

RESEARCH ARTICLE OPEN ACCESS

'The Relentless Nature of Whiteness': Black Psychologists' Experiences of Racial Microaggressions in Cross-Cultural Supervision

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ABSTRACT

Objectives: Research suggests that cross-cultural supervision can be prone to microaggressions with deleterious effects for ethno-racial minorities. There are currently no known studies examining the impact of racial microaggressions in supervision on qualified psychologists. This study aimed to explore Black psychologists' experiences of microaggressions in supervision with a White supervisor and their impact.

Methods: Semi-structured interviews were conducted with 10 individuals who had completed clinical or counselling psychology doctoral training. Interviews were transcribed and analysed using interpretative phenomenological analysis.

Results: Three superordinate themes and 12 subthemes were derived from the analysis. The superordinate themes were: 'It's the subtle things', 'It's an ordeal' and 'Surviving Whiteness in psychology'. The findings illustrate the complex nature of racial microaggressions and their profound and lasting impact on individuals. The cumulative impact of these experiences resulted in significant negative psychological outcomes.

Conclusions: The results suggest that there are common microaggressions that recur in supervision. Encountering microaggressions impeded the supervisory relationship, supervision and professional development. Clinical implications include recommendations for including multicultural competency in psychology trainings and ongoing professional development plans.

1 | Introduction

1.1 | Anti-Blackness

'Whiteness', the systematic processes that create the dominance of White people, has promoted the notion that non-White ethno-racial identities are abnormal and minoritised, despite being the global majority (DiAngelo 2018). This centres being White as the normative racial identity and typically results in other ethno-racial identities being grouped together. The term 'anti-Blackness' refers to the specific prejudice and discrimination experienced by those identified as Black. Black people in the

United Kingdom are disproportionately subjected to negative experiences and encounter more than their White or other ethnic minority counterparts (Cabinet Office 2018; Suly 2019). Ideas rooted in historical narratives regarding inferiority and primitiveness have been adopted by different ethno-racial groups, resulting in the perpetuation of harm towards Black people and maintaining social inequalities (Kinouani 2021). Consequently, Black people are the 'ultimate racial other' and the most disadvantaged by Whiteness (DiAngelo 2018; Tangel et al. 2019).

One way in which such othering is communicated is via racial microaggressions. Racial microaggressions (used interchangeably

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Summary

- Experiencing racial microaggressions has a significant negative impact on the supervisory relationship within clinical psychology and can seriously undermine and impede the function of supervision.
- The experiences of racial microaggressions within supervision and navigating the subsequent challenging supervisory relationship has a profound effect on the mental health and wellbeing of supervisees.
- Racial microaggressions within the supervisory context have a secondary impact on users of services, with clients being indirectly subjected to microaggressions and experiencing ethno-racial and culturally based discrimination.
- Multicultural competency and self-reflexivity are key components to successful engagement in cross-cultural supervisory practice within clinical psychology.

herein with microaggressions) are brief, common place interactions that communicate insulting messages to people of colour (Constantine and Sue 2007; Solórzano, Ceja, and Yosso 2000). They can take verbal, nonverbal and visual forms and are often automatic or unconscious (Solórzano, Ceja, and Yosso 2000; Williams 2020). Microaggressions are akin to aversive racism, where well-educated and well-intentioned individuals are unaware of their negative unconscious biases towards ethno-racial minorities (Pearson, Dovidio, and Gaertner 2009). Consequently, biases manifest in everyday attitudes and exchanges, negatively affecting the experiences of ethno-racial minorities (Dovidio et al. 2002). Microaggressions are often seen as innocuous, thus are dismissed or minimised. The perpetrator will usually deny or diminish the microaggression when confronted (Sue et al. 2007).

Increasingly, evidence supports the conceptualisation of complex racial trauma (CoRT), a theoretical framework that captures the multifaceted nature of racism and its profound impacts on recipients (Cenat 2023). Microaggressions are recognised as a form of CoRT (Cenat 2023; Desai 2018) due to the intense emotions evoked, the reliving of the experience and the lasting effects it can have on the individual (Bryant-Davis and Ocampo 2005; Carter 2007; Lowe, Okubo, and Reilly 2012). A significant feature of racial trauma and CoRT is ongoing episodes of racial discrimination and microaggressions alongside continuing societal and systemic oppression (Carter 2007; Cenat 2023). This has far-reaching consequences across domains of victims' lives (Cenat 2023). Whilst microaggressions alone can have a significant and dangerous impact, they are rarely experienced in isolation (Carter 2007; Williams et al. 2018). Sadly, most ethno-racial minorities will have experiences of racism beginning from a young age, continuing consistently throughout life, at micro- and macro-levels and involving new and repeated forms of racism (Cenat 2023). As microaggressions are part of everyday experiences of racism, they contribute to the repetitive, cumulative and constant characteristic of CoRT (Cenat 2023; Williams 2020).

