle whiteness (Patel, 2021). They shine a light on the barriers to doing this work and the defences which arise in the face of whiteness (Wood & Patel, 2017). The tasks and reflections outlined could be completed by any individual, team or organisation willing to do the work. However, it does not happen as white people would need to sacrifice privileges, endure emotional distress of doing the work, prioritise the work amid austerity and cause conflict with those who wish to maintain the status quo.

White CPs are seldom asked to reflect on whiteness and often do not want to identify with it due to the painful experience of doing so. There is a lack of conversations amongst white CPs due to the lack of 'need' to have conversations about race and racism due to privileges. Fears of saying the wrong thing, having the 'right' knowledge and either offending others or being labelled racist served as a barrier to having these discussions. Participants distanced themselves from those they deemed racist and positioned themselves as powerless and helpless which reduced their sense of accountability and responsibility. Some facilitators to discussions were identified including supportive peers, reflective spaces, training (both current and previous on professional training courses), positive relationships with those in the discussions, and being in a leadership position with power. Whilst there is an awareness of the power, skills and responsibility of CP's to address whiteness and racism, white CPs gave rationales for their lack of action including racism and whiteness being too big of a problem to solve, not knowing the solutions, not knowing how and when to raise issues relating to whiteness, service pressures and paralysis from negative emotions. This lack of action is linked to further guilt, shame and regret of their complicity in whiteness and racism. The articles outline how CPs justify the status quo of whiteness.

1.7.6. Limitations

There appear to be so few peer-reviewed journal articles about whiteness in CP, therefore most of the empirical studies are in the form of unpublished

theses or published conceptual papers. Non-research articles may not hold the same weight as research articles within the hierarchy of evidence as they have not produced their own original data, however, this does not mean they do not add value to a research topic or area.

Apart from Desai (2018), the research journal and theses focused on white CPs experiences of talking about or addressing whiteness. It can be argued this further centres whiteness and white identity and can homogenise white identities without exploring heterogeneity within their ethnicities, cultures, sexuality, class or other areas of privilege or marginalisation. As recruitment was self-selected, these studies may have attracted CPs who consider issues of race and whiteness, so the data may not have been representative of all white CPs. Despite this hypothesis, most participants displayed some level of defensive responses and expressed discomfort in talking about whiteness.

It is important to acknowledge the timing of data collection for both Ong (2021) and Osman (2021) as both took place during the BLM protests in 2020 which is likely to have impacted self-selection, and participants' relationships with whiteness and the content discussed. They also both took place during the COVID-19 pandemic which highlighted the health inequalities of racialised individuals due to institutional and structural racism. Ong (2021) suggested participants and data collected may have been different had data collection occurred before the BLM movement. However, Desai (2018) and Ahsan (2020) who collected their data prior to these events concluded with similar themes and findings.

There were some explorations of the impact of the ethnicity of the interviewer and the impact this has on discussions (e.g. fear of offending a racialised researcher) including the openness of participants.

1.8. Rationale and Aims

Whiteness within CP and the NHS is widely documented and the literature demonstrates the harmful impacts of these experiences on racialised staff, with few improvements in their experiences over the last two decades (Adetimole et al., 2005; Odusanya, 2017; Prajapati et al., 2019; Rajan & Shaw, 2008). As

88% of CPs are white (BPS, 2015) and we are the main beneficiaries of whiteness, we must better understand white CPs' experiences of whiteness. White CPs in leadership positions hold the power to determine the parameters in which whiteness is framed, discussed, and addressed within services, supervision, training, policy development and across their leadership roles. As the responses of white people to discussions about race perpetuate whiteness and often re-traumatises those who are racialised (Carter, 2007) and with the knowledge held about the impacts of racism on mental and physical wellbeing, it is unethical to continue to ignore whiteness. As the majority group who benefit from whiteness, it is white people's responsibility to examine whiteness and its impacts but many are oblivious to it until it is called into question. All NHS staff, including CPs, should 'do no harm' and have a moral, ethical and professional responsibility to examine and address whiteness and racism (BPS, 2010; WRES, 2021). Anti-racism is not a choice but an institutional responsibility under the Equality Act (2010). CPs cannot just be pro-diversity, inclusion and equality, but must also be anti-racist by dismantling the systems which uphold racism, recognising the historical anchoring of racism, naming racism and the harms it causes, challenging racial inequity and interrogating operations of power which uphold racism in organisations to create systems change (Patel, 2021). The literature discussed provides an outline as to how to start or continue the journey of addressing whiteness which can clearly be applied to CPs in leadership positions (e.g. Patel, 2021, Patel & Keval, 2018).

Existing research has explored white CPs' experiences of talking about race, racism and whiteness within clinical practice and within supervision but has not explored their experiences more broadly within different aspects of their leadership positions and staff teams. Leaders are positioned as experts who hold knowledge, power and responsibility within the NHS which enables them to influence change. Within CP, those who are white and in positions of highest power hold power and responsibilities within multiple contexts and hold considerable influence over policies and practices both clinically and managerially.

I aimed to explore white CPs' experiences of addressing whiteness and racism within their leadership positions considering how this is experienced within supervision, at a team level and service development or policy level.

1.8.1. Research Questions

To address the study aims, the following research questions will be explored:

1. How do white Clinical Psychologists experience addressing whiteness and racism in leadership?
2. What do white Clinical Psychologists experience as the barriers to and facilitators of examining whiteness and anti-racist leadership?

2. METHOD

This chapter outlines the epistemological position of this research and describes the design, procedure and analysis. To enable replicability, the research design, procedure and analytic approach will be described. Ethical considerations will also be discussed, concluding with researcher reflexivity.

2.1. Epistemology and Ontology

The researcher's epistemological position influences the pursuit of knowledge and the methods employed and shapes how we 'know' what we know (Snape & Spencer, 2003). This study was undertaken from a phenomenological approach which involves exploring personal lived experience and focuses on meaning-making (Smith et al., 2009) as the research aims to explore white CPs' views and lived experiences of addressing whiteness and racism in leadership. Using a phenomenological and interpretivist approach we assume data tell us about how participants subjectively experience and make sense of phenomena (Smith et al., 2009) and that participants' experiences are true within their own realities. It explores how the meanings of 'racism' and 'whiteness' have been socially and culturally constructed to constitute their understanding and social reality (Weber, 1949). The researcher will attempt to understand participants' personal, subjective meanings, experiences and perspectives (Quraishi & Philburn, 2015), in line with the double-hermeneutic approach of IPA (Smith et al., 2009).

This study was informed by critical realism as it assumes the concepts of racism and whiteness exist and have material consequences for those who are racialised but acknowledges the concepts of race, racism and whiteness are socially constructed and there are many dimensions of this reality (Willig, 2013). Critical realism allows for epistemological relativism which allows concepts such as 'whiteness', 'racism' and 'race' to exist whilst acknowledging they are influenced by culture and time and their existence is dependent on our understandings of them (Bhaskar, 1979). A critical realist, phenomenological approach assumes that whiteness and racism exist and that participants will

have unique lived experiences and ways of understanding whiteness enabling multiple dimensions of their realities of whiteness. Participants' accounts are understood to be influenced by culture and time. Their subjective meanings, experiences and perspectives of whiteness are taken as true within their realities of whiteness, power and privilege. This research is exploring white CPs' reality and experience of addressing whiteness and racism in leadership.

2.2. Design

2.2.1. Qualitative Approach

To facilitate an understanding of white CPs' experiences of addressing whiteness and racism in leadership, a qualitative research design was employed utilising a phenomenological approach. Given the paucity of research in this area, a qualitative approach was employed to gain rich and detailed data. Individual semi-structured interviews were used to best explore individuals' sense-making and experiences and to enable them to freely express their views (Carruthers, 1990). Semi-structured interviews allowed the researcher to further explore interesting or significant issues during the interview and allowed open questioning and prompting (Smith et al., 2009). Interviews are preferred over other qualitative methods to access participants' individual experiences, attitudes, beliefs and sense-making especially when exploring issues of race, racism and whiteness (Quraishi & Philburn, 2015). Other approaches such as surveys, focus groups or structured interviews were considered to be less effective to gain a rich and individual understanding of participants' experiences which would not be sufficient to answer the research questions. This was especially important when considering the context of the shame, guilt and distress evoked in white people during discussions about whiteness (Lowe, 2014).

The study aimed to recruit 8-12 participants to meet data saturation criteria for qualitative methods (Guest et al., 2006) and to explore meaningful areas of convergence and divergence.

2.3. Ethical Considerations

2.3.1. Ethical Approval

Ethical considerations were driven by the British Psychological Society (BPS) Code of Research Ethics (BPS, 2014). Ethical approval was sought and received from the University of East London (UEL) before the commencement of the study (see Appendix A, B and C).

2.3.2. Informed Consent and Confidentiality

Prospective participants were sent the information sheet (see Appendix D) and consent form (see Appendix E) which included the contact details of the researcher, the researcher's supervisor and the ethics chair for questions to be answered before consenting to partake in the study. The information sheet included details of the study, the benefits and drawbacks of taking part, the ability to withdraw without explanation or consequence, confidentiality and anonymity, and data protection. Participants electronically signed and emailed the consent forms to the researcher before the interview. Before the interviews commenced, participants were provided with the opportunity to ask any questions. Participants were sent the debrief form (see Appendix F) following the interview which highlighted their right to withdraw without reason until three weeks following the interview.

To ensure confidentiality participants' names, contact details and consent forms were stored separately and securely from transcriptions and video recordings. Identifiable demographic information was anonymised and stored separately. Confidential data and documents were stored on UEL OneDrive through a password-protected account. Identifiable information was removed by the researcher in the transcriptions (e.g. names of people or places) and only anonymised transcriptions were accessible to the research supervisor and examiners. For data analysis, anonymised transcriptions were imported onto NVivo (12) Software. Anonymised transcriptions and other data will be stored securely for three years for the purposes of publication and dissemination, after which they will be deleted. A data management plan was produced and approved by the research data management officer at UEL (see Appendix G).

2.3.3. Risk Assessment and Debrief

The risk assessment (see Appendix H) highlighted the risk of emotional distress to participants due to the existing literature on white people's experiences of discussing whiteness and racism. Participants were asked about their experience of the interview as part of the interview schedule. An informal debrief took place following the interviews on MS Teams after the transcription and recording had ended. A debrief sheet (see Appendix F) was then sent out following the interview detailing sources of support, the researcher's and supervisor's contact details and resources for anti-racism.

2.4. Participants

2.4.1. Inclusion Criteria

Participants were recruited on the basis of being either currently employed as a Clinical Psychologist in Band 8b position or above within the NHS or having held this role within the past 12 months. Twelve months was considered to be an appropriate cut off in which participants were likely to retain salient information relating to their role. Despite all qualified CPs being required to demonstrate leadership skills, it was decided CPs employed at Band 8b or above would have more leadership involvement, in line with their job roles and responsibilities. Only participants who self-identified as white were asked to take part.

2.4.2. Sample Size

The study aimed to recruit 12 participants to meet data saturation criteria (Guest et al., 2006).

2.4.3. Recruitment

The research poster (see Appendix I) was advertised through Twitter and on the 'UK Based Clinical Psychology Facebook Group'. Convenience sampling and a snowballing approach were utilised and participants were recruited over five months. Potential participants were asked to contact the researcher via email for more information. Prospective participants were sent the Information Sheet and Consent Form and were given the opportunity to request further information.

2.5. Materials

2.5.1. Interview Schedule

A semi-structured interview was devised (see Appendix J) to explore white CPs' experiences of addressing whiteness and racism within leadership and the barriers and facilitators of this. Questions were constructed to be open and broad and prompting questions were incorporated to stimulate elaboration when required (Willig, 2013). White and racialised trainee and qualified CPs currently employed within the NHS were consulted on the interview schedule.

2.6. Procedure

2.6.1. Pilot Interviews

A draft interview schedule was piloted with a convenience sample of three CPs who met the inclusion criteria to determine whether the interview questions were clear and appropriate and whether they facilitated discussions which answered the research questions. Questions and prompts were adapted after feedback from each pilot interview. Most changes related to ways of wording questions to ensure a personal, internal, lived experience was explored rather than externalised experiences. The final interview schedule was developed using the feedback from the pilot interviews and through discussions in supervision to ensure in-depth explorations of the research questions across various aspects of CPs' leadership roles.

2.6.2. Interviews

Prospective eligible participants who opted in were sent the Information Sheet and Consent Form via email and the online interview on MS Teams was arranged. Participants were asked to return the signed Consent Form via email before the interview and they were asked to complete a demographic form (Appendix K).

A Microsoft Teams calendar invite was sent to participants including a video call link. Before commencing the interview, participants were asked if they had any further questions. Interviews took between 31 and 55 minutes (an average of 47

minutes). Participants were given a space to reflect and debrief following the interview and they were subsequently sent the debriefing sheet.

2.6.3. Transcriptions

Interviews were recorded and transcribed automatically by Microsoft Teams. Transcriptions were downloaded into a word document and were subsequently checked and corrected by the researcher which included all verbal and some non-verbal utterances. Identifying details such as geographical details, service names or other personal details were replaced with words within [ ].

2.7. Data Analysis

Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) was chosen as the most appropriate method given the research questions and the epistemological and ontological stance of the study. IPA aims to examine how people make sense of their personal experiences, especially experiences which require a considerable amount of reflecting, thinking and feeling (Smith et al., 2009). Researcher reflexivity and subjectivity is fundamental to IPA (Smith et al., 2009). IPA is informed by hermeneutics, the theory of interpretation, as the researcher must interpret participants' accounts to understand their sense-making of their experiences which can be considered a double hermeneutic (Smith et al., 2009). The inclusion criteria meant the study employed a reasonably homogenous sample in line with IPA to allow for convergence and divergence to be examined (Smith et al., 2009).

Other methodologies which could explore the research questions were considered such as reflexive thematic analysis and grounded theory. Due to IPA having an idiographic focus and due to it enabling the interpretation of language use (Smith et al., 2009), IPA was preferred over reflexive thematic analysis. Grounded theory was excluded as the research did not aim to develop a theory.

The first step involved immersing myself in the data and reading and re-reading transcripts, listening to the recordings and making notes of initial observations. Transcripts were read on an exploratory level focusing on how participants talk about, understand and think about whiteness. Once a detailed set of

descriptive, linguistic and conceptual notes and comments had been made, the focus could be brought to the contexts of their concerns and an insight into what these lived experiences are like for participants.

Transcripts were analysed one by one where a close line-by-line analysis was undertaken to gain insight into the understandings of each participant (Smith et al., 2009). Codes and themes were noted as well as areas of convergence and divergence within each participant's data before focusing on commonality and nuance across multiple cases (Smith et al., 2009). The themes reflected the participant's words and experiences through the researcher's interpretation. Through the process of analysis, themes were moved into related clusters and some themes were discarded which did not relate to the research question or were not sufficiently recurrent or meaningful. Super-ordinate themes emerged from the clusters which were then reviewed by the researcher and supervisor.

During the write-up, it was important to maintain focus on individual voices at the same time as making claims from the wider group. Themes were written into a narrative account of extracts of data which supported the researcher's analytic interpretation (Smith et al., 2009). However, due to word limitations and the number of interviews, all themes and subthemes are not able to be presented to their fullest extent.

2.8. Researcher Reflexivity

IPA conceptualises research as contextualised interpretation which involves both the data and the researcher and requires a reflexive account of the research process. Although the primary focus of IPA is the lived experience and meaning-making of the participant, the analysis is an account of the researcher's meaning-making of participants' accounts (Smith et al., 2009). At each stage of the research, I continued adding to the reflective log wherever it felt important. Researcher reflexivity will therefore be explored further in section 4.4.

3. RESULTS

3.1. Overview

This chapter presents the themes from the data analysis of participants' interviews exploring the experience of white CPs in addressing whiteness in leadership. IPA was used to explore research questions and analyse the data.

Superordinate themes and subthemes will be presented with verbatim extracts from the transcripts to support interpretations. Exemplary codes, extracts, annotated transcripts and thematic map development can be found in Appendix L, M, N, and O respectively. Due to the large sample size, a group-level analysis will be presented.

3.2. Demographics

Sixteen CPs were interviewed between August and December 2021, three of which took part in the pilot and whose data were excluded from the data set. To locate the sample and contextualise the results, demographic information is outlined in Table 1. Despite the epistemological position positing that race is a social construct, demographics on ethnicity were collected in order to check that those taking part self-identified as white in line with the inclusion criteria. Furthermore, it may have been important to hold an awareness of the heterogeneity of experiences of being white within the sample, for example, due to the different cultural and historical context of white South Africans in relation to whiteness and racism in comparison to white British people. One participant out of the final sample of thirteen participants did not complete the demographic form, therefore demographic information will be presented for twelve out of the thirteen participants.

Table 1.

Demographic Information for Twelve out of Thirteen Participants

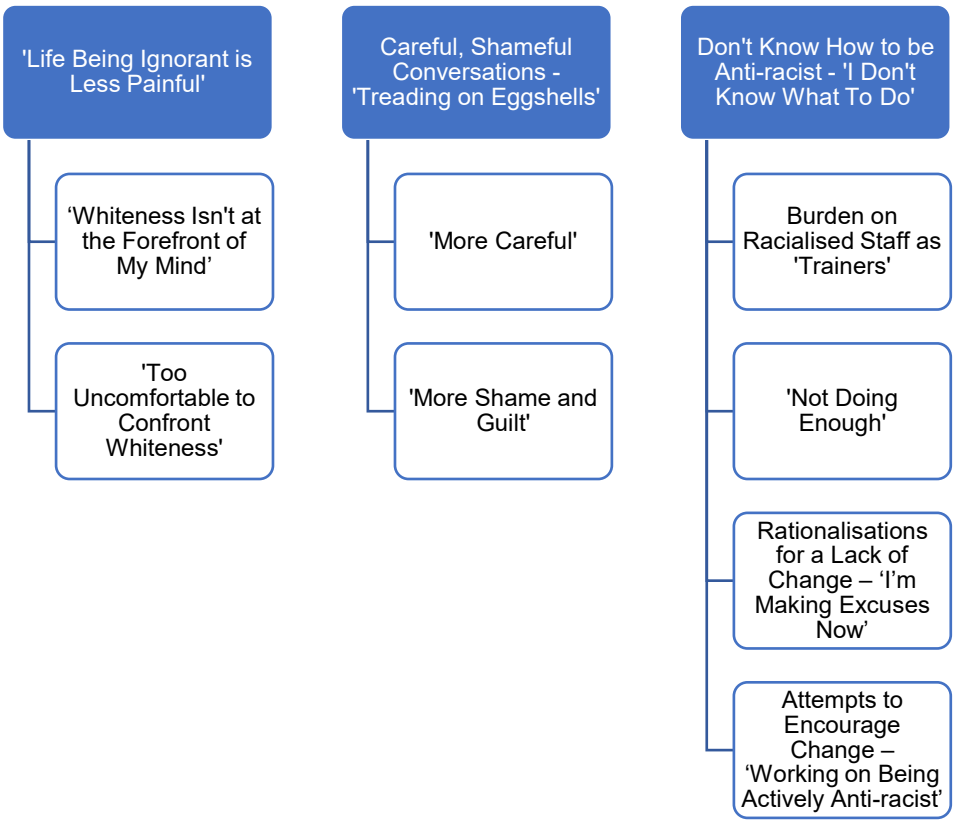
Demographics	N
Gender	
Female	7
Male	5
Age	
30-40	6
40-50	4
50-60	2
NHS Band	
8b	8
8c	4
Region	
London	6
Midlands	1
South West	1
South East	1
North East	1
None	2
Type of Service	
Children	3
Adult	1
Adult Inpatient	1
Older Adult	2
Community	1
Years Since Qualification	
<5	2
5-10	1
11-15	5
16-20	1
21-25	1
26-30	1
Ethnic Group	
White British	11
White European	1

3.3. Interpretative Phenomenological Analysis Super-Ordinate Themes

Through interpretative phenomenological analysis, codes were refined and collapsed to create three super-ordinate themes: ‘Life Being Ignorant is Less Painful’; Careful, Shameful Conversations - ‘Treading on eggshells’; and Don’t Know How to be Anti-racist - ‘I Don’t Know What To Do’ (see Figure 2).

Figure 2.

Super and Sub-ordinate Themes



3.4. Theme 1: 'Life Being Ignorant is Less Painful'

3.4.1. 'Whiteness Isn't at the Forefront of My Mind'

All participants were aware of the existence of whiteness and understood they were a '*beneficiary of whiteness*' (P4). Participants spoke of being '*increasingly aware*' (P1) of whiteness, some stated that '*ashamedly*' (P13) this increase in awareness had only happened in the last couple of years. Many found it difficult to name specifically how they perpetuate whiteness and were aware of this '*ignorance*' (P10). At times, I felt as if whiteness had been framed as a mysterious, elusive problem which was too difficult to examine.

> *"I carry with me ignorance and racist practice and indirect discrimination, but I can't tell you how I do that... I own that, and I'm talking openly about it. I'm not comfortable with it and I want to do something about it" (P8, line 543)*

Participants reflected how awareness of whiteness was the first step in their

quest to be anti-racist leaders.

