

NGOZI EBUBEDIKE BSc Hons MSc

RACIAL MICROAGGRESSIONS IN CROSS-CULTURAL SUPERVISION

Section A: Racial microaggressions in cross-cultural and cross-racial supervision: A systematic review using a meta-ethnographic approach.

Word Count: 7999 (343)

Section B: 'The relentless nature of Whiteness': Black Psychologists' experiences of racial microaggressions in cross-cultural supervision

Word Count: 7998 (7)

Overall Word Count: 15, 997 (350)

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

MAY 2022

SALOMONS INSTITUTE FOR APPLIED PSYCHOLOGY
CANTERBURY CHRIST CHURCH UNIVERSITY

Acknowledgements

I would like to thank the participants for their openness and willingness to take part in this study, without which the study would not have been possible.

To Professor Margie Callanan, thank you for your continued support, knowledge and time throughout this whole process. Thank you, Dr Anna Oldershaw, for your support and time with this project, and for encouraging me to pursue this topic.

To Amaka Ebubedike and Dr Ndidi Boakye, thank you for your patience and unwavering support. To my family, thank you for your constant encouragement and belief in me.

Summary of the Major Research Project

Section A

A systemic review of research exploring ethno-racial minorities' experiences of racial microaggressions in cross-cultural and cross-racial supervision. Thirteen studies were identified from the systematic search. Using a meta-ethnographic approach, findings were integrated to identify six categories relevant to experiences of microaggressions in supervision. The review highlights the significant impact that microaggressions have on the recipient and how individuals cope with this. Microaggressions also had a negative impact on the supervisory relationship, supervision and ethno-racial minority clients' experiences. A critical evaluation of the studies is discussed, and the clinical and research implications are considered.

Section B

An empirical study exploring Black psychologists' experiences of microaggressions in supervision with a White supervisor, and their impact. Semi-structured interviews were conducted with 10 clinical or counselling psychologists and analysed using Interpretive Phenomenological Analysis (IPA). Three superordinate themes and 12 subthemes capturing participants' experiences were derived from the analysis. The superordinate themes are: *'It's the subtle things'*, *'It's an ordeal'* and *'Surviving Whiteness in psychology'*. The results indicate that recurring microaggressions arise in supervision, with deleterious effects for recipients. Findings are discussed in the context of existing literature. Clinical implications, directions for future research and limitations of the study are also considered.

Contents

Section A.....	10
Abstract.....	11
Introduction.....	12
Supervision in psychological professions.....	12
Cross-cultural and cross-racial supervision in psychological professions.....	12
Racial microaggressions	15
Racial microaggressions in cross-cultural and cross-racial supervision.....	16
The impact of racial microaggressions	16
The current review: rationale and aims.....	17
Methodology.....	19
Eligibility criteria.....	19
Search Strategy	21
Review	25
Study selection.....	25
Critical appraisal	25
Strengths	25
Limitations	26
The meta-ethnographic approach.....	39
How the studies are related.....	39
Translating the studies into one another	41
Synthesis of the translations.....	47
Synthesis	49
Types of racial microaggressions.....	49
Stereotyping	49
Feeling excluded/treated differently due to racial identity	49
Pathologising/criticising cultural values or communication styles.....	50
Denial, minimisation or neglect of racial identity and/or interethnic differences	50
Dismissal/invalidation of concerns	51
Evaluation/recommendation based on cultural bias	51
Querying professionalism and ability	52

The impact on the recipient.....	53
Emotional responses	53
Psychological responses.....	53
Somatic responses	55
Negative professional experiences.....	55
The impact on the supervisory relationship and supervision.....	56
Mistrust/loss of trust	56
Withdrawal from supervision	56
Missed learning opportunities around race and culture	56
Unsatisfactory supervision.....	57
Relationship rupture.....	57
Dilemmas arising from experiencing racial microaggressions.....	57
Fear of negative consequences/repercussions.....	58
Fear of experiencing further racial microaggressions.....	58
Fear of rupturing the supervisory relationship.....	58
Fear of other people’s perceptions/judgements	58
The experience of confrontation	59
Coping strategies.....	59
Avoidance/silence	59
Denial/minimisation.....	59
Hiding aspects of the self	60
Seeking alternative support.....	60
Confronting power and racial microaggressions	60
Incited to be a better supervisor or therapist.....	60
Religion and spirituality.....	61
Intersectionality.....	61
Discussion	61
Findings.....	61
Limitations	64
Clinical implications	65
Further research	66
Conclusion	67

References.....	68
Section B.....	82
Abstract.....	83
Introduction.....	84
Anti-Blackness.....	84
Whiteness and clinical psychology.....	85
The role of supervision in clinical and counselling psychology.....	85
Racial microaggressions.....	86
Microaggressions in cross-cultural supervision with Black people.....	87
The impact of microaggressions.....	87
Rationale for research.....	88
Aims of the research.....	89
Methods.....	89
Design.....	89
Recruitment.....	90
Participants.....	90
Data collection process.....	94
Interview schedule.....	94
Background information questionnaire.....	94
Procedure.....	94
Quality assurance and reflexivity.....	95
Ethical considerations.....	96
Data analysis.....	96
Results.....	97
Themes.....	97
Presentation of themes.....	97
It's the subtle things.....	98
This wouldn't happen if I was White.....	99
They think we're all the same.....	100
Shutting down the conversation.....	101
The British way or the highway.....	103
Services are for White people.....	104

Questioning my competence.....	105
It's an ordeal	106
A powerful blow	106
'Death by a thousand cuts'	107
Surviving Whiteness in psychology.....	111
All the ways I protect myself	111
Finding safe work spaces	112
Replenishing myself.....	113
'Fighting the good fight'	114
Discussion.....	115
Limitations	117
Clinical implications	118
Research Implications.....	119
Conclusion	120
References.....	121

List of Tables and Figures

Table 1: Inclusion and exclusion criteria.....	20
Table 2: Search terms, Boolean operators and filters used for database searches.....	22
Figure 1: PRISMA flowchart illustrating the systematic search.....	24
Table 3: Summary of study characteristics	29
Table 4: Second order constructs identified in the studies	42
Figure 2: Ethno-racial minorities' experiences of racial microaggressions in cross-cultural and cross-racial supervision.....	48
Table 1: Participant background information.....	92
Table 2: Superordinate themes; subthemes and source n.....	98

Appendices

Appendix A: Data extraction form	133
Appendix B: The Critical Appraisal Skills Programme (CASP) checklist for qualitative research	134
Appendix C: The Centre for Evidence-Based Management (CEBM) critical appraisal tool for case studies.....	135
Appendix D: Summary of CASP quality assessment checklist (qualitative)	136
Appendix E: Summary of Centre for evidence-based management (CEBM) quality assessment checklist (case study)	138
Appendix F: Reciprocal translations of included studies	139
Appendix G: Recruitment poster	165
Appendix H: Participant information sheet	166
Appendix I: Interview schedule	170
Appendix J: Constantine & Sue (2007) interview schedule	174
Appendix K: Background information questionnaire	175
Appendix L: Consent form	176
Appendix M: Excerpts from reflective diary	178
Appendix N: Ethical approval letter	183
Appendix O: Signposting information for participants	184
Appendix P: Annotated transcript example	185
Appendix Q: Individual superordinate and subtheme development process.....	186
Appendix R: Collective superordinate and subtheme development process.....	193
Appendix S: Final superordinate and subtheme list with supporting quotes.....	225
Appendix T: End of study letter to Salomons Ethic Panel	237
Appendix U: Research summary for participants with extended results.....	241
Appendix V: Journal submission guidelines.....	245

Section A

Racial microaggressions in cross-cultural and cross-racial supervision: A systematic review using a meta-ethnographic approach.

Candidate number: CP 8875386/19

Word Count: 7999 (343)

Abstract

Supervision has multiple purposes in the training and practice of psychological and mental health professionals. Increases in cross-cultural supervision have produced multicultural issues, such as racial microaggressions. Racial microaggressions are associated with negative psychological outcomes for the recipient, including stress, trauma, anxiety and depression. This review explores and synthesises ethno-racial minorities' experiences of racial microaggressions in supervision and their consequences. A systematic search of the literature produced 13 North American based articles that met the inclusion criteria. Results were synthesised using a meta-ethnographic approach. The evidence was organised into six categories: types of racial microaggressions, the impact on the recipient, the impact on the supervisory relationship and supervision, dilemmas arising from experiencing racial microaggressions, coping strategies and intersectionality. Experiencing racial microaggressions in supervision has negative emotional, psychological and professional outcomes for ethno-racial minorities. There might be secondary effects for ethno-racial minority clients due to neglect of ethno-racial and cultural needs and culturally insensitive treatment recommendations. UK-based research is needed to explore experiences for different ethno-racial identities, dyads and professions in the UK. Qualitative research would be appropriate to investigate this under explored phenomenon.

Key words: racial microaggressions, racism, supervision, cross-cultural, multicultural competency

Introduction

Supervision in psychological professions

Supervision can involve an evaluative and hierarchical relationship through which an intervention is provided by a more senior member to a more junior member within a profession (Bernard & Goodyear, 2004). Supervision develops, evaluates and optimises the quality and work of supervisees via the educational relationship, contributing to effective client centred care (Milne, 2007; Milne, 2009). It is considered a 'learning' method; enabling acquisition of new insights and integrating practical experience with theoretical knowledge (Zorga, 1997).

Supervision is an ethical and professional expectation, essential to good and effective practice as a Psychologist (The British Psychological Society [BPS], 2017). Supervision is an essential component of training and practice for mental health professionals (Allan et al., 2017). It provides an important avenue for supervisees to seek support and discuss challenges (Sukumaran, 2016).

Cross-cultural and cross-racial supervision in psychological professions

For the purposes of this review, cross-racial supervision refers to a supervisory relationship in which the supervisor and supervisee belong to different ethno-racial groups. Multicultural or cross-cultural supervision is defined as a supervisory relationship in which the supervisor and the supervisee differ on one or more variable such as race, ethnicity or class (Constantine, 1997).

The terms cross-cultural, multicultural and cross-racial may be used interchangeably within this review.

Culture and race have a significant impact in supervision, with supervisees typically being evaluated against ethnocentric cultural norms (Patel, 2004). Race and ethnicity profoundly

impact the process of supervision and perception of the supervisor (Leong & Wagner, 1994).

Supervision provides a context where power imbalances and social inequalities can operate and interact (Patel, 2004). Wider power relations are often enacted within the supervisory relationship and reflect societal norms (Constantine & Sue, 2007; Desai, 2018).

Discussing issues pertaining to race and culture can result in anxiety and discomfort, leading to avoidance by those in the supervisory relationship (Patel, 2004). Part of this discomfort from ethno-racial minorities can be attributed to previous negative experiences of attempting to discuss these issues (Desai, 2018). Conversations may be difficult for White supervisors due to difficulties acknowledging racial majority group membership and power outside of the supervisory relationship (Inman et al., 2014). Minoritised supervisees can find sharing differences challenging, and are often aware of their limited power in the supervisory relationship and minority status (Berkel et al., 2007; Ponterotto et al., 2010). There are additional power implications when the supervisee holds trainee status (Desai, 2018). Reframing discomfort as ‘growing pains’ and allowing for ‘relational danger’ can provide opportunities for growth in inter-ethnic supervision (Cabrera et al., 2016; Messent, 2016).

As supervisors typically hold the power, they are encouraged to raise issues related to culture, power and race and address them appropriately (Adetimole et al., 2005; Patel, 2004; Soheilian et al., 2014). Discussing cultural issues in supervision is associated with a higher supervisory working alliance and greater satisfaction with supervision (Gatmon et al., 2001). Supervisors’ willingness to discuss cultural issues can enhance the cross-cultural supervisory relationship (Fukuyama, 1994; Soheilian et al., 2014).

Another consideration in cross-cultural supervision is the triadic relationship between the supervisor, supervisee and the client. Clients’ experiences can be pathologised and cultural

differences ignored during discussions, introducing the potential for harm (Desai, 2018). Western psychological approaches are commonly and inappropriately applied to individuals from certain groups despite being culturally incongruent or perpetuating existing experiences of marginalisation (Patel & Fatimilehin, 1999). Therefore, it is imperative that issues relating to race, culture and ethnicity are attended to, for the benefit of clinical work (Soheilian et al., 2014).

Numerous supervision models focusing on skills acquisition and professional development have neglected cultural and racial factors (Estrada et al., 2004). Early models of multicultural supervision predominantly focused on supervisees' competence, ignoring supervisors' competence and the effect this had on supervision (Inman, 2008). Additionally, these models provided generic suggestions and lacked a framework for approaching multicultural issues within supervision (Inman, 2008). As all supervision has been acknowledged as multicultural, attempts have been made to develop more comprehensive cross-cultural models of supervision (Chopra, 2013). The working model of cross-cultural supervision, developed in the field of social work, recommends explicit integration of cross-cultural factors alongside self and relational reflexivity, modelled by the supervisor (Lee & Kealy, 2018). In systemic and family therapy supervision, supervisors are urged to consistently and continually facilitate and engage in self-reflexivity regarding racial identity (Pendry, 2012). Additionally, supervisors are encouraged to challenge inequality, including when it exists within the supervisory relationship (Pendry, 2012). Frameworks, such as the six dimensions of multicultural supervision competencies (Ancis & Ladany, 2001) have attempted to operationalise multicultural competence. However, individual interpersonal functioning and interpersonal interaction dynamics in supervision can impact the process of multicultural supervision, undermining the application of such frameworks (Ancis & Ladany, 2001; Helms & Cook, 1999). Best practice guidelines for multicultural supervision

recommend that supervisors examine their biases and assumptions and educate themselves, so they are equipped to respond to concerns relating to clients and supervisees from minoritised groups (ACES, 2019; Fernandes & Lane, 2020). Nevertheless, effective multicultural supervision remains threatened by unintentional ‘isms’, unconscious and conscious assumptions and biases, overamplification or neglect of cultural issues and insensitivity to supervisees and ethno-racial minorities (Erickson-Cornish et al., 2010; Sue & Sue, 2016).

Racial microaggressions

Racial microaggressions, originally defined by Professor Pierce (1970), can be understood as ‘brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership’ (Sue et al., 2007). Applying social-dominance theory (Sidanius & Pratto, 1999), racial microaggressions can be understood as part of intergroup behaviours which reinforce group-based inequalities and hierarchies, to the benefit of the in-group (Pratto & Stewart, 2011; Williams et al., 2020). Racial microaggressions can take many forms including statements, actions and environmental assaults (Spanierman et al., 2021; Williams et al., 2020). Racial microaggressions often result in discrimination and the perpetuation of harmful ideas regarding people of colour (Pratto & Stewart, 2011). Racial microaggressions overlap with the concept of everyday racism (Essed, 1991). This refers to how racism is incorporated into routine practices of the racial majority, normalising the experience and preventing racism from being recognised or acknowledged (Essed, 1991; Williams et al., 2020). This gives rise to everyday discrimination, which includes racial microaggressions (Ayalon & Gum, 2011; Spanierman et al., 2021).