Exposure to race-related stress and trauma has the potential to exhaust the available coping resources of recipients and threaten

resilience (Smith, David, and Stanton 2020). Consequently, this can contribute to racial battle fatigue, a race-related stress response resulting in psychological distress and psychophysiological symptoms (Smith 2004; Smith, David, and Stanton 2020). Such incidents pose a threat to emotional and psychological wellbeing and an individual's sense of self (Nadal et al. 2014; Spanierman, Clark, and Kim 2021; Torres, Driscoll, and Burrow 2010). Episodes of racism, including microaggressions, are associated with negative impacts on physical health and emotional distress (Berger and Sarnyai 2015; Carter 2007; Clark et al. 1999; Pieterse et al. 2012; Torres, Driscoll, and Burrow 2010; Williams et al. 2018), including disempowerment, suicidality, substance misuse, depression and anxiety (Banks, Kohn-Wood, and Spencer 2006; Blume et al. 2012; Clark et al. 2015; Hollingsworth et al. 2017; Huynh 2012; Nadal et al. 2014; O'Keefe et al. 2015; Sue, Capodilupo, and Holder 2008).

1.2 | Whiteness and Clinical Psychology

Clinical psychology has been criticised for its overt and covert racism for many years (Wood and Patel 2017). Empiricism and eugenics were deeply embedded in its foundations (Pilgrim and Patel 2015). It has been complicit in perpetuating narratives regarding the inferiority of Black people and enabling racial harm towards this group (Desai 2018; Pilgrim and Patel 2015). Approximately 88% of psychologists is White (BPS 2015). Systemic barriers and myths of meritocracy have contributed to the under-representation of ethno-racial minorities (Wood and Patel 2017), and discrimination and prejudice are reported to be commonplace for ethno-racial minority trainee and qualified psychologists (Adetimole, Afuape, and Vara 2005; Patel et al. 2000; Paulraj 2016).

1.3 | Supervision in Clinical and Counselling Psychology

Clinical supervision is the formal provision of work-focused education and training, which supports, develops and evaluates the work and overall functioning of colleague(s) through relationship with approved supervisors (Bernard and Goodyear 2004; Milne 2007). Supervisors hold evaluative and expert roles, resulting in power differentials, with greater power afforded to the supervisor (Bernard and Goodyear 2004; Norman and Coleman 2003). This power imbalance can be compounded by other differences within the supervisory relationship, amplifying the hierarchical nature of supervision (Norman and Coleman 2003).

Cross-cultural supervision refers to supervisory relationships in which the supervisor and supervisee differ in terms of race, ethnicity and/or class (Constantine 1997). Cross-cultural interactions are prone to microaggressions, which can occur within the psychological context, impacting clients and supervisees (Constantine and Sue 2007; Pieterse 2018; Sue, Capodilupo, Nadal, and Torino 2008). Cross-cultural supervision can replicate and perpetuate social inequalities and power differentials (Constantine and Sue 2007; Patel 2004). Studies suggest that White supervisors may not examine their internal biases, leading to colourblind approaches and neglect of racial-cultural issues (Dressel et al. 2007; Gatmon et al. 2001; White-Davis, Stein, and Karasz 2016).

1.4 | Microaggressions in Cross-Cultural Supervision With Black People

The power imbalance inherent in supervision can interact with racial-cultural differences, contributing to complex dynamics within the supervisory space (Patel 2004). Qualitative research and reflective accounts explored Black and ethno-racial minorities experiences of cross-cultural supervision in North America, examining experiences of supervisees undertaking training or qualified supervisors in psychological and counselling professions. Black clinicians reported various experiences of microaggressions including stereotyping themselves or their clients, pathologising cultural values and communication styles, invalidation of concerns and ethno-racial identity, culturally insensitive treatment recommendations and querying professional competence (Constantine and Sue 2007; Hall 2018; Jangha, Magyar-Russell, and O'Grady 2018). Consequently, clinicians experienced numerous negative emotional and psychological outcomes such as mistrust of the supervisor, unsatisfactory supervision, missed learning opportunities and relationship rupture (Constantine and Sue 2007; Jendrusina and Martinez 2019; Remaker et al. 2021; Upshaw, Lewis, and Nelson 2020). Similarly, UK-based quantitative research found that ethno-racial minority supervisees experienced less safety and more harmful culturally unresponsive supervision than their White counterparts (Vekaria et al. 2023).

1.5 | Aims of the Present Study

Navigating complex supervision dynamics arising from power imbalances may have unknown yet profound impacts on Black psychological professionals, particularly considering the pervasiveness of anti-Blackness and the prevalence of microaggressions within cross-racial interactions. Previous research has predominantly examined experiences of Black trainees and supervisors in North America or produced quantitative data on UK-based experiences. To the authors' knowledge, this is the first study specifically focused on experiences of microaggressions in clinical supervision for Black psychologists as supervisees in the United Kingdom. As there are differences in the level of oversight, clinical responsibility, frequency and duration of supervision and formal support systems, experiences of Black qualified psychologists need exploring.

The present study aims to provide an in-depth account of experiences to understand how microaggressions from White supervisors' impact Black psychologists, specifically:

1. Which specific microaggressions might occur within the supervisory relationship?
2. What is the impact of experiencing microaggressions on the supervisee?
 - A What emotions are experienced by supervisees in relation to microaggressions and how do they cope with them?
 - B What other impact factors are apparent?