> *“It brings up a lot of kind of doubt about … what I could do better? But then I kind of hope I'm on that journey to kind of awareness, so hopefully that's a good start. I hope.” (P7, line 443)*

One participant referenced a model of racial identity development and of moving between stages of awareness, defensiveness and openness in relation to whiteness.

> *“I've probably moved from being … consciously defensive to being… more aware of my own sort defensiveness to … being more open um about my whiteness and … privilege and then … working towards … doing something about it … kind of fits a bit with William Cross’ model of race experience” (P4, line 282)*

Some participants labelled their ignorance as ‘*blind spots’* (P2, P7, P8, P11, P12) and felt a lack of examining whiteness perpetuates their blind spots. Thus acknowledging their role in maintaining their ignorance. Participants hypothesised this ignorance was due to not experiencing or being impacted by racism meaning they do not think about whiteness daily. Despite an awareness of the emotional difficulties of confronting whiteness, they recognised it was their responsibility to learn more about it to address it.

> *“The barriers … is ignorance really, mostly… that's something that I have responsibility to change… I can learn more about what to do that would be helpful, and I can hold it more in the forefront of my mind, but I think because I'm white, it isn't … at the forefront of my mind. It isn't something that I have to face every day. I don't experience racial discrimination on a daily basis … so it's easy to let it slip.” (P10, line 136)*

Participants referenced rural areas which are majority white hold more ignorance about whiteness as racism seldom arises, which made one participant feel the responsibility to start conversations more strongly.

> *“I feel like I have a lot of responsibility and ironically, I feel it more in [rural location] because it's so not talked about” (P12, line 80)*

Participants were aware of a lack of noticing and therefore talking about whiteness in supervision, both as the supervisor and supervisee. Examining

whiteness was not experienced as a norm within supervisory spaces. Participants placed some of the responsibility for the lack of discussions on their supervisees or supervisors.

> *"In terms of thinking about the other supervisees who are white. How do we address it? … if I'm honest, we probably don't… It doesn't go well, People can't name it. They can't think about it… In my own supervision, I don't think I've ever been asked questions about that or been prompted to do that… a lot of this doesn't really happen. I get supervision notes from other supervisors that supervise people. It's not there, it's not on the structure. It's not inbuilt into the kind of the fabric of what supervision should look like or take account of." (P8, line 163)*

One participant described they do not think about racial differences between themselves and their supervisees as they try to focus on their similarities unless issues of racism arise and were not sure whether this might be a positive or negative experience. I might perceive this to be a colour-blind approach which aims to treat everyone equally and avoid talking about discrimination or areas of difference, which can obscure racialised peoples' experiences of racism and lead to a lack of talking about whiteness and racism in supervision.

> *"I don't think I'm aware actually whether this is a good or a bad thing, I don't think when I'm supervising somebody, that… would be categorised… in a different ethnic background from myself… It's not something that is really particularly in my mind… it comes to the forefront where the issues seem relevant, but otherwise… it's very much either in the back of my mind or maybe not even there because perhaps because of this issue of alliance and coming together around the things that we're thinking about together, rather than our differences." (P6, line 205)*

Many participants stated there is especially a lack of conversations about whiteness within white supervisory dyads, both as the supervisor and within their own supervision. Some hypothesised this was due to a lack of noticing whiteness whilst others thought it may be as white people are not negatively impacted by racism and whiteness.

> *"Probably not doing that enough or like barely… in all honesty… my supervisor is white… We don't do a lot of reflecting on how much, how*

whiteness affects us and maybe that's a kind of a blind spot." (P7, line 97)

One participant queried how helpful discussions about whiteness are in white supervisory spaces, perhaps due to the shared lack of knowledge on how to examine whiteness. However, the lack of discussions enables whiteness to remain invisible and unexamined.

"I have not had a supervisory relationship in which I've talked about this… I've… only ever had white supervisors… obviously not that we can't have those conversations with other white people, but it… hasn't felt like a forum in which… will be particularly useful" (P4, line 474)

When reflecting on the lack of discussions in supervision some felt embarrassed and ashamed.

"if I'm being honest… I don't think we've talked about it enough, talking about it now I can talk about feelings of like feeling quite embarrassed and ashamed that it hasn't been more of at the forefront" (P10, line 81)

Due to not recognising whiteness, many participants stated they had experiences of being challenged. Some reflected on past experiences of being '*called out'* (P12) and only with hindsight they had realised the challenge was about not recognising whiteness and racism.

"Neither of us talked about race or whiteness, but on reflection… years later, I… look back and think… that was what the conversation that we weren't having really." (P12, line 173)

When participants were challenged on not recognising whiteness, they described multiple negative emotional reactions including being '*mortified*' (P6), '*ashamed*' (P6) and '*defensive*' (P6). One stated they might react defensively and argue '*it says nothing about me whatsoever, it says something about them'* (P8) or they would blame systems.

"It really shook me up for days afterwards, I was, 'I'm not a racist, I'm not a bad person'." (P11, line 361)

Despite negative experiences of being challenged by others, participants described it as helpful and pivotal in their learning and wanted colleagues to call

them out. However, they recognised this additional burden on others to notice whiteness for them.

> *"If anyone noticed me saying things that were… ignorant… and racist, I hope my colleagues would call me out on it. But I would feel deeply ashamed to have fallen into that… I'd want to hear it, but it would be really difficult to hear... I don't want to be racist. And yet, I know that I must be doing all sorts of things that subtly are feeding back into white privilege… so it's a difficult thing to experience." (P10, line 277)*

Others had not had any experiences of '*being challenged'* (P3) and felt they '*probably need to be challenged more'* (P12). They wondered whether this was due to colleagues feeling unable to challenge them due to their position of power which acts as '*a barrier to people feeling able to'* (P13) demonstrating how power operates and serves to perpetuate whiteness.

> *"no, but that doesn't mean that haven't made any mistakes… who's yeah to say that I haven't offended?… who's to say when I've silenced someone without knowing it?" (P7, line 322)*

Many participants described not being able to notice whiteness which meant they had either never challenged others or hadn't done so '*nearly as much as I could or should have*' (P12). They experienced identifying whiteness as difficult, especially covert forms of racism such as microaggressions.

> *"I can't recall times where I've… called anyone up because I… probably don't have a big enough sense of what I'm tackling to know how to grasp onto those sort of microaggressions if that's the right word for them, to challenge it." (P8, line 372)*

Participants described being so surprised by overt racism they froze during an incident which had felt '*pretty shit'* (P13) and '*spineless*' (P13). They hoped they would be more '*ready*' (P13) to openly challenge incidents in the moment if it were to happen again. Participants highlighted the importance of naming their mistakes and being *'open to feedback'* (P5).

> *"quite deer in the headlight sort of situation, I couldn't really process it… that initial, what the hell?… not necessarily being able to process it, or address it in the moment… you don't expect it in a work context… so when it's so*

explicit, transparent, it takes you by surprise, and it takes some time to process it but… that processing time is experienced as silence and validation, potentially by others… the guilt around that… using that guilt constructively rather than destructively… not getting into sort of downward spiral of I'm a shit person... grovelling to the people involved, but just naming I effed up. I'm sorry. I'll do better next time." (P2, line 328)

3.4.2. 'Too Uncomfortable to Confront Whiteness'

Participants spoke about how it's easier to maintain their ignorance than take responsibility and examine the ways services and teams enact whiteness. Due to it being difficult to confront whiteness, participants shared they are not doing enough towards being anti-racist leaders and instead immerse themselves in other aspects of their work.

> *"I don't know whether that's some unconscious avoidance that it's too uncomfortable to confront the things that I feel like I'm not doing or to take responsibility for a whole subset of people that have done other people wrong or um things aren't good enough, maybe just um life being ignorant is less painful." (P8, line 308)*

> *"having lots of things to think about, so choosing to think about the things that are easiest… and feel like achievable… Addressing racism is… such an important massive thing that I really want to do but feels really big and really hard… so that's probably why I'm not on a daily basis doing things that that are kind of meaningful towards that." (P10, line 142)*

Participants described guilt and shame about their privileges, colonialism and being '*part of the problem'* (P11) of whiteness.

> *"there's an element of shame around the fact that… white people have done such a lot of awful, awful things to people of other ethnicities or other races, and I think that's shameful and so wanting to take ownership of that, but that being a painful thing to acknowledge." (P10, line 55)*

Participants' guilt and shame meant connecting with the realities of whiteness is too painful and is therefore avoided.

"Guilt is just self-criticism which covers up the feeling of probably some deep sadness… of how inequality can feel and how unfair that can feel and how hopeless it is that people don't have the similar opportunities that you have and that changes their trajectories and their opportunities is deeply heart-breaking if you allow yourself to tolerate that for any length of time… so I think it's probably better just to stick with intellectualising about it and blaming systems" (P8, line 430)

Participants described wanting to see themselves as compassionate, helpful people and so anything that goes against this, such as confronting whiteness, is avoided as it's too painful.

"I guess we want to think of ourselves as nice, compassionate leaders… So it can, not always be easy to confront aspects of our whiteness… so I feel like you kind of maybe flip between a desire to connect and engage and take something seriously whereas and then kind of pulling away from that." (P11, line 9)

Participants described conversations about race as '*awkward*' (P1), '*anxiety provoking'* (P13), '*uncomfortable'* (P3), '*tiring*' (P4), '*demanding'* (P4), and they invoked an '*angry impotence'* (P12). Many stated there was a lack of conversations due to these negative emotions invoked and fear of '*causing offence'* (P1, P6) or getting it '*wrong*' (P1, P2, P5, P6, P7, P11). Some feared other people finding and exposing their blind spots or being labelled racist which led to them avoiding conversations.

"all the way through the conversation there's a little bit of the back of my mind worrying that I'm going to say something stupid and then it's going to appear in quote marks in your research. Which is understandable isn't it? because that's… one of the barriers to embracing this cause we don't like to feel stupid? Or like we get things wrong?" (P11, line 420)

"all of us have blind spots, but that makes it really hard to start talking about race… for fear of perpetually stumbling into one's own blind spot." (P12, line 224)

Participants felt the fear of getting it wrong was experienced even more keenly within leadership positions due to feeling they need to '*prove*' (P4) themselves

and their knowledge. This additional layer of anxiety hindered their engagement in discussions.

> *"there is a lot of pressure… to be seen to know everything and to get it right and to be the one who understands everything and to not be clumsy or crude or say offensive things… I wonder if that's like an additional layer in a way of silencing by not um wanting to be seen to know everything and also really aware that there are many things that I'm not aware of and that gets in the way of saying anything… I think it's overwhelming." (P12, line 230)*

Participants held an awareness that conversations about whiteness should not be '*really easy*' (P3) and if they are not somewhat uncomfortable then they are '*not doing it properly*' (P11).

> *"I feel like I've got to be committed to keep trying and hold on to the idea that it's alright to get it wrong and that trying to have difficult conversations is way more important than making a fool yourself or even upset someone." (P12, line 313)*

Participants worried about challenging others as they feared their reactions which may relate to their own negative experiences of being challenged. Many described themselves as '*conflict avoidant*' (P1) which they recognised as ironic due to it being contradictory to skills expected of CPs. Some avoided challenging others when they felt '*very little would be gained*' (P13). Conflict avoidance within this context is whiteness enacted as participants do not want to lose anything (for example, power, status, friends etc.) through creating conflict by challenging or highlighting whiteness. Therefore, conflict avoidance leaves whiteness unchallenged and maintains the privileges which maintain racialised hierarchies and oppression.

> *"I don't like conflict… weird job where a psychologist doesn't like conflict… generally not wanting to approach it in a confrontational manner… Trying to choose my words a bit more carefully than otherwise would do… that kind of gets in the way sometimes… I hope I don't make things worse or don't offend by virtue… and also not to patronise as well." (P5, line 236)*

Some described not wanting to embarrass or upset others, especially when they were '*friends'* (P1). They feared being rejected or judged by others by challenging and upsetting them which made them avoid confrontation. This demonstrates the social sacrifices that need to be made when addressing whiteness and how this acts as a barrier.

> *"Anxiety is probably kind of at the root of it… particularly social anxiety and… a needing to be liked… and that kind of fear that might be under threat by me saying the wrong thing… more a case of not wanting to harm the relationship." (P5, line 247)*

Some preferred challenging in a one to one setting to protect the person being challenged from shame and in the hope this would lead to behaviour change, however, an unfairness was noted for those who are racialised who are not protected when this happens.

> *"I know that people will probably feel overwhelmed with shame… if… I pull them up in a group setting, then they're less likely to be able to learn or modify. The whole point is not to shame somebody for them to change but help them think about it. So I'm probably much more likely do it on a one to one basis, which is hugely unfair because I know people who are not white… aren't afforded that kind of thing in that kind of situation" (P3, line 484)*

One participant contradicted this theme and stated it was not too painful to engage but the emotions were not painful enough to prompt change. They stated '*my hearts in it with you'* and they understood the importance but this did not mean they would do something '*pivotal and changeable and revolutionary*' (P8).

> *"So what feelings come up for me? Probably none powerful enough to prompt me to really do anything about it." (P8, line 211)*

3.5. Careful, Shameful Conversations – 'Treading on Eggshells'

3.5.1. 'More Careful'

Carefulness was noted throughout the interviews with participants often umming before speaking about or using terminology to describe racialised people.

> *"It got kind of admitted that there was a treading on eggshells uhm, cause there's someone, uhm, of Indian heritage uhm there." (P5, line 194)*

Participants named they worried less about how their views are conveyed, making mistakes or coming across as racist within white spaces. I could hypothesise they felt they would not be directly offending someone who is harmed by racism, or they may feel less likely to be judged or challenged as they may presume other white people would empathise with their mistakes.

> *"if it was all white then it would feel safe cause you could blunder and be clumsy and rubbish." (P11, line 225)*

> *"Why would I feel safer to say something inadvertently racist with you cause you're white like I'm white? That's an awful thing." (P11, line 429)*

One participant felt they would be challenged less in white spaces possibly as other white people may not notice whiteness. However, this may be interpreted as placing the responsibility on those who are racialised to notice whiteness and teach white people.

> *"it probably feels slightly safer for somewhat mysterious, possibly dubious reasons. Maybe there's part of me that would have liked it if you weren't white, I would have felt like I was being challenged more or having a different conversation… There's something I feel very uncomfortable about is white people having slightly too safe conversations with each other about race and then thinking 'oh well that was good that right?' And then just carrying on being white and not really challenging stuff very much." (P11, line 436)*

One participant reflected that in '*uneven*' (P11) spaces the focus is placed on those who are racialised which felt uncomfortable. I wondered why those who

are racialised are centred rather than centring how white people perpetuate whiteness.

> *"If it's… uneven… it's harder cause it's like OK, let's talk about race as a group. What do you think [name] as the only person who isn't white here? It just suddenly becomes very skewed and weird so… we just avoid it then." (P11, line 226)*

Many participants described being more '*careful*' (P9) and apologetic and less '*open*' (P2) when speaking with racialised staff than with white staff, for example, by paying more attention to how concepts were '*phrased*' (P1) in order not to offend.

> *"I think if you were black I might have felt even more responsibility to perhaps be clear on my thinking and convey things in a way that that wouldn't cause any offence, inadvertently… But I don't think it would have been impacted massively… just that extra responsibility might have been at the back of my mind." (P6, line 474)*

Others stated that due to them living in a majority white, rural area they are not as familiar with talking with people who are racialised and feel less self-conscious and hesitant when speaking with white people.

> *"I suppose it helps in terms of sort of a similar frame of reference for some things um. I'm more familiar talking to White people… rural [location], which is where I'm from is 95% white… the majority people I speak to are not diverse… So I think that's helped in terms of I think, trying to express myself and feeling less self-conscious perhaps than if you weren't white, I'd probably feel I'd be even more mindful of what I'm trying to say." (P5, line 366)*

For some participants acknowledgement of the difference in speaking with white or racialised people was something they had not considered previously. They wondered how this previously undiscovered aspect of whiteness impacted their relationships with others and their abilities to connect with others.

> *"is it kind of racist that there is a difference?… I guess yeah, it makes me feel weird cause it makes me think… there is… a kind of barrier to my ability to connect with someone?… Am I anxious about my own racism to the*

extent that it's hard to just have a free-flowing connection?… that's a pretty disturbing thought" (P13, line 413)

3.5.2. 'More Shame and Guilt'

Some named feeling better able to talk about whiteness with white people as they felt less guilt and shame when admitting to wrongdoings, a lack of action or getting things wrong. They felt shame and guilt were unhelpful as they stopped them from engaging in conversations.

> *"talking about… whiteness as a white person… feelings of shame come in and guilt… it makes you kind of want to clam up and it makes it harder to talk… So I think perhaps talking to another white person… there's less shame, guilt." (P4, line 505)*

Some participants spoke to the '*unwritten'* (P8) rule of shared culpability in perpetuating whiteness which reduces the shame and guilt experienced in white spaces, such as the interview. Some spoke to shared ignorance and difficulties of confronting whiteness amongst white people meaning it is easier to admit to a lack of action. They hypothesised the lack of confronting negative emotions such as shame and guilt or the people harmed by racism in white spaces leads to intellectualising, keeping an emotional distance and ultimately a lack of change.

> *"I'm probably projecting… you'll understand that as a white person we can be clumsy or have blind spots or not do things,… I'm making an assumption that you… would be able to resonate with that, which makes it feel somehow easier to disclose that I haven't done as much as I think and I wish I had done." (P12, line 528)*

Others hypothesised they are confronted with negative emotions to a greater extent in conversations with black colleagues due to being faced with the realities of the discrimination their colleagues face. This demonstrates how white people can remain ignorant, emotionally detached and feel more distant from their role in whiteness in white spaces.

> *"I wonder if my experience of shame would have been greater if I'd been talking to someone who was black because I would… acknowledge that*

they on a day to day basis… experience some subtle discrimination… from a group of people whom I am a member of." (P10, line 365)

Others found it more difficult to identify why conversations may be different and could not name the barrier of shame and guilt.

"I probably sound more hesitant and more apologetic than if she was white… and less apologetic when I'm talking to you… that's a bad thing… I should probably be feeling apologetic but why am I not with you?… I'm not sure." (P3, line 589)

3.6. Don't Know How to be Anti-Racist – 'I Don't Know What To Do'

Participants acknowledged although they are meant to have the skills and knowledge to address whiteness in clinical practice and within their leadership, they do not feel able to.

"We sort of feel like, particularly being in the profession of psychology that we're able to hold in mind all these nuanced individual values and identities and hold them in mind to best understand somebody… we assume as well because… we're in positions of being a leader or a supervisor or offering consultations that they the way that we take note of all those things extends beyond our client that we can do that for our services, we can do that for our colleagues so I guess it's about recognising that we have blind spots in ways that we really don't want to have." (P8, line 393)

Due to their ignorance of whiteness outlined in theme 1, many knew they perpetuate whiteness in their leadership roles but they felt unable to identify problems and therefore did not know what to change.

"We're left asking questions about things we can't answer like… I think there's something in what we do that's inherently kind of racist in its own way, but I don't know how that is or what that is or why, how we can change it." (P8, line 91)

Many hoped others with expertise could '*tell*' (P7) them how to be anti-racist. This felt as if participants wanted to be presented with solutions which felt somewhat incongruent for senior CPs who are often positioned as experts offering consultations to others.

> *"This is your responsibility to not to be racist. So what you need to do is you need to do X, Y and Z" (P8, line 493)*

Most participants spoke to feeling the responsibility of addressing racism (P1, P2, P3, P4, P6, P8, P11, P12, P13), and described it as '*huge*' (P1, P12, P13), especially '*as a white senior leader'* (P1) but many did not know what to do to with this responsibility to address whiteness.

> *"I think what happens is people feel the weight of responsibility but don't have the tool to know what to do about it." (P12, line 111)*

Many stated they do not know how to be proactive in addressing whiteness and found it easier to be reactive. This demonstrates how ignorance continues until whiteness is examined as otherwise white people rely on it being exposed by incidences of racism.

> *"when specific incidents happen, I… find it easier to be responsive but I don't think I'm being proactive enough um because it feels hard and I don't know exactly what to do… so I kind of just do other things that I feel more capable of doing." (P10, line 126)*

Due to these factors, many participants found it difficult to name effective anti-racist processes they had instigated when asked (P7, P8, P9, P11, P12, P13), with most replying '*no*'.

> *"No, within my leadership role, no" (P8, line 514)*

3.6.1. Burden on Racialised Staff as 'Trainers'

Many participants provided examples of racism staff experience from service users, colleagues and management. Due to these experiences, participants felt racialised colleagues' may feel '*silenced'* (P7) and unsafe within team reflective spaces with white colleagues.

> *"I feel like there's a very good reason why they're not here and they keep not coming here. This feels really unsafe." (P3, 194)*

Others appeared to be less aware of the impact of whiteness on racialised colleagues and described examples of racism as '*quite shocking'* (P7) which could be interpreted as surprise racism continues. Some had not considered inequalities in career progression or had not experienced whiteness as '*playing a part'* in them '*getting the promotion'* (P7), which links back to the first theme of not noticing whiteness.

> *"an experience… which I was surprised by and made me think a lot about… my relationship to whiteness… a Black supervisee was talking about their experience of missed opportunities which um they related to um to whiteness effectively and I didn't see that… that was a sort of very helpful but difficult experience." (P4, line 141)*

Others held an awareness of the impact of whiteness on management issues such as '*performance management'* (P5, P13). They considered how racism and other intersecting areas of disadvantage, such as health inequalities (especially prudent during COVID-19) impact job performance or how whiteness impacts how they view the racialised staff member.