Racial microaggressions in cross-cultural and cross-racial supervision

Racial differences in supervisory relationships may reflect a microcosm of race relations in wider society (Constantine & Sue, 2007). Consequently, cross-cultural and cross-racial supervisory relationships introduce the potential for multicultural issues such as racial microaggressions to occur (Sukumaran, 2016). Due to the invisible nature of subtle racism, many people in the ethno-racial majority remain unaware of their bias and complicity in perpetuating unintentional or covert acts of racism (Sue et al., 2008a). Research suggests that those in helping professions are no less susceptible to inheriting biases that can lead to perpetrating racial microaggressions towards clients and supervisees (Sue et al., 2008c). Supervisees in cross-cultural supervisory relationships reported negative experiences including cultural insensitivity and stereotyping of themselves or their clients (Toporek et al., 2004). Black supervisors in counselling programs who had experienced and were more bothered by racial microaggressions had lower perceptions of the working alliance with White supervisees (Barnes, 2011). Reports of racial microaggressions from ethno-racial or cultural minorities in counselling were associated with a lower rating of their supervisor, more traumatic experiences, negative perceived supervisor multicultural competence and a poorer supervisory working alliance (O'Hara, 2014; Sukumaran, 2016). Experiencing racial microaggressions in supervision may leave individuals unsafe and unable to explore certain issues, and could impede the development of their competencies (Sukumaran, 2016). Experiences of racial microaggressions were associated with negative psychological, academic and professional outcomes for the recipient (O'Hara, 2014; Ginsburg, 2017).

The impact of racial microaggressions

Racial microaggressions can be difficult to identify and prove, due to their invisible nature (Sue, 2005; Sue et al., 2007). Perpetrators of racial microaggressions are often unaware that they

possess the racial biases that underpin many of these interactions (Sue et al., 2007). Consequently, when confronted regarding racial microaggressions, perpetrators will find alternative plausible explanations (Sue et al., 2007). There have been attempts to critique, minimise or nullify the concept and experience of racial microaggressions (Lilienfeld, 2007a; Lillienfeld, 2007b, Schacht, 2008; Thomas, 2008). However, many studies have found evidence of harm and negative psychological outcomes arising from experiences of racial microaggressions and subtle racism (Carter, 2007; Pieterse et al., 2012; Spanierman et al., 2021; Sue et al., 2008a; Torres et al., 2010; Wang et al., 2011).

Racial microaggressions are associated with feelings of powerlessness, invisibility, forced compliance and loss of integrity (Sue et al., 2008a). They are associated with depression, anxiety and holding a negative world view (Banks et al., 2006; Blume et al., 2012; Huynh, 2012; Nadal et al., 2014). Racial microaggressions are linked to stress and trauma (Carter, 2007; Pieterse et al., 2012, Torres et al., 2010; Williams et al., 2017), substance use (Blume et al., 2012; Clark et al., 2015) and suicide (Hollingsworth et al., 2017; O’Keefe et al., 2015). Due to the common and repeated nature of racial microaggressions, they could be seen as a form of chronic stress, which is linked to physical health difficulties (Berger & Sarnyai, 2015; Clark et al., 1999). Daily negative racial encounters have a significant cumulative effect on the mental health of ethnic minorities (Blume et al., 2012; Spanierman et al., 2021; Sue et al., 2007; Torres et al., 2010).

The current review: rationale and aims

Due to the power dynamic produced in supervision and/or differences in racial and societal power, it is important to understand racial microaggressions in supervision and their impact (Desai, 2018; Horner et al., 2004). Supervision is a space for education and support, and enhancing clinical practice, where experiences such as racial microaggressions may interfere

with or impede its function. Further, combined with the stressful and emotional impact of being a psychological professional, it is important that the effect of racial microaggressions on ethno-racial minorities in cross-cultural supervision is explored (Simpson et al., 2019).

Whilst supervisors typically hold role power within the supervisory relationship, it would be useful to consider the other forms of power that might influence interactions for ethno-racial minorities. Different aspects of identity and intersectionality lead to differences in social, racial and ideological power and can contribute to experiences of racial microaggressions (Sue et al., 2007). To fully understand racial microaggressions within cross-cultural supervision, this review will explore experiences for ethno-racial minority supervisees and supervisors.

To our knowledge, no systematic review has focused specifically on racial microaggressions in cross-cultural clinical supervision. This phenomenon might be best understood through qualitative research, as it can allow for investigation of this relatively unexplored area (Clarke & Jack, 1998). Therefore, this review aims to answer the following question: How do ethno-racial minorities experience racial microaggressions in cross-cultural supervision?

For the purposes of this review, the microaggressions of interest relate to ethno-racial identity. Henceforth, the term microaggressions will refer to racial microaggressions unless specified otherwise.

Methodology

Eligibility criteria

For the purposes of this review, specified inclusion and exclusion criteria were developed and applied. The criteria have been outlined in Table 1.

Studies were included in the review if they met the following criteria:

- 1) Included participants that self-identified or visibly appeared to be to an ethno-racial or cultural minority, with a different ethno-racial or cultural identity to their supervisor. Studies that reported findings including ethno-racial or cultural majority participants had to report findings for ethno-racial or cultural minorities separately.
- 2) Included participants undertaking pre- or post-graduate study, participants undertaking training and qualified participants receiving or providing supervision related to counselling and/or psychology professions.
- 3) Investigated racial microaggressions as outlined by Sue et al. (2007) using qualitative exploration and/or non-systematic evidence. This included information not explicitly named as racial microaggressions but identified as such by the author.
- 4) Investigated racial microaggressions perpetrated by those belonging to the ethno-racial majority and/or experienced by those identifying as an ethno-racial minority and/or being in a supervisory setting with another race/ethnicity and/or culture.
- 5) Included any studies or papers reporting racial microaggression in supervision, even if this was not the primary focus of the paper. Unrelated information was excluded from the review.
- 6) Included non-systematic and anecdotal evidence published in refereed journals.

Table 1*Inclusion and Exclusion Criteria*

Category	Inclusion criteria	Exclusion criteria
Research focus	<p>Experiences of racial microaggressions within psychological professions related supervisory contexts from the perspective of individuals with an ethno-racial minority identity.</p> <p>Experiences of racial microaggressions within psychological professions related supervisory contexts, where there is a cross-cultural or cross-racial supervisory relationship.</p>	<p>Experiences of racial microaggressions within psychological professions related supervisory contexts from the perspective of individuals with an ethno-racial majority identity.</p> <p>Experiences of racial microaggressions within psychological professions related supervisory contexts where individuals belong to the same cultural/racial/ethnic identity.</p>
Population	<p>Individuals experiencing racial microaggressions within a supervisory context.</p> <p>Individuals identifying as an ethno-racial minority within the supervisory context.</p> <p>Individuals participating in supervision related to psychological professions such as counselling, clinical psychology and counselling psychology.</p> <p>Individuals participating in cross-racial and/or cross-cultural supervisory relationships.</p> <p>Individuals participating in supervisory relationships where the other participant belongs to the ethno-racial majority.</p>	<p>Individuals with an ethno-racial majority identity.</p>

Category	Inclusion criteria	Exclusion criteria
Setting/country	Any country. Supervisory settings related to psychological professions such as counselling, clinical psychology, counselling psychology. Supervision taking place in any format including online, face-to-face, individual and group settings.	Supervisory settings related to non-psychological professions such as nursing or social work.
Study type	Qualitative studies, mixed methods designs including in-depth qualitative data, case studies, N of 1 studies, retrospective studies, anecdotal evidence, unpublished studies.	Quantitative studies
Language	English	Non-English
Publication	Published studies, peer-reviewed/refereed journals, grey literature, doctoral research, unpublished studies.	None
Time frame	No limitation on time frame.	None

Search Strategy

A scoping exercise was conducted to appraise the research area and ascertain the feasibility of carrying out a systematic review. This initial exercise contributed to developing the search strategy, including the selection of the databases. The Psycinfo, Web of Science, Medline/Pubmed and ProQuest databases were searched for all relevant and available English language studies. Studies were identified by applying search terms and Boolean operators such as ‘racial microaggressions’ AND ‘supervision’ into the search fields. To account for variations

in terminology, the truncation symbol (*) was used to increase the likelihood of all possible studies being yielded. On some databases, combining certain terms, such as ‘cross-racial’ OR ‘cross-cultural’ AND ‘supervision’ generated an inordinate number of results. Consequently, key terms were separated during the search. See Table 2 for a full list of search terms.

Table 2

Search Terms, Boolean Operators and Filters Used for Database Searches

Databases	Search terms	Filters
	AND	
Pubmed/Medline Psycinfo Web of Science ProQuest	Racial microaggressions Microaggressions Cross-racial Cross-cultural Cross-ethnic Cross* Inter-racial OR interracial Inter-cultural OR intercultural Inter* Multi-racial OR Multiracial Multi-cultural OR Multicultural Multi* Transracial Trans-racial Transethnic Trans-ethnic Transcultural Trans-cultural Ethnic minority Ethnic minorities Ethnic Minority Minorities Racism Subtle racism Covert racism Race Racial Rac*	Supervision OR Clinical supervision Supervisor Supervisory relationship supervis*
		Language: English

Once duplicate studies had been eliminated, papers were scanned by title, abstract and then by partial or full text and screened against the inclusion and exclusion criteria (see Table 1). The reference lists of relevant and included studies were perused for any other articles not identified through the database searches. *Figure 1* depicts the number of studies identified at each stage of the search and reasons for exclusion.

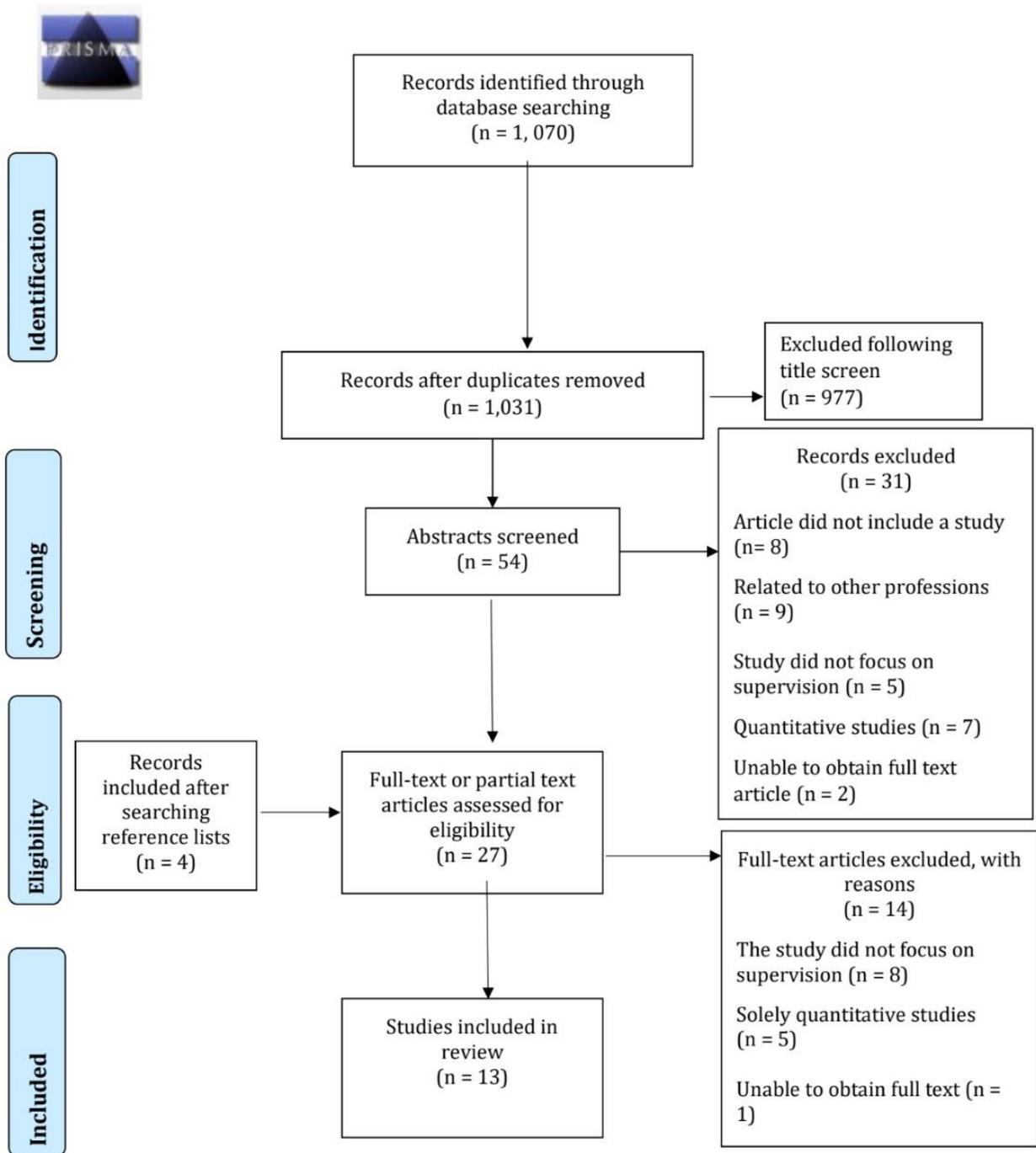


Figure 1

PRISMA flowchart illustrating the systematic search

Review

Study selection

The literature search yielded 13 papers for inclusion in the review (see Figure 1 and Table 3). Seven studies used a qualitative design (Burkard et al., 2006; Constantine & Sue, 2007; Hall, 2018; Jang et al., 2019; Jangha et al., 2018; Lee Pichardo, 2017; Wong et al., 2013) and one study used a case study design (Hedin, 2018). Five papers presented non-systematic evidence via retrospective reflections and/or vignettes (Bautista-Biddle et al., 2020; Butler-Byrd, 2010; Jendrusina & Martinez, 2019; Remaker et al., 2021; Upshaw et al., 2020). Table 3 provides details of each paper including design, participants, study aims and key findings relevant to the review.

Critical appraisal

The Critical Appraisals Skills programme (CASP) quality assessment tool for qualitative studies and the Centre for Evidence-Based Management (CEBM) quality assessment tool for case studies were used to appraise the relevant studies (see appendices D and E for quality evaluation data). Papers presenting non-systematic evidence were quality assessed based on publication in refereed journals, as they had been assessed and critiqued by experts in the field. Due to the paucity of research, all identified studies were included in the review.

Strengths

In terms of validity, two qualitative studies used an independent auditor to critically assess data analysis and interpretation, increasing the credibility of the findings (Constantine & Sue, 2007; Lee Pichardo, 2017). Two studies used Interpretative Phenomenological Analysis (IPA) to code data and ensure that subjective experiences were grounded in participants' perspectives of their

lived experience (Constantine & Sue, 2007; Lee Pichardo, 2017). Two studies used consensual qualitative research (CQR), which has been found to be useful for research exploring interpersonal processes (Burkard et al., 2006; Jang et al., 2019). All qualitative studies employed semi-structured interviews to obtain in depth information regarding ethno-racial minorities experiences (Burkard et al., 2006; Constantine & Sue, 2007; Hedin, 2018; Lee Pichardo, 2017; Jang et al., 2019; Jangha et al., 2018; Wong et al., 2013).