2 | Materials and Methods

2.1 | Design

The study employed semi-structured individual interviews using interpretative phenomenological analysis (IPA; Smith, Flower, and Larkin 2009).

2.2 | Participants

Ten participants were recruited via social media platforms. Inclusion criteria were as follows: self-identification as Black, completion of clinical/counselling psychology doctoral training and experiences of microaggressions within a posttraining supervisory relationship with a White supervisor in the last 5 years. Individuals with doctoral level training in other branches of psychology were excluded.

Participant demographic information was not collected or disclosed to protect anonymity, given low numbers in the United Kingdom. Responses were anonymised and redacted to protect confidentiality and anonymity. Table 1 displays background information regarding clinical experience and experience of microaggressions. Two participants had completed training but awaited qualified status due to Covid-19-related delays. All participants were clinical psychologists, except one counselling psychologist. All were female except one male psychologist.

2.3 | Procedure

Respondents to advertising were electronically sent the information sheet, which included sample questions and offered the opportunity to discuss further. Individuals who agreed to participate were contacted to arrange the interview. Participants received a background information questionnaire and consent forms electronically at least 72 h prior to the scheduled interview, which were completed and returned before the interview. The background information questionnaire obtained descriptive information pertaining to posttraining supervisory experiences.

2.3.1 | Interview Procedure

The interview schedule (Appendix A) was adapted from a schedule developed by Constantine and Sue (2007). Questions were broad and open-ended, including optional prompts. Interviews were conducted online using the Zoom videoconferencing platform between April 2021 and December 2021. Interviews lasted 44 to 91 min, including debrief.

2.4 | Analytic Procedure

IPA is concerned with how participants make sense of their experiences and allows for in-depth exploration of participants' inner worlds, through the interpretations made by the researcher.

TABLE 1 | Participant background information.

Questions	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Time passed since completing training	10 years	17 years	7 months	1.5 years	13 years	10 months	4 years	20 years	3 years	4 years
Number of supervisors since completing training	8	6	5	4	6	2	6	13	3	4
Number of White supervisors since completing training	7	5	4	4	6	2	6	12	2	4
Number of Black supervisors since completing training	1	0	0	0	0	0	0	1	1	0
Experienced racial microaggressions or subtle racism from more than one White supervisor	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes
Number of White supervisors that have perpetrated microaggressions or subtle racism	3	2	1	1	2	2	4	11	1	2
Length of time following training before first experience of microaggressions in supervision	4 years	16 years	5 months	6 months	3 years	5 months	Unsure	Occurred immediately	3 months	A few months
Ongoing supervision with the supervisor(s) discussed in study	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No
Length of the relationship with the supervisor(s) discussed in the study	1 year	6 years	7 months	1.5 years	5–6 years	8 months	1–10 years	3 months	3 years	4 months
Length of the longest relationship involving microaggressions	1 year	6 years	7 months	1.5 years	5–6 years	8 months	10 years	10 years	3 years	4 months
Microaggressions viewed as a common place experience	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

The gathered data were analysed using Smith, Flower, and Larkin's (2009) six-step IPA method. The process involved repeated reading and immersion with transcripts. The first transcript was annotated separately by two of the authors (N.E. and M.C.) and compared, demonstrating congruence of interpretation. Transcripts were explored and annotated line by line, and emergent themes developed through analysing the comments and considering connections and patterns. Themes by participants were constructed before exploring patterns across all 10 transcripts. The primary researcher was guided by the aims of the research, focusing on participants' experiences of microaggressions and their reported effects. Shared themes were identified and formed the development of the collective superordinate themes and subthemes.

2.5 | The Primary Researcher's Background, Experiences and Biases

The primary researcher is a Black woman, who was undertaking her clinical psychology doctoral degree at the time of the research. As a Black woman living in England, the primary researcher had experienced racism throughout her life and had previously experienced microaggressions from White supervisors. She was supervised by two White psychologists when undertaking this research study. The primary researcher was aware that her biases would influence her perspective and attendance to data. She believed that participants would have experienced multiple microaggressions from multiple White supervisors throughout their career, which would have caused feelings of anger, sadness and powerlessness.

Prior to conducting interviews, the researcher engaged in a self-reflexive bracketing exercise (Ahern 1999). A bracketing interview with a White trainee clinical psychologist was conducted prior to analysing data. A reflective diary throughout the research process preserved a self-reflexive stance and attended to emotional processes and influences. The primary researcher acknowledges that her positionality will have influenced the development of the research questions and interpretations of the findings.

TABLE 2 | Superordinate themes, subthemes and source *n*.

Superordinate theme	Subthemes	Number of participants contributing to subtheme (total <i>n</i> = 10)
It's the subtle things	This wouldn't happen if I was White	7
	They think we're all the same	5
	Shutting down the conversation	10
	The British way or the highway	2
	Services are for White people	6
	Questioning my competence	4
It's an ordeal	A powerful blow	10
	'Death by a thousand cuts'	10
Surviving Whiteness in psychology	All the ways I protect myself	8
	Finding safe workspaces	8
	Replenishing myself	8
	'Fighting the good fight'	6

2.6 | Ethical Considerations

Ethical approval was provided by Canterbury Christ Church University (Reference V:\075\Ethics\2020–21).