> *"where there's had to be some sort of performance management issues um for a colleague um who was black… whilst there were some issues about performance, I think I really had to step back to think about my… white privilege… when you literally do have to use your power and yeah, in thinking about you know what's proportionate and what's coming from somewhere else." (P13, line 83)*

Some reflected that only with hindsight had they been able to recognise the nature and pervasiveness of racism experienced by colleagues.

> *"looking back on it now I can see how the organisation treated them differently. And I can assume only because of… the colour of their skin… they never explicitly said anything to do with race, and I didn't pick up on that… now I can see why they were so upset and felt so kind of persecuted." (P5, line 63)*

Others reflected how incidences of racism had become so commonplace that some racialised staff no longer want to record or report them which possibly demonstrates their disillusionment with the system.

> *"Having spoken to staff who are… unfortunately the recipient of that abuse will often say 'oh I just can't be bothered, I'm used to it now'. Which is not acceptable really, is it?" (P9, line 57)*

Participants felt they needed to offer '*more*' (P5, P9) support to racialised staff who experience racism and increase the recording and reporting of racism by placing the responsibility to do so on managers.

> *"I think it should be more systematic. It does happen, but… the same response is not given every time something like that happens. It's more hit and miss I think." (P9, line 517)*

Most participants spoke about learning about whiteness and privileges through hearing racialised people's personal experiences demonstrating the impact of hearing real-life examples on seeing whiteness as tangible.

> *"she talked a lot about racism on the course… that kind of really hurt me quite a bit and upset me quite a bit and reminded me just how real it is." (P1, line 373)*

Many described important reflections and conversations about whiteness being triggered by racialised colleagues reporting incidences of racism further burdening them. This had also acted as catalysts for teams to review their '*guidance*' (P3) and policies, further demonstrating participants' reactivity rather than proactivity.

> *"a colleague was really… courageous in sharing some personal examples that really helped the team be like, 'oh OK, yeah and this is something… that we need to think about it'… from you know outright terrible racism to the more, the more subtle end, which is still blatant racism… that were really helpful for the team to explore" (P13, line 113)*

Despite the additional burden, participants shared it '*makes it easier'* (P3) for them when racialised supervisees start conversations about whiteness in supervision as they worried about instigating the conversation, perhaps due to fears of getting it wrong.

“she made reference to racism… there was something about her saying it, which invited me to do it, but then I don't want her to feel the responsibility for the one to bring it on the table… there’s lots on her shoulders to be the one to kind of invite the blinkered white person to maybe talk about it?” (P11, line 107)

Participants were aware of the unfairness of the expectation that racialised staff would train white colleagues in a way that feels useful and manage white people’s feelings, often to the detriment of those who are racialised, when they are the recipients of racism.

“it's a small minority of our team who are having to be vulnerable and um share their experiences… and do that in a way um that feels useful… there's a lot of pressure on those… team members to sort of be the trainers and that doesn't feel fair at all because actually they’re the people that have experienced the difficult things.” (P10, line 97)

Participants discussed the impact of these burdens on racialised staff and their mental health. There was an awareness that leaders need to protect racialised staff and take on some of the burdens.

“Speaking about and exploring difference is left to those people where differences placed in to… a lot of the EDI initiatives and racism, BLM initiatives, they’re often led by non-white colleagues. And I've got friends in the field who carry that weight because of their own heritage and have been completely burnt out by that work… they’ve had to take breaks… to recover so… it's for everybody to own. But as a leader, being able to demonstrate that.” (P2, line 93)

Participants did not want their racialised colleagues’ efforts to be futile and hoped for meaningful change.

“these conversations were… very sort of emotional… just hearing… black colleagues talking about their experiences of racism… and how that sort of shapes their experience, how it shapes their work… really powerful, challenging, sort of materials… incredibly sort of worthwhile, and it's only worthwhile if it goes somewhere.” (P4, line 180)

3.6.2. ‘Not Doing Enough’

Most participants made it clear that despite their best efforts, they felt they were not *‘doing enough’* (P11) to address whiteness.

> *“I will hold my hands up and say it's not something I can say I've got a million examples of doing and I definitely have a sense that I should be doing more… I don't want you to think that I'm in any way saying I've got this nailed… cause I don’t… my biggest experience of it is feeling like I should be doing something and I’m not.” (P12, line 137)*

Many participants spoke to the lack of addressing whiteness at a service development or policy level (P3, P7, P8, P9, P10, P12) and alluded to a lack of opportunity which demonstrated a lack of anti-racist leadership at a more macro level.

> *“I think at a service development level we’re lacking entirely” (P7, 221)*

There was an awareness of the benefits of focusing on service development and policy and the impact it can have on change at a systems level on institutional whiteness but this is only possible when the policy translates to ‘*the reality on the ground’* (P11).

> *“I think ultimately it's key though, isn't it? Because it's the setting up the systems… that's likely to really change the culture.” (P11, line 246)*

One participant spoke about the stages of change and felt it was difficult to get CPs from contemplation to planning or action as they do not have the skills to operationalise.

> *“it's something I generally feel quite passionate about psychologists being good at talking and not so good at acting, um, particularly when it's a sensitive or political issue.” (P12, line 568)*

Participants spoke to a cycle of shame of a lack of action and having ‘*the luxury’* (P12) to feel sorry for themselves for not acting whilst those who are racialised continue to experience racism.

> *“there are times when I do feel really outraged and furious and think I’m going to do this that and the other, and then I don't always do this that*

and the other and then the kind of shame and frustration at myself of not doing… this kind of pathetic cycle." (P12, line 246)

It appeared some participants questioned whether they could address whiteness as a white person due to white people benefitting from whiteness and representing a wider systemic problem, so they feel ill-equipped to find solutions.

"like I am representing some of the problem so am I really in the best position to actually sort it out? I can try my best, I can't not be who I am." (P11, line 267)

One participant spoke to being reminded that those who are racialised want support from white people which meant they felt much more comfortable doing so.

"a black woman who… said, I'm so glad that there are… people who are… white… here, because actually what she found frustrating is… as one of the few black women on the senior leadership of that group, she often got asked to do… BAME awareness… that kind of frustrated her… it was that kind of conversation that made me feel much more comfortable about doing things." (P1, line 80)

In line with querying whether white people can address whiteness and racism, some participants were '*struck'* (P11) I was white, one participant assumed I '*might be black'* (P6), and others had wondered what my *'ethnicity would be'* (P12) before the interview. Three participants wondered what had '*led'* me to undertake this research (P6, P7, P10), including particular life '*experiences'* (P10). I tentatively interpreted this as if something had needed to happen to me personally for this to be my chosen research area as a white person. I felt this reflected how participants do not see anti-racism as a norm within white spaces and I wondered how this would impact their engagement in anti-racism leadership as white people.

"I wonder what has prompted you? What experiences in your life have prompted you to do this research project?" (P10, line 351)

A small minority spoke about whether white people want or are incentivised to influence change and sacrifice their power and privileges by addressing

whiteness. They stated they wanted the profession to be more representative but the pain and sacrifice of giving something up personally, such as their position of power, may impact their engagement in anti-racism.

> *"a lot of the leaders from within psychology are white, psychology is quite a white profession and it's not easy for us to say that we're not taking proper responsibility about this because we want to, but we're not. But then we're privileged so why, why bother?" (P8, line 103)*

3.6.3. Rationalisations for a Lack of Change – 'I'm Making Excuses Now'

One participant referenced the '*famous snowy peaks'* (P1) highlighting the lack of representation in leadership and *'longstanding structural racism'* (P4). A lack of '*diversity*' or '*representation*' was noted by almost all participants (P1, P2, P3, P5, P8, P10, P11, P13). Participants were aware of the importance of addressing this through events at schools, mentoring aspiring racialised psychologists and addressing whiteness in CP training courses. They also recognised their role in not discriminating against candidates.

> *"What I should be doing is becoming more involved um at um the trainee level… I do hope to become involved in um about kind of mentoring… At a recruitment level for a job here in my service… you can only not discriminate against the people that apply for the job, but I think the pool is already too small, so I think it is thinking much more broadly than that… I think courses more generally across the whole country are thinking much more about going into primary schools." (P9, line 429)*

Some participants stated their teams had encouraged *'diverse'* (P5, P11) interview panels to try to address discrimination in the interview process but they recognised this was '*tokenistic'* (P11) and can be harmful and discriminatory towards racialised colleagues. Others suggested that panellists reflect on *'potential biases'* (P9) before interviews, however, they were also aware there were '*some things people might not be comfortable talking about'* (P9).

> *"I remember once approaching a colleague and saying something like oh, would you mind taking part in being a somewhat tokenistic brown*

face on this interview panel? It's something along those lines. I don't know if I used the term brown face but something, this was a colleague that I knew um but she felt hurt by what I said. She felt like I was belittling it or minimising it, and she was saying, well um I don't know if you meant to, but that I felt that that was and what I actually meant was the opposite, It's like this is nowhere near enough. But I suppose that that was, an important experience for me as the white person with lots of power, I can just say something like that, but it can be experienced in a very potentially harmful kind of way." (P11, line 62)

Many participants spoke to the pressures of leadership within the NHS, including *'money being cut'* (P3), *'huge waiting list'* (P7), and '*lack of resources'* (P5) which felt like *'constant firefighting'* (P12). Participants acknowledged that staff were also '*so overwhelmed with COVID'* (P6) adding further pressure. Participants stated they, therefore, could only do '*the basic job'* (P3) responsibilities which do not include anti-racism as a norm.

"my experience of being a leader, of it being incredibly busy and difficult to manage, and I'm making excuses now as you can hear… I don't think I give enough time and energy to addressing it, I think it… gets put on the to-do list." (P10, line 125)

"the team is hugely overloaded and it means just doing the basic job is what we've been able to do. And that's not a good enough excuse not to then also keep thinking about all these other things… but it doesn't help." (P3, line 625)

Participants stated senior leadership teams do not prioritise anti-racism and they do not see anti-racism as a norm within managers' roles which meant participants enact what they take to be the organisational priorities.

"I know my line manager has been, 'so if you kind of want to do it in your own time, that's fine', it's kind of not a priority for them… the senior leadership team don't necessarily buy into it to the same extent, the senior leadership team which are almost entirely white… so that's frustrating." (P6, line 162)

Others built on this idea and suggested senior leadership priorities were political and financial.

> *"as much as you feel in a position of leadership, in systems that are fundamentally businesses, we don't have the autonomy that you feel that you might have and where you are held to account is very much on the clinical issues or the operational management issues." (P8, line 46)*

One participant, therefore, blamed the systems that '*allow*' them '*to be so ignorant and racist*' (P8) rejecting some of the accountability and responsibility which makes them feel less guilty for their lack of action. Despite this, they '*quietly assume that it's all in hand'* (P8) by senior management and therefore do not need to do their own work.

> *"it's not my problem, It's a services problem, it's a systems problem… I'm just a product of the systems that I'm put in so that I can distance myself from that discomfort." (P8, line 401)*

Participants stated they could not find the time to attend training or reflective spaces and found it difficult to know what to *'prioritise'* (P7) or push aside with all the competing demands. One participant had envisioned influencing change when they reached a leadership position but in reality, they do not have the time due to work pressures and managing crises. This demonstrated how they do not feel they can lead in line with their values due to these pressures. I wondered how this might impact their job satisfaction, performance and well-being.

> *"When I was at a lower grade I kind of thought when I got to high levels I would do this, that and the other but actually I spend most of my days hurtling from start to end. Dealing with many crises um and with staff groups who are excessively burnt out" (P12, line 90)*

Due to these pressures, staff are overwhelmed and do not feel safe enough or have the time and emotional capacity to reflect and have challenging discussions. Participants did not appear to link addressing whiteness and discrimination to alleviating some of the challenges described, such as burnout.

> *"this ties in with the NHS cycles of change… There's so many plates spinning in terms of keeping the service going, staffing levels… if the*

fundamental needs aren't being met then I don't think the sort of higher-level thinking… can happen because I haven't got the reflective practice capacity to do it or the… psychological safety… to do it." (P2, line 249)

Some participants named '*frustration*' (P2, P10, P11, P12) and powerlessness with the lack of support from others and the lack of change. Participants described many *'tumbleweed moments'* (P12) where you *'don't get any response'* (P12) from others when trying to instigate discussions about whiteness. They empathised with racialised staff due to recognising the parallels of feelings of isolation and powerlessness within systems which are majority white and institutionally racist who do not listen and do not act.

"that feeling of… powerless… and how hard is to have a movement… if you're like one of the few voices which I'm, I'm guessing, obviously a parallel to racism in some ways is that feeling of… It's hard to um to get things really heard when the vast majority aren't… open to wanting to hearing or talking or maybe hearing but not then necessarily doing anything differently about it." (P12, line 511)

Many identified language and terminology as a barrier to having conversations about whiteness and wanted opportunities to practice, and spaces to articulate ideas to overcome this.

"something that's important with all this is language and… having a reflective place to talk about it… it's been so helpful for me is because it takes practice to articulate ideas… So even if you have them broadly speaking in your head… until you really talk about it or write about it, it's quite hard… to make sense or put into words what this sort of means to you and how you understand it." (P4, line 352)

Some were not sure what terminology to use, for example, as '*people in the team did not like the term BAME'* (P2). Others seemed to struggle during the interview when trying to describe racialised colleagues, for example, specifying the *'generation'* (P5) of immigration and using terminology which could be defined as derogatory. This may reflect their experiences more broadly in discussions about whiteness.

“I don’t know how to say like, Indian or kind of ethnic, ethnically different skin. Um I'm sure I'm not saying the right words” (P7, line 16)

“Coloured, mixed race, ethnic, You know psychologists from ethnic, Different ethnic backgrounds” (P7, line 176)

“minorities, blacks, people that have different life experiences” (P8, line 154)

Others held an awareness of the importance of language used and the message it sends, for example, critiquing the term inclusion and focusing on whiteness or white supremacy rather than racism.

“I suppose language is important… if you talk about anti-racist practice… it’s much more powerful than… inclusion is important, but it's a safer word, isn't it? So anti-racist practice… you’re suggesting that practice can very easily become or be racist… I think it's like more likely to stick in someone’s mind and be a kind of signal that something needs to change.” (P11, line 239)

Participants were aware of the impact of the socio-political context on the current climate of talking about whiteness. In the context of COVID-19, participants found conversations about whiteness even harder during *‘virtual meetings’* (P2) on Microsoft *‘Teams’* (P6, P12) especially when people had *‘their cameras off’* (P6) as participants wanted the feedback to know whether they were offending or getting it wrong.

“It's a bit more challenging… over teams… when I can't see people… when you're saying something that you know will be challenging to colleagues… you really need to see people's faces, their facial expressions… their body language cause… you can't always judge and refine your challenge or your message.” (P6, line 335)

Two participants reflected on the negative impact of having a conservative government on talking about whiteness within the profession. They reflected on how the conservative government had negatively impacted ‘*pernicious views’* (P13) on racism societally.

“when labour was still here, just the whole zeitgeist was different… it was expected that… you thought politically… it's particularly conservative

here… meaning you don't talk about differences or you're just not political in your stance as being a psychologist, whereas again that was more expected before… the energy that was felt back then and the permission and the support in the context and field to address a whole range of diversity and racism and other issues and just the kind of polarity to where I feel things are now." (P12, line 547)

Some participants referenced *'George Floyd'* (P7, P5, P2, P12), the '*Black Lives Matter movement'* (P1, P3, P8) and the '*entertainment about the slave trade'* (P3) at the GTICP event in 2019 as events which had provoked discussions with service users and amongst teams. Despite teams being more *'vocal*' (P5) participants continued to describe a '*lack of progress'* (P5).

"*following for example George Floyd… I said… let's check-in, I want to talk about how we're doing… what this means for our staff groups, have people talking to their teams about the impact of this… but then there's sort of dissipation of not knowing where that goes and what difference that might make."* (P12, line 139)

3.6.4. Attempts to Encourage Change – 'Working on Being Actively Anti-racist'

All participants expressed genuine desires to be anti-racist and many recognised the power and responsibility they held as white people in leadership positions to address whiteness and to '*come up with ideas to make things more equitable*' (P5).

"I think that people shouldn't shy away from it. Certainly not because they're white… it's probably our responsibility as much if not more… I don't think it's helpful or right to think that these issues should be left to people… in the minority… if you have power, how do use it or not use it?… you don't want to use your power in a privileged position. On the other hand, if you can use it to be helpful, probably a bit irresponsible not to… as a white senior leader, I think responsibility is big and I think you should get involved as much as you can." (P1, line 111)

> *"It's about sort of… going beyond saying I'm not racist to working on being deliberately and actively anti-racist… being responsible for… looking for the places in which whiteness and racism have… taken a foothold and actively sort of being a part of trying to address that and… dismantle it… alongside… colleagues and collaborators… It's about taking an active role in saying… it's a problem and it's a problem that I've benefited from… I need to sort of be a part of noticing and… of addressing it." (P4, line 43)*

Some recognised their power to influence team cultures as a leader which can be used to promote or impede anti-racism.

> *"because of the position of leadership, I think you set precedents of the cultures that are in place as much as you can… within your role you've got the ability to kind of shape expectations of how things should be taken care of or not." (P8, line 50)*

Due to being a leader, participants spoke to wanting to *'direct*' (P3) conversations, initiatives and training to influence anti-racist practices within the team. Many spoke to wanting to *'role model'* (P2) '*calling it out'* (P9) and talking about race in team meetings including '*saying something'* when *'people are quiet'* (P6).

> *"This thing about the focus on leadership, I think there's something about really feeling that responsibility really to start those conversations. But also the importance of taking things beyond conversation and how do we turn thought into tangible action." (P12, line 565)*

Participants wanted to role model perseverance of anti-racism efforts and they felt they could not expect those they supervise and manage to do the work if they are not doing it themselves.

> *"as a leader… if you're not doing the hard work… can't expect others to do it either." (P2, line 100)*

Most participants mentioned '*reflective practice'* (P2, P4, P7, P8, P13) as a helpful way to learn more about whiteness and how it impacts others. Participants stated reflective spaces can '*reinvigorate*' and '*revive*' them (P12) and give them *'direction and motivation'* (P5). Some wanted separate reflective

spaces for those in leadership positions as it is harder to have *'safe but challenging'* (P4) spaces due to holding power within their teams. The reflections provoked during the interview enabled one participant to recognise the power they hold as a leader to influence change.

> *"it's helped me to recognise that I have more power to change things as a leader than perhaps I'd truly recognised and that's made me want to go off… and have a conversation with my fellow leaders in the team… we need to do more to keep anti-racism and anti-racist leadership on our agenda um and it needs to be something we're talking about with all the decisions we make um because it is… everywhere and we need to do something about that." (P10, line 374)*

One participant stated that reflective spaces are not '*sufficient enough to change things'* (P8) and can create a false sense they are addressing whiteness as they *'intellectualise'* (P8) and *'align'* (P8) themselves with the solution without engaging in change.

> *"if these conversations were enough to promote inclusive non-racist practice, we wouldn't have these problems and they exist." (P8, line 450)*

In terms of facilitators, participants identified support from peers and senior management as major facilitators (P11, P12, P13, P5, P2, P4) and stated good *'supervision'* (P10, P12, P4, P7) would aid them to examine whiteness in leadership.

> *"I think a supervision model… that encompasses um anti-racist practice as a standard kind of agenda item if you like would be really useful." (P10, line 294)*

Many participants referenced a form of anti-racism or anti-discrimination '*training*' (P1, P6, P7, P10, P11, P12) which had increased theirs and their teams' awareness of whiteness. Others described '*sharing lots of wonderful resources'* (P3) between team members as helpful. Some suggested *'mentoring'* (P4, P11, P12) or '*reverse mentoring'* (P5, P13) where white senior leaders receive supervision from a racialised person in *'a more junior position'* (P13) to enable racialised staff to get '*more leadership experience'* (P13) and assist white leaders to have a better understanding of whiteness.

“provide a kind of check… to really kind of scrutinise what I'm doing and whether there are any inadvertent ways in which um oppressive practice is being maintained.” (P11, line 393)

Participants had tried to encourage discussions in teams and senior leadership groups by having anti-racism as a recurring ‘*agenda*’ (P1, P8, P10, P12) item, which had been somewhat successful at increasing the frequency of conversations.

“we've got a new agenda item… that we talk about every week in the team meeting… we’ve paired it with um a learning from the week agenda item… if anyone… comes into contact with useful like podcasts or TV programs or newspaper articles they share that, raise awareness of equality issues… it's an opportunity for people to say… I experienced discrimination around this or… ‘I want to help you guys understand how the way you approach this issue, I actually find really difficult’… it's definitely led to more open conversations in the team… it's been really useful.” (P10, line 201)

Although others stated they felt agenda items could be *‘tick boxy’* (P8) and did not mean whiteness was discussed which could partly be due to avoidance or a lack of time.

“Sometimes things are kept on the agenda, it’s like we've always got to try and remember this and then it becomes tokenistic… I've noticed we've had it on the list and we just haven't talked about it for two months.” (P3, line 499)

When helpful discussions occurred and created new forms of reflections or actions participants described feeling ‘*proud’* (P1, P3, P10). Many described feeling increasingly ‘*confident*’ (P1, P4), ‘*comfortable’* (P3) and ‘*more prepared’* (P3) during discussions about whiteness.