Limitations

All qualitative studies used purposive sampling and some recruited participants that acknowledged experiences of microaggressions in supervision. Consequently, this may have produced a highly select group that may not represent all experiences of cross-cultural supervisory relationships (Burkard et al., 2006; Constantine & Sue, 2007; Hedin, 2018; Lee Pichardo, 2017; Jang et al., 2019; Jangha et al., 2018; Wong et al., 2013). Participants volunteered and were willing to share their story, introducing sampling bias (Burkard et al., 2006; Constantine & Sue, 2007; Hedin, 2018; Lee Pichardo, 2017; Jang et al., 2019; Jangha et al., 2018; Wong et al., 2013). One study also used snowball sampling meaning that participants may have known each other and shared other characteristics that could impact the results or representativeness of the sample (Lee Pichardo, 2017). Another study (Hedin, 2018) reimbursed participants \$50 for their time, which may have impacted engagement and introduced bias based on those more likely to respond.

One study had only three participants (Hedin, 2018). All papers included predominantly or entirely female samples, limiting generalisability to other gender and non-binary identities. One study included all Black female heterosexual supervisors, meaning findings may not be transferrable to the source population (Hall, 2018). Another study involved all female Christian

participants (Jangha et al., 2018). One study exploring Asian American supervisees had a majority East Asian sample, limiting generalisability to other Asian American identities (Lee Pichardo, 2017). One study looked at experiences within video-conferencing cross-racial supervision, which may not be applicable to other experiences of cross-racial supervision (Hedin, 2018). The non-systematic evidence presented information from the perspective of one individual, making it difficult to distinguish other factors contributing to their experiences (Bautista-Biddle et al., 2020; Butler-Byrd, 2010; Jendrusina & Martinez, 2019; Remaker et al., 2021; Upshaw et al., 2020). Consequently, findings must be interpreted cautiously and may not be representative of ethno-racial minorities in cross-racial supervisory relationships.

One study used semi-structured interviews within focus groups of six to eight participants. This format may have impacted participants' level of candour and introduced social desirability bias (Hall, 2018). Another study conducted the majority of interviews online, which may not have been conducive to the sensitive nature of topic (Jang et al., 2019). In one study, participants were sent the interview protocol prior to the interview, introducing the potential for participants to behave in socially desirable ways (Burkard et al., 2006).

All studies and papers included retrospective accounts of microaggressions, with varying or unspecified time ranges. Consequently, recall of the events may be distorted or inaccurate. The use of transcripts in the qualitative studies means that additional information alluding to the strength or intensity of responses, such as facial expressions, gestures and inflections may have been lost (Burkard et al., 2006; Constantine & Sue, 2007; Hedin, 2018; Lee Pichardo, 2017; Jang et al., 2019; Jangha et al., 2018; Wong et al., 2013).

In all qualitative studies, researchers attempted to account for biases. However, there is a possibility that experiences and perceptions as ethno-racial minorities influenced aspects of the

study, such as question formation or interpretations (Constantine & Sue, 2007; Hedin, 2018; Lee Pichardo, 2017; Jang et al., 2019; Jangha et al., 2018). One study's research team was predominantly European American which may have influenced the results in terms of interpretation, unconscious biases or influencing how participants responded (Burkard et al., 2006). Similarly, another study had a White researcher, which may have impacted findings (Hedin, 2018). Only two of the qualitative studies (Jang et al., 2017; Lee Pichardo, 2017) explicitly reported ethical considerations, which is vital given the sensitive nature of the subject.

Table 3

Summary of Study Characteristics

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
Bautista-Biddle et al. (2020). USA	To shed light on experiences of harassment, microaggressions, discrimination and the ways that supervisors may support trainees more effectively.	N/A.	Non-systematic research (vignettes).	One black female supervisee with a white female supervisor.	<p>General themes</p> <ul style="list-style-type: none"> - Supervisees initiated conversations about race and culture. - Supervisor minimised the role of race and culture. - Carrying the weight of being an ‘expert on race’. <p>Racial microaggressions</p> <ul style="list-style-type: none"> - Dismissal/minimisation of trainee’s concerns regarding racism and stereotyping of clients. - Supervisor described the trainee as intimidating to others. - Questioning the trainee’s professionalism. - Commenting on the trainee’s attitude. - Suggesting that the trainee changes their demeanour to make others more comfortable. <p>Dilemmas</p> <ul style="list-style-type: none"> -Deciding whether to address the issue and risk further discomfort or racial microaggressions. - Deciding whether to avoid addressing these issues to protect the supervisory relationship.
Burkard et al. (2006) USA	To qualitatively examine supervisees' experiences of cross-cultural supervision when supervisors were responsive or unresponsive to cultural issues.	Clinical or Counselling Psychology trainees of colour with a European American Supervisor (and European American supervisees with a supervisor of colour).	Consensual qualitative study.	13 female supervisees of colour with a European American supervisor (6 African American, 6 Asian American and 1 Latina) (+ 13 European American supervisees with a supervisor of colour) Participants aged between 24 - 48 years old.	<p>Racial microaggressions</p> <ul style="list-style-type: none"> - Dismissal of supervisees’ concerns about clients of colour. - Dismissal of the impact of race and culture on clients of colour. - Supervisees felt harshly evaluated by supervisor without clear feedback. - Supervisors were critical of attempts to address issues of race and culture regarding clients of colour. - Supervisor suggested that the trainee makes changes (works on empathy skills) rather than focussing on race or culture.

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
Butler-Byrd (2010) USA	Reflecting on experiences of multicultural supervision.	N/A	Non-systematic research (anecdotal evidence).	One black female supervisor in a Master's degree level counselling preparation program at a university.	<p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Supervisees felt unable to be themselves due to fear of being seen as incompetent. - Supervisees felt angry, offended, distressed, upset, uncomfortable and scared of supervisor. - Supervisees felt shut down and punished for raising issues. <p>Consequences</p> <ul style="list-style-type: none"> - Loss of trust in the supervisory relationship. - Supervisees changed how they used supervision, becoming superficial and withholding certain information. - Supervisees felt unable to address difficulties and hid their emotional reactions from their supervisor. - Supervisees felt unsatisfied with supervision. - Supervisees felt that they did not meet their clients' needs due to responses in supervision. <p>Coping strategies</p> <ul style="list-style-type: none"> - Supervisees sought support from friends and other colleagues, including people of colour. - Supervisees sought consultation outside of supervision to address clinical issues and/or meet clients' needs. <hr/> <p>Racial microaggressions</p> <ul style="list-style-type: none"> - Students stereotyped African Americans and people of colour. - Students questioned the supervisor's knowledge and experience and admitted that this was due to the supervisor's racial identity. <p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Feeling judged and inadequate.

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
Constantine & Sue (2007) USA	To explore Black supervisees' perceptions of racial microaggressions in supervision with White supervisors.	Self-identification as Black, engagement in a counselling or psychotherapy supervision relationship with a White supervisor within the past 2 years, acknowledgment that subtle racism exists, and personal experiences with racism in supervision.	Qualitative study (IPA).	10 black trainee counselling or clinical psychologists (8 of the supervisees self-identified as African American, 1 self-identified as West Indian American, and 1 self-identified as Black Dominican American). Six supervisees had a white female supervisor and four had a white male supervisor. Participants aged between 25-38 years old.	<p>Consequences</p> <ul style="list-style-type: none"> - Supervisor felt the need to work twice as hard due to her racial identity. - Feeling like 'a perpetual guest in someone else's house'. - Supervisor felt self-conscious and felt the need to present in a certain way, paying attention to speech, hair style and clothing. - Supervisor mentored students from marginalised backgrounds. <p>Coping strategies</p> <ul style="list-style-type: none"> - Attending to self-care and wellbeing. - Seeking support from friends and colleagues. <hr/> <p>General themes</p> <ul style="list-style-type: none"> - Supervisors' lacked awareness of white privilege and underappreciated the role and impact of race and discrimination. - Racial microaggressions were perceived to be mostly grounded in ignorance, stereotypes and unconscious bias. <p>Racial microaggressions</p> <ul style="list-style-type: none"> - Invalidating racial- cultural issues. - Making stereotypical assumptions about Black clients. - Making stereotypical assumptions about Black supervisees. - Reluctance to give performance feedback for fear of being viewed as racist. - Focusing primarily on clinical weaknesses. - Blaming clients of colour for problems stemming from oppression. - Offering culturally insensitive treatment recommendations. <p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Feeling frustrated and invalidated. - Feeling shock, disbelief, anger and disappointment. - Expending considerable time and energy to cope with experiencing racial microaggressions. - Strong and long-lasting negative emotions following experiences of racial microaggressions.

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
					<p>Consequences</p> <ul style="list-style-type: none"> - Feeling mistrust towards supervisor. - Not expecting to receive culturally appropriate support in supervision.
Hall (2018) USA	To examine stereotypical transference enactments related to cross-cultural supervision between Black, female supervisors and White supervisees.	Black female supervisors with white supervisees.	Qualitative study (focus groups).	57 Black female supervisors with white supervisees.	<p>General themes</p> <ul style="list-style-type: none"> - The role of intersectionality between race and gender. - Supervisees overlooked white privilege. - Supervisees struggled to consider alternative perspectives when considering cross-racial or cross-cultural therapy relationships ('I am not a mind reader'). <p>Racial microaggressions</p> <ul style="list-style-type: none"> - Supervisors felt stereotyped; the mammy, the jezebel and the sapphire stereotypes. - Supervisees made stereotypical assumptions about clients of colour. <p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Supervisors felt perceived as inferior due to race, gender and class. - Supervisors felt the need to prove or justify their role as a supervisor. <p>Consequences:</p> <ul style="list-style-type: none"> - Supervisors worried about treatment of clients of colour based on their experiences of supervisee ('would you say this to a client?'). <p>Coping strategies:</p> <ul style="list-style-type: none"> - Supervisors compartmentalised the pain from racial microaggressions to preserve the supervisory relationship.
Hedin (2018) USA	To examine the role of power and the potential misuse of power, specifically the experience of	Ethno-racial minority mental health counselling practitioners who had received or were receiving	Case study.	Three ethnic minority post-graduate clinical mental health counselling participants with White supervisors.	<p>General themes</p> <ul style="list-style-type: none"> - Supervisors' assumption of relatability (denial of visible and invisible differences). - Limited conversations regarding race, racial identity and multicultural counselling. - The role of the power dynamic.

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
	microaggressions, which manifest within cross-racial videoconferencing supervision.	videoconference supervision during graduate or post-graduate education from a White supervisor. Participants received videoconferencing supervision for 10%-25% of supervision hours, and had personal experiences with racial microaggressions in videoconferencing supervision sessions.			<p>Racial microaggressions</p> <ul style="list-style-type: none"> - Not acknowledging aspects of identity, such as racial identity. - Supervisee held to a higher standard. - Underestimation of supervisees' knowledge and skills. - Double standard regarding perceived credibility. <p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Feeling emotionally shut down. - Feeling undervalued.
Jang et al. (2019) USA	To explore the challenges of racial/ethnic minority supervisees in cross-cultural supervision settings.	Participants self-identifying as a racial/ethnic minority and participating in a counselling-related internship or practicum in doctoral programs with a university supervisor who was White.	Qualitative study (Consensual qualitative research).	10 minority ethnic supervisees with white supervisors (four Black/African American, three South Korean, one Colombian, one Ethiopian, and one Turkish) with a White supervisor. Two male and eight female supervisees with ages ranging between 28 – 41 years old.	<p>General themes</p> <ul style="list-style-type: none"> - Lack of cultural understanding by supervisor. - Experiencing discrimination. - Cultural insensitivity. - Privileging Western ideologies. <p>Racial microaggressions</p> <ul style="list-style-type: none"> - Being stereotyped. - Ignoring racial/ethnic identity. - Minimisation/dismissal of supervisees' concerns, especially if related to experiences of racism/discrimination. - Underestimation of skills and knowledge due to ethnic/racial identity. - Ignoring/minimising cultural differences due to limited understanding by supervisors. - Supervisees being held to a different standard.

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
					<p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Feeling unheard and ignored. - Feeling held back and unable to develop. <p>Consequences</p> <ul style="list-style-type: none"> - Supervisees felt unsupported, limiting growth and development. - Supervisees felt less connected to supervisor due to cultural differences. - Experiencing supervision as superficial. - Supervisees did not receive constructive feedback.
Jangha et al. (2018) USA	To explore the experiences of power of African American female pastoral counsellors in training.	African American women, current pastoral counselling student, and at least one year of supervision.	Qualitative study.	11 African-American female pastoral counsellors in training aged between 31-66 years old.	<p>Racial microaggressions</p> <ul style="list-style-type: none"> - Experiencing preconceived expectations and stereotyping. - Receiving 'non-constructive' feedback from peers and professors. <p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Supervisees presented as non-confrontational or were silent so as not to reinforce stereotypes of the 'angry black woman', to avoid mislabelling and to make others comfortable. - Supervisees felt stupid, lonely, humiliated and unwelcomed due to tone and 'non-constructive' feedback given by peers and professors. - Supervisees felt inadequate and experienced self-esteem issues. - Supervisees felt powerless. <p>Coping strategies:</p> <ul style="list-style-type: none"> - Silence as a source of power - choosing not to speak. - Silence as a way of avoiding further microaggressions. - Spirituality used to manage difficult experiences. - Spirituality helped with identity formation.
Jendrusina & Martinez (2019) USA	To provide examples in the supervision process that were subjectively notable to the authors	N/A	Non-systematic research - retrospective	Two ethnic minority clinical psychology doctoral trainees.	<p>General themes</p> <ul style="list-style-type: none"> - Lack of cultural understanding from supervisor. - Cultural insensitivity from supervisor. - The role of the power dynamic.

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
	as racial minority supervisees as being either multiculturally responsive or unresponsive.		anecdotal evidence	Information was gathered from the retrospective anecdotal data gathered from the South Asian male trainee with a White supervisor.	<p>Racial microaggressions</p> <ul style="list-style-type: none"> - Reinforcing stereotypes. - Being othered due to racial identity. <p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Being othered. - Feeling isolated - Fear of the perceptions and judgements of others. - Feeling the need to protect the supervisory relationship. - Fear of being perceived as disrespectful. <p>Consequences</p> <ul style="list-style-type: none"> - Not receiving multiculturally responsive training or supervision. <p>Dilemma(s)</p> <ul style="list-style-type: none"> - Deciding whether to address racial microaggressions due to fear of rupturing the supervisory relationship. - Deciding whether to address racial microaggressions due to fear of being perceived as disrespectful. - Deciding whether and how to address racial microaggressions perpetrated by clients.
Lee Pichardo (2017) USA	To develop an understanding of the types of microaggressions experienced by Asian American Supervisees.	Participants had engaged in a clinical supervisory relationship for at least one academic year with a supervisor who is not identified as Asian American, had experienced the supervision experience within the past two years, acknowledged that covert racism	Qualitative (IPA).	<p>Nine self-identified Asian American masters or doctoral level clinical or counselling psychology supervisees with White supervisors.</p> <p>The sample consisted of seven women and two men, with an age range of 26 – 53 years old (mean age = 35 years old).</p>	<p>Racial microaggressions</p> <ul style="list-style-type: none"> - Being treated according to Asian American stereotypes. - Evaluation/recommendation based on supervisor’s cultural bias. -Pathologising cultural values/communication style. - Feeling excluded/treated differently due to racial identity. - Denial/neglect of supervisee’s racial reality. - Invalidating of interethnic differences. <p>Emotional and psychological impact (supervisee’s reaction to racial microaggressions + negative impact on supervisees)</p> <ul style="list-style-type: none"> - Experiencing negative feelings. - Confusion regarding expectations, what had happened and what the supervisee should have done. - Self blaming.