3 | Results

3.1 | Themes

Three superordinate themes and 12 subthemes emerged (see Table 2). Superordinate themes were as follows: 'It's the subtle things', 'It's an ordeal' and 'Surviving Whiteness in psychology'.

3.2 | It's the Subtle Things

The supervisory context, Whiteness, intellectualisation and language were observed to be factors in introducing ambiguity when supervisees were interpreting the interactions, evoking the term 'subtle' as a descriptor. Although the subthemes have been differentiated, some of these concepts are interconnected. All participants experienced multiple incidents and combinations of microaggressions within the supervisory context.

3.2.1 | This Wouldn't Happen if I Was White

This subtheme describes experiences of discrimination from supervisors due to supervisees' ethno-racial identity.

And I think she wouldn't have treated me that way if I was a White female because I saw her treat an assistant psychologist who was White quite nicely. (P1)

If supervisees did not comply with supervisor's requests or expectations, such as not being White, they felt bullied, punished and mistreated as a consequence.

And then there was a kind of stark realisation, actually, my Blackness is seen and the moment I am kind of acting out or acting above my station, that would be received poorly.

(P3)

Discrimination resulted in feelings of hypervisibility due to being Black. For some participants, being seen as 'less than' became internalised, leading to feelings of shame regarding their racial identity and subsequent guilt for wanting to assimilate. Supervisees found themselves adopting styles that were more consistent with being White, as this was protective in the workplace and may have counteracted feelings of not belonging within the profession, enabling them to continue working.

... I feel ashamed to not be like them or look like them or think like them or have had the same background as them. And I also feel quite traitorous that I will enter that space and sound ... more White ...

(P3)

3.2.2 | They Think We're All the Same

This subtheme captures experiences of supervisees and ethno-racial minority clients being stereotyped by their supervisor. The reported stereotypes related to ideas around a lack of psychological mindedness, disrespect for authority, unruly behaviour, anger and drug use.

Participants felt forced to fit with racial stereotypes, leaving them feeling misunderstood. For ethno-racial minority clients, pathologisation intersected with stereotyping. Deviations from the norm were understood through a stereotypical lens and influenced treatment recommendations.

'Oh, but she's challenging and she's not psychologically minded anyway' ... even flippant things like 'well Caribbean women are just a bit like that'.

(P7)

Supervisees were allocated ethno-racial minority clients or consulted with on race related matters. Through their lived experience and attendance to racial-cultural issues, supervisees reinforced ideas of being experts on race, leaving them holding the burden of race and culture. Experiences of microaggressions amplified supervisees' sense of duty and protection towards ethno-racial minority clients.

... if this is happening to me, it could happen to somebody else and sort of then feeling a bit of a duty to actually find a way of approaching race and racism.

(P9)

3.2.3 | Shutting Down the Conversation

This subtheme encapsulates the experiences of all participants where they felt that their supervisors minimised, ignored or dismissed racial-cultural matters.

Endeavours to discuss personal racialised experiences were routinely met with silence, alternative explanations or dismissals. The psychological context had a significant influence by promoting consideration of different perspectives to understand interactions.

And again, you try to psychologise everything away apart from one of the other issues, maybe is possibly racism.

(P6)

Although invalidation was a repeated experience, there was an additional layer of disappointment and betrayal due to expectations around their supervisor's abilities as psychologists.

Our job is to not shut it down. We never shut it down. That's not how we're trained. And she shut it down.

(P2)

This sense of betrayal was a recurring theme across participants. These experiences were the ones most associated with relationship rupture.

We never recovered, to be honest. That relationship never recovered.

(P5)

This microaggression contributed to unsafety in supervision. To minimise threat, supervisees avoided discussing incidents of racism or racial-cultural issues and tried to ingratiate themselves to their supervisor.

One of the biggest challenges is feeling that you are holding the weight of the entire relationship. That it is your responsibility to prevent or safeguard against any potential situation, despite the fact the microaggressions are perpetrated by the other person.

(P3)

Supervisors obscured the racial undertones by foregrounding other service priorities or work tasks, legitimised by the supervisory context. Invalidating responses produced self-doubt and were effective in challenging participants' realities.

3.2.4 | The British Way Or the Highway

This subtheme relates to incidents involving the pathologisation of communication styles or values due to differences from British cultural standards.

Variations in cultural styles and values were framed as deviation from professional standards and norms. The power imbalance in the relationship and the reframing of cultural differences immobilised participants, preventing them from challenging their supervisor's view. Consequently, supervisees had to adopt incongruent styles and values to protect their career.

Because I learnt very quickly that bringing any element of myself to work was dangerous. And actually, the only way I could communicate and work with these White women in the NHS was by not being myself. Simple.