“I feel… really pleased with the work that we've been doing… it feels like the most important work I've done, particularly over this last year.” (P4, line 294)

4. DISCUSSION

This chapter will summarise the results of the research and will place these findings within existing literature and the research questions. An evaluation of the study will be provided including limitations, implications, and recommendations. The researcher's reflections will also be discussed.

4.1. Summary of Results

The first research question sought to explore white CPs' experiences of addressing whiteness and racism in leadership. In this study, participants described being aware of the existence of whiteness but found it difficult to identify and recognise whiteness within themselves, their practices within leadership, or their teams. Many therefore did not know how to address whiteness as they did not know what to address. Some spoke about their positive experiences of trying to address whiteness and influence their supervisees, teams, and wider networks.

The second research question focused on understanding their experiences of what hinders and facilitates anti-racist leadership. Participants described it as being too difficult, painful, and anxiety-provoking. Guilt and shame acted as a barrier to conversations about whiteness with those who are racialised which meant that they were more careful and less open. They did not feel they had the knowledge on how to examine or address whiteness and did not have the time to educate themselves or commit to facilitating change. Key facilitators included supportive peers and management, good supervision, and reflective spaces.

4.2. Contextualising the Research Findings

4.2.1. How Do White Clinical Psychologists Experience Addressing Whiteness and Racism in Leadership?

4.2.1.1. Theme 1: 'Life Being Ignorant is Less Painful'

This theme demonstrated the invisibility of whiteness and how most white people are unaware of privileges until they are put into the spotlight. Ahsan's (2020) findings demonstrated how white people are seldom asked to reflect on what whiteness means for them and who it harms which was reflected within participants experiences in the current study. This highlights the ability and privilege of avoidance of confronting whiteness for white people (Ong, 2021). Many spoke to understanding whiteness and racism exist and they therefore must be racist and enact whiteness in their leadership role but did not know how they personally produced and reproduced whiteness. Most participants acknowledged their responsibility to understand, examine and dismantle whiteness and ignorance but did not know how to do this and therefore could not address whiteness or be anti-racist leaders which is discussed further in theme 3.

Confronting whiteness and accepting responsibility to address whiteness and racism was uncomfortable and elicited negative emotions so was avoided, as previously noted by Sue (2015). Ahsan (2020) also noted these feelings of discomfort which meant white people wanted to distance themselves from their privileges and whiteness.

It is widely documented that white people fear getting it wrong, causing offence, or being accused of being racist in conversations about race (e.g. Kiselica, 1999; Sue, 2015; Desai, 2018; Ahsan, 2020), which was also noted in participants' experiences. Participants feared others would find and expose their ignorance or whiteness. Labelling their lack of knowledge as 'blind spots' positioned them as powerless in recognising, confronting, and subsequently examining whiteness reducing their accountability and responsibility. Osman's (2021) findings of 'unconscious biases' also supported this.

The obliviousness of whiteness meant it was not recognised in many different aspects of leadership including within supervision, team meetings, and service development. Talking about whiteness was neglected in supervision, especially within white supervisory dyads which reflected Desai's (2018) findings.

Participants raised dilemmas as to who and when whiteness would be raised especially with racialised supervisees and felt relieved if the racialised person invited discussions which supports previous findings (Desai, 2018; Ong, 2021).

Ignorance meant participants were challenged on not recognising whiteness, which although experienced as painful and shaming, was also important learning and often led to further examination of whiteness. However, many had seldom or never been challenged and felt they should be challenged more. Some wondered whether colleagues felt unable to call them out due to their position and the power. This is supported by racialised CPs accounts of feeling powerless to challenge (Shah, 2010; Paulraj, 2016). This is whiteness enacted as it demonstrates the invisible powers and privileges which maintain oppression.

Participants' ignorance led to a lack of recognising whiteness in others and therefore many had little experience of challenging others. Despite being well-positioned with their skills to manage discussions about race (Osman, 2021) and these skills being expected of CPs, many participants described themselves as conflict-avoidant. As aforementioned, rather than using privileges to challenge whiteness, conflict is avoided due to the implications that these conflicts may lead to (for example, social sacrifices, loss of power etc.) which perpetuates whiteness. Participants' experiences were consistent with Helms' (1990) fear of rejection from challenging colleagues as challenging was sometimes framed as a social sacrifice where they may no longer be liked. CPs with privileged identities who hold power, such as white CPs in leadership positions, need to feel comfortable challenging others which may sometimes create conflict in order to name, examine and challenge whiteness.

One participant spoke to racial identity development and stated they felt they had moved through stages of awareness, defensiveness and openness towards whiteness which spurs motivation for action which links to Helms' model of white identity development (1990). Helms (1990) argued that white people only move from obliviousness to awareness of whiteness after being exposed to the impacts of racism. This was reflected within participants' experiences as many stated their awareness had increased within the last couple of years which aligns with global events where the ongoing, brutal and deathly impacts of whiteness were exposed to white people across the world. This led to increased

discussions within participants' teams where they learnt of their colleague's experiences of racism which, for many, made the impacts of whiteness real. Their proximity to the hurt of racialised people caused by whiteness impacted their recognition of their responsibility to influence change.

4.2.1.2. Theme 2: Careful, Shameful Conversations – 'Treading on Eggshells'

Research has noted how people enter conversations about race with trepidation and are careful about what and how they say things (Kiselica, 1999). Within the current study, participants experienced being more careful, apologetic and hesitant when talking to people who are racialised about whiteness as they did not want to offend. Participants felt less of a sense of responsibility and worried less about making mistakes or saying something 'inadvertently racist' in conversations with white people as they are not negatively impacted by racism so feel safer exploring whiteness. Participants felt other white people could empathise with the difficulties of having conversations about whiteness or getting things wrong, therefore, they experienced less shame and guilt due to assumed shared experiences and culpability of whiteness and privileges. Participants generally only offered these reflections when directly asked about how the interview may have been impacted by me being white. Many found it difficult to acknowledge these differences and had unveiled a previously undiscovered aspect of whiteness.

Participants experienced shame and guilt when speaking with those who are racialised which impeded conversations as they felt worse admitting to wrongdoings and a lack of action in the presence of people who are harmed by whiteness. Participants realised their anxieties and concerns about language and terminology impact conversations with those who are racialised about whiteness which reflected Sue's (2015) findings that due to hesitation people are less authentic which impacts their abilities to communicate. Due to this, racialised staff are unlikely to be receiving sufficient support from white colleagues when they experience racism which is supported by findings that racialised psychologists often feel safer and seek support from other racialised colleagues (Paulraj, 2016). Racialised CPs also feel they need to be careful in conversations about whiteness with white people due to white people's anxieties and guilt (Adetimole et al., 2005).

4.2.1.3. Theme 3: Don't Know How To Be Anti-Racist - 'I Don't Know What To Do'

Participants expressed genuine desires to be anti-racist leaders and appeared to describe moral distress (Jameton, 1984) due to not feeling able to lead in line with their values. Similarly to findings by Sue (2015), participants lacked knowledge of what to do to address whiteness on both an individual and system level and therefore find it difficult to engage in anti-racist leadership to alleviate their guilt. This stemmed from their lack of knowledge about how they uphold and perpetuate racial hierarchies and oppression as described in theme 1. In line with Ong (2021), participants found it difficult to identify solutions which meant there was a lack of action to address whiteness across most aspects of their leadership positions which they felt ashamed of. Some participants spoke to feeling stuck in the 'contemplation' phase, referencing the stages of change model (Prochaska & DiClemente, 1983). They stated it was difficult to operationalise change and move from contemplation, such as within reflective spaces, to preparation and action. This 'stuckness' in reflection was also reported by Ong (2021). These desires to move beyond reflection resembled ideas by Freire (1974) that both reflection and action are necessary as a lack of praxis is detrimental to reflections and perpetuates oppression and a lack of reflection leads to 'action for action sake' which is also harmful.

Many participants hoped others could tell them what needed to be done proactively as they felt the responsibility to address whiteness as a leader but did not know what to do. This aligns with Patel's (2021) experiences of organisations often requesting solutions from consultants rather than doing their own work to come up with solutions, which would be action without reflection which can be harmful (Freire, 1974).

Participants were aware of some of the harmful impacts of whiteness on racialised colleagues and most provided examples of racism colleagues had experienced. They held an awareness of the disadvantages racialised people face in terms of performance management and career development opportunities, supported by the WRES (2021) report. Many felt they should offer more support to racialised staff and increase the frequency of recording and reporting incidences of racism, recognising their responsibility of protecting racialised staff's wellbeing.

Participants were conscious of the burden placed on racialised staff to lead conversations about race within teams and supervision, teach white colleagues about whiteness and lead anti-racism efforts. This supports accounts of racialised psychologists who feel they are positioned as experts on race by teams or supervisors and are expected to name whiteness and come up with solutions to address it (e.g. Adetimole et al., 2005; Paulraj, 2016). Participants learned about whiteness when colleagues shared their experiences of racism, which spurred further examination and prompted feelings of responsibility and accountability to address whiteness due to the guilt and shame of their complicity which aligns with Helms' (1990) and Ryde's (2009) models. Participants were aware of the expectation of racialised colleagues to manage these conversations in a way which is palatable for white people but did not name the expectation to soothe the discomfort and guilt of white people (e.g. Adetimole et al., 2005; Paulraj, 2016), demonstrating how white feelings are prioritised at the detriment of those who are racialised. Participants were conscious of the negative impact these expectations have on the mental health of racialised staff, including burn out, however they did not link addressing whiteness to alleviating this.

Participants questioned whether white people were able to solve or lead anti-racism efforts. Participants spoke to the difficulties Ryde (2009) described in finding the balance between not listening or relying solely on those who are racialised to guide anti-racism efforts. As the beneficiaries of whiteness, racism is white people's problem which needs to be addressed by those who uphold and perpetuate whiteness. Participants were aware they needed to use their power and privileges to benefit others, however many felt powerless to do so. A minority questioned whether they would want to sacrifice the privileges they benefit from and lose their positions of power which influences how much they want to engage in anti-racist leadership supporting Ryde's (2009) WAM that levels of complicity fluctuate due to difficulties sacrificing privileges, thus demonstrating how white people have a stake in maintaining whiteness and therefore avoiding addressing it.

4.2.2. What Do White Clinical Psychologists Experience as the Barriers to and Facilitators of Examining Whiteness and Anti-racist Leadership?

By learning more about the problem of whiteness and the barriers and facilitators of anti-racist leadership for white CPs, who are the majority, we can work towards preventing further or future harm.

4.2.2.1. Theme 1: 'Life Being Ignorant is Less Painful'

Participants' lack of knowledge of whiteness was a major barrier to anti-racist leadership. All participants were aware whiteness exists but found it difficult to name how they produced and reproduced whiteness, and how it harms others. When participants were challenged and called out by others, this acted as a facilitator as this exposed their 'blind spots' and led them to examine whiteness. Their lack of awareness of whiteness meant they did not instigate discussions about whiteness across most aspects of their role which meant they seldom explored and examined how it impacts their role.

In terms of emotional barriers to engaging in anti-racism, anxiety and fear were the main emotions associated with conversations about race and whiteness which occurred before, during and after discussions (Sue, 2015). Participants described conversations as awkward and found confronting, examining and addressing whiteness too difficult, and emotionally painful and therefore they disengage or avoid it, and maintain ignorance. Guilt and shame were identified as emotions which hinder engagement in the examination of whiteness and therefore anti-racist leadership. Perhaps, as with prolonged guilt where reparations have not or cannot be made, people use avoidance to escape from the guilt (Kubany, 1998). In line with Ryde (2019), there needed to be a fine balance of shame and guilt to enable action, with too much leading to withdrawal or too little meaning they do not feel they need to engage. Participants described guilt and shame of privileges and their complicity with whiteness as overwhelming and uncomfortable. Participants experienced internal shame (Gilbert, 1997) as they wanted to see themselves as nice and empathetic so do not want to believe they are 'part of the problem'. In line with previous research (e.g. Kiselica, 2009), participants feared external shame (Gilbert, 1997) through fears of getting it wrong, causing offence or being called racist which led to conversations not occurring across multiple contexts.

4.2.2.2. Theme 2: Careful, Shameful Conversations – 'Treading On Eggshells'

Participants reflected how they felt they could be more open and less careful with me, as a white interviewer, due to assumed shared experiences of whiteness. In previous research with a British Asian interviewer (Desai, 2018), participants stated they felt the interview may have been different had the interviewer been white but denied feeling restricted in what they felt able to say. In another study by a Chinese-Irish researcher (Ong, 2021) fears of offending the interviewer or of getting it wrong meant interviewees felt they needed to be more careful which made the researcher question their participants' ability to share their experiences openly and honestly.

Within the current study, guilt and shame were experienced more keenly in conversations about whiteness with, or in the presence of, racialised staff therefore participants were more careful and hesitant in these discussions and sometimes avoided them. However, there were also a lack of conversations in all white spaces, demonstrating multiple rationalisations for a lack of discussions.

4.2.2.3. Theme 3: Don't Know How To Be Anti-Racist - 'I Don't Know What To Do'

Linking to theme 1, a lack of knowledge about whiteness meant they did not know how to address it. Therefore many described activities where they hoped they could learn about and examine whiteness as potential facilitators, for example, within supervision, training, sharing of resources, reflective spaces and mentorship. Reflective spaces, such as the interview, were seen as a place for consciousness-raising for whiteness in line with Ahsan's (2020) findings. They hoped these spaces would facilitate learning, reflection and action. Participants did not mention consultancy when discussing what would facilitate anti-racist leadership, however, it closely aligns with requests for mentoring and supervision. Patel's (2021) model of consultancy would encompass these unmet needs by providing a space to make the invisible, visible and examine how whiteness impacts others and maintains institutionalised racism to dismantle whiteness. Furthermore, Patel & Keval (2018) provide tasks for individuals, teams and organisations to examine whiteness which could be utilised by leaders.

An awareness of the power and responsibilities held as a leader was facilitatory as it meant participants wanted to role model, set precedents for the team culture, lead and encourage conversations, and do the work to examine whiteness. However, Kawakami et al. (2009) found that good intentions often do not lead to anti-racist behaviour change. Participants' motivation to engage in anti-racism grew following positive emotions from productive discussions demonstrating positive reinforcement. Ong's (2021) research demonstrated how leaders felt as if they had more power to influence teams in comparison with those who did not identify as being within a leadership role. It may be relevant to note some participants were band 8b CPs and others 8c with the latter holding more leadership responsibilities, therefore it may be those who felt less 'powerful' in the current study were in a lower banding. Irrespectively, all participants were leaders who do hold power to influence change amongst their teams, and staff at all levels can and should examine whiteness and engage in anti-racism. Despite this, some held hope for whiteness to be fixed 'top down' by those more senior and positioned whiteness as a systemic issue which could not be solved individually, distancing themselves from responsibility.

The questioning of whether participants should be involved in anti-racism was a barrier as this hindered their engagement in anti-racist leadership. The minority who expressed views about not wanting to sacrifice their privileges and power also demonstrated a barrier to engagement. Some felt the weight of their professional power (Ahsan, 2020) and responsibility and wanted to be involved but were not sure how to or to what extent they should be due to being white, again reflecting anxiety described by Ryde (2009) of either not listening to or relying solely on those who are racialised to guide anti-racism efforts.

The whiteness of the profession and a lack of representation, perpetuated by the lack of 'diversity' in CP training, were widely reported to be a hindrance to participants' experiences in line with Ahsan's (2020) findings. This highlights the importance of addressing the systemic barriers faced by aspiring racialised psychologists (Bawa et al., 2019), and the discrimination within the profession which leads to a dissuasion from entering the field (Meredith & Baker, 2007). Addressing whiteness on CP training would also address the higher levels of drop-out rates amongst racialised trainees (Bender & Richardson, 1990). Holding their power and responsibilities in mind, CPs in leadership positions can

use their positions of power to support racialised aspiring CPs by taking part in mentoring and encouraging others do to so (Bawa et al., 2019). It is important to note despite good representation being a positive step, organisations do not enact less whiteness by having more racialised people within them (Ryde, 2009). Therefore, increasing racial representation within CP can only be done alongside addressing individual and institutionalised whiteness.

Many spoke to the hindrance of working in pressured, under-funded, under-resourced services which meant they did not feel they had the time or energy to commit to anti-racism in terms of examining whiteness, attending training and having time to have meaningful discussions. These findings were in line with previous research on justifications for avoiding conversations about whiteness such as other priorities or focusing on other areas of difference (e.g. Sue, 2015). Participants described that when staff are overwhelmed and their fundamental needs are not being met, higher-level thinking is much harder, demonstrating the harmful domino effect of austerity on the NHS which impacts clients and staff, especially those who are racialised or minoritised. This is supported by Maslow's hierarchy of needs (1943) where if physiological and safety needs are not met, self-actualisation cannot occur. However, the moral distress of not being able to act in line with their values has been linked to 'burnout', lower job satisfaction and reduced productivity (Rushton et al., 2015), demonstrating leaders responsibility to enable this within their teams. Participants referenced the increased service pressures COVID-19 has brought and the negative impact of online meetings on sensitive discussions. These pressures added to participants' fluctuations between Helms' (1990) stages and the stages of change (Prochaska & DiClemente, 1983).

Support from peers and higher management were identified as major facilitators and a lack of support a hindrance. Senior leadership teams were sometimes experienced as not prioritising or holding participants to account for anti-racism, therefore, engaging in anti-racism was not seen as the norm or an expected part of their job responsibilities as leaders. The lack of support during attempts to encourage change led participants to feel disheartened and stunted their efforts leaving them feeling frustrated. Some participants distanced themselves from white colleagues who frustrated them due to their lack of support of anti-

racism efforts supporting Helms' (1990) findings, distancing themselves from white people whose views do not align with their own.

Terminology was identified as another barrier to conversations as participants did not feel they had the language to talk about whiteness supporting Osman's (2021) findings that white CPs do not feel they have the skills to have conversations about race. Some felt having 'safe spaces' to talk about whiteness and practice articulating their ideas would help them to feel more confident with their language and terminology. Some participants felt as leaders they were under additional scrutiny to have the language and get things right which presented as a barrier to having conversations and engaging in examining whiteness.

A minority spoke to the impact of the current conservative political climate as they had experienced less of a focus on social and racial justice, and inequalities within the profession, conversely to when a Labour government was in power. Participants referenced the impact of the resurgence of the BLM movement on the socio-political context which raised awareness of whiteness and its impacts, as reflected in previous research (e.g. Ong, 2021). These events sparked conversations within teams and often led to the sharing of racialised colleagues' experiences which was a major part of participants learning, as also noted by Ong (2021) demonstrating the facilitative impact of an increase in awareness of whiteness at a societal level.

4.3. Implications and Recommendations

4.3.1. Research

Given the lack of existing research in this area, the scope of the current study was broad. Future research could explore specific topics within addressing whiteness in leadership and within staff teams in more depth, including addressing whiteness within service or policy development. Most participants stated they had little experience in service or policy development which may be reflected by the majority of participants being employed at band 8b. Future research exploring these areas could aim to recruit CPs employed at band 8d and above, due to their differing job responsibilities and roles.

Due to participants' reflections on the impact of the political climate on discussions about whiteness, future research could explore whether views towards social and racial inequalities influence engagement in the examination of whiteness and anti-racism within clinical practice and leadership in CP.

Future research could replicate the current study with racialised CPs within leadership positions and areas of convergence and divergence could be explored in comparison to participants in the current study.

4.3.2. Clinical Psychology Leadership

Despite existing literature on addressing whiteness (e.g. Patel, 2021; Patel & Keval, 2018), many CPs are unaware of these resources and have not utilised them to examine whiteness individually or within their teams. As this research demonstrates, white CPs in leadership positions want and need guidance and support to learn about and dismantle whiteness. Due to this lack of knowledge with regards to whiteness, consultations could assist those in leadership positions to examine whiteness and how it impacts their clinical practice and their leadership or management duties. The use of skilled consultants would also serve to better protect racialised staff, who are currently positioned as 'trainers', during this process.

The research findings suggest a lack of support and buy-in from senior management to examine and address whiteness. There do not appear to be clear expectations to examine and address whiteness within job roles and responsibilities of CPs in leadership positions. It would also be facilitative to include the integration of protected time, and a budget, for reflective spaces and training regarding whiteness within job plans, perhaps with a dedicated space for leaders to examine how whiteness impacts their leadership role with skilled, paid consultants. Furthermore, examining whiteness should become an integral part of supervision including its impact on clinical practice, within staff teams and managerially. This would enable a regular space to explore the difficulties of talking about whiteness, develop confidence, normalise confronting whiteness and give more opportunities to examine and dismantle whiteness. This would shift the current view of addressing whiteness and racism from a 'special interest' to an expectation and a norm. These suggestions could be addressed within policies and procedures in the NHS and BPS.

White CPs in leadership should take individual responsibility and accountability to commit to educating themselves and continually and regularly naming, examining and challenging whiteness at an individual and institutional level. This will not be achieved through one off teaching and training sessions but through regular and ongoing reflective spaces and spaces which aim to enact change. Areas of change should be informed by the examination of whiteness and should aim to amend current practices, policies and procedures which maintain whiteness.