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
		exists, and that they had personally experienced racial microaggressions in supervision.			<ul style="list-style-type: none"> - Self-doubt/stripped of individual identity. - Developed somatic and psychological symptoms. - Conflicting feelings towards supervisor. <p>Consequences (negative impact on supervisees + negative impact on supervisory relationship)</p> <ul style="list-style-type: none"> - Feeling hopeless in effecting change. - Harmful to professional development. - Conflicting feelings towards supervisor. - Mistrust in supervisor. - Withdrawal from supervision. - Missed learning opportunities around race and culture. <p>Dilemmas (the catch-22 of responding to microaggressions)</p> <ul style="list-style-type: none"> - Fear of negative consequences/repercussions. - Respect for authority/elderly. - Experience of the confrontation. - Supervisor’s reaction to the confrontation. <p>Coping strategies & resolutions</p> <ul style="list-style-type: none"> - Reaching out to colleagues, friends and family for support and validation. - Avoidance. - Engaging in individual therapy. - Motivated to learn more about cultural diversity. - Determination to confront power. - Incited to be a better supervisor.
Remaker et al. (2021) USA	To explore the benefits and barriers of mentorship for women of colour.	N/A	Non-systematic research - retrospective anecdotal evidence	Two ethnic minority clinical psychology doctoral trainees with White or “Caucasian” supervisors.	<p>Racial microaggressions</p> <ul style="list-style-type: none"> - Invalidation – supervisee’s experience of racism was mislabelled/minimised. - Being stereotyped. - Racial microaggressions minimised as ‘jokes’. - Minimising/denial of the experiences of Black people in America.

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
					<p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Feeling unsupported, unheard and unseen. - Feeling defeated, silenced and powerless. - Feeling unable to address racial microaggressions with supervisor due to the power imbalance in the supervisory relationship. - Feeling fearful of the role and power that the supervisor had over the supervisee's future and career. - Feeling that addressing racial microaggressions would be futile. <p>Dilemma(s)</p> <ul style="list-style-type: none"> - Deciding whether to address the racial microaggression and feeling that the attempt would be futile. <p>Coping strategy</p> <ul style="list-style-type: none"> - Supervisee sometimes choosing to remain silent.
Upshaw et al. (2020) USA	To highlight the impact of both a culturally unresponsive approach that evidenced unacknowledged cultural blind spots, as well as a culturally responsive and humble approach to the supervision process.	N/A	Non-systematic research - retrospective anecdotal evidence	Two black psychology trainees (one black male and one black female trainee). Information was gathered from the black male trainee's account. He was part of cross-cultural group and 1:1 supervision with a clinical psychologist with a different racial, ethnic and cultural identity (not specified).	<p>General themes</p> <ul style="list-style-type: none"> - The role of the power dynamic. - The role of group dynamics in group supervision. - The role of the educational and evaluative component of supervision – experienced as stifling and scary. <p>Racial microaggressions</p> <ul style="list-style-type: none"> - Minimisation/dismissal of cultural differences. <p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Feeling discredited. - Feeling silenced. - Feeling isolated. - Feeling unsafe. - Fear of the perceptions and judgements of others.
Wong et al. (2013) Canada	To investigate what helped and what hindered in cross-cultural	Ethnic minority participants undertaking post-graduate counselling	Qualitative study.	25 visible ethnic minority counselling psychology trainees (13 Chinese-Canadians, 4 Indo-	<p>General themes</p> <ul style="list-style-type: none"> - Supervisor lacked multicultural competence.

Study (year), location of study	Aims/focus of research	Inclusion criteria	Design	Sample	Main findings/themes
	Supervision when participants were visible minorities and the supervisors were "Caucasian".	psychology programs with cross-cultural supervision from a "Caucasian" supervisor.		<p>Canadians, 3 First Nations, 2 Japanese-Canadians, 1 Afro-Canadian, 1 Korean-Canadian, and 1 Latin-Canadian) with a "Caucasian" supervisor.</p> <p>There were 19 women and six men. The average ages for the women and the men were 32 and 37 years, respectively.</p>	<p>Racial microaggressions</p> <ul style="list-style-type: none"> - Stereotyping ethnic minorities. - Supervisor was insulting, intimidating or judgemental. - Supervisees felt overly criticised. <p>Emotional and psychological impact</p> <ul style="list-style-type: none"> - Feeling worried, unsafe, confused, helpless, and stressed out. - Feeling put down. - Feeling powerless due to power dynamic. - Feeling severe emotional pain. - Feeling othered due to language and cultural barriers. - Feeling unwelcomed and not belonging in the profession. - Feeling anxiety and discomfort due to language and cultural barriers. <p>Consequences</p> <ul style="list-style-type: none"> - Experiencing discrimination. - Feeling othered due to language and cultural barriers. - Inadequate feedback, guidance and supervision. - Doubting whether to continue in the profession.

The meta-ethnographic approach

The data were analysed and synthesised using Noblit and Hare's (1988) seven-step meta-ethnographic approach.

How the studies are related

This phase involved examining the different papers to establish how they related to each other. Four studies investigated experiences of microaggressions within supervision (Bautista-Biddle et al., 2020; Constantine & Sue, 2007; Hedin, 2018; Lee Pichardo, 2017). One of these studies focused specifically on videoconferencing supervision (Hedin, 2018). Six papers focused on experiences and challenges of multicultural supervision (Burkard et al., 2006; Butler-Byrd, 2010; Jang et al., 2019; Jendrusina & Martinez, 2019; Upshaw et al., 2020; Wong et al., 2013). One paper examined the benefits and barriers of mentorship from a clinical supervisor for women of colour (Remaker et al., 2021). Another study explored the experiences of African American female pastoral counsellors in training (Jangha et al. 2018). One study sought to examine stereotypical transference enactments related to cross-cultural supervision between Black female supervisors and White supervisees (Hall, 2018).

All articles provided illustrations of microaggressions experienced by ethno-racial minorities within supervision. All but one study (Bautista-Biddle et al., 2020) named or described the feelings associated with experiencing microaggressions in supervision. Eleven papers reported experiences of microaggressions from the perspective of ethno-racial minority supervisees (Bautista-Biddle et al., 2020; Burkard et al., 2006; Constantine & Sue, 2007; Hedin, 2018; Jang et al., 2019; Jangha et al., 2018; Jendrusina & Martinez, 2019; Lee Pichardo, 2017; Remaker et al., 2021; Upshaw et al., 2020; Wong et al., 2013). Nine of these papers explored experiences

with White, European American or “Caucasian” Supervisors (Bautista-Biddle et al., 2020; Burkard et al., 2006; Constantine & Sue, 2007; Hedin, 2018; Jang et al., 2019; Jendrusina & Martinez, 2019; Lee Pichardo, 2017; Remaker et al., 2021; Wong et al., 2013). Three of these papers involved Black or African American supervisees only (Bautista-Biddle et al., 2020; Constantine & Sue, 2007; Upshaw et al., 2020). One study involved Asian American supervisees only (Lee Pichardo, 2017). Two articles reported experiences of microaggressions through the lens of an ethno-racial minority supervisor (Butler-Byrd, 2010; Hall, 2018), with one focusing specifically on supervisory relationships with White supervisees (Hall, 2018).

Eight studies examined consequences of experiencing microaggressions in supervision (Burkard et al., 2006; Butler-Byrd, 2010; Constantine & Sue, 2007; Hall, 2018; Jang et al., 2019; Jendrusina & Martinez, 2019; Lee Pichardo, 2017; Wong et al., 2013). Eight papers highlighted dilemmas that ethno-racial minorities faced following their experiences (Bautista-Biddle et al., 2020; Burkard et al., 2006; Constantine & Sue, 2007; Hedin, 2018; Lee Pichardo, 2017; Jendrusina & Martinez, 2019; Remaker et al., 2021; Upshaw, 2020). Nine papers identified coping strategies used to manage experiences (Burkard et al., 2006; Butler-Byrd, 2010; Constantine & Sue, 2007; Hall, 2018; Hedin, 2018; Jangha et al., 2018; Lee Pichardo, 2017; Remaker et al., 2021; Upshaw, 2020).

During this phase, recurring and common concepts across the different papers were identified. Consequently, reciprocal translation appeared appropriate for translating and synthesising the data (Noblit and Hare, 1988).

Translating the studies into one another

Second order constructs were identified from the 13 studies using the authors' original words or close paraphrasing. Where domains or terminology identified by the original authors appeared to capture experiences across the range of papers, these were incorporated into the second order construct headings. The process of translating one study's finding into another is presented in Appendix F.

Table 4 displays the second order constructs and subthemes identified and the studies reporting them.

Table 4*Second Order Constructs Identified in the Studies*

Concepts & themes	Sub themes	No. of studies reporting the construct	Studies
Types of racial microaggressions	Stereotyping.	11	Bautista-Biddle et al. (2020), Butler-Byrd (2010), Constantine & Sue (2007), Hall (2018), Hedin (2018), Jang (2019), Jangha et al. (2018), Lee Pichardo (2017), Jendrusina & Martinez (2019), Remaker et al. (2021) and Wong et al. (2013).
	Feeling excluded/treated differently due to racial identity.	8	Bautista-Biddle et al. (2020), Butler-Byrd (2010), Hall (2018), Hedin (2018), Jang (2019), Lee Pichardo (2017), Jendrusina & Martinez (2019) and Upshaw et al. (2020).
	Pathologising/criticising cultural values/communications styles.	7	Bautista-Biddle et al. (2020), Burkard et al. (2006), Butler-Byrd (2010), Hall (2018), Jang (2019), Lee Pichardo (2017) and Wong et al. (2013).
	Denial, minimisation or neglect of racial identity and/or interethnic differences.	9	Bautista-Biddle et al. (2020), Burkard et al. (2006), Constantine & Sue (2007), Hall (2018), Hedin (2018), Jang (2019), Lee Pichardo (2017), Remaker et al., (2021) and Upshaw et al. (2020).
	Dismissal/invalidation of concerns.	9	Bautista-Biddle et al. (2020), Burkard et al. (2006), Constantine & Sue (2007), Hall (2018), Hedin (2018), Jang (2019), Lee Pichardo (2017), Remaker et al. (2021) and Upshaw et al. (2020).

Concepts & themes	Sub themes	No. of studies reporting the construct	Studies
	Evaluation/recommendation based on cultural bias.	9	Bautista-Biddle et al. (2020), Burkard et al. (2006), Butler-Byrd (2010), Constantine & Sue (2007), Hedin (2018), Jang (2019), Jangha et al. (2018), Lee Pichardo (2017) and Wong et al. (2013).
	Querying professionalism and ability.	9	Bautista-Biddle et al. (2020), Burkard et al. (2006), Butler-Byrd (2010), Constantine & Sue (2007), Hall (2018), Hedin (2018), Jang (2019), Lee Pichardo (2017) and Upshaw et al. (2020).
Impact on the recipient	Emotional responses	11	Bautista-Biddle et al. (2020), Burkard et al. (2006), Constantine & Sue (2007), Hall (2018), Hedin (2018), Jangha et al. (2018), Jendrusina & Martinez (2019), Lee Pichardo (2017), Remaker et al. (2021), Upshaw et al. (2020) and Wong et al. (2013).
	Psychological responses	13	Bautista-Biddle et al. (2020), Burkard et al. (2006), Butler-Byrd (2010), Constantine & Sue (2007), Hall (2018), Hedin (2018), Jang (2019), Jangha et al. (2018), Jendrusina & Martinez (2019), Lee Pichardo (2017), Remaker et al. (2021), Upshaw et al. (2020) and Wong et al. (2013).
	Somatic responses	3	Hedin (2018), Jendrusina & Martinez (2019) and Lee Pichardo (2017).

Concepts & themes	Sub themes	No. of studies reporting the construct	Studies
	Negative professional experiences	10	Bautista-Biddle et al. (2020), Burkard et al. (2006), Butler-Byrd (2010), Constantine & Sue (2007), Hall (2018), Jang (2019), Jendrusina & Martinez (2019), Lee Pichardo (2017), Upshaw et al. (2020) and Wong et al. (2013).
Impact on the supervisory relationship and supervision	Mistrust/loss of trust.	4	Burkard et al. (2006), Constantine & Sue (2007), Jendrusina & Martinez (2019) and Lee Pichardo (2017).
	Withdrawal from supervision.	5	Burkard et al. (2006), Constantine & Sue (2007), Hedin (2018), Lee Pichardo (2017) and Wong et al. (2013).
	Missed learning opportunities around race and culture.	8	Bautista-Biddle et al. (2020), Burkard et al. (2006), Constantine & Sue (2007), Hedin (2018), Jang (2019), Lee Pichardo (2017), Remaker et al. (2021) and Upshaw et al. (2020).
	Unsatisfactory supervision	6	Bautista-Biddle et al. (2020), Burkard et al. (2006), Constantine & Sue (2007), Jang (2019), Lee Pichardo (2017) and Wong et al. (2013).
	Relationship rupture	6	Burkard et al. (2006), Constantine & Sue (2007), Hall (2018), Jendrusina & Martinez (2019), Lee Pichardo (2017) and Upshaw et al. (2020).
Dilemmas	Fear of negative consequences/repercussions.	8	Bautista-Biddle et al. (2020), Burkard et al. (2006), Hedin (2018), Jangha et al. (2018), Jendrusina & Martinez (2019), Lee Pichardo (2017), Remaker et al. (2021) and Upshaw et al. (2020).

Concepts & themes	Sub themes	No. of studies reporting the construct	Studies
	Fear of experiencing further racial microaggressions.	3	Bautista-Biddle et al. (2020), Jangha et al. (2018) and Jendrusina & Martinez (2019).
	Fear of rupturing the supervisory relationship.	3	Bautista-Biddle et al. (2020), Jendrusina & Martinez (2019) and Upshaw et al. (2020).
	Fear of other people's perceptions and judgements.	2	Jangha et al. (2018) and Upshaw et al. (2020).
	The experience of confrontation.	2	Burkard et al. (2006) and Lee Pichardo (2017).
<hr/>			
Coping strategies	Avoidance/silence	7	Burkard et al. (2006), Constantine & Sue (2007), Hedin (2018), Jangha et al. (2018), Lee Pichardo (2017), Remaker et al. (2021) and Upshaw et al. (2020).
	Denial/minimisation	3	Hedin (2018), Lee Pichardo (2017) and Remaker et al. (2021).
	Hiding aspects of the self	4	Burkard et al. (2006), Butler-Byrd (2010), Hedin (2018) and Upshaw et al. (2020).
	Seeking alternative support	5	Burkard et al. (2006), Butler-Byrd (2010), Hedin (2018), Jangha et al. (2018) and Lee Pichardo (2017).
	Confronting power and racial microaggressions.	5	Hall (2018), Hedin (2018), Jangha et al. (2018), Lee Pichardo (2017) and Remaker et al. (2021).
	Incited to be a better supervisor or therapist	4	Butler-Byrd (2010), Hall (2018), Hedin (2018) and Lee Pichardo (2017).