(P5)

Although only two participants explicitly described experiences of pathologisation, most participants were engaging in forms of compliance or performance at work.

... it feels sometimes that you have to go in with a bit of a mask, to work.

(P7)

3.2.5 | Services Are for White People

This subtheme captures discrimination against ethno-racial minority clients pertaining to accessing treatments and services. This microaggression often worked in tandem with 'shutting down the conversation'.

Many participants spoke about working in predominantly White services with White clients. When this was raised in supervision or wider teams, the idea that 'this is England' was used to justify the absence of ethno-racial minority clients.

And what that leaves you with is sometimes, especially with this particular supervisor, not wanting to, you know, bring stuff like that to the room, you know?

(P10)

When ethno-racial minority clients did access services, pathologisation and stereotyping quickly resulted in barriers to treatment, ensuring that services continued serving primarily White populations.

Participants believed this microaggression stemmed from their supervisors' unconscious incompetence, rather than intentional neglect. Supervisees alluded to generational and time effects, which influenced and justified their supervisors' level of multicultural abilities.

Some of them have had 30 odd year careers where there's, that hasn't been reflected to them by most people that that's something that they need to do.

(P7)

3.2.6 | Questioning My Competence

This subtheme summarises supervisees' experiences of being professionally undermined due to their ethno-racial identity. The supervisory context authenticated this microaggression and provided an opportunity for repeated incidents. It contributed to the obfuscation of the racial element by legitimising the competency focus, which also amplified the power imbalance. Evidence of racial bias was apparent within supervisors' responses to perceived weaknesses, which were punitive rather than supportive.

I think if it was a White person, it would have been seen as an opportunity to help them or to, you know. Or see them as maybe suffering from imposter syndrome, that type of thing.

(P1)

Supervisees described extensively checking their work, undertaking training and attending alternative supervision to counter this microaggression. For some, the repeated exposure to microaggressions led to the internalisation of narratives regarding incompetence. Consequently, they struggled to establish or maintain their professional identity.

I feel like there is real irreparable damage to my sense of self as a professional, that I'm curious as to whether that will ever change

(P3)

3.3 | It's an Ordeal

This theme captures the significant costs resulting from microaggressions within the supervisory relationship. Subthemes capture immediate responses and the long-term impact on the individual.

3.3.1 | A Powerful Blow

Participants described instantaneous strong responses to microaggressions. The reactions included anger, pity, sadness, disgust, shock, embarrassment and disappointment. Supervisees reported feeling powerless, hopeless, lonely, dependent and bullied; however, none expressed their feelings in the moments immediately following the incident. Participants described dissociating or using denial or minimisation to cope.

I actually felt quite suicidal thinking about it.

(P8)

Some supervisees experienced similar emotions and levels of intensity when recalling the incidents, highlighting the ongoing power of such experiences.

And now I'm just cross again.

(P2)

Sometimes behavioural and emotional responses were incongruent with participant words. Expression of intense emotion was typically fleeting, illustrating how participants had learned to navigate or suppress their emotions when dealing with microaggressions.

■ Anger. [laughs]. Anger and frustration. (P1)

3.3.2 | 'Death by a Thousand Cuts'

Persistent experiences of microaggressions in supervision resulted in long-term and cumulative consequences. Harmful narratives were internalised, reducing self-esteem and confidence. Supervisees felt intimidated, punished and silenced, leaving them disempowered. Only one participant named her experience as traumatic; however, all participants displayed trauma-like responses of hypervigilance and regarding work as a dangerous place. They developed fear and anxiety and frequently considered how to avoid and navigate further harm. Participants also became emotionally and physically withdrawn, with some avoiding or modifying supervision to feel safe.

■ I limit how much of myself. I'll go with, like, very specific questions ... I might prefer to share that supervisory space with somebody else. (P4)

Some compartmentalised their supervisor's behaviours to continue the relationship, enabling them to identify positive aspects in the midst of microaggressions. This presented participants with contradictory evidence that was difficult for them to reconcile with.

■ ... the very person who is sort of grooming you and nurturing is the same person who is abusing you. And I think that's very, very difficult. (P5)

Continuing experiences left some supervisees feeling depressed, exhausted and defeated. For two participants, stress and anxiety negatively impacted their health and wellbeing.

■ And dealing with stress and times like that, you'd be surprised how many people probably have issues with conceiving. If they conceive, have miscarriages ... So many women, I can imagine have so many health challenges as a result of their supervisory relationship. (P5)

For some participants, microaggressions resulted in punitive processes and negative appraisals, influencing career progression and job security, further impacting professional growth. This was likely compounded by experiencing worsening self-esteem, self-doubt, depression and anticipation of further work-based harm.

■ And so, in that respect, it has sometimes felt like there's only so far professionally that I can go in this realm ... (P7)

When dealing with microaggressions, participants frequently faced dilemmas due to fear of negative consequences. Supervisees' experienced self-doubt over whether a microaggression had occurred or whether it was serious enough to address. Past unhelpful responses and the toll of navigating these discussions were deterrents in naming and addressing microaggressions.