CPs in leadership positions need to take the burden off racialised staff to instigate and lead conversations about whiteness and efforts to address whiteness, support those who experience racism and discrimination and increase the recording and reporting of racist incidents.

Considering the findings, CPs within leadership positions within the NHS should be assertive, courageous, passionate about addressing social and racial inequalities, political, and be open and non-defensive when given feedback. CPs in leadership should be able to manage conflicts and be willing to make sacrifices in order to challenge whiteness. CPs should be able to manage feelings of guilt, shame and anxiety which arise from examining whiteness and they should be aware of their power to influence cultures and challenge the status quo.

4.3.3. Training

As demonstrated by the study's findings, white CPs appeared to best learn and emotionally engage through hearing real-life experiences which can be applied to the formats of training sessions and teaching on whiteness. By holding teaching on whiteness through paid trainers, there should be a reduced burden and expectation placed on racialised staff to be educators and to share their experiences.

Training focusing on how to encourage the examination of whiteness, oppression and power as a leader and within supervisory spaces should be offered, for example, within supervisory training. This should also be included within supervision contracts and appraisals to ensure it becomes part of the norm. Patel's (2004) chapter provides a comprehensive discussion and suggestions to attend to issues of race, culture and power within supervision.

Some participants discussed reverse-mentoring to allow senior psychologists to expand their knowledge whilst providing more junior racialised members of staff to offer their expertise and gain supervisory experience. However, this brings with it new power dynamics and risks of exploitation for the racialised junior member of staff which would need to be well considered. Other paid opportunities could be considered for racialised trainers and consultants.

4.3.4. Policy

CPs in leadership positions are well placed to influence policies at a team, trust and national level, including the development of explicit practice guidelines for CPs within leadership including resources to aid reflection and examination of whiteness (e.g. Patel & Keval, 2018; Patel, 2021) as well as any aforementioned recommendations.

4.3.5. Clinical Practice

Despite this study not focusing on clinical practice, it does not mean the results do not have implications within this area. A lack of understanding about whiteness and racism within those in leadership positions will impact service user care, conceptualisations of distress, the types of services offered, how services are developed and commissioned and will ultimately harm racialised service users. A lack of awareness of whiteness will also impact their therapeutic relationships and impact the types of formulations and interventions recommended and offered. Furthermore, avoidance of conversations about whiteness and race due to negative emotions is likely to also apply when working with racialised clients.

4.4. Researcher Reflexivity

This section summarises my experiences of the research explored within my reflective log.

Due to the hermeneutic approach of IPA research, researcher reflexivity is fundamental. Therefore, it is important to recognise the impact of my conceptions when exploring others' experiences (Smith, 1996). My feelings, attitudes, prejudices and values about the research topic will have impacted the research process including the study design, procedure, analysis and write up.

For example, despite my strong feelings and values towards social and racial justice and equality, as a white British woman my experiences, race, whiteness, culture and privileges will undoubtedly impact this research exploring racism and whiteness. It is also important to consider the impact of my other intersecting identities (e.g. Social GGRRAAACCEEESSS; Burnham, 2008). Despite starting my own 'work' on examining and dismantling my own whiteness, many aspects remain unexamined as it is a life-long task. I hold an awareness that there will be many parallels between the experiences of the participants and myself due to our shared experiences of being white and our subsequent experiences of whiteness which highlights that I am also implicated by all of my findings and recommendations. Reflexivity was a central focus throughout this research as recommended by Gunaratnam (2003) which was explored through a research journal and supervision.

4.4.1. Experiences of Interviews

I presumed there was a heightened understanding of the process of my thesis due to participants completing their own doctoral theses as part of their CP training. This was reflected by many asking about my methodology, offering empathy with their memories of recruitment difficulties and wishing me well on my transcriptions and write up following the interview.

Each interviewer-interviewee dyad was experienced differently for me, some feeling more personal and emotional whilst others felt more professional and boundaried which would have been impacted by many different factors including gender, age, participant anxiety levels and general demeanours.

There were interesting power dynamics at play due to the fact I am a trainee within the profession. Therefore, within a professional context participants hold more power than me and could be my supervisors or managers on placement or post-qualification. On the other hand, during the research interview, the power shifted due to the one-sided nature of the interview with participants feeling in a more vulnerable position. Evidenced, for example by one participant who named this and stated they would have preferred a more conversational interview.

Divergent from the more politicised stance in the write-up, during the interviews, I did not verbally express any discomfort towards certain anecdotes or views to

ensure participants' comfort and to remain unbiased within the research interview, however, participants may have noticed my discomfort without my knowledge. When participants shared what I perceived to be discriminatory views or a lack of reflection and action, I noted anger and frustration towards them which I reflected on following the interviews. In some cases, I wondered whether this anger and frustration were in reality towards myself through a realisation of recognising the discrepancies between my aspirations of addressing whiteness and the type of CP I aspire to be and my current reality.

A definition of whiteness was provided at the beginning of the interview schedule (see Appendix J) as it felt important to ensure that discussions with all participants were based on the same understanding of the same concept. However, on reflection, due to some participants unfamiliarity with the definition of whiteness as exemplified in some responses to the first interview question, it may have been beneficial to ask participants for their definition of whiteness prior to providing them with a definition to gain an understanding of their conceptions of whiteness. Had I not provided a definition of whiteness at all, I may have collected very different data with many different understandings of whiteness. Furthermore, without an understanding of the definition of whiteness, during the interview participants may have focused more on their experiences of anti-racism rather than how they perpetuate hierarchies of power and oppression. This was supported by some participants who reflected that they had found it helpful to focus on their experiences of whiteness as this felt different to engaging in discussions on anti-racism. They shared that discussing the operations and systems of power which maintain oppression enabled more meaningful personal reflections on how they perpetuate these operations of power.

4.4.2. Experiences of Analysis

I found data analysis particularly difficult as I worried about how my whiteness and conceptions were impacting how I made sense of and interpreted participants' experiences. Considering my own experiences of privilege and disadvantage, I wondered how I would feel about a white man researching men's experiences of the patriarchy and how they might conceptualise sexism and misogyny. I, therefore, worried about where I placed the 'problem' and who was active or passive in the language used. I ultimately worried about

interpretations being oppressive or doing a disservice to racialised CPs. This perhaps has led me to be overly critical and less fearful of using potentially harsh terminology used by participants including ‘ignorance’ and ‘excuses’. Due to this, I spent time considering how my whiteness impacted how I made sense of participants’ experiences which made me second guess each interpretation. In line with Ryde (2019), I maintained a fine balance between feeling shame and guilt to ensure I remained emotionally engaged in the data analysis whilst not feeling so overwhelmed I would withdraw or disengage emotionally.

4.4.3. Experiences of Writing Up

During the write-up, I found it difficult to choose terminology as a white person, when there are no widely accepted terms for describing people who are not white, reflecting the experiences of participants.

I was also concerned about distancing myself from the ‘racist’ position and did not want to position myself as a ‘good white person’ and have therefore attempted to use ‘us’ and ‘we’ when not solely discussing participants’ experiences. At times within the discussion, this felt complex to decipher between the two.

4.4.4. Ethical Considerations: Emotional Impact on Participants

During the interviews, some participants worried about confidentiality querying what would be quoted whilst others held concerns about saying something they will regret which will ‘appear in quote marks’ in publicly accessible research. Some expressed wondering how they would compare against other participants within the write-up and worried they would hold less knowledge about whiteness in comparison to others. They verbalised wondering and worrying about how their experiences would be interpreted which some stated made them feel more ‘stilted’ in their responses and they described some ‘stage management’ during the interview. I can hypothesise this would have been heightened with a racialised interviewer, in line with theme 2. Participants named this fear as understandable due to wider fears of getting it wrong when talking about whiteness. One participant reflected they experienced the research interview as a job interview whilst others felt as if they should have ‘prepared’, highlighting the pressures they must have felt. These factors highlight how participants may not have felt comfortable sharing their whole truths due to their awareness of being involved in research as demonstrated by the anxiety they experienced.

One participant emailed me following taking part in the research, stating they had found the interview slightly distressing due to the one-sided nature of the conversation which made them feel under scrutiny. They worried about some of the terminologies they had used and worried that some of their ideas might cause offence or be taken out of context. They reflected on how fears of getting it wrong can make conversations feel 'high stakes', in keeping with other participants' experiences. In my response to the participant, I reflected on how the interview may have been experienced for participants and whether a different way of setting up the interview and naming some of the difficulties experienced by white people when talking about whiteness may have been beneficial. However, I reflected I did not want to impact or influence the content of the interview and that this was a difficult balance to maintain which they also agreed upon. I wondered whether other participants might have been feeling the same way following the interview but had not reached out.

Whilst all participants acknowledged they were not getting anti-racism 'right' and knew they were lacking in knowledge or action, I have worried about the impact on participants of reading my interpretations of the data. I have felt guilty about potentially causing harm or anxiety when participants are confronted with my findings and their own whiteness as they have kindly assisted me in collecting my data and given an hour of their time. Although the detrimental impacts of taking part in the study were outlined within the information sheet, and the debriefing form outlined sources of support and further resources, I have wondered whether participants would feel able to seek support due to barriers discussed within the results.

4.5. Evaluation of Research

I consulted Yardley's (2000) evaluative criteria for qualitative research throughout the research process to consider study quality which will be used to assess the research.

4.5.1. Sensitivity to Context

Sensitivity to context is assessed by analysing the degree to which research attends to its contexts, including the socio-political setting and existing literature

(Yardley, 2000). This study held a continual awareness of the impact of the socio-political context, including the political climate, the BLM movement and COVID-19. The research was situated within existing theoretical and empirical research and conceptualisations of whiteness. I also interrogated how my context of being a white trainee CP impacted my understanding of participants and the literature through supervision and a reflective log.

4.5.2. Commitment and Rigour

Commitment relates to prolonged engagement with the topic area and skill in the methodology (Yardley, 2000). Commitment to the methodology was pursued through thorough discussions with an expert IPA supervisor and immersion in IPA literature. Pilot interviews took place to ensure the semi-structured interview questions yielded detailed and comprehensive understandings of participants' experiences of whiteness.

Rigour relates to whether the data is detailed enough to enable thorough qualitative analyses (Yardley, 2000). Supervision was utilised to ensure rigour in the IPA methodology throughout data analysis over four months. Engaging in data analysis over a prolonged period enabled me to immerse myself in the data and make sense of participants' experiences. I familiarised myself with literature about racism and whiteness to further understand the research area. I examined my whiteness through reflective conversations with my supervisor and peers and utilised a reflective log throughout the research to connect with and better understand my relationship to whiteness.

4.5.3. Coherence and Transparency

Coherence relates to the clarity and cogency of the analysis and transparency involves reflections on personal assumptions and experiences on the research process (Yardley, 2000). The 'I' in IPA relates to the researchers' sense-making of participants' sense-making of a phenomenon (Smith et al., 2009). Therefore, IPA research places explicit transparency on the acknowledgement of the subjectivity of interpretations. Supervision was utilised to explore pre-existing assumptions and the coherence of interpretations and themes. The reflective log further explored the impacts of assumptions on the research processes and findings. The analysis presented is one possible interpretation of the data gathered which will be impacted by my experiences and perspectives on whiteness as a white trainee CP within the NHS, therefore I have not claimed

the analysis as truth but rather a subjective interpretation (Smith et al., 2009). However, I have provided a transparent and rigorous analysis. As aforementioned, to promote transparency, clear documentation of the research, details of theme development and additional participants' extracts are provided.

4.5.4. Impact and Importance

Impact and importance relate to a study's contribution to the topic area and its academic and practical value (Yardley, 2000). This study addresses an identified gap in the literature around experiences of addressing whiteness in clinical psychology leadership (see Section 4.6.1.) to generate novel insights with practical implications and recommendations (see Section 4.3.).

4.6. Strengths and Limitations

4.6.1. Addressees a Gap in the Literature

To the researcher's knowledge, it is the first UK-based qualitative study examining white CP's experiences of addressing whiteness in leadership. The findings aim to assist in addressing the gap in knowledge of white CP leaders in anti-racist leadership and management. The findings add to the existing literature on white CP's experiences of talking about race, whiteness and racism within supervision and clinical practice (Ahsan, 2020; Ong, 2021; Desai, 2018). The conclusions drawn contribute novel insights and suggest recommendations for the field and directions for future research.

4.6.2. Pilot Interviews

Conducting three pilot interviews facilitated meaningful assessment of the acceptability and comprehensibility of the semi-structured interview questions and ensured the interview schedule prompted responses which would sufficiently answer research questions.

4.6.3. Sample

Participation was voluntary and owing to opportunity sampling, participants were self-selected. Due to this, it's possible no one who does not believe whiteness exists would come forward to participate in research about whiteness and only those who do not deny its existence put themselves forward.

Therefore, I cannot conclude from the findings how widely the concept of whiteness is accepted or understood within the profession.

Remote interviewing enabled participants across the UK to take part, resulting in a large and somewhat geographically diverse sample which enabled an understanding of a broad range of experiences from a wide range of NHS Trusts. However, around half of the participants were based in London which could have skewed the data. It is also important to note that virtual interviews may have impacted participants' responses as some may have felt more or less comfortable being interviewed online reflecting some of the findings of the impact of virtual meetings on discussions about whiteness.

Due to the relatively large sample size and the length of interviews, a large amount of data were collected. However, due to word limitations, all themes and sub-themes were not able to be presented to their fullest extent.

The sample of participants was heterogeneous in terms of age, years since qualification and the types of services they currently work in demonstrating a broad range of experiences. There were only slightly more female than male participants which does not accurately represent the overall make-up CP as a profession as generally men are in the significant minority. This perhaps represents how white men are more likely to hold leadership positions due to the intersections of male and white privilege, as supported by some of the participants' accounts.

The inclusion criteria of self-identified white CPs permitted open interpretation for participants to define their ethnicities and allowed for varying experiences of being white. The demographic information collected on ethnicity demonstrated a majority of participants identified as white British meaning the research may not be representative of other white identities or ethnicities. Due to the epistemological stance of the research, it may be argued that collecting data on ethnicity is incongruent with a critical realise stance, however it was deemed important to verify the inclusion criteria and in order to hold an awareness of potential varying contexts and experiences of participants.

Participants were either employed at band 8b or 8c within the NHS Agenda for Change pay scales with different bandings having different expectations of job roles, with 8c CPs being expected to take on increasing managerial and

leadership responsibilities. It may be there were differences in responses between these two groups, however, this was not explored as demographic questionnaires were collected anonymously.

4.7. Conclusions

Most if not all participants aspired to be anti-racist and genuinely desired change on some level. However, they found it difficult to overcome their ignorance of whiteness and name how they enact whiteness within their leadership roles which meant they found it difficult to identify what needed to be addressed which hindered their anti-racist leadership and ultimately sustained whiteness. Participants felt hindered by a lack of knowledge on how to examine and address whiteness, by a lack of resources, painful emotions when confronting whiteness and systemic barriers.

Participants lack of knowledge about whiteness will not only impact their own roles but it will also impact those who look to them for guidance and knowledge or those who seek support due to experiencing racism. As leaders hold great power to positively or negatively influence those around them, their ignorance of whiteness will have a knock-on effect demonstrating the importance of leaders examining and dismantling whiteness.

> “An unenlightened person cannot enlighten others. All he or she can do is spread ignorance and misinformation” (Sue, 2015)

Although an awareness of whiteness is an important step, it is not enough to be aware of the existence of whiteness, we must also strive to examine and dismantle whiteness otherwise we sustain the status quo and perpetuate whiteness.

> “I sometimes visualise the ongoing cycle of racism as a moving walkway ... Active racist behaviour is equivalent to walking fast on the conveyor belt. The person engaged in active racist behaviour has identified with the ideology of white supremacy and is moving with it. Passive racist behaviour is equivalent to standing still on the walkway. No overt effort is being made, but the conveyor belt moves the bystanders along to the

> same destination as those who are actively walking. Some of the bystanders may feel the motion of the conveyor belt, see the active racists ahead of them, and choose to turn around, unwilling to go in the same destination as the White supremacists. But unless they are walking actively in the opposite direction at a speed faster than the conveyor belt—unless they are actively antiracist—they will find themselves carried along with the others." (Tatum, 1997 p. 67)

Leaders within teams have the power to influence values of equality, human rights and social justice within those they manage (Wood & Patel, 2017). CPs need to consider their values and how they wish to assert these values within their professional lives. CPs in leadership positions hold the power to determine the parameters in which whiteness is framed, discussed and addressed within services, supervision, training, policy development and across their leadership roles. Despite feelings of powerlessness within systems which are institutionally racist, as individuals we can influence and challenge those around us, disrupt spaces that maintain the status quo and share the burden of this work.

The more CPs who engage in regularly and continuously examining whiteness and realise the challenges and facilitators of doing so, the better equipped we will be as a profession to inform individual and collective action and dismantle whiteness. I hope in reading this research, white CPs will be able to recognise their responsibility and power to influence change.

5. REFERENCES

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6. APPENDICES

Appendix A: University of East London Application for Research Ethics Approval

UNIVERSITY OF EAST LONDON
School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL
FOR RESEARCH INVOLVING HUMAN PARTICIPANTS
(Updated October 2019)

FOR BSc RESEARCH
FOR MSc/MA RESEARCH
FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

1. Completing the application

1.1 Before completing this application please familiarise yourself with the British Psychological Society's Code of Ethics and Conduct (2018) and the UEL Code of Practice for Research Ethics (2015-16). Please tick to confirm that you have read and understood these codes: ✓

1.2 Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will then look over your application.

1.3 When your application demonstrates sound ethical protocol, your supervisor will submit it for review. By submitting the application, the supervisor is confirming that they have reviewed all parts of this application, and consider it of sufficient quality for submission to the SREC committee for review. It is the responsibility of students to check that the supervisor has checked the application and sent it for review.

1.4 Your supervisor will let you know the outcome of your application. Recruitment and data collection must NOT commence until your ethics application has been approved, along with other research ethics approvals that may be necessary (see section 8).

1.5 Please tick to confirm that the following appendices have been completed. Note: templates for these are included at the end of the form.

- The participant invitation letter ✓
- The participant consent form ✓
- The participant debrief letter ✓

1.6 The following attachments should be included if appropriate. In each case, please tick to either confirm that you have included the relevant attachment, or confirm that it is not required for this application.

- A participant advert, i.e., any text (e.g., email) or document (e.g., poster) designed to recruit potential participants.
  Included [✓] or
  Not required (because no participation adverts will be u[ ])

- A general risk assessment form for research conducted off campus (see section 6).
  Included [✓] or
  Not required (because the research takes place solely on campus or online) [ ]

- A country-specific risk assessment form for research conducted abroad (see section 6).
  Included [ ] or
  Not required (because the researcher will be based solely in the UK) [✓]

- A Disclosure and Barring Service (DBS) certificate (see section 7).
  Included [ ] or
  Not required (because the research does not involve children aged 16 or under or vulnerable adults) [✓]

- Ethical clearance or permission from an external organisation (see section 8).
  Included [ ] or
  Not required (because no external organisations are involved in the research) [✓]

- Original and/or pre-existing questionnaire(s) and test(s) you intend to use.
  Included [ ] or
  Not required (because you are not using pre-existing questio[✓]ires or tests)

- Interview questions for qualitative studies.
  Included [✓] or
  Not required (because you are not conducting qualitative interviews) [ ]

- Visual material(s) you intend showing participants.
  Included [ ] or

Not required (because you are not using any visual materials) ✓

2. Your details

2.1 Your name: Nicole Williams

2.2 Your supervisor's name: Dr Nargis Islam

2.3 Title of your programme: DClinPsy

2.4 UEL assignment submission date (stating both the initial date and the resit date): May 2022

3. Your research

Please give as much detail as necessary for a reviewer to be able to fully understand the nature and details of your proposed research.

3.1 The title of your study: Addressing Racism in Clinical Psychology: White Clinical Psychologists Experiences in Leadership

3.2 Your research question:

- How do White Clinical Psychologists experience addressing racism in their leadership?
- What are the barriers and facilitators of anti-racist leadership for White Clinical Psychologists?

3.3 Design of the research:

This study is a qualitative study which will consist of individual, semi-structured interviews to enable participants to freely express their views (Carruthers, 1990).

3.4 Participants:

Inclusion Criteria

1. Qualified Clinical Psychologists currently in a clinical role within a leadership position (Band 8b or above)
2. Clinical Psychologists who self-identify as White

Sample Size

In order to meet data saturation criteria, the study will aim to interview 8-12 participants (Guest, Bunce & Johnson, 2006).

3.5 Recruitment:

The study will be advertised on social media with information outlining the nature and purpose of the research and a secure email address will be provided for participants to request further information and to opt-in to taking part. Participants who request further information will be sent an information sheet via email and will be informed of their rights as participants to anonymity and to withdrawal. Due to white fragility, white silence and perceived difficulties of

speaking about racism (DiAngelo, 2019), recruitment may be challenging. Due to this, there may be bias in terms of who volunteers to participate as it may be that solely Clinical Psychologists who attend to issues of racism volunteer to take part.