Concepts & themes	Sub themes	No. of studies reporting the construct	Studies
	Religion and spirituality.	1	Jangha et al. (2018).
Intersectionality		2	Hall (2018) and Jendrusina & Martinez (2019).

Synthesis of the translations

Synthesis of the 13 papers suggested that experiences of microaggressions in cross-cultural supervision could be categorised into six areas. These are: types of racial microaggressions, the impact on the recipient, the impact on the supervisory relationship and supervision, dilemmas arising from experiencing racial microaggressions, coping strategies and intersectionality. Some of these categories are further broken down into sub-themes (see Table 4 and Appendix F). To ensure that the research question was answered, all experiences were included in the synthesis, even where very low frequencies were reported.

The results of the synthesis of selected papers are summarised in Figure 2 and discussed in the next section.

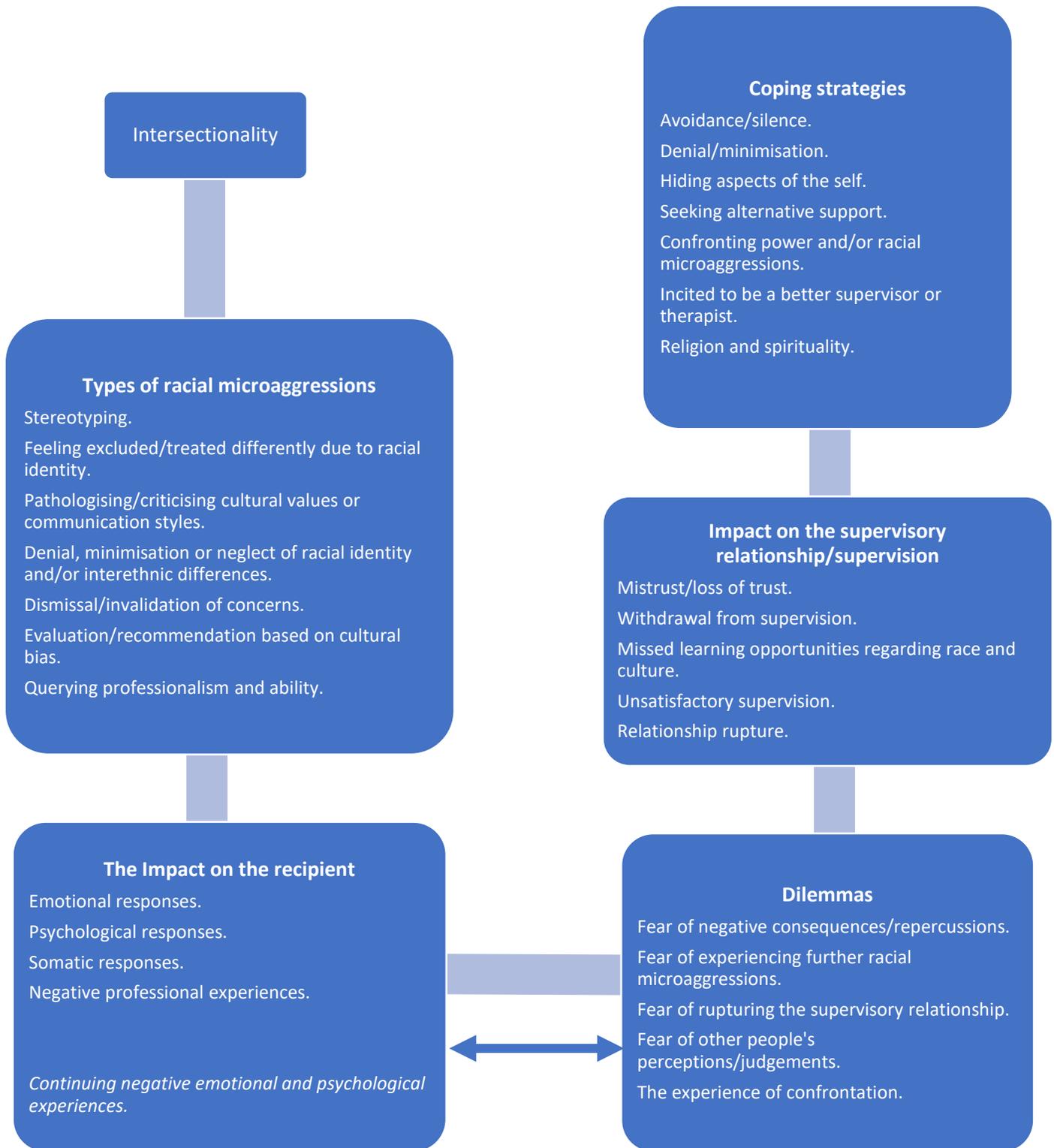


Figure 2

Ethno-racial minorities' experiences of racial microaggressions in cross-cultural and cross-racial supervision

Synthesis

Types of racial microaggressions

Following a review of the literature, it was possible to identify six subcategories that cover the types of microaggressions reported (see Figure 2). It is important to note that some experiences encompassed a combination of microaggressions.

Stereotyping

Ethno-racial minorities in supervision reported experiences of the other person(s) holding preconceived notions and making stereotypical assumptions about people of colour (Bautista-Biddle et al., 2020; Butler-Byrd, 2010; Constantine & Sue, 2007; Hall, 2018; Hedin, 2018; Jang, 2019; Jangha et al., 2018; Jendrusina & Martinez, 2019; Lee Pichardo, 2017; Remaker et al., 2021; Wong et al., 2013). Most experienced their supervisors or supervisees making stereotypical assumptions about them and/or their clients of colour (Bautista-Biddle et al., 2020; Butler-Byrd, 2010; Constantine & Sue, 2007; Hall, 2018; Hedin, 2018; Jang, 2019; Jangha et al., 2018; Lee Pichardo, 2017; Remaker et al., 2021; Wong et al., 2013). Some supervisees reported that stereotypical assumptions based on race resulted in the assignment of ethno-racial minority clients to them, even when supervisees were unfamiliar with the group or language (Hedin, 2018; Lee Pichardo, 2017).

Feeling excluded/treated differently due to racial identity

Ethno-racial minorities felt treated differently or othered due to their ethno-racial identity (Bautista-Biddle et al., 2020; Butler-Byrd, 2010; Hall, 2018; Hedin, 2018; Jang, 2019; Jendrusina & Martinez, 2019; Lee Pichardo, 2017; Upshaw et al., 2020). Supervisees felt discriminated against (Bautista-Biddle et al., 2020; Jang, 2019; Jendrusina & Martinez, 2019; Lee Pichardo, 2017). Some supervisees attributed experiences to language and cultural barriers

or being the only person of colour in group supervision (Jendrusina & Martinez, 2019; Upshaw et al., 2020; Wong et al. 2013). Supervisees reported feeling held to a different professional standard by supervisors (Hedin, 2018; Jang, 2019).

Black supervisors reported being perceived as inferior or incompetent due to race, gender and/or class (Butler-Byrd, 2010; Hall, 2018).

Pathologising/criticising cultural values or communication styles

Ethno-racial minorities in supervision described experiences of feeling criticised due to holding different cultural values or communication styles (Bautista-Biddle et al., 2020; Burkard et al., 2006; Butler-Byrd, 2010; Hall, 2018; Jang, 2019; Lee Pichardo, 2017; Wong et al., 2013). Asian American supervisees reported being treated as ‘dumb’ or ‘inferior’ by their supervisor (Lee Pichardo, 2017). White supervisees claimed to be unable to communicate with or understand their Black supervisor (Hall, 2018).

Denial, minimisation or neglect of racial identity and/or interethnic differences

Ethno-racial minorities in supervision described experiences of dismissal and minimisation of the role and impact of race, culture and race related differences for them, their clients and/or racialised communities (Bautista-Biddle et al., 2020; Burkard et al., 2006; Constantine & Sue, 2007; Hall, 2018; Hedin, 2018; Jang, 2019; Lee Pichardo, 2017; Remaker et al., 2021; Upshaw et al., 2020). Additionally, some reported amplification of ethno-racial identity with negative consequences due to limited understanding, stereotyping and neglect of inter-ethnic differences (Constantine & Sue, 2007; Hedin, 2018; Jang, 2019; Lee Pichardo, 2017; Remaker et al., 2021; Upshaw et al., 2020).

Supervisees felt that their supervisors underestimated or ignored their skills and knowledge due to their racial identity (Constantine & Sue, 2007; Jang, 2019). Some supervisees reported that their supervisors completely ignored their ethno-racial identity and related needs (Hedin, 2018; Jang, 2019).

Dismissal/invalidation of concerns

Ethno-racial minorities in supervision reported various dismissive and invalidating experiences when attempting to discuss racism, race and cultural related issues (Bautista-Biddle et al., 2020; Burkard et al., 2006; Constantine & Sue, 2007; Hall, 2018; Hedin, 2018; Jang, 2019; Lee Pichardo, 2017; Remaker et al., 2021; Upshaw et al., 2020). Supervisees described their supervisors' dismissing or minimising their concerns regarding experiences of racism and discrimination (Bautista-Biddle et al., 2020; Jang, 2019; Remaker et al., 2021). Supervisees reported that supervisors shut down or avoided attempts to discuss race and culture related concerns regarding clients (Burkard et al., 2006; Constantine & Sue, 2007). Supervisees also reported that attempts to address microaggressions resulted in defensiveness from supervisors, which included minimising and invalidating their experience (Lee Pichardo, 2017; Remaker et al., 2021).

Evaluation/recommendation based on cultural bias

Ethno-racial minorities in supervision described experiences of receiving evaluation or recommendations in supervision, which they believed were influenced by cultural bias (Bautista-Biddle et al., 2020; Burkard et al., 2006; Butler-Byrd, 2010; Constantine & Sue, 2007; Hedin, 2018; Jang, 2019; Jangha et al., 2018; Lee Pichardo, 2017; Wong et al., 2013).

Supervisees reported recommendations from their supervisors to work in ‘traditional’ ways and apply the ‘American way’ of thinking (Constantine & Sue, 2007; Jang, 2019). Supervisees felt harshly evaluated by their supervisors without clear or constructive feedback or due to cultural beliefs (Burkard et al., 2006; Jangha et al., 2018; Lee Pichardo, 2017; Wong et al., 2013).

Conversely, some Black supervisees found that their supervisors were reluctant to give feedback due to fear of being perceived as racist (Constantine & Sue, 2007). Some supervisees were criticised for attending to issues of race and culture (Burkard et al., 2006). Supervisees felt that their supervisors offered racially and culturally insensitive treatment recommendations (Burkard et al., 2006; Constantine & Sue, 2007; Hedin, 2018).

Querying professionalism and ability

Ethno-racial minorities in supervision spoke about experiences of their competence and skill being questioned due to their racial identity (Bautista-Biddle et al., 2020; Burkard et al., 2006; Butler-Byrd, 2010; Constantine & Sue, 2007; Hall, 2018; Hedin, 2018; Jang, 2019; Lee Pichardo, 2017; Upshaw et al., 2020; Wong et al., 2013).

Supervisees reported feeling undervalued and having their integrity and professionalism unfairly questioned (Hedin, 2018; Lee Pichardo, 2017). Some supervisees believed that their supervisors had low expectations and mistrust in their abilities (Jang, 2019; Lee Pichardo, 2017). Supervisees felt that their supervisors focused primarily on clinical weaknesses (Constantine & Sue, 2007; Hedin, 2018). Some felt that their skills and competence were questioned when they attempted to discuss issues of race or culture (Burkard et al., 2006; Hedin, 2018).

Black women in supervision felt pressure to justify themselves and were self-conscious about their appearance and speech at work (Butler-Byrd, 2010, Hall, 2018; Hedin, 2018).

The impact on the recipient

There are various consequences experienced by the recipient of microaggressions. This category refers to responses and experiences arising both immediately after microaggressions were perpetrated, continuing post-microaggression(s) and arising in the supervisory space. The findings have been described in four subthemes (see Figure 2).

Emotional responses

Supervisees felt distressed, upset, punished and offended by their supervisors (Burkard et al., 2006; Hedin, 2018; Remaker et al., 2021). Supervisees felt sadness, pain, shock, offense, disbelief and disappointment (Constantine & Sue, 2007; Hedin, 2018; Lee Pichardo, 2017; Wong et al., 2013). Black supervisors experienced insensitive comments from their White supervisees as ‘painful’ and ‘wounding’ (Hall, 2018).

Black and Asian American supervisees reported feeling humiliated and embarrassed (Jangha et al., 2018; Lee Pichardo, 2017). Supervisees felt angry, frustrated and disappointed with their supervisors (Burkard et al., 2006; Constantine & Sue, 2007; Lee Pichardo, 2017; Remaker et al., 2021; Wong et al., 2013).

Some supervisees felt confused and conflicted about what had occurred and what they should have done (Hedin, 2018; Lee Pichardo, 2017; Wong et al., 2013).

Psychological responses

Supervisees felt ignored, invisible and undervalued (Burkard et al., 2006; Hedin, 2018; Lee Pichardo, 2017). Black supervisees reported feeling invalidated and dismissed by their supervisors (Constantine & Sue, 2007; Bautista-Biddle et al., 2020). Some supervisees felt discredited, unsupported, unheard and unseen (Remaker et al., 2021; Upshaw et al., 2020).

Supervisees felt alone and unwelcomed within the profession (Jangha et al., 2018; Jendrusina & Martinez, 2019; Upshaw et al., 2020; Wong et al., 2013).

Supervisees felt shut down and silenced by their supervisors (Burkard et al., 2006; Constantine & Sue, 2007; Upshaw et al., 2020). Other supervisees felt unable to speak out due to feeling alone or believing that their supervisor wouldn't hear their voice (Jendrusina & Martinez, 2019; Remaker et al., 2021; Wong et al., 2013).

Supervisees were fearful of their supervisors (Burkard et al., 2006; Remaker et al. 2021).

Supervisees felt anxious, stressed, unsafe, vulnerable and uncomfortable with their supervisors (Hedin, 2018; Lee Pichardo, 2017; Upshaw et al., 2020; Wong et al., 2013).

Some ethno-racial minorities in supervision were also worried about the experiences of clients of colours when facing the perpetrators of microaggressions (Hall, 2018; Jendrusina & Martinez, 2019).