■ Like, is it actually worth taking it further? What would taking it further even mean? You know, who's going to back you or support you and you know, people that might be affected? (P9)

Participants were often conflicted, feeling shame, regret and guilt if they did not address microaggressions. Unconscious attempts to protect themselves from harm prevented supervisees from seeing how their behaviour could reinforce the perpetration of microaggressions. Reflecting within the interviews led to greater awareness of coping strategies employed and the incongruence with participant's values.

■ And even the more I talk about it, the more I think about it, the fact that, yeah, that's where I never wanted to be. And that's where I am now ... (P10)

3.4 | Surviving Whiteness in Psychology

Four subthemes highlight repeated attacks in the forms of microaggressions that require the need to survive and not just manage experiences.

3.4.1 | All the Ways I Protect Myself

This subtheme captures strategies often unconsciously or automatically utilised by participants to minimise harm to themselves whilst endeavouring to find ways to continue. As supervisees were unable to shield or defend themselves when microaggressions were perpetrated, the best option available was lessening the impact.

■ ... so, I have to kind of just ignore it to be able to do my work and move on. (P6)

Participants hid aspects of themselves and refrained from discussing personal information. Many maintained a façade at work and were overly compliant.

■ I was a puppet. I just kind of did the song, did the dance, said what they needed to hear. (P3)

Participants engaged in a process of separating the self, to create an 'acceptable professional self'. Compartmentalising themselves had a dual benefit of protecting from microaggressions and preserving aspects of themselves, which could be more freely expressed in other spaces.

... where we feel safe enough to talk about things like this ... Without that feeling of judgement or acknowledging the threat it brings ...

(P10)

Most supervisees had considered leaving their jobs, and some did leave or reduced working hours.

3.4.2 | Finding Safe Work Spaces

This subtheme summarises the ways that supervisees ensured that their professional needs were met in a safe and helpful way.

Several participants met their professional needs through peer supervision, mentorship and reflective spaces. Some sought support from an alternative supervisor, including privately funded. Sharing experiences with other Black and ethnic minority psychologists and professionals was validating and created a sense of universality, combatting feelings of loneliness. It also enabled supervisees to experience a sense of belonging by joining their own community.

And it's like you've got a team behind you in the support and every time you go into that environment, you feel like you're amplified and feel like, supported and then you go away. And you can do great things ...

(P4)

3.4.3 | Replenishing Myself

This subtheme captures the personal avenues that supervisees accessed to manage their experiences.

Therapy was significant for some in processing and coping with experiences of microaggressions. For two Christian participants, countering microaggressions with biblical knowledge reduced their emotional impact and prevented internalisation.

I had to tell myself that what they are telling me I am, is not who I am. And because God says all these things, which actually, great and wonderful and fearfully made ...

(P3)

Participants received validation, comfort and opportunities to live more authentically through family and friends. Being around like-minded people reminded participants that the professional and sociocultural contexts significantly contributed to their experiences, providing hope.

... this isn't the only way to experience life as a person, as a Black person. There are so many different ways that we live and thrive, and that's what I'm trying to get to.

(P7)

3.4.4 | 'Fighting the Good Fight'

Several participants were incited to become good supervisors and therapists. They facilitated conversations regarding race and difference with clients, colleagues and their supervisees, thereby finding a 'silver lining', giving meaning to and minimising the harm.

I think it has impacted on my professional development, probably in a positive way.

(P2)

Receiving microaggressions compelled several participants to name incidents, for the benefit of others and to effect change. Some liaised with unions, HR departments or filed grievances. Formalising the process and removing the emotional element felt safer. Participants also engaged in antiracist activism, by creating educational platforms, providing mentoring and delivering relevant training. This likely provided distraction from difficulties, making experiences more manageable.

I try and focus on the things I do have control over, like educating myself ...

(P4)

4 | Discussion

The present study suggests that specific types of microaggressions occurred and recurred within the supervisory relationship between qualified Black psychologist supervisees and White supervisors. 'They think we're all the same', 'Shutting down the conversation' and 'Questioning my competence' align with existing research identifying microaggressions perpetrated against Black and other ethno-racial minorities (e.g., Burkard et al. 2006; Constantine and Sue 2007; Sue et al. 2007) and highlights their existence within cross-cultural supervisory relationships within UK clinical psychology.

Microinvalidations are microaggressions that 'exclude, negate or nullify the psychological thoughts, feelings or experiential reality of a person of colour' (Sue, Capodilupo, and Holder 2008). The microaggressions identified herein could be conceptualised as microinvalidations, particularly 'shutting down the conversation'. Participants frequently struggled to understand or believe their perception of reality due to invalidation resulting in the imposition of incongruent views and practices, which contributed to the lasting negative consequences reported. The denial or dismissal of one's experiences could lead to the internalisation of unhelpful and/or misaligned messages or perspectives. A key feature of CoRT is the internalisation of beliefs or thoughts held by the dominant group which could lead to the replication of attitudes and/or

practices that uphold oppressive and discriminatory systems and threaten the resilience of ethno-racial minorities (Cenat 2023). This is bolstered by evidence associating microaggressions with loss of integrity, forced compliance and powerlessness (Blume et al. 2012; Sue, Capodilupo, and Holder 2008; Torres, Driscoll, and Burrow 2010). Microinvalidations are believed to be the most damaging form of microaggressions, and most likely to result in racial trauma (Pieterse 2018; Sue 2010). This concurs with the present study's findings as all participants reported profound psychological implications following experiences of microinvalidations.