3.6 Measures, materials or equipment:

To highlight issues of racism within Clinical Psychology, participants will be asked to read a short piece (please see Appendix 4) prior to the commencement of the interview to increase their awareness and bring to mind their personal and professional responsibility to address racism. The aim of this is to encourage participants reflect on their personal experiences and beliefs within the interview rather than focusing on 'others' behaviours and beliefs and to elicit conversations with these issues in mind.

A semi-structured interview schedule will be compiled (Appendix 3). To allow participants space to share their experiences, questions will be open ended.

3.7 Data collection:

Interviews will be undertaken via MS Teams and will last approximately one hour. Interviews will be recorded and transcribed via MS teams. Participants will be assigned a pseudonym at the point of transcription and all identifiable demographic information will be anonymised and stored separately. Recordings and transcripts will be deleted once the research has been examined and passed.

3.8 Data analysis:

Data will be analysed using Interpretative Phenomenological Analysis from a phenomenological approach (Smith, 1996). NVivo software will be utilised to analyse data.

4. Confidentiality and security

It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the UEL guidance on data protection, and also the UK government guide to data protection regulations.

4.1 Will participants data be gathered anonymously?

No

4.2 If not (e.g., in qualitative interviews), what steps will you take to ensure their anonymity in the subsequent steps (e.g., data analysis and dissemination)?

To ensure anonymity, identifying information will be removed during the transcription (BPS, 2014).

4.3 How will you ensure participants details will be kept confidential?

Participant information will be kept confidential. Participants will be informed of the limits of confidentiality (namely, that it may be compromised in the event of risk to themselves or others). Names and contact details for participants will be stored in a password-protected folder on a password-protected computer. E-mails will be sent from the researcher's UEL email account. Identifying information will be removed from any material used in the write-up of the study.

The data will be stored for as long as is necessary to publish the study in an academic journal and will be deleted as soon as this is no longer necessary.

4.4 How will the data be securely stored?

Recordings of interviews and transcripts will be stored on a password-protected computer and participant names and contact details will be stored in a separate document.

4.5 Who will have access to the data?

The researcher and DoS will have access to the data. Other parties such as a second marker or examiners may request access to the raw data, if required, in relation to the examination/assessment.

4.6 How long will data be retained for?

Audio recordings will be deleted upon study completion. In line with data management procedures (UEL, 2019), transcripts will be kept for five years following the study's completion.

5. Informing participants

Please confirm that your information letter includes the following details:

5.1 Your research title: ✓

5.2 Your research question: ✓

5.3 The purpose of the research: ✓

5.4 The exact nature of their participation. This includes location, duration, and the tasks etc. involv ✓

5.5 That participation is strictly voluntary: ✓

5.6 What are the potential risks to taking part: ✓

5.7 What are the potential advantages to taking part: ✓

5.8 Their right to withdraw participation (i.e., to withdraw involvement at any point, no questions as ✓:

5.9 Their right to withdraw data (usually within a three-week window from the time of their participat ✓

5.10 How long their data will be retained for: ✓

5.11 How their information will be kept confidential: ✓

5.12 How their data will be securely stored: ✓

5.13 What will happen to the results/analysis: ✓

✓

5.14 Your UEL contact details:

5.15 The UEL contact details of your supervisor: ✓

Please also confirm whether:

5.16 Are you engaging in deception? If so, what will participants be told about the nature of the research, and how will you inform them about its real nature.

No

5.17 Will the data be gathered anonymously? If NO what steps will be taken to ensure confidentiality and protect the identity of participants?

No

To ensure anonymity, identifying information will be removed during the transcription (BPS, 2014).

5.18 Will participants be paid or reimbursed? If so, this must be in the form of redeemable vouchers, not cash. If yes, why is it necessary and how much will it be worth?

No

6. Risk Assessment

Please note: If you have serious concerns about the safety of a participant, or others, during the course of your research please see your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data (e.g. a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

6.1 Are there any potential physical or psychological risks to participants related to taking part? If so, what are these, and how can they be minimised?

Some participants may find it distressing discussing issues of race and racism within their work. The researcher will check in with participants during the interview and they will be reminded that they are free to take a break at any point, skip any questions and end the interview without explanation. Sources of support have been included within the information sheet and debriefing sheet including occupational health, supervision and alternative organisations.

6.2 Are there any potential physical or psychological risks to you as a researcher? If so, what are these, and how can they be minimised?

As a white person conducting research into Whiteness and white supremacy there may be some distress experienced by the researcher. The researcher has access to supervision in clinical practice, within research with the DoS and reflective Whiteness spaces within the cohort.

6.3 Have appropriate support services been identified in the debrief letter? If so, what are these, and why are they relevant?

Yes – mental health charities, websites and resources on anti-racism.

6.4 Does the research take place outside the UEL campus? If so, where?
Online

If so, a 'general risk assessment form' must be completed. This is included below as appendix D. Note: if the research is on campus, or is online only (e.g., a Qualtrix survey), then a risk assessment form is not needed, and this appendix can be deleted. If a general risk assessment form is required for this research, please tick to confirm that this has been completed: ✓

6.5 Does the research take place outside the UK? If so, where?
No

If so, in addition to the 'general risk assessment form', a 'country-specific risk assessment form' must be also completed (available in the Ethics folder in the Psychology Noticeboard), and included as an appendix. [Please note: a country-specific risk assessment form is not needed if the research is online only (e.g., a Qualtrix survey), regardless of the location of the researcher or the participants.] If a 'country-specific risk assessment form' *is* needed, please tick to confirm that this has been included:

However, please also note:

- For assistance in completing the risk assessment, please use the AIG Travel Guard website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy # 0015865161. Please also consult the Foreign Office travel advice website for further guidance.
- For *on campus* students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Head of School (who may escalate it up to the Vice Chancellor).
- For *distance learning* students conducting research abroad in the country where they currently reside, a risk assessment must be also carried out. To minimise risk, it is recommended that such students only conduct data collection on-line. If the project is deemed low risk, then it is not necessary for the risk assessments to be signed by the Head of School. However, if not deemed low risk, it must be signed by the Head of School (or potentially the Vice Chancellor).
- Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.

7. Disclosure and Barring Service (DBS) certificates

7.1 Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?

NO

7.2 If so, you will need a current DBS certificate (i.e., not older than six months), and to include this as an appendix. Please to confirm that you have included this: ☐ tick

Alternatively, if necessary for reasons of confidentiality, you may email a copy directly to the Chair of the School Research Ethics Committee. Please tick if you have done this instead: ☐

Also alternatively, if you have an Enhanced DBS clearance (one you pay a monthly fee to maintain) then the number of your Enhanced DBS clearance will suffice. Please tick if you have included this instead: ☐

7.3 If participants are under 16, you need 2 separate information letters, consent form, and debrief form (one for the participant, and one for their parent/guardian). Please tick to confirm that you have included these: ☐

7.4 If participants are under 16, their information letters consent form, and debrief form need to be written in age-appropriate language. Please tick to confirm that you have done this ☐

* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) 'vulnerable' people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, and people who have been involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children click here.

8. Other permissions

8.1. Is HRA approval (through IRAS) for research involving the NHS required? Note: HRA/IRAS approval is required for research that involves patients or Service Users of the NHS, their relatives or carers as well as those in receipt of services provided under contract to the NHS.

NO If yes, please note:

- You DO NOT need to apply to the School of Psychology for ethical clearance if ethical approval is sought via HRA/IRAS (please see further details here).
- However, the school *strongly discourages* BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.
- If you work for an NHS Trust and plan to recruit colleagues from the Trust, permission from an appropriate manager at the Trust must be sought, and HRA approval will probably be needed (and hence is likewise strongly discouraged). If the manager happens to not require HRA approval, their written letter of approval must be included as an appendix.
- IRAS approval is not required for NHS staff even if they are recruited via the NHS (UEL ethical approval is acceptable). However, an application will still need to be submitted to the HRA in order to obtain R&D approval. This is in addition to a separate approval via the R&D department of the NHS Trust involved in the research.
- IRAS approval is not required for research involving NHS employees when data collection will take place off NHS premises, and when NHS employees are not recruited directly through NHS lines of communication. This means that NHS staff can participate in research without HRA approval when a student recruits via their own social or professional networks or through a professional body like the BPS, for example.

8.2. Will the research involve NHS employees who will not be directly recruited through the NHS, and where data from NHS employees will not be collected on NHS premises?

YES

8.3. If you work for an NHS Trust and plan to recruit colleagues from the Trust, will permission from an appropriate member of staff at the Trust be sought, and will HRA be sought, and a copy of this permission (e.g., an email from the Trust) attached to this application?

NO

8.4. Does the research involve other organisations (e.g. a school, charity, workplace, local authority, care home etc.)? If so, please give their details here.

No

Furthermore, written permission is needed from such organisations if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation. If that is the case, please tick here to confirm that you have included this written permission as an appendix: ☐

In addition, before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application. Please then prepare a

version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as ‘my’ or ‘I’ with ‘our organisation,’ or with the title of the organisation. This organisational consent form must be signed before the research can commence.

Finally, please note that even if the organisation has their own ethics committee and review process, a School of Psychology SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s as may be necessary.

9. Declarations

Declaration by student: I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name (typed name acts as a signature): Nicole Williams

Student's number: U1945543 Date: 08/04/2021

As a supervisor, by submitting this application, I confirm that I have reviewed all parts of this application, and I consider it of sufficient quality for submission to the SREC committee.

Appendix B: University of East London Ethical Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Fevronia Christodoulidi

SUPERVISOR: Nargis Islam

STUDENT: Nicole Williams

Course: Prof Doc Clinical Psychology

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any

research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

Approved, minor amendments

Minor amendments required *(for reviewer)*:

This is a tentative approval as I would like to receive some further information but when contacting the research supervisor, I received an annual leave notification. Although the student acknowledges the challenging/uncomfortable feelings evoked among white people when discussing racism (e.g section 6.1 in the application), the risk assessment section later on shows a low risk rating (e.g 1) which appears like a bit of a discrepancy. I am of the opinion that the likelihood of risk of distress is possibly 'moderate' (rating: 2) and my recommendation wd be that part of the selection criteria is that research participants have access to personal therapy or suitable clinical supervision that goes beyond 'case discussions' at the time of data collection.

Depending on the researcher's own racial and ethnic background, I would also recommend that they pay attention to the possibility of unintentionally influencing the research conduct due to some of the dynamics that white people tend to experience when white supremacy is questioned (as linked to feelings of shame and guilt that have been usually reported when exploring such phenomena) even though the purpose of the study is to consciously challenge such dynamics and promote activism towards dismantling such inequalities and oppressions. I would recommend that the student has access to reflective spaces such as personal therapy to closely reflect on the impact of their topic on themselves as well as the possible dynamics that may occur with interviewees.

A separate minor amendment is under section 4.5 section in the form: besides the researcher and the DoS, other parties such as a second marker or examiners may request access to the raw data, if required, in relation to the examination/assessment getting complete.

Major amendments required *(for reviewer):*

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature): Nicole Williams*

Student number: U1945543

Date: 02/07/2021

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be

permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

x	MEDIUM (Please approve but with appropriate recommendations)
	LOW

Reviewer comments in relation to researcher risk (if any).

Discussions around race and racism among white people are known to evoke uncomfortable feelings such as denial, shame, guilt (Di Angelo, 2018). Depending on the researcher's own racial and ethnic background or their own experiences around such topic, there may be different levels of discomfort experienced. My recommendation wd be that the researcher has suitable personal therapy and/or supervision in place to monitor and explore own reactions as a result of immersing in such topic.

Reviewer *(Typed name to act as signature)*: Dr Fevronia Christodoulidi

Date: 22 June 2021

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

Appendix C: Change of Title Approval

University of East London

School of Psychology Ethics Committee

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for a proposed title change to an ethics application that has been approved by the School of Psychology

By applying for a change of title request, you confirm that in doing so, the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed, then you are required to complete an 'Ethics Application Amendment Form'.

How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	Using your UEL email address, email the completed request form along with associated documents to Dr Jérémy Lemoine (School Research Ethics Committee Member): j.lemoine@uel.ac.uk
4	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.

Required documents	
A copy of the approval of your initial ethics application.	**YES** ☒

Details	
Name of applicant:	**Nicole Williams**
Programme of study:	**DClinPsy**
Title of research:	**Addressing Racism in Clinical Psychology: White Clinical Psychologists Experiences within Leadership**
Name of supervisor:	**Dr Nargis Islam**

Proposed title change	
Briefly outline the nature of your proposed title change in the boxes below	
Old title:	Addressing Racism in Clinical Psychology: White Clinical Psychologists Experiences within Leadership
New title:	Addressing Whiteness and Racism in Clinical Psychology: White Clinical Psychologists Experiences within Leadership
Rationale:	As Whiteness leads to and sustains racism, we are unable to explore White Clinical Psychologists experiences of addressing racism without considering Whiteness. This title amendment now summarises and reflects the content of the study more accurately than the old title.

Confirmation		
Is your supervisor aware of your proposed change of title and in agreement with it?	**YES** ☒	**NO** ☐
Does your change of title impact the process of how you collected your data/conducted your research?	**YES** ☐	**NO** ☒

Student's signature	
Student: (Typed name to act as signature)	**Nicole Williams**
Date:	**10/01/2022**

Reviewer's decision		
Title change approved:	**YES** ☒	**NO** ☐

Comments:	**The new title reflects better the research study and will not impact the process of how the data are collected or how the research is conducted**
Reviewer: (Typed name to act as signature)	**Jérémy Lemoine**
Date:	**31/01/2022**

Appendix D: Participant Information Sheet

UNIVERSITY OF EAST LONDON

Participant Information Sheet

Addressing Whiteness and Racism in Clinical Psychology: White Clinical Psychologists Experiences in Leadership

You are being invited to take part in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

My name is Nicole Williams and I am a doctoral student in the School of Psychology at the University of East London undertaking a doctorate in clinical psychology. As part of my studies I am conducting the research you are being invited to participate in.

What is the research?

The research aims are:

- To explore how White Clinical Psychologists experience addressing racism in their leadership
- To explore the barriers and facilitators of anti-racist leadership for White Clinical Psychologists

My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Why have you been asked to participate?

I have extended this invitation to all qualified Clinical Psychologists (Band 8b or above) who self-identify as White. I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect. You are quite free to decide whether or not to participate and should not feel coerced.

What will participating involve?

If you agree to participate in this study, you will be invited to take part in an hour-long interview on MS Teams at a time that is convenient for you. Before the interview, I will outline what will be involved in participating and you will be asked to sign a written consent form. The consent form will confirm that you have read this information sheet and agree to take part in this study.

The interview will be an informal chat involving some questions about your experiences of addressing racism within your leadership role. It will also involve some questions about barriers and facilitators of anti-racist leadership.

I will record the interviews on MS Teams so that I can give an accurate representation of your views when writing up the research.

You can choose to skip any questions by saying ‘pass’, and you can end the interview at any time without needing to provide a reason.

Are there any disadvantages of taking part?

As the interview will involve discussing issues of race and racism within your work, some questions may relate to difficult experiences, thoughts or feelings which could be upsetting. I will check in with you during the interview but you are free to take a break at any point, skip any questions and end the interview without explanation.

Are there any advantages of taking part?

There is a lack of research examining how White Clinical Psychologists address issues of racism and develop anti-racist practice and leadership. By better understanding barriers and enablers to addressing Whiteness and racism within leadership, we can better understand how to guide Clinical Psychologists to challenge harmful practices and implement meaningful change.

Your taking part will be safe and confidential

I will ensure that the information that you provide will be kept confidential. Your name and/or identifying information will be removed from the transcriptions, the write up of the study as well as any resulting publications.

I would only break this confidentiality if I believed that there was a risk to you or to someone else, however I would always try to discuss this with you beforehand.

What will happen to the information that you provide?

The interview will be recorded and transcribed by MS Teams. The transcriptions will be stored on a password-protected device. All identifying information will be removed from the transcriptions. Your anonymised data will be seen by my supervisors and the people who mark my thesis. Anonymised extracts of interviews will be used in the thesis as well as presentations, reports, publications and any other ways in which the findings of the research will be disseminated. The thesis will be publicly accessible on UEL’s institutional repository. Some broad demographic information will appear in the thesis and works based on it but it will not permit the identification of individual participants.

After the study has been completed, the recordings will be deleted. The transcripts of the interviews will be kept for five years following completion in keeping with data management procedures.

What if you want to withdraw from the study?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated data, provided that this request is made within three weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Nicole Williams, Trainee Clinical Psychologist

University of East London

Email: u1945543@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor, Dr. Nargis Islam, School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: n.islam3@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

Version 1: 08/04/2021

Appendix E: Consent Form

UNIVERSITY OF EAST LONDON

Consent Form

	Yes	No
I confirm that I have read the information sheet dated 08/04/2021 (version 1) for the above study and that I have been given a copy to keep.		
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.		
I understand that my participation in the study is voluntary and that I may withdraw at any time, without providing a reason for doing so.		
I understand that if I withdraw from the study, my data will not be used.		
I understand that I have 3 weeks from the date of the interview to withdraw my data from the study.		
I understand that the interview will be recorded using Microsoft Teams.		
I understand that my interview data will be transcribed from the recording and anonymised to protect my identity.		
I understand that my personal information and data, including audio recordings from the research will be securely stored and remain strictly confidential. Only the research team will have access to this information, to which I give my permission.		
It has been explained to me what will happen to the data once the research has been completed.		
I understand that short, anonymised quotes from my interview may be used in the thesis and that these will not personally identify me.		
I understand that the thesis will be publicly accessible in the University of East London's Institutional Repository (ROAR).		
I understand that short, anonymised quotes from my interview may be used in material such as conference presentations, reports, articles in professional and academic journals resulting from the study and that these will not personally identify me.		
I would like to receive a summary of the research findings once the study has been completed and am willing to provide contact details for this to be sent to.		
I agree to take part in the above study.		

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Participant's Contact Details (*if consent is given to receive a summary of research findings once the study has been completed*)

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:.....

Appendix F: Debrief Form

UNIVERSITY OF EAST LONDON

Addressing Whiteness and Racism in Clinical Psychology: White Clinical Psychologists Experiences in Leadership

Interview Debrief Sheet

Thank you for participating in this study. Your contributions and time are greatly appreciated.

I would like to remind you that:

- Your data will be stored securely, and any information that you have given that will be included in my thesis, and any resultant publications, will be anonymised. This means that your name and any identifying information will be removed completely.
- If for any reason you would like to withdraw from the study, you can do this within three weeks of the interview date. After this, it will not be possible to remove your data from the final write up, but all identifying information will be removed as explained above.
- If you feel that you would like further support, and/or if you feel distressed by any of the topics discussed, some information about support services have been provided below. Details of how to access occupational health services within your trust have also been provided should you feel the need to access some support within your work environment.

Thank you again for taking part; your contributions are highly valued. My contact details are below should you have any further questions or concerns.

Nicole Williams,Trainee Clinical Psychologist, University of East London

Email: u1945543@uel.ac.uk

Dr. Nargis Islam, Research Supervisor, University of East London

Email: n.islam3@uel.ac.uk

Support Services:

In2gr8mentalhealth

It is a centre which aims to destigmatise and support lived experience of mental health difficulties in mental health professionals.

https://www.in2gr8mentalhealth.com/

Mindful Employer

This is an NHS initiative designed to help employers and employees access information and local support for difficulties with stress, depression, anxiety and other mental health problems.

https://www.dpt.nhs.uk/mindful-employer

Samaritans

Website: https://www.samaritans.org

Tel: 116 123 (freephone)

Email: jo@samaritans.org

Rethink Mental Illness Advice Line

Website: http://www.rethink.org/about-us/our-mental-health-advice

Telephone: 0300 5000 927 (9.30am - 4pm Monday to Friday)

Email: online contact form

Mind

Website: www.mind.org.uk

Tel: 0300 123 3393 (9am-6pm Monday to Friday) or text 86463

Email: info@mind.org.uk

For further information and resources on anti-racism you can visit:

https://survivorsnetwork.org.uk/anti-racism-resources/

If you would like to read the Clinical Psychology Forum special issue on Racism within Clinical Psychology:

https://shop.bps.org.uk/clinical-psychology-forum-no-323-november-2019

If any of the issues that we have discussed are having an impact on your ability to work, please speak to your manager, who will give you information regarding contacting the occupational health department in your trust.

Appendix G: Data Management Plan

UEL Data Management Plan: Full

For review and feedback please send to: researchdata@uel.ac.uk

If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).

Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

Administrative Data	
PI/Researcher	Nicole Williams
PI/Researcher ID (e.g. ORCiD)	orcid.org/0000-0003-1453-0769
PI/Researcher email	U1945543@uel.ac.uk
Research Title	Addressing Racism in Clinical Psychology: White Clinical Psychologists Experiences in Leadership
Project ID	N/A
Research Duration	12 months: proposed start date April 2021

Research Description	This proposal seeks to explore how White Clinical Psychologists experience addressing racism within their leadership. By understanding the barriers and facilitators of addressing racism within leadership, we can better understand how to guide Clinical Psychologists to engage in anti-racist leadership and make meaningful change.
Funder	Professional doctorate N/A
Grant Reference Number (Post-award)	N/A
Date of first version (of DMP)	17/02/2021
Date of last update (of DMP)	25/02/2021
Related Policies	UEL's Research Data Management Policy UEL's Data Backup Policy
Does this research follow on from previous research? If so, provide details	N/A
Data Collection	
What data will you collect or create?	A sample of 12-15 White Clinical Psychologists in leadership positions (band 8b or above) will be interviewed using a semi-structured interview lasting approximately 60 minutes. Interview recordings in .mp4 format . Transcriptions in Word format Participant number in Word format The files will be downloaded to NVivo Participants will be assigned a pseudonym at the point of transcription and all identifiable demographic information (e.g. service or team, years of experience, years in

	post) will be anonymised and stored separately. Participants will be asked for information about their service or team, years of experience, years in a qualified post, gender, ethnicity and age. Each participant will be given a participant number (in interview chronological order) for the purposes of recording demographic information, which will be entered into a word document to be uploaded to the UEL OneDrive. Personal data will be collected on consent forms (names) and prior to the interview (email address and/or telephone number for purposes of arranging the interview, via the researcher's UEL email address). No sensitive data will be collected. No further data will be created in the process of analysing the transcripts.
How will the data be collected or created?	Interviews will be recorded and transcribed on Microsoft Teams and will be uploaded to UEL OneDrive. Microsoft Teams provides an automatic transcription service however recorded interviews and transcripts will be uploaded to University OneDrive so transcripts can be thoroughly checked. The researcher will check over all transcripts created by Microsoft teams for accuracy, while also removing identifiable information. Demographic data that is shared during interviews will be anonymised and stored in a separate word documents. These documents will be saved using anonymous participant numbers and saved in a password protected file on the UEL OneDrive. Nvivo may be used to analyse the data
Documentation and Metadata	

What documentation and metadata will accompany the data?	Participant information sheets, consent forms, recruitment posters, list of guide interview questions and debrief sheet.
Ethics and Intellectual Property	
How will you manage any ethical issues?	• Written and verbal consent will be obtained from all participants that volunteer to be interviewed. Written consent forms will be issued to participants email addresses to be completed prior to interviews. Verbal Consent will also be obtained before commencing interviews. • Participants will be advised of their right to withdraw from the research study at any time without being obliged to provide a reason. This will be made clear to participants on the information sheets and consent forms. If a participant decides to withdraw from the study, they will be informed their contribution (e.g. any video recordings and interview transcripts) will be removed and confidentially destroyed, up until the point where the data has been analysed. I will notify participants that this will not be possible more than 3 weeks after the data collection due to the data having already been analysed. • In order to facilitate the tracing of a transcript that may need to be destroyed at request of participant, a list of contact details corresponding with interview dates will be kept in a file, separately stored from transcripts which will be uploaded to the OneDrive. Contact details will be destroyed once the 3-week period has elapsed for each participant. • In case of emotional distress during or following the interview, contact details of a relevant support organisation will be made available in a debrief letter. If participants appear distressed during the interview they will be offered a break or the option to end the interview.

	• Transcription will be undertaken only by the researcher to protect confidentiality of participants. • Participants will be assigned pseudonyms during transcription to protect confidentiality. Direct and indirect identifiers will be removed or substituted to maintain participants anonymity. Demographic data will be stored in a separate document on UEL OneDrive.
How will you manage copyright and Intellectual Property Rights issues?	No copyright and Intellectual Property Rights issues are expected to arise. The thesis will be published in the UEL repository and therefore will be identifiable as my work.
Storage and Backup	
How will the data be stored and backed up during the research?	• Following interviews, video recordings will be downloaded from Microsoft teams to UEL Microsoft Stream Library and subsequently uploaded to UEL OneDrive. Any local copies will be deleted from my downloads/temporary folders and I will ensure that data are not stored on personal cloud storage. Each video file will be named with participants' initials and the date of the interview. • Microsoft Teams provides a transcription function which creates transcripts in word files. Transcribed files from Microsoft Teams will be stored on the Microsoft Stream Library by default and subsequently uploaded to UEL OneDrive. Any local copies will be deleted from my downloads/temporary folders and I will ensure that data are not stored on personal cloud storage. Participants will be assigned a pseudonym at the point of transcription which will be used to name and identify the downloaded transcripts.

	• Transcripts created and stored within Microsoft Teams will also be destroyed once video recordings are deleted. • Participants will be assigned pseudonyms at the point of transcription and transcript files will be labelled by pseudonyms and stored in a password protected file on the UEL OneDrive. • A word document containing anonymised demographic data identifiable by participant numbers will be stored in UEL OneDrive storage. • The laptop is a personal, non-networked, laptop with a password known only to the researcher. • Participant's personal contact information will be stored in a word file on the UEL OneDrive and named using the date of interview. The researcher will move correspondence emails into a specific folder within her UEL email inbox which will be encrypted. Information in this list will be deleted once the 3 week withdrawal period has passed, until the entire list is deleted. This will allow transcripts to be destroyed on participant request within the 3 week window allowed. • Consent forms will be saved in a separate location to other research data in the UEL OneDrive. • Consent forms will be issued to participants in advance of interviews via email. • Consent forms will be returned to the researcher's UEL email account. These documents will then be transferred onto the researcher's UEL OneDrive. • The transcripts and demographic information files will be uploaded to the UEL OneDrive via the UEL Intranet.

	• Transcripts will be saved under participant pseudonyms on the UEL OneDrive. • Demographic Information will be saved on the UEL OneDrive using participant ID numbers, issued in the chronological order of interviews i.e. Participant 1, Participant 2 etc. • Data will be backed up on the UEL H: Drive.
How will you manage access and security?	• Only the researcher, supervisor and examiners will have access to the transcripts. If required, anonymised transcripts will be shared with the research supervisor via UEL OneDrive. Files names will be named by participant pseudonyms. • The researcher will access transcripts by inputting a password and will close and lock the files when finished with them, and will also then lock the password-protected computer. • Only the researcher will have access to their personal laptop computer, in addition to the researcher's UEL OneDrive account, which is connected to the researcher's UEL email account.
Data Sharing	
How will you share the data?	• Extracts of anonymised transcripts will be provided in the final research write up and any subsequent publications. No identifiable information will be included in any extracts. • The final research write up will be made available on UEL's Research Repository. Anonymised transcripts will not be deposited via the UEL repository.
Are any restrictions on data sharing required?	• Transcripts will not be deposited via the UEL repository as the transcripts will contain personal views and information that could be decipherable if full transcripts were available.
Selection and Preservation	

Which data are of long-term value and should be retained, shared, and/or preserved?	• Electronic versions of consent forms will be kept until the thesis has been examined and passed, and will then be erased from the UEL servers. Emails liaising with participants will be deleted once the thesis has been examined and passed. • Transcripts will be erased from UEL servers once the thesis has been examined and passed. • The researcher will erase the transcripts from UEL servers when the thesis has been examined and passed, as the researcher will no longer have access to the servers from this point onwards.
What is the long-term preservation plan for the data?	Transcripts will be retained for 5 years following study completion, in keeping with data management procedures and for purposes of publication. Copies of the anonymised transcripts will be kept on an encrypted external hard drive in a locked cabinet on the researcher's private property.
Responsibilities and Resources	
Who will be responsible for data management?	Nicole Williams
What resources will you require to deliver your plan?	Password protected Microsoft Teams account Password protected computer with password protected files UEL student account Encrypted external hardrive
	.
Review	

Date: 25/02/2021	Reviewer name: Penny Jackson Research Data Management Officer

Guidance

Brief information to help answer each section is below. Aim to be specific and concise.

For assistance in writing your data management plan, or with research data management more generally, please contact: **researchdata@uel.ac.uk**

Administrative Data

Related Policies

List any other relevant funder, institutional, departmental or group policies on data management, data sharing and data security. Some of the information you give in the remainder of the DMP will be determined by the content of other policies. If so, point/link to them here.

Data collection

Describe the data aspects of your research, how you will capture/generate them, the file formats you are using and why. Mention your reasons for choosing particular data standards and approaches. Note the likely volume of data to be created.

Documentation and Metadata

What metadata will be created to describe the data? Consider what other documentation is needed to enable reuse. This may include information on the methodology used to collect the data, analytical and procedural information, definitions of variables, the format and file type of the data and software used to collect and/or process the data. How will this be captured and recorded?

Ethics and Intellectual Property

Detail any ethical and privacy issues, including the consent of participants. Explain the copyright/IPR and whether there are any data licensing issues – either for data you are reusing, or your data which you will make available to others.

Storage and Backup

Give a rough idea of data volume. Say where and on what media you will store data, and how they will be backed-up. Mention security measures to protect

data which are sensitive or valuable. Who will have access to the data during the project and how will this be controlled?

Data Sharing

Note who would be interested in your data, and describe how you will make them available (with any restrictions). Detail any reasons not to share, as well as embargo periods or if you want time to exploit your data for publishing.

Selection and Preservation

Consider what data are worth selecting for long-term access and preservation. Say where you intend to deposit the data, such as in UEL's data repository (data.uel.ac.uk) or a subject repository. How long should data be retained?

Appendix H: Risk Assessment

UEL Risk Assessment Form			
Name of Assessor:	**Nicole Williams**	**Date of Assessment**	**11/02/2021**
Activity title:	**Addressing Racism in Clinical Psychology: White Clinical Psychologists Experiences within Leadership**	**Location of activity:**	**MS Teams**
Signed off by Manager (Print Name)	**Dr Nargis Islam**	**Date and time (if applicable)**	**19/02/2021 17:20**
Please describe the activity/event in as much detail as possible (include nature of activity, estimated number of participants, et If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:			
8-12 qualified clinical psychologists who self-identify as White will be asked to take part in an hour-long interview on MS Teams explore how they experience addressing racism in their leadership and to explore the barriers and facilitators of anti-racist lead			
Overview of FIELD TRIP or EVENT:			

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-4 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6/9 = High (Further control measures essential)

Hazards attached to the activity							
Hazards identified	**Who is at risk?**	**Existing Controls**	**Likelihood**	**Severity**	**Residual Risk Rating (Likelihood x Severity)**	**Additional control measures required (if any)**	**Final risk rating**
Risk of participant becoming upset during the interview	Participants	Participants will be informed in advance of the nature and contents of the interview. Sources of support have been included within the information sheet and debriefing sheet. Participants will be informed that they can skip questions or end the interview without needing to	1	1	1		1

Review 11/02/2

Appendix I: Research Poster

RESEARCH STUDY: UNIVERSITY OF EAST LONDON

ADDRESSING WHITENESS AND RACISM IN CLINICAL PSYCHOLOGY: WHITE CLINICAL PSYCHOLOGISTS EXPERIENCES WITHIN LEADERSHIP

RESEARCH AIMS:

THIS RESEARCH AIMS TO EXPLORE HOW WHITE CLINICAL PSYCHOLOGISTS EXPERIENCE ADDRESSING WHITENESS AND RACISM IN LEADERSHIP AND THE BARRIERS AND ENABLERS OF THIS

WHO CAN TAKE PART?

QUALIFIED **CLINICAL PSYCHOLOGISTS (BAND 8B OR ABOVE)** WHO **SELF-IDENTIFY AS WHITE** AND WORK WITHIN THE **NHS**

WHAT WILL TAKING PART INVOLVE?

A ONE-TO-ONE **HOUR LONG INTERVIEW ON MS TEAMS**. ALL INFORMATION WILL BE KEPT ANONYMOUS

INTERESTED?

PLEASE EMAIL LEAD RESEARCHER, NICOLE WILLIAMS, ON **U1945543@UEL.AC.UK** FOR MORE INFORMATION

Appendix J: Semi-Structured Interview Schedule

Semi-Structured Interview Schedule

1. The term ‘Whiteness’ relates to the invisible powers and privileges which maintain racialised hierarchies and oppression (Clark & Garner, 2009). What is your experience of Whiteness in your leadership position?

2. What is your perspective of the responsibilities you hold as a leader with regards to Whiteness and racism?

3. Within your leadership role, how do you experience addressing Whiteness and racism?
   Prompts:
- How do you experience this within supervision? What feelings come up for you?
- How do you experience this within your team? What feelings come up for you?
- How do you experience this at a service development or policy level? What feelings come up for you?
- How do you experience this personally as a White leader?

4. Have you had experiences of challenging others in regards to Whiteness and racism?
- *If you haven’t, how might you experience this?*
- What do you find challenging about these discussions?
- What feelings come up for you?
- On the basis of your experience, would you do anything differently?

5. Have you had experiences of being challenged in regards to Whiteness and racism?
   Prompts:
- *If you haven’t, how might you experience this?*
- What do you find challenging about these discussions?
- What feelings come up for you?
- On the basis of your experience, would you do anything differently?

6. What would help enable you to practice anti-racist leadership and implement change?
- Have you had any experiences of effective anti-racist processes within your leadership role?

7. What is your experience of having this conversation with me?
   Prompts:
- How do you feel this conversation has been impacted by me also being a White person?

8. What has come up in this interview that has struck you?
   Prompts:

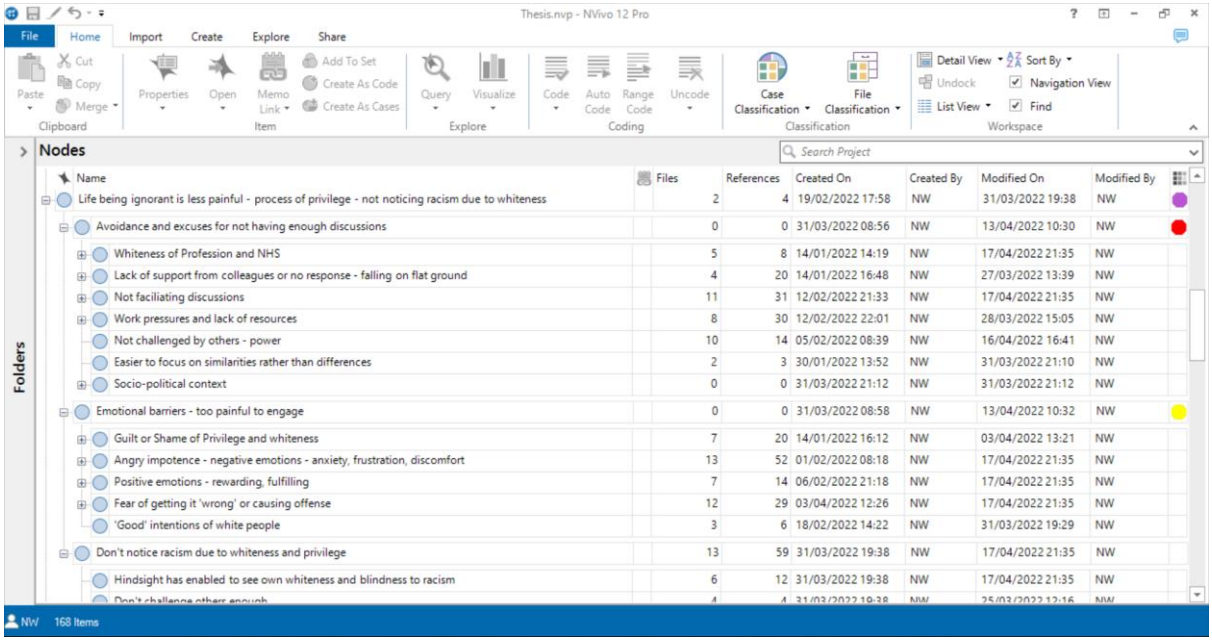
- What are you taking away from this interview?

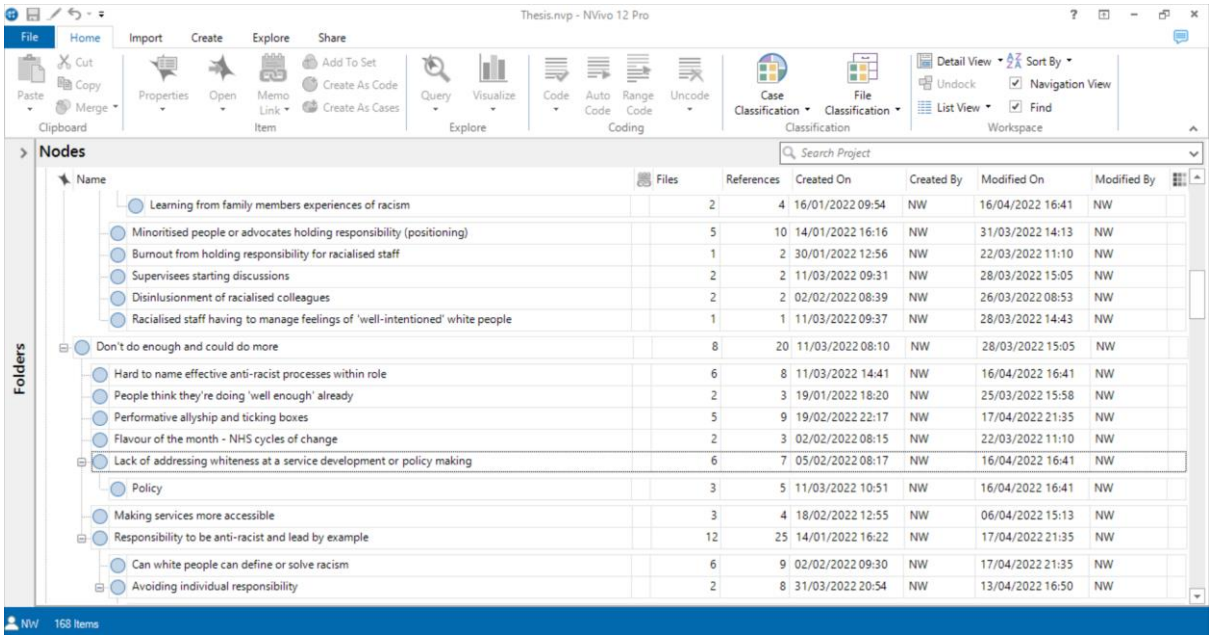
9. Is there anything else that you feel is important that we haven't discussed?

Appendix K: Demographics Questions

1. Years since qualification
2. NHS Band
3. Region
4. Type of Service
5. Age
    - 30-35
    - 35-40
    - 40-50
    - 50-55
    - 55-60
    - 60-65
    - 65-70
    - Prefer not to say
6. Gender
7. Ethnic Group

Appendix L: Example Codes





Appendix M: Additional Example Extracts

Theme 1: Life Being Ignorant is Less Painful	**'Whiteness Isn't at the Forefront of My Mind'**	"in terms of the privilege that I can not think about it" (P1, line 379)
		"I'm very mindful that there is evidence of privilege. But I don't quite understand it." (P8, line 21)
		"it's been painful to acknowledge your, one's role in something but … I've been able to tolerate that there is… something inherently racist in me that I embody that all I can ever do is… keep thinking and challenging that." (P13, line 200)
		"I felt I felt an accusation that I was being racist and I think what's worse than that is obviously a realisation that I am racist, I mean we all have some racism in us, we have an inability to see things, and we have a defensiveness towards particularly, privileges which we have which are built on racism." (P4, line 413)
		"I think I could tolerate that… I'd really want to understand my role in something in some inequality… I do want to embrace that um but yeah, it would be painful too." (P13, 343)
		"they accused me of not seeing that because of my whiteness, my privilege and I found it really challenging in retrospect, like very helpful … it kind of challenged my view of myself … you know, I'm not racist … I think had this sort of slight delusion that um because I'm so good empathy, I can understand anyone's perspective and actually that was really helpful because it made me realise that I just couldn't and that's OK … that was again quite hard, but you know very helpful for me personally. I hope not too distressing for the individual." (P4, line 389)
		"I'm aware that I might have unconscious bias that means that I don't always pick things up. So, I guess … I would … just be aware

		of that and keep an eye out and … strive to make sure that I don't miss out on anything that should be challenged." (P6, line 354)
		"I think I make lots of mistakes … in terms of missing the subtleties of racial discrimination." (P10, line 49)
	'Too Uncomfortable to Confront Whiteness'	"that's uncomfortable because I have to fundamentally say… Let's talk openly about how we're you know, acting in racist ways toward you. It's much easier just to answer emails and go to meetings." (P8, line 454)
		"if we think about that too much, then we feel guilty and bad about it, and that's uncomfortable. So we'll just carry on doing the day job." (P8, line 103)
		"People are in the profession because they feel like they want to help people. So anything that sort of taps into, maybe they're not being helpful, particularly at the moment, I think it's a bit of a barrier that goes up." (P2, line 204)
		"it's never nice to think about things that you haven't done well. It's nice to think of the things you have done that you're quite proud of." (P1, line 607) "I tend to start the teaching with … we feel really uncomfortable representing this topic because of who we are… I tried to do a pre-emptive strike that might not help someone you know say yeah, but sort it out though" (P13, line 329)
		"I suppose fear… that you will just look stupid … feeling quite upset then feeling really angry kind of then not being able to get it all out and then just looking stupid … feeling as if like people … lost respect for you, not that I'm bothered by if it's someone who's racist, I don't give a shit sorry to swear … It's that kind of thing where you're just getting a bit uhm overly emotional… you're not kind of properly giving the best of yourself, um so the more you can

		kind of just pour cold water and bring it back down, the better 'cause actually you'll represent yourself and what you stand what you're standing up for in a much better way." (P9, line 334)
Theme 2: Careful, Shameful Conversations – 'Treading on Eggshells'	**'More Careful'**	"I wonder whether actually if you hadn't have been white whether um I would have been more careful" (P9, line 481)
		"There's… things I would have said to you that I wouldn't have said to somebody who wasn't the same background as me... I probably would have been more open with you." (P2, line 465)
	'More Shame and Guilt'	"there … must be something unwritten that I can say I don't do things right and you can nod at me because there's something unspoken between us. It says you are just as guilty as being part of these practices and systems as I am… and that similarity allows us to talk about things in a protected way, cause I don't actually have to confront the feelings with you. I can just intellectualise about it because you don't represent the demographic that's getting hurt by this." (P8, line 558)
Theme 3: Don't Know How to be Anti-racist - 'I Don't Know What To Do'	"I guess we just sort of quietly assume that it's all in hand and soon we'll have a lovely kind of wrapped up way of working that will be delivered to us from a top-down perspective and all of a sudden we won't be racist anymore. So that's my hope anyway." (P8, line 286)	
	"It can be hard to know what to actually do" (P6, line 407)	
	"It feels easier to sort of embrace things and deal with things as they happen rather than, I guess I'm probably not quite sure what needs to happen, you know? Going forward." (P6, line 273)	
	Burden on Racialised Staff as 'Trainers'	"I could probably offer a bit more support to staff if I kind of see um an issue where whiteness has kind of affected other people negatively. I could offer, try and support and try and listen to their experience and then try and kind of do

		something about it a bit more” (P5, line 261) “I think there are instances where people in the team don't feel comfortable to share experiences like that where they feel silenced.” (P7, 181)
		“I don't know if we do support them enough, and I think we should do more but it’s something that I’ll … go away and think about… I wonder… do we do enough? And I don't think we do” (P9, line 501)
		“they're not quite performing up to standard… potentially because they don't fit the prototype of white middle class uh person who can devote more of their resources towards their job and their training, they’re not having to juggle um family members dying, unwell family members, … social deprivation to the same degree” (P5, line 77)
		“we … talked about our experience of racism or lack of racism … that's where I … came to grips with … how um privileged I’ve been … you can do the job and no one questions it… no one questions your motives … so … when people do talk about it, it really strikes it home, but … it's hidden a lot of the time.” (P5, line 197)
		“my supervisor err supervisee says that she's constantly having to kind of manage the feelings of well-intentioned white people” (P11, line 131)
		“I don't think it's helpful or right to think that these issues should be left to people from … the communities which are … in the minority… I just think I think it should be everybody's business. Everyone should be doing it” (P1, line 113)
		“black staff … participating with us on this… they've talked about how… exhausting it can be” (P4, line 120).