Supervisees reported feelings of powerlessness, hopelessness and helplessness and being unable to effect change (Jangha et al., 2018; Jendrusina & Martinez, 2019; Lee Pichardo, 2017; Remaker et al., 2021; Wong et al., 2013). Supervisees felt overwhelmed and exhausted by their experiences of discrimination and racism (Lee Pichardo, 2017).

Supervisees felt inadequate, incompetent and experienced self-esteem issues (Jang, 2019; Jangha et al., 2018; Jendrusina & Martinez, 2019). Asian American supervisees felt stripped of their identity, sense of self and confidence (Lee Pichardo, 2017). Supervisees doubted their abilities and performance and questioned whether to continue in their profession (Jangha et al., 2018; Lee Pichardo, 2017, Wong et al., 2013). Some supervisees blamed themselves for their experiences (Lee Pichardo, 2017).

Black supervisors felt inadequate, devalued and undermined by their White supervisees (Butler-Byrd, 2010; Hall, 2018). They reported feeling the need to ‘prove’ themselves and feeling conscious about their appearance (Butler-Byrd, 2010; Hall, 2018). Black supervisors felt unable to make mistakes (Hall, 2018).

Somatic responses

An ethno-racial minority supervisee described feeling a tingling in their chest and becoming sweaty as a reaction to experiencing microaggressions (Hedin, 2018). One Asian American supervisee reported experiencing a ‘visceral feeling’ that ‘rushed through’ their body (Lee Pichardo, 2017). Another supervisee reported experiencing racial battle fatigue, a psychosocial stress response which can involve physiological and psychological symptoms (Jendrusina & Martinez, 2019).

Negative professional experiences

Supervisees were unable to access culturally sensitive supervision or training (Bautista-Biddle et al., 2020; Constantine & Sue, 2007; Jendrusina & Martinez, 2019; Wong et al., 2013).

Supervisees felt unable to sufficiently attend to their clients’ cultural and racial needs (Burkard et al., 2006). Black supervisees experienced difficulties exploring or contextualising issues of race or culture related to their clients in supervision (Bautista-Biddle et al., 2020; Constantine & Sue, 2007; Hedin, 2018; Jendrusina & Martinez, 2019). Supervisees felt unheard and unsupported with an absence of constructive feedback and advice, limiting their growth and development (Jang, 2019; Lee Pichardo, 2017).

Black and Asian supervisees were treated as experts and experienced their supervisor placing the responsibility of knowledge and training regarding race and culture on them (Bautista-Biddle et al., 2020; Constantine & Sue, 2007; Lee Pichardo, 2017).

The impact on the supervisory relationship and supervision

Findings related to the impact on the supervisory relationship and supervision are discussed in five subthemes: mistrust/loss of trust, withdrawal from supervision, missed learning opportunities around race and culture, unsatisfactory supervision and relationship rupture.

Mistrust/loss of trust

Supervisees felt uncomfortable and mistrusting towards their supervisor (Burkard et al., 2006; Constantine & Sue, 2007). Some supervisees lost trust in their supervisor and lost confidence in their supervisor's abilities (Lee Pichardo, 2017). Supervisees felt unsafe and guarded in supervision (Jendrusina & Martinez, 2019; Lee Pichardo, 2017).

Withdrawal from supervision

Supervisees began to withhold information and engage superficially (Burkard et al., 2006; Constantine & Sue, 2007; Hedin, 2018). Supervisees withdrew and disengaged from their supervisor (Hedin, 2018; Lee Pichardo, 2017; Wong et al., 2013).

Missed learning opportunities around race and culture

Supervisees reported limited conversations regarding race, racial identity and multicultural counselling (Constantine & Sue, 2007; Hedin, 2018). Supervisees felt that their supervisor was uninterested or unwilling to discuss issues pertaining to race or culture (Bautista-Biddle et al., 2020; Jang, 2019; Lee Pichardo, 2017; Remaker et al., 2021). Supervisees were unable to address or explore cultural or racial issues in supervision (Burkard et al., 2006; Constantine &

Sue, 2007; Remaker et al., 2021). Supervisees felt unable to learn about culture and diversity from their supervisors due to their supervisors' lack of cultural competency (Lee Pichardo, 2017; Upshaw et al., 2020).

Unsatisfactory supervision

Supervisees felt dissatisfied with supervision and experienced it as superficial (Bautista-Biddle et al., 2020; Burkard et al., 2006; Jang, 2019). Supervisees felt inadequately supported in supervision and disconnected from their supervisor (Jang, 2019; Wong et al., 2013). Supervisees reported being unable to learn and develop due to supervisors' limitations, dismissals and experiences of microaggressions (Constantine & Sue, 2007; Lee Pichardo, 2017).

Relationship rupture

Supervisees reported negative changes to the supervisory relationship (Burkard et al., 2006; Jendrusina & Martinez, 2019). One supervisee described irreparable damage caused by their supervisor (Constantine & Sue, 2007). Similarly, another supervisee felt that their supervisor had 'ruined' the relationship (Lee Pichardo, 2017). Black supervisors with White supervisees described compartmentalising the 'hurt' in order to preserve the supervisory relationship, suggesting the potential for relationship rupture (Hall, 2018).

Dilemmas arising from experiencing racial microaggressions

The findings are discussed according to the five subthemes identified: fear of negative consequences/repercussions, fear of experiencing further microaggressions, fear of rupturing the supervisory relationship, fear of other people's perceptions and judgements and the experience of confrontation.

Fear of negative consequences/repercussions

Supervisees were fearful of the repercussions for their training and professional development if they addressed microaggressions (Bautista-Biddle et al., 2020; Burkard et al., 2006; Hedin, 2018; Lee Pichardo, 2017; Remaker et al., 2021). Supervisees felt unable to address microaggressions due to the power imbalance or age differences (Jendrusina & Martinez, 2019; Lee Pichardo, 2017; Remaker et al., 2021; Upshaw et al., 2020). Some supervisees were concerned that their attempts to address microaggressions would reinforce stereotypes linked to their racial identity (Jangha et al., 2018).

Fear of experiencing further racial microaggressions

Some supervisees were fearful of experiencing further microaggressions (Constantine & Sue, 2007; Jangha et al., 2018; Bautista-Biddle et al., 2020). A supervisee feared experiencing further invalidation from their supervisor (Jendrusina & Martinez, 2019).

Fear of rupturing the supervisory relationship

Supervisees worried about rupturing the relationship by addressing the microaggression (Bautista-Biddle et al., 2020; Jendrusina & Martinez, 2019). Another supervisee discussed concerns about the impact on the group dynamic in group supervision if microaggressions were confronted (Upshaw et al., 2020).

Fear of other people's perceptions/judgements

Black supervisees were concerned about how others would perceive them and wanted to make others feel comfortable (Jangha et al., 2018). One supervisee was concerned about other people's perceptions of them in the context of group supervision (Upshaw et al., 2020).

The experience of confrontation

Supervisees expended significant time and energy weighing up the benefits and disadvantages of confronting microaggressions, and preparing for the confrontation (Lee Pichardo, 2017).

Supervisees experienced their supervisors' reactions to confrontation as negative, including denial and taking offence (Lee Pichardo, 2017).

Coping strategies

The evidence revealed numerous coping strategies used by ethno-racial minorities to manage their experiences of microaggressions in supervision. The findings are discussed according to the seven subthemes that emerged.

Avoidance/silence

Supervisees avoided raising issues related to race or culture (Burkard et al., 2006; Constantine & Sue, 2007). Some supervisees emotionally withdrew and disengaged from the supervisory relationship (Hedin, 2018; Lee Pichardo, 2017). Black supervisees discussed using silence as a source of power, but also as a way of avoiding experiencing further microaggressions (Bautista-Biddle et al., 2020; Jangha et al., 2018; Remaker et al., 2021). Other ethno-racial minority supervisees withheld or censored the material that they brought to supervision (Lee Pichardo, 2017; Upshaw et al., 2020).

Denial/minimisation

Supervisees attempted to interpret their experiences differently or find excuses for their supervisor (Hedin, 2018). Other supervisees avoided thinking about their experiences, pretended that the issues didn't exist or minimised their experiences (Lee Pichardo, 2017; Remaker et al., 2021). Some supervisees took responsibility for microaggressions in order to preserve their respect for their supervisor (Lee Pichardo, 2017).

Hiding aspects of the self

Supervisees reported not ‘exposing’ themselves or sharing personal information due to negative interpretations (Burkard et al., 2006; Upshaw et al., 2020). One supervisee would ‘code switch’, changing her language and demeanour based on her setting and audience (Hedin, 2018). A Black supervisor took a considered approach to presenting her professional self (Butler-Byrd, 2010).

Seeking alternative support

Ethno-racial minorities sought external consultation or supervision (Burkard et al., 2006; Butler-Byrd, 2010; Hedin, 2018). Some received support from friends, family or colleagues (Burkard et al., 2006; Butler-Byrd, 2010; Hedin, 2018; Jangha et al., 2018; Lee Pichardo, 2017). Asian American supervisees underwent therapy (Lee Pichardo, 2017).

Confronting power and racial microaggressions

Some supervisees addressed microaggressions to prevent them from happening to others (Hedin, 2018; Lee Pichardo, 2017; Remaker et al., 2021). Black supervisees used their voice when unjust matters needed to be addressed (Jangha et al., 2018). Black supervisors addressed microaggressions with supervisees to think about how a client might experience them (Hall, 2018).

Incited to be a better supervisor or therapist

Supervisees used their experiences to avoid making similar mistakes with clients (Hedin, 2018). Asian American supervisees wanted to use their cultural sensitivity and experiences to be a better supervisor (Lee Pichardo, 2017). Black supervisors focused on being a mentor and educator for their supervisees (Butler-Byrd, 2010; Hall, 2018).

Religion and spirituality

Black supervisees used their faith to manage their difficult experiences (Jangha et al., 2018). The supervisees felt provided for, empowered and achieved their sense of self through their faith (Jangha et al., 2018).

Intersectionality

Black female supervisors found it difficult to separate their experiences of being female and being black (Hall, 2018). One supervisee felt that the intersectionality of his identities as a South Asian man compounded his feelings of powerlessness (Jendrusina & Martinez, 2019).

Discussion

This review aimed to identify and explore ethno-racial minorities' experiences of microaggressions in cross-cultural and cross-racial supervision. The synthesis of 13 studies contained many similarities regarding manifestations of microaggressions and their impact on the person and the supervisory relationship.

Findings

Available evidence suggests that there are common types of microaggressions that arise in supervision. Incidents could be grouped under the seven emerging categories (see Figure 2). Stereotyping, being treated differently or excluded due to racial identity, pathologising/criticising cultural values and communication styles, denial of racial identity and differences and querying professionalism and ability align with microaggressions identified by Sue et al. (2007). These microaggressions typically communicate a message to the recipient that they are limited due to their ethno-racial identity and promote assimilation to the dominant culture (Sue et al., 2007). These experiences had a secondary impact on clients, as they were also stereotyped and

experienced neglect of ethno-racial and cultural needs and culturally responsive treatment. This can be harmful by preventing adequate treatment (Walls et al., 2015).

The evidence indicates that there is a significant impact on the recipient of microaggressions. Negative emotional and psychological consequences were reported in most articles. Recipients indicated ongoing or repeated experiences of microaggressions, suggesting continuous negative experiences, which is the typical experience for ethno-racial minorities (Sue et al., 2008b). This echoes findings associating microaggressions with depression, anxiety, stress, trauma and negative world views (Banks et al., 2006; Blume et al., 2012; Carter, 2007; Huynh, 2012; Nadal et al., 2014; Pieterse et al., 2012; Torres et al., 2010; Williams et al., 2020).

The findings suggest that various dilemmas arise following microaggressions. This may be partly explained by the difficulties associated with proving that a microaggression occurred (Sue, 2005; Sue et al., 2007; Sue et al., 2008a). As people can perpetrate microaggressions unconsciously, confrontation can result in denial, defensiveness and alternative explanations (Sue et al., 2007; Sue et al., 2008c). Awareness of possible negative outcomes resulted in fear of the consequences, such as rupturing the supervisory relationship, experiencing further microaggressions and harm to professional development. Consequently, recipients navigated dilemmas, an experience associated with exhaustion and mental health concerns (Ginsburg, 2017). Subsequent decisions may have produced further feelings that were captured within 'the impact on the recipient' category. These findings support research associating microaggressions with feelings of powerlessness, forced compliance, loss of integrity and poor mental health (Blume et al., 2012; Ginsburg, 2017; Spanierman et al., 2021; Sue et al., 2008a; Torres et al., 2010).

The evidence suggests that there is a negative impact on the supervisory relationship. Recipients reported loss of trust, withdrawal from supervision, relationship rupture and unsatisfactory

supervision. Similar difficulties have been noted in research showing that these experiences led to lower ratings of supervisors and a poorer supervisory working alliance (Barnes, 2011; O'Hara, 2014). Being seen as an 'expert' had a negative impact on the recipient and also contributed to missed learning opportunities around race and culture in supervision. Research suggests that these experiences negatively impact the supervisory relationship and perceived supervisor multicultural competence (Barnes, 2011; Sukumaran, 2016). Recipients also felt that microaggressions harmed their professional development, by limiting discussions and development of competencies. This supports research indicating that microaggressions impacted recipients' academic wellbeing and impeded professional development (Ginsburg, 2017; O'Hara, 2014; Sukumaran, 2016).

Recipients employed various coping strategies to manage experiences. Some engaged in avoidance or hid aspects of themselves. This might help individuals protect themselves and maintain helpful beliefs about themselves and their ability (Williams et al., 2020). Other coping strategies included self-care, spirituality, confrontation, seeking support and consultation, similar to other reports (Hernández et al., 2010; Kilgore et al., 2020; Lewis et al., 2013). However, approaches such as avoidance and denial/minimisation are seen as maladaptive or suppressive responses, which are associated with poorer mental health (DeCuir-Gunby et al., 2020; Hernández & Villodas, 2020).

Gendered racial microaggressions were highlighted in two articles (Hall, 2018; Jendrusina & Martinez, 2019). Intersectionality incorporates experiences of race and gender related discrimination, which could be experienced by different gender identities (Crenshaw, 1992; Nash, 2017). As we all hold multiple identities, it is likely that people will experience intersectional microaggressions (Nadal et al., 2015).

Limitations

Due to the limited sample sizes of some studies, the heterogeneity of research, and biases introduced via recruitment, methodology and interpretation, findings from this review must be interpreted with caution. The results may not comprehensively capture or represent ethno-racial minorities experiences of microaggressions in supervision. Furthermore, the review included largely female samples and mostly training experiences, further limiting the generalisability of the findings. Additionally, all but one article included in the review, as well as most of the supporting literature, were US-based. However, the other study, based in Canada, did report similar findings despite varying societal values and practices.

The review included non-systematic research, typically in the form of retrospective anecdotal data. Anecdotal evidence can be subject to cognitive biases that affect the recollection or presentation of information. However, as this review aimed to understand the phenomenon of microaggressions, one could argue that anecdotal evidence is appropriate and not largely dissimilar from the type of evidence obtained in the qualitative and case studies included in the review. The review also included information that relied on the author's subjective identification and interpretations of microaggressions and their consequences. It is possible that another author conducting the review may have generated alternative findings. Further, as the author is a Black woman who has also experienced the phenomenon of interest, there is a possibility that the author's biases influenced the results.