Supervisees experienced a range of intense negative emotions following the perpetration of microaggressions and the cumulative and chronic impact of experiences posed a substantial risk to the individual. These included but were not limited to anger, sadness, shock, embarrassment, anxiety, fear, depression, hopelessness, and powerlessness. Repeated experiences led to internal conflicts, such as grappling with feelings of shame, doubt and guilt associated with adopting incongruent approaches and the denial of their reality and identity. Participants described low self-esteem, self-doubt and despondency following experiences. This mirrored processes identified in CoRT, where the repeated, ongoing and cumulative nature of racism can threaten psychological integrity and harm self-perception (Cenat 2023).

Supervisees responded to microaggressions in unconscious and automatic ways, to protect themselves against racial harm and to enable them to continue to exist in supervision and/or at work. The programming and speed of defences imply that the mechanisms are ever present and well honed, due to the familiarity of experiences and the need to defend against them. Supervisees' responses were also consistent with research indicating that those experiencing racial trauma can develop racial hypervigilance, which serves to mitigate further racial harm (Carter and Forsyth 2010; Cenat 2023). In the present study, racial hypervigilance appeared to manifest in different ways, such as avoiding supervision, appeasing supervisors and maintaining a façade at work. Engaging in suppressive coping mechanisms appeared to be a common strategy alluding to the strength of emotions, however, has been associated with poorer mental health (DeCuir-Gunby et al. 2020; Hernández and Villodas 2020); thus, coping strategies may have compounded supervisees' difficulties. The findings suggest that experiencing microaggressions was traumatic for these psychologists and caused anxiety, low self-esteem, depression, powerlessness, anger, stress and fatigue. Supervisees described trauma-like responses, such as detachment and dissociation, aligning with the evidence base for racial trauma and CoRT (Bryant-Davis and Ocampo 2005; Carter 2007; Cenat 2023). Recognition of racial trauma within the supervisory context is a significant finding, as this study suggests that supervision is a space where trauma and retraumatisation can occur.

Microaggressions negatively impacted the supervisory relationship, an associated consequence of microinvalidations (Constantine 1997, 2003) and led to fear of supervisors and dilemmas over best responses. This is further associated with poor mental health and exhaustion (Sue, Nadal, et al. 2008). Consequently, supervisees engaged in supervision at a

superficial level. Similar findings were reported in other studies exploring microaggressions in cross-cultural supervision (Constantine and Sue 2007; Wong, Wong, and Ishiyama 2013). Microaggressions resulted in neglect in supervision and impeded professional development, moreover, resulted in inappropriate and discriminatory treatment recommendations for ethno-racial minority clients, which converges with existing research and highlights the potential for harm (Constantine and Sue 2007; Ginsburg 2017; Lee Pichardo 2017; Walls et al. 2015).

4.1 | Limitations

The study recruited participants via purposive, opportunity and snowball sampling, in addition to relying on self-reported and retrospective data, which may have introduced bias (Jagher et al. 2020). Demographic information was not collected and other factors may have influenced the sample and data obtained. Information about supervisors was not collected, thus it was not possible to confirm their training, professional or personal backgrounds, which may have impacted the supervisory experiences reported by participants.

Measures were taken to minimise the primary author's influence on the research (Alase 2017). However, the primary author's biases, assumptions and experiences may have affected the development of the research questions, the interview schedule, the process of the interview and the data analysis (Jagher et al. 2020).

4.2 | Clinical Implications

Supervisors should be expected to name and attend to racial-cultural issues and power in supervision and mitigate racial trauma within the supervisory process (Patel 2004; Pieterse 2018; Soheilian et al. 2014). This study has highlighted the consequences of unconscious (multicultural) incompetence in supervisors, such as less safety in supervision and more harmful culturally unresponsive supervision (Vekaria et al. 2023). This appears more significant for ethno-racial minorities than their White counterparts, suggesting the importance of culturally responsive supervisors and supervisory practice (Vekaria et al. 2023).

For Black psychologists to be better supported in their role, clearer guidance from the BPS and relevant divisions is required regarding cross-cultural supervision. Multicultural competency should be a mandatory element in supervision. Governing bodies should consider formalising multicultural competence as a core component of psychology qualification training and ongoing professional development (Bautista-Biddle, Pereira and Williams 2020).

4.3 | Research Implications

Research should further explore experiences of ethno-racial minorities, to develop the evidence base regarding microaggressions in the United Kingdom, such as adopting an intersectional focus to consider how other aspects of identity interact with experiences. It is vital that these experiences are explored for other

groups of ethno-racial minority psychologists in supervision, to illuminate common types of microaggressions and their impact.