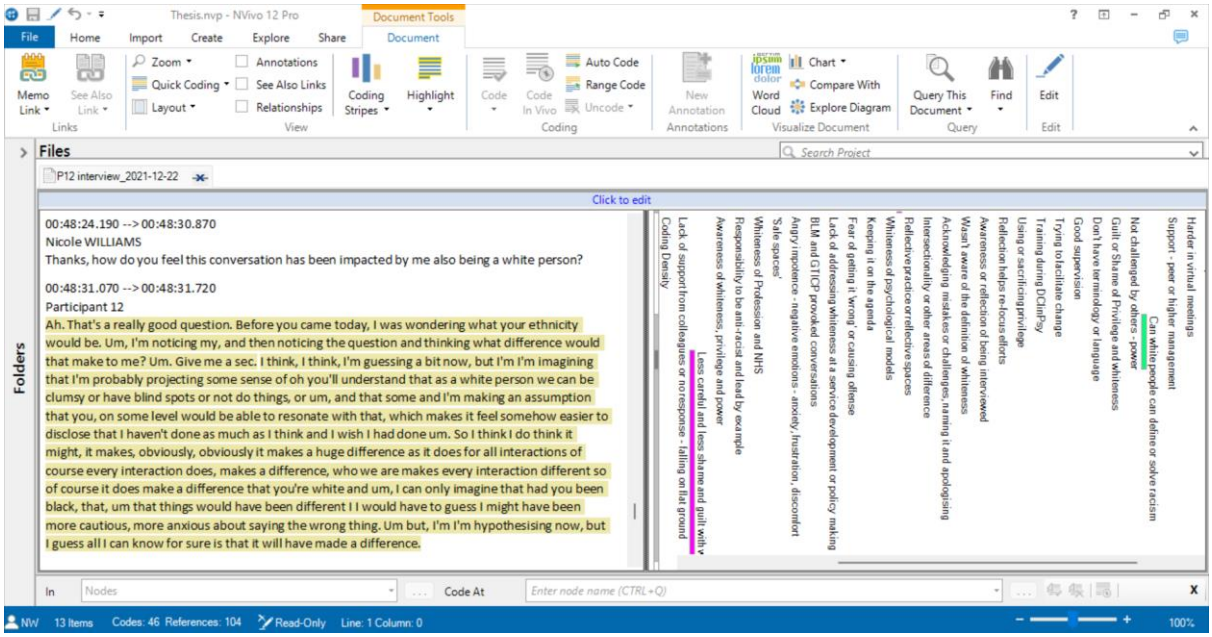
	'Not Doing Enough'	"I'm very aware of things I haven't done well, but I'm very aware there's an awful lot that I could do better. I can slip into thinking well at least I'm doing something, something that lots of people aren't, but … when I think about [name], my trainee sort of, it just reminds me just how much more needs to be done… we need to … need to keep reminding ourselves of that" (P1, line 610)
		"getting going from that kind of contemplation phase to mobilising any kind of action phase is it does feel a real challenge actually" (P12, line 97)
	Rationalisations for a Lack of Change – 'I'm Making Excuses Now'	"I think it's more frustration with the what white colleagues when they're saying yeah, we're doing it, we're doing it so it's sort of lip service rather than actually thinking. Am I really doing it? Am I embodying this?" (P2, 193)
		"since I started my career going … this is strange, isn't it? … this isn't good, We should change this … I wonder why it is? but … how much are we actually doing about it?" (P11, line 27)
		"we're really struggling to recruit to our team at the moment, so we might have put an advert out three times and get one candidate. Well, then you can't be kind of proactively, um recruiting people to have a diverse workforce cause you are literally just looking for whoever you can get, so … it's trying to you know wherever possible make sure that we have representation and when you have a choice that you're able to do that" (P3, line 508)
		"we shouldn't have the panels where colleagues are there because… then we're gonna end up recruiting people like our colleagues and actually it should just be about an objective interview

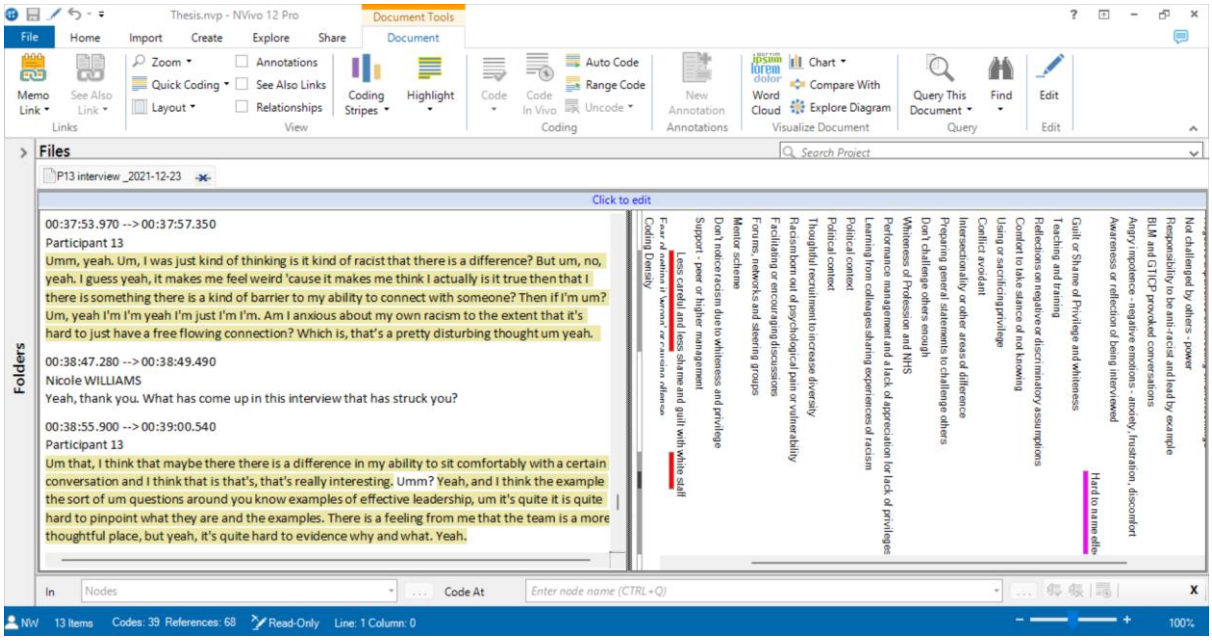
		with a diversity champion” (P6, line 292)
		“when I've been on a like recruitment panel … one of people on the panel have been, ‘well we just need to go on merit and our experience today’ and then thinking, but actually do we need to own that we might not have warmed to someone because of some biases” (P13, line 229)
		“We would have um someone who was “visibly diverse” [*air quotes*] on their on the interview panel for jobs… which always felt a bit weird cause you were just kind of going to the same person… my heart would sink as I'm emailing [name] yet again, would you mind being on an interview panel?” (P11, line 30)
		“most often the team meeting is we’ve got to talk about this case and this case and this case, or this business item and this business item, so it's refreshing when those spaces are opened up, but they kind of have to then push aside something else to make space for it. There isn't that kind of regular space.” (P7, line 396)
		“I … consciously or unconsciously politely decline any opportunity that I've got to try and unpack that in any way 'cause I'm too busy, too busy not to be racist” (P8, line 491)
		“what I look at on the ground is people on the edge of going off sick with stress because they got too much work and very little time to think and so this, anything that requires reflection gets squeezed out” (P11, line 460)
		“I have a tendency to think that … the … further up the hierarchy you go, the … further you get from the values which sort of brought you in to the profession in the first place and more the more you're influenced by the sort of saving money or um some sort of political sort of driver” (P4, line 258)

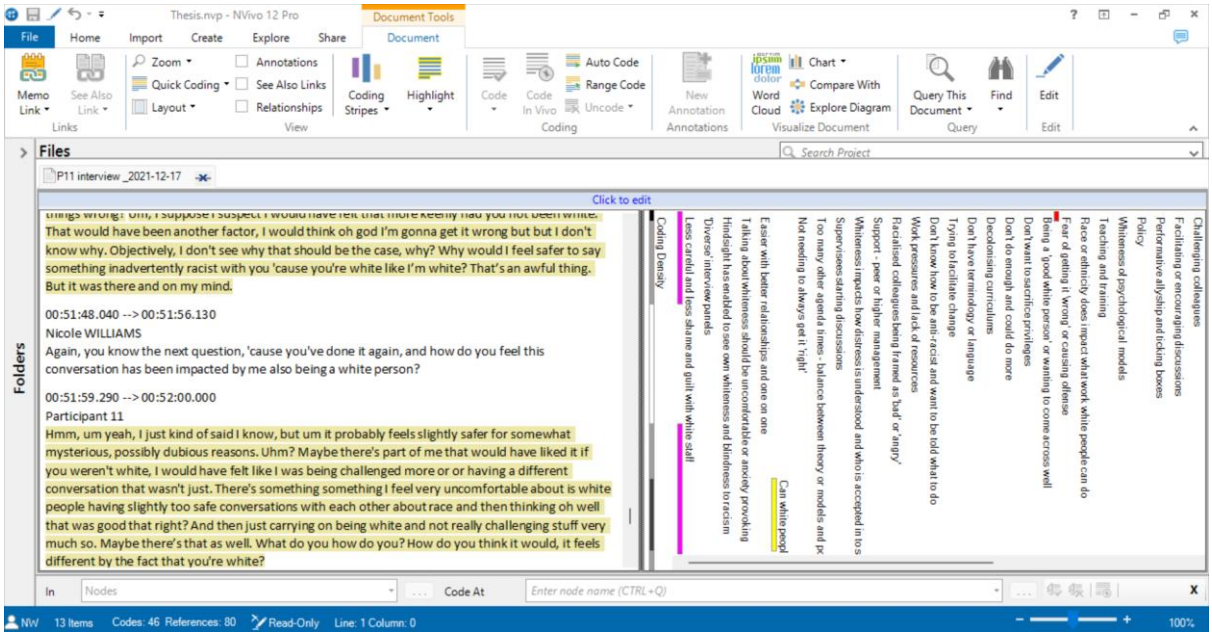
		“people feel the weight of responsibility but don't have the tool to know what to do about it. And then when you layer on top of that the burden of time and burnout and um and the fact that it's complicated things to talk about and people also don't have the language” (P12, line 111)
		“ever since that paper about white supremacy in clinical psychology um I have started using white supremacy. I know I've talked about racism, I haven't done it at all today, but … I try and use white supremacy rather than racism when I'm talking about it in um in team meetings” (P3, line 609)
		“I think there's just such a pernicious view in this country right now, isn't there? That there's just not enough for everyone. And you know, people need to take what they can and … if I accept that I'm racist, then I lose something and I think it just polarises people, doesn't it?” (P13, line 447)
		“I think in the last year or so probably George Floyd was obviously a big incident and that has allowed or provoked conversations to come in more. But still it feels very slow and painstaking” (P12, line 83)
	Attempts to Encourage Change – ‘Working on Being Actively Anti-racist’	“I sort of had to push into the discomfort of um being like, well, how can I be a white person trying to challenge race equality? … Surely I can't do that as a white person that has to come from someone who’s not white. And actually recognising … I have the power and the privilege, so I've got I've got mandate to do this, and that requires… difficult self-reflections and some … collaboration” (P4, line 287)
		“I think uh that having a space in team meeting on a weekly basis to talk about issues of equality and diversity has been really useful.” (P10, line 303)

		“I really feel proud of and feel proud to belong to a team where we were able to talk about it even though it's uncomfortable.” (P3, line 614)
		“nobody else is saying anything… I really do have to say something. Partly because I'm senior, partly because I'm white and partly because I knew that I don't want to let this go.” (P6, line 240)
		“there's something around needing that tenacity to kind of keep going with it, even if it falls on, on difficult ground” (P12, line 409)

Appendix N: Example Annotated Transcripts



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Document Tools
File
Home
Import
Create
Explore
Share
Document
Memo Link
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Zoom
Quick Coding
Layout
Annotations
See Also Links
Relationships
Coding Stripes
Highlight
Code
Code In Vivo
Auto Code
Range Code
Uncode
New Annotation
Word Cloud
Chart
Compare With
Explore Diagram
Query This Document
Find
Edit
Links
View
Coding
Annotations
Visualize Document
Query
Edit
Files
Search Project
P11 interview _2021-12-17
Click to edit
things wrong? Um, I suppose I suspect I would have felt that more keenly had you not been white. That would have been another factor, I would think oh god I'm gonna get it wrong but but I don't know why. Objectively, I don't see why that should be the case, why? Why would I feel safer to say something inadvertently racist with you 'cause you're white like I'm white? That's an awful thing. But it was there and on my mind.
00:51:48.040 --> 00:51:56.130
Nicole WILLIAMS
Again, you know the next question, 'cause you've done it again, and how do you feel this conversation has been impacted by me also being a white person?
00:51:59.290 --> 00:52:00.000
Participant 11
Hmm, um yeah, I just kind of said I know, but um it probably feels slightly safer for somewhat mysterious, possibly dubious reasons. Uhm? Maybe there's part of me that would have liked it if you weren't white, I would have felt like I was being challenged more or or having a different conversation that wasn't just. There's something something I feel very uncomfortable about is white people having slightly too safe conversations with each other about race and then thinking oh well that was good that right? And then just carrying on being white and not really challenging stuff very much so. Maybe there's that as well. What do you how do you? How do you think it would, it feels different by the fact that you're white?
Coding Density
Less careful and less shame and guilt with white staff
'Diverse' interview panels
Hindsight has enabled to see own whiteness and blindness to racism
Talking about whiteness should be uncomfortable or anxiety provoking
Easier with better relationships and are on one
Can white peopl
Not needing to always get it 'right'
Too many other agenda items - balance between theory or models and pr
Supervisees starting discussions
Whiteness impacts how distress is understood and who is accepted in to s
Support - peer or higher management
Racialised colleagues being framed as 'bad' or 'angry'
Work pressures and lack of resources
Don't know how to be anti-racist and want to be told what to do
Trying to facilitate change
Don't have terminology or language
Decolonising curriculums
Don't do enough and could do more
Don't want to sacrifices privileges
Being a 'good white person' or wanting to come across well
Fear of getting it 'wrong' or causing offense
Face or ethnicity does impact what work white people can do
Teaching and training
Whiteness of psychological models
Policy
Performative allyship and ticking boxes
Facilitating or encouraging discussions
Challenging colleagues
Folders
In
Nodes
Code At
Enter node name (CTRL+Q)
NW
13 Items
Codes: 46 References: 80
Read-Only
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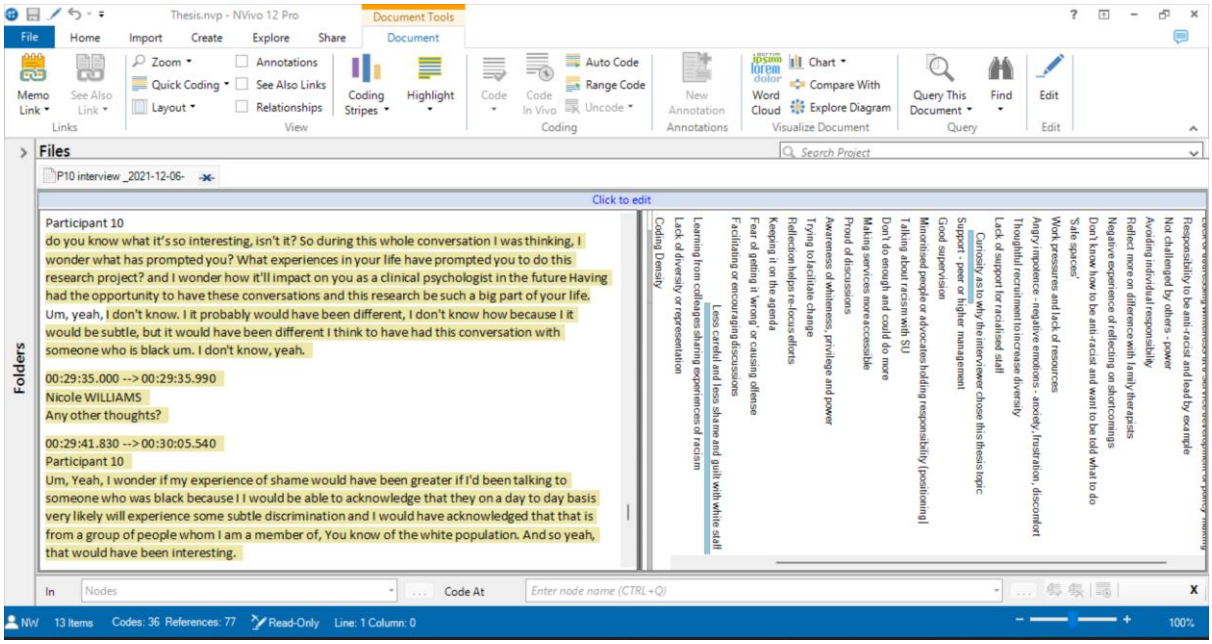
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P10 interview _2021-12-06-
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Participant 10
do you know what it's so interesting, isn't it? So during this whole conversation I was thinking, I wonder what has prompted you? What experiences in your life have prompted you to do this research project? and I wonder how it'll impact on you as a clinical psychologist in the future Having had the opportunity to have these conversations and this research be such a big part of your life. Um, yeah, I don't know. I it probably would have been different, I don't know how because I it would be subtle, but it would have been different I think to have had this conversation with someone who is black um. I don't know, yeah.
00:29:35.000 --> 00:29:35.990
Nicole WILLIAMS
Any other thoughts?
00:29:41.830 --> 00:30:05.540
Participant 10
Um, Yeah, I wonder if my experience of shame would have been greater if I'd been talking to someone who was black because I I would be able to acknowledge that they on a day to day basis very likely will experience some subtle discrimination and I would have acknowledged that that is from a group of people whom I am a member of, You know of the white population. And so yeah, that would have been interesting.
Coding Density
Lack of diversity or representation
Learning from colleagues sharing experiences of racism
Less careful and less shame and guilt with white staff
Facilitating or encouraging discussions
Fear of getting it 'wrong' or causing offense
Keeping it on the agenda
Reflection helps re-focus efforts
Trying to facilitate change
Awareness of whiteness, privilege and power
Proud of discussions
Making services more accessible
Don't do enough and could do more
Talking about racism with SU
Minoritised people or advocates holding responsibility (positioning)
Good supervision
Support - peer or higher management
Curiosity as to why the interviewer chose this thesis topic
Lack of support for racialised staff
Thoughtful recruitment to increase diversity
Work pressures and lack of resources
Angry' impotence - negative emotions - anxiety, frustration, discomfort
'Safe spaces'
Don't know how to be anti-racist and want to be told what to do
Negative experience of reflecting on shortcomings
Reflect more on difference with family therapists
Avoiding individual responsibility
Not challenged by others - power
Responsibility to be anti-racist and lead by example
Folders
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Appendix O: Development of Thematic Maps