It was not always possible to identify the ethno-racial or cultural identities involved in the cross-racial or cross-cultural supervisory relationships. Consequently, it was difficult to distinguish the dyads or groups in which certain experiences arose. As the review aimed to synthesise all known information in this area, a variety of experiences were combined and possibly diluted. In doing

this, information about the experiences of different racial identities, different job roles, specific professions and different stages of qualification or practice were minimised or lost. It might be helpful for literature to be synthesised using categories such as ethnic identities, specific professions, stage of training or supervisor/supervisee status in the relationship under investigation, as experiences may differ. It is important to note that such categorisations would currently be difficult or sparse due to the paucity of research. Therefore, a recommendation is that more research is conducted exploring experiences of microaggressions in supervision.

Due to variations in training, supervision and practice guidelines, it is possible that the experiences reported in the studies and research differ from the experiences of clinicians in the UK. Therefore, the findings from this review may not be transferrable to psychological and counselling professionals undertaking supervision in the UK.

Clinical implications

In general, the evidence outlined in the review suggests that experiences of microaggressions in supervision results in significant consequences to the recipient and the supervisory relationship. The impact of experiencing microaggressions appeared considerable even when the ethno-racial minority was the supervisor and would be expected to hold more power in the relationship (Butler-Byrd, 2010; Hall, 2018). People experiencing microaggressions in supervision expend time and energy managing the emotional and psychological impact, processing dilemmas related to addressing the matter, dealing with clinical issues and developing coping strategies. This appears to occur alongside continuing experiences of microaggressions in supervision, suggesting that ethno-racial minorities may be dealing with continuous stressors. Ethno-racial and cultural majority individuals would benefit from developing an understanding of the types of microaggressions that arise in supervision and aim to reduce the likelihood of their occurrence.

Furthermore, the findings suggest that microaggressions resulted in stereotyping of clients, neglect of cultural and ethno-racial needs and the application of inappropriate treatment recommendations. As supervision is triadic, harm can be perpetuated upon clients of colour and reduce the quality of care. Clinicians should consider developing their multicultural competence so they can engage in culturally and ethno-racially responsive supervision.

Further research

Research investigating experiences of microaggressions in supervision within the UK is urgently needed. This phenomenon is likely to be occurring within cross-cultural supervisory relationships but little is known due to the paucity of research and the limited generalisability of the existing predominantly US-based literature. It would be helpful if this research was clear about ethno-racial identities involved in the investigation, particularly the ethno-racial dyads/relationships involved in the supervisory relationship. This might help to explore how microaggressions manifest within certain ethno-racial supervisory relationships. It would also be useful for studies to focus on a particular ethno-racial identity, to separate and capture their unique lived experience. Another helpful distinction would be separating psychological professions and roles, to understand how the particular process of supervision contributes to the supervisory relationship and experience of microaggressions.

The literature search did not discover any studies where qualified psychological professionals were supervisees experiencing microaggressions. It might be helpful to understand the impact of microaggressions without the additional layer of being a trainee. Future research may wish to explore qualified counsellors' or psychologists' experiences of microaggressions in supervision as a supervisee.

Given how under explored this phenomenon is, qualitative research would be an appropriate methodology to employ in future research. Researcher(s) should pay attention to their own relationship with and understanding of the phenomenon and consider how they may be influencing their findings.

Conclusion

This review suggests that experiences of microaggressions in supervision significantly impact the emotional and psychological wellbeing of ethno-racial minorities, the supervisory relationship, professional development and clinical work. There may be secondary effects for their ethno-racial minority clients. The review identified gaps in the literature, suggesting the need for UK-based qualitative research to provide in-depth knowledge regarding this under explored phenomenon.

References

- Adetimole, F., Afuape, T., & Vara, R. (2005). The impact of racism on the experience of training on a clinical psychology course: Reflections from three Black trainees. *Clinical Psychology Forum*, 48, 11-15.
https://www.academia.edu/41940859/Clinical_Psychology_Forum_Special_Issue_Racism_during_training_in_clinical_psychology.
- Allan, R., McLuckie, A., & Hoffecker, L. (2017). Effects of clinical supervision of mental health professionals on supervisee knowledge, skills, attitudes and behaviour, and client outcomes: Protocol for a systematic review. *Campbell Systematic Reviews*, 13(1), 1-44.
<https://doi.org/10.1002/CL2.179>.
- Ancis, J. R., & Ladany, N. (2001). A multicultural framework for counselor supervision. In L. J. Bradley & N. Ladany (Eds.), *Counselor supervision: Principles, process, and practice* (pp. 63–90). Brunner-Routledge.
- Association for Counselor Education and Supervision. (2019). *ACES task force report: Best practices in clinical supervision*. <https://www.acesonline.net/spamnotice>.
- Ayalon, L., & Gum, A. M. (2011). The relationships between major lifetime discrimination, everyday discrimination, and mental health in three racial and ethnic groups of older adults. *Aging & Mental Health*, 15(5), 587–594.
<http://doi.org/10.1080/13607863.2010.543664>.

- Banks, K. H., Kohn-Wood, L. P., & Spencer, M. (2006). An examination of the African American experience of everyday discrimination and symptoms of psychological distress. *Community Mental Health Journal*, 42(6), 555–570. <http://doi.org/10.1007/s10597-006-9052-9>.
- Barnes, R. R. (2011). *Racial microaggressions, racial identity, and working alliance in cross-racial counseling supervision relationships between Black supervisors and White supervisees* [unpublished thesis]. University of North Carolina, USA. https://libres.uncg.edu/ir/uncg/f/Barnes_uncg_0154D_10835.pdf.
- Bautista-Biddle, M. M., Pereira, L. M., & Williams, S. N. (2020). The fallacy of “good training experiences”: The need to protect psychology trainees from harassment and the imperative of multiculturally competent supervision. *Training and Education in Professional Psychology*, 15(4), 323-330. <http://dx.doi.org/10.1037/tep0000353>.
- Berger, M., & Sarnyai, Z. (2015). “More than skin deep”: Stress neurobiology and mental health consequences of racial discrimination. *Stress: The International Journal on the Biology of Stress*, 18(1), 1–10. <http://doi.org/10.3109/10253890.2014.989204>.
- Berkel, L. A., Constantine, M. G., & Olson, E. A. (2007). Supervisor multicultural competence: Addressing religious and spiritual issues with counseling students in supervision. *The Clinical Supervisor*, 26(1-2), 3-15. https://doi.org/10.1300/J001v26n01_02.
- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision*. Pearson.

Blume, A. W., Lovato, L. V., Thyken, B. N., & Denny, N. (2012). The relationship of microaggressions with alcohol use and anxiety among ethnic minority college students in a historically white institution. *Cultural Diversity and Ethnic Minority Psychology, 18*(1), 45–54. <http://doi.org/10.1037/a0025457>.

The British Psychological Society. (2017). *Practice guidelines third edition*. <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Practice%20Guidelines%20%28Third%20Edition%29.pdf>.

Burkard, A., Johnson, A. J., Madson, M. B., Pruitt, N., & Contreras-Tadych, D. A. (2006). Supervisor cultural responsiveness and unresponsiveness in cross-cultural supervision. *Journal of Counseling Psychology, 53*(3), 288–301. <https://doi.org/10.1037/0022-0167.53.3.288>.

Butler-Byrd, N. M. (2010). An African American supervisor's reflections on multicultural Supervision. *Training and Education in Professional Psychology, 4*(1), 11–15. <http://doi.org/10.1037/a0018351>.

Cabrera, N. L., Watson, J. S., & Franklin, J. D. (2016). Racial arrested development: A critical Whiteness analysis of the campus ecology. *Journal of College Student Development, 57*(2), 119-134. <https://doi.org/10.1353/csd.2016.0014>.

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*(1), 13-105. <https://doi.org/10.1177/0011000006292033>.

The Center for Evidence-Based Management. (2022). Critical appraisal questions for case study.

<https://www.cebma.org/wp-content/uploads/Critical-Appraisal-Questions-for-a-Case-Study.pdf>.

Chopra, T. (2013). All supervision is multicultural: A review of literature on the need for multicultural supervision in counseling. *Psychological Studies*, 58, 335–338.

<https://doi.org/10.1007/s12646-013-0206-x>.

Clark, R., Anderson, N. A., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54(10), 805–816.

<http://doi.org/10.1037//0003-066x.54.10.805>.

Clark, T. T., Salas-Wright, C. P., Vaughn, M. G., & Whitfield, K. E. (2015). Everyday discrimination and mood and substance use disorders: A latent profile analysis with African Americans and Caribbean Blacks. *Addictive Behaviors*, 40, 119–125

<http://doi.org/10.1016/j.addbeh.2014.08.006>.

Clarke, A. M., & Jack, B. (1998). The benefits of using qualitative research. *Professional Nurse*, 13(12), 845-847.

Constantine, M. G. (1997). Facilitating multicultural competency in counseling supervision: Operationalizing a practical framework. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 310-325). Sage Publications.

Constantine, M. G., & Sue, D. W. (2007). Perceptions of racial microaggressions among black supervisees in cross-racial dyads. *Journal of Counseling Psychology*, 54(2), 142–

153. <https://doi.org/10.1037/0022-0167.54.2.142>.

- Crenshaw, K. (1992) 'Whose story is it anyway? Feminist and antiracist appropriations of Anita Hill' in T. Morrison (ed.), *Race-ing justice, engendering power* (pp. 402-440). Pantheon.
- Critical Appraisal Skills Programme (CASP). (2018). *CASP Qualitative checklist*. https://casp-uk.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018_fillable_form.pdf.
- DeCuir-Gunby, J. T., Johnson, O. T., Womble Edwards, C., McCoy, W. N., & White, A. M. (2020). African American professionals in higher education: Experiencing and coping with racial microaggressions. *Race Ethnicity and Education*, 23(4), 492-508. <http://doi.org/10.1080/13613324.2019.1579706>.
- Desai, M. (2018). *Exploring supervisor responses to issues of race, culture and ethnicity in clinical psychology supervision, and the systemic factors influencing this* [Unpublished thesis]. University of East London. https://repository.uel.ac.uk/download/6406372298d4f58ab45e9cadd9197db661c616d7e7832194efb3867f4471f085/3104598/2018_ClinPsyD_Desai.pdf.
- Erickson-Cornish, J. A., Schreier, B. A., Nadkarni, L. I., Metzger, L. H., Henderson, & L., Rodolfa, E. R. (2010). *Handbook of Multicultural Counseling Competencies* (1st ed.). John Wiley & Sons, Inc. <https://bangzoelsite.files.wordpress.com/2017/06/multicultural-competence-counseling.pdf>.
- Essed, P. (1991). *Understanding everyday racism*. Sage publications.
- Estrada, D., Wiggins Frame, M., & Braun Williams, C. (2004). Cross-cultural supervision: Guiding the conversation toward race and ethnicity. *Journal of Multicultural counseling and development*, 32, 307 – 319. <http://www.wyomingcounselingassociation.com/wp-content/uploads/Estrada-et-al-2004-Cross-Sultural-Supervision.pdf>.

- Fernandes, C., & Lane, D. W. (2020). Best practices in multicultural supervision in counseling. *Journal of Counseling Research and Practice*, 6(1), 57-66.
<https://egrove.olemiss.edu/jcrp/vol6/iss1/4>.
- Fukuyama, M. A. (1994). Critical incidents in multicultural counseling supervision: A phenomenological approach to supervision research. *Counselor Education & Supervision*, 34(2), 142-151. <http://doi.org/10.1002/j.1556-6978.1994.tb00321.x>.
- Gatmon, D., Jackson, D., Koshkarian, L., Martos-Perry, N., Molina, A., Patel, N., & Rodolfa, E. (2001). Exploring ethnic, gender, and sexual orientation variables in supervision: Do they really matter? *Journal of Multicultural Counseling and Development*, 29(2), 102–113.
<https://doi.org/10.1002/j.2161-1912.2001.tb00508.x>.
- Ginsburg, M. (2017). *The impact of microaggressions on the self among black clinical psychology students* [unpublished doctoral thesis]. Adler University, USA.
- Hall, J. C. (2018). Black women talk about stereotypical transference enactments in cross-cultural supervision. *Journal of Human Behavior in the Social Environment*, 28(8), 1019-1032. <http://doi.org/10.1080/10911359.2018.1489930>.
- Hedin, J. (2018). *The experience of microaggressions within cross-racial videoconferencing supervision: A case study* [unpublished doctoral thesis]. Minnesota State University.
- Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Allyn & Bacon.
- Hernández, P., Carranza, M., & Almeida, R. (2010). Mental health professionals' adaptive responses to racial microaggressions: An exploratory study. *Professional Psychology: Research and Practice*, 41(3), 202–209. <https://doi.org/10.1037/a0018445>.

- Hernández, R. J., & Villodas, M. T. (2020). Overcoming racial battle fatigue: The associations between racial microaggressions, coping, and mental health among Chicana/o and Latina/o college students. *Cultural Diversity and Ethnic Minority Psychology, 26*(3), 399–411. <https://doi.org/10.1037/cdp0000306>.
- Hollingsworth, D. W., Cole, A. B., O’Keefe, V. M., Tucker, R. P., Story, C. R., & Wingate, L. R. (2017). Experiencing racial microaggressions influences suicide ideation through perceived burdensomeness in African Americans. *Journal of Counseling Psychology, 64*(1), 104–111. <https://doi.org/10.1037/cou0000177>.
- Horner, C., Youngson, S., & Hughes, J. (2009). Personal development in clinical psychology training – The story so far... In J. Hughes & S. Youngson (Eds.), *Personal development and Clinical Psychology* (pp. 168-187). Blackwell.
- Huynh, V. W. (2012). Ethnic microaggressions and the depressive and somatic symptoms of Latino and Asian American adolescents. *Journal of Youth and Adolescence, 41*(7), 831–846. <http://doi.org/10.1007/s10964-012-9756-9>.
- Inman, A. G. (2008). *Proceedings of the 116th American Psychological Association Conference*. Race and culture in supervision: Opportunities and challenges. <https://www.apa.org/education-career/development/early/race-culture.pdf>.
- Inman, A. G., Hutman, H., Pendse, A., Devdas, L., Luu, L., & Ellis, M. V. (2014). Current trends concerning supervisors, supervisees, and clients in clinical supervision. In C. E. Watkins & D. L. Milne (Eds.), *The Wiley International Handbook of Clinical Supervision* (pp. 61–102). <http://doi.org/10.1002/9781118846360.ch4>.