Research exploring successful experiences of cross-cultural supervision within the United Kingdom would be beneficial to develop best practice guidelines and approaches for attending to racial trauma and rupture in supervision.

5 | Conclusion

This study suggests that microaggressions were a recurring experience for Black psychologists when supervised by White clinicians, resulting in significant cumulative and chronic negative impacts. Damage to mental health and wellbeing, sense of self and identity, alongside impeded professional growth emerged. Microaggressions undermined the function of supervision, impairing supervisees' ability to access support and fracturing the supervisory relationship. Additionally, microaggressions from supervisors resulted in discriminatory experiences for ethno-racial minority clients. The clinical and counselling psychology professions require clear multicultural competency guidelines, with additional guidance for cross-cultural supervision.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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Appendix A

Interview schedule

As you know, your participation in this interview is based on your acknowledgment that subtle racism exists, your engagement in a supervisory relationship within the past 5 years in which your supervisor was White, and your acknowledgment that you have had some personal experiences with racism in supervision with your White supervisor. For the purposes of this interview, the racism with which I am most concerned is called racial microaggressions. Racial microaggressions are subtle and often unconscious exchanges or interactions that result in the communication of insulting or demeaning messages to Black people and other people of colour. Some people might view these exchanges or situations as harmless and non-offensive, but they often leave many Black people feeling denigrated or slighted because of their racial group membership.

During this interview, I would like to ask you about several aspects of your supervision relationship with respect to experiences of racism or racial microaggressions.

Situating questions

1. As you know, this interview is partly about your experience of supervision. Can you tell me about your general experience of supervision since qualifying?

Prompts:

- *Is there anything that stands out about any of those relationships? If so, what?*
- *How did your past experiences of racism shape how you have been in your relationships with your supervisors?*

2. Can you tell me about your general experience of supervision with the primary supervisor or supervisors that you'll be discussing today?

Specific experiences of racism/racial microaggressions

3. Describe the most memorable situation in supervision in which you felt uncomfortable because the interaction with your supervisor had racial undertones or racial microaggressions. Discuss the impact that this interaction had on you.

Prompts:

- *What feelings came up for you in that context?*
- *What impact did this have on your perception of your supervisor/yourself/the supervisory relationship?*

4. Describe the most memorable situation involving your supervisor in which you felt uncomfortable because the situation/interaction had racial undertones or racial microaggressions. This question relates to a situation that occurred outside of the supervisory space (but your supervisor was present for). Discuss the impact that this interaction had on you.

Prompts:

- What feelings came up for you in that context?
 - What impact did this have on your perception of your supervisor/yourself/the supervisory relationship?
5. Have you had any experiences or interactions with racial undertones that arose as a result of bringing issues of 'self' to supervision? Such as the impact that work may be having on you or your impact on the work (e.g. when you are not feeling 100% or have a strong reaction to a client). Describe the most memorable situation. Discuss the impact of this interaction had on you.

Prompts:

- What feelings came up for you?
 - What impact did this have on your perception of your supervisor/yourself/the supervisory relationship?
 - What impact did this have on your work with clients?
6. Have you had any experiences or interactions with racial undertones that arose as a result of a case/situation brought to the supervisory space (e.g. issue with a client/family or complaint)? Describe the most memorable situation. Discuss the impact of this interaction had on you.

Prompts:

- What feelings came up for you?
 - What impact did this have on your perception of your supervisor/yourself/the supervisory relationship?
 - What impact did this have on your work with clients?
7. Have there been any clinical or professional experiences with racial undertones that you felt unable to bring to supervision? Describe the most memorable situation. Discuss the impact this had on you.

Prompts:

- What were your reasons for not bringing the matter to supervision?
- What were the consequences of not bringing this to supervision?

General impact of experiences

8. What specific challenges did you face as a Black supervisee with regard to dealing with racisms or racial microaggressions in supervision?

Prompts:

- What types of feelings did you experience toward your supervisor with regard to these challenges or experiences?
- How did you deal with these feelings?

- To what extent did you share those feelings with your supervisor?
 - Who else did you share your feelings with?
9. What was the impact of experiencing of racism or racial microaggressions from your supervisor or in supervision?

Prompts:

- On you personally or professionally?
 - On the supervisory relationship?
 - On your work with clients?
10. What were your strategies for dealing with experiences of racism and racial microaggressions in supervision?

Prompts:

- Did your strategies change over the course of your supervision relationship? If so, how?
 - What enabled those strategies to change over time?
11. Discuss your perceptions of and feelings about your supervisor over the course of supervision.

Prompts:

- To what extent did these feelings and perceptions change?
 - To what extent did you share your feelings and perceptions with your supervisor?
 - (If something had been addressed – what impact did that have on your perception of and feelings about your supervisor?).
12. You've talked about a range of different experiences within the supervisory relationship. What do you think has been the cumulative impact of these experiences on you?

Prompts:

- What have been the consequences of these experiences?
- What feelings have you experienced in relation to this?
- How has this impacted your wellbeing/identity/self-esteem or confidence?
- How have you managed this?

13. Is there anything else you'd like to add to the interview that I asked about earlier or that I did not inquire about specifically?