- Jang, H., Bang, N. A., Byrd, J. A., & Smith, C. K. (2019). Cross-cultural supervision: Racial/ethnic minority supervisees perspectives. *The Journal of Counseling Research and Practice*, 5(2), 1-19.
<https://egrove.olemiss.edu/cgi/viewcontent.cgi?article=1036&context=jcrp>.
- Jangha, A. G., Magyar-Russell, G., & O'Grady, K. (2018). Power within counselor identity development of African American women in pastoral counselling. *Counselling and Values*, 63(1), 76-90. <https://doi.org/10.1002/cvj.12074>.
- Jendrusina, A. A., & Martinez, J. H. (2019). Hello from the other side: Student of colour perspectives in supervision. *Training and Education in Professional Psychology*, 13(3), 160-166. <http://dx.doi.org/10.1037/tep0000255>.
- Lee, E., & Kealy, D. (2018). Developing a working model of cross-cultural supervision: A competence- and alliance-based framework. *Clinical Social Work Journal*, 46, 310–320. <https://doi.org/10.1007/s10615-018-0683-4>.
- Lee Pichardo, V. (2017). *Experiences of racial microaggressions among Asian American supervisees in cross-racial dyads* [Unpublished doctoral thesis]. Wright Institute Graduate School of Psychology.
- Leong, F. T. L., & Wagner, N. S. (1994). Cross-cultural counseling supervision: What do we know? What do we need to know? *Counselor Education and Supervision*, 34, 117-131. <https://doi.org/10.1002/j.1556-6978.1994.tb00319.x>.
- Lewis, J.A., Mendenhall, R., Harwood, S.A., & Browne Huntt, M. (2013). Coping with gendered racial microaggressions among Black women college students. *Journal of African American Studies*, 17(1), 51–73, <https://doi.org/10.1007/s12111-012-9219-0>.

- Lilienfeld, S. O. (2017a). Microaggressions? Prejudice remains a huge social evil but evidence for harm caused by microaggression is incoherent, unscientific and weak. *Aeon*.
<https://aeon.co/essays/why-a-moratorium-on-microaggressions-policies-is-needed>.
- Lilienfeld, S. O. (2017b). Microaggressions: Strong claims, inadequate evidence. *Perspectives on Psychological Science*, 12(1), 138–169. <http://doi.org/10.1177/1745691616659391>.
- Kilgore, A. M., Kraus, R., & Littleford, L. N. (2020). “But I'm not allowed to be mad”: How Black women cope with gendered racial microaggressions through writing. *Translational Issues in Psychological Science*, 6(4), 372–382. <https://doi.org/10.1037/tps0000259>.
- Messent, P. (2016). Supervision across ethnic difference: learning of a White supervisor and manager. In G. Fredman, J. Bownas & E. Strang (Eds.), *Working with embodiment in supervision: A systemic approach* (pp. 50- 64). Routledge.
- Milne, D. (2007). An empirical definition of clinical supervision. *British Journal of Clinical Psychology*, 46(4), 437–447. <https://doi.org/10.1348/014466507X197415>.
- Milne, D. (2009). *Evidence-based clinical supervision: Principles and practices*. Wiley-Blackwell.
- Nadal, K. L., Davidoff, K. C., Davis, L. S., Wong, Y., Marshall, D., & McKenzie, V. (2015). A qualitative approach to intersectional microaggressions: Understanding influences of race, ethnicity, gender, sexuality, and religion. *Qualitative Psychology*, 2(2), 147–163.
<https://doi.org/10.1037/qup0000026>.

- Nadal, K. L., Wong, Y., Griffin, K. E., Davidoff, K., & Sriken, J. (2014). The adverse impact of racial microaggressions on college students' self-esteem. *Journal of College Student Development, 55*(5), 461–474. <http://doi.org/10.1353/csd.2014.0051>.
- Nash, J.C. (2017). Intersectionality and its discontents. *American Quarterly 69*(1), 117-129. <http://doi.org/10.1353/aq.2017.0006>.
- Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography: Synthesizing qualitative studies*. SAGE Publications.
- O'Hara, C. (2014). *The Relationships among the experiences of racial microaggressions in supervision, traumatic experiences, and the supervisory working alliance in professional counselors and counselors-in-training* [Unpublished doctoral dissertation]. Georgia State University.
- O'Keefe, V. M., Wingate, L. R., Cole, A. B., Hollingsworth, D. W., & Tucker, R. P. (2015). Seemingly harmless racial communications are not so harmless: Racial microaggressions lead to suicidal ideation by way of depression symptoms. *Suicide & Life-Threatening Behavior, 45*(5), 567–576. <http://doi.org/10.1111/sltb.12150>.
- Patel, N., & Fatimilehin, I. (1999). Racism and mental health. In G. Holmes, C. Newnes, & C. Dunn, (Eds.), *This is madness: A critical look at psychiatry and the future of mental health services* (pp. 51-73). PCCS Books.
- Patel, N. (2004). Power and difference in clinical psychology supervision: The case of 'race' and culture. In I. Fleming & L. Steen (Eds.) *Supervision and clinical psychology: Theory, practice and perspectives* (pp. 96-117). Routledge.

- Pendry, N. (2012). Race, racism and systemic supervision. *Journal of Family Therapy*, 34, 403–418. <http://doi.org/10.1111/j.1467-6427.2011.00576.x>
- Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*, 59(1), 1–9. <https://doi.org/10.1037/a0026208>.
- Pierce, C. (1970). Offensive mechanisms. In F. B. Barbour (Ed.), *The Black seventies* (pp. 265–282). Porter Sargent.
- Ponterotto, J. G., Casas, J. M., Suzuki, L. A., & Alexander, C. M. (2010). *Handbook of Multicultural Counseling* (3rd ed.). SAGE publications.
- Pratto, F., & Stewart, A. L. (2011). Social dominance theory. The encyclopedia of peace psychology. <https://doi.org/10.1002/9780470672532.wbep253>.
- Reid, L. D., & Radhakrishnan, P. (2003). Race matters: The relations between race and general campus climate. *Cultural Diversity and Ethnic Minority Psychology*, 9(3), 263–275. <https://doi.org/10.1037/1099-9809.9.3.263>.
- Remaker, D. N., Gonzalez, M. M., Houston-Armstrong, T., & Sprague-Connors, G. (2021). Women of color and mentorship in graduate training. *Training and Education in Professional Psychology*, 15(1), 70–75. <https://doi.org/10.1037/tep0000297>.
- Schacht, T. (2008). A broader view of racial microaggression in psychotherapy. *American Psychologist*, 63(4), 273. <https://doi.org/10.1037/0003-066X.63.4.273>.
- Sidanius, J., & Pratto, F. (1999). *Social dominance: An intergroup theory of social hierarchy and oppression*. Cambridge University Press. <https://doi.org/10.1017/CBO9781139175043>

- Simpson, S., Simionato, G., Smout, M., van Vreeswijk, M. F., Hayes, C., Sougleris, C., & Reid, C. (2019). Burnout amongst clinical and counselling psychologist: The role of early maladaptive schemas and coping modes as vulnerability factors. *Clinical Psychology & Psychotherapy*, 26(1), 35-46. <https://doi.org/10.1002/cpp.2328>.
- Soheilian, S. S., Inman, A. G., Klinger, R. S., Isenberg, D. S., & Kulp, L. E. (2014). Multicultural supervision: Supervisees' reflections on culturally competent supervision. *Counselling Psychology Quarterly*, 27(4), 379-392. <https://doi.org/10.1080/09515070.2014.961408>.
- Spanierman, L. B., Clark, D. A., & Kim, Y. (2021). Reviewing racial microaggressions research: Documenting targets' experiences, harmful sequelae and resistance strategies. *Perspectives on Psychological Science*, 16(5) 1037–1059 <http://doi.org/10.1177/17456916211019944>.
- Sue, D. W. (2005). Racism and the conspiracy of silence. *Counseling Psychologist*, 33(1), 100–114. <https://doi.org/10.1177/0011000004270686>.
- Sue, D. W. , Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life. Implications for clinical practice. *American Psychologist*, 62(4), 271-286. <http://doi.org/10.1037/0003-066X.62.4.271>.
- Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008a). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice*, 39(3), 329-336. <https://doi.org/10.1037/0735-7028.39.3.329>.

Sue, D. W., Nadal, K. L., Capodilupo, C. M., Lin, A. I., Torino, G. C., & Rivera, D. P. (2008b).

Racial microaggressions against Black Americans: Implications for counseling. *Journal of Counseling & Development*, 86(3), 330 – 338. <https://doi.org/10.1002/j.1556-6678.2008.tb00517.x>.

Sue, D. W., Capodilupo, C. M., Nadal, K. L., & Torino, G. C. (2008c). Racial Microaggressions and the Power to Define Reality. *American Psychologist*, 277-279.

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

Sukumaran, N. (2016). *Racial microaggressions and its impact on supervisees of color in cross-racial counseling supervision* [Unpublished doctoral dissertation]. University of Missouri-Kansas City.

Thomas, K. R. (2008). Macrononsense in multiculturalism. *American Psychologist*, 63(4), 274-275. <https://doi.org/10.1037/0003-066X.63.4.274>.

Toporek, R. L., Ortega-Villalobos, L., & Pope-Davis, D. B. (2004). Critical incidents in multicultural supervision: Exploring supervisees' and supervisors' experiences. *Journal of Multicultural Counseling and Development*, 32(2), 66–83. <https://doi.org/10.1002/j.2161-1912.2004.tb00362.x>.

Torres, L., Driscoll, M. W., & Burrow, A. L. (2010). Racial microaggressions and psychological functioning among highly achieving African-Americans: A mixed-methods approach. *Journal of Social and Clinical Psychology*, 29(10), 1074-1099. <https://doi.org/10.1521/jscp.2010.29.10.1074>.

- Upshaw, N. C., Lewis, D. E., Jr., & Nelson, A. L. (2020). Cultural humility in action: Reflective and process-oriented supervision with Black trainees. *Training and Education in Professional Psychology, 14*(4), 277–284. <https://doi.org/10.1037/tep0000284>.
- Walls, M. L., Gonzalez, J., Gladney, T., & Onello, E. (2015). Unconscious biases: Racial microaggressions in American Indian health care. *Journal of the American Board of Family Medicine, 28*(2), 231–239. <http://doi.org/10.3122/jabfm.2015.02.140194>.
- Wang, J., Leu, J., & Shoda, Y. (2011). When the seemingly innocuous “stings”: racial microaggressions and their emotional consequences. *Personality and Social Psychology Bulletin, 37*(12), 1666–1678. DOI: <https://doi.org/10.1177/0146167211416130>
- Williams, M. T., Printz, D., & DeLapp, R. C. T. (2018). Assessing racial trauma in African Americans with the Trauma Symptoms of Discrimination Scale. *Psychology of Violence, 8*(6), 735–747. <http://doi.org/10.1037/vio0000212>.
- Williams, M. T. (2020). Microaggressions: Clarification, evidence and impact. *Perspectives on Psychological Science, 15*(1), 3–26. <http://doi.org/10.1177/1745691619827499>.
- Wong, L. C. J., Wong, P. T. P., & Ishiyama, F. I. (2013). What helps and what hinders in cross-cultural clinical supervision: A critical incident study. *The Counseling Psychologist, 41*(1), 66–85. <http://doi.org/10.1177/0011000012442652>.
- Zorga, S. (1997). Supervision Process Seen as a Process of Experiential Learning. *The Clinical Supervisor, 16*(1), 145–161. https://doi.org/10.1300/J001v16n01_08.

Section B

‘The relentless nature of Whiteness’: Black Psychologists’ experiences of racial microaggressions in cross-cultural supervision

Candidate number: CP 8875386/19

Word Count: 7998 (7)

For submission to The Clinical Supervisor

Abstract

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. Semi-structured interviews were conducted with 10 individuals that had completed clinical or counselling psychology doctoral training. Interviews were transcribed and analysed using Interpretative Phenomenological Analysis. Three superordinate themes and 12 subthemes were derived from the analysis. The superordinate themes are: *'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. Findings are discussed in the context of the existing literature. The results suggest that there are common microaggressions that recur in supervision. The cumulative impact of these experiences resulted in significant negative psychological outcomes. Encountering microaggressions impeded the supervisory relationship, supervision and professional development. Clinical implications include recommendations for developing multicultural competency and consideration of funding to support Black psychologists' wellbeing. The study's limitations are considered and recommendations for future research are shared.

Key words: microaggressions, supervision, psychology, multicultural, racism

Introduction

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. For ease of reference, this study refers to such individuals as ethno-racial minorities despite acknowledging that this is problematic.

The term ‘anti-Blackness’ refers to the specific prejudice and discrimination experienced by those identified as Black. Black people in the UK are disproportionately subjected to negative experiences and encounter more than their White or other ethnic minority counterparts (Cabinet Office, 2018). Black people are more likely to experience unemployment, homelessness, school exclusion, coercive care and police interactions than any other ethno-racial identity in the UK (Cabinet Office, 2018). A similar phenomenon can be observed globally, largely due to the transatlantic slave trade and continuing effects for Black people (Sule, 2019). Ideas rooted in historical narratives regarding inferiority and primitiveness have been adopted by different ethno-racial groups, leaving Black people as the ‘ultimate racial other’ (DiAngelo, 2018; Kinouani, 2021). Consequently, anti-Black sentiment results in the perpetuation of harm towards Black people and maintains social inequalities (Kinouani, 2021). As Black people are kept at the bottom of the racial hierarchy, all non-Black ethno-racial groups benefit from anti-Blackness (Kinouani, 2021). Thus, Black people appear to be the most disadvantaged by Whiteness (Tangel et al., 2019).

Whiteness and clinical psychology

Clinical psychology has been criticised for its overt and covert racism for many years (Wood & Patel, 2017). Empiricism and eugenics were deeply embedded in the foundations of clinical psychology (Pilgrim & 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 & Patel, 2015).

Approximately 88% of psychologists are White (BPS, 2015). Systemic barriers and myths of meritocracy have long contributed to the under-representation of ethno-racial minorities within clinical psychology (Wood & Patel, 2017). Research suggests that discrimination and prejudice are common place for ethno-racial minority trainee and qualified psychologists (Adetimole et al., 2005; Patel et al., 2000; Paulraj, 2016).

The role of supervision in clinical and counselling psychology

Clinical supervision can be defined as the formal provision of work-focused education and training, that supports, develops and evaluates the work of colleague(s) through relationship with approved supervisors (Milne, 2007). Supervisors are tasked with serving as gatekeepers for their profession through monitoring the quality of services and developing competence (Bernard & Goodyear, 2004). Additionally, supervisors are expected to increase professional knowledge, skills and techniques and to enhance the professional and overall functioning of novice or junior members (Bernard & Goodyear, 2004). The British Psychological Society (BPS) stipulate that supervision is a requirement of safe and effective practice in clinical and mental health settings (BPS, 2017).

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 racial microaggressions, which can occur within the psychological context, impacting clients and supervisees (Constantine & Sue, 2007; Pieterse, 2018; Sue et al., 2008c). Cross-cultural supervision can replicate and perpetuate social inequalities and power differentials (Constantine & Sue, 2007; Patel, 2004). Studies suggest that White supervisors may not have examined their internal biases, leading to colourblind approaches and neglect of racial-cultural issues (Constantine, 1997; Dressel et al., 2007; Gatmon et al., 2001; White-Davis et al., 2016). This may be partly attributable to the limited guidance and oversight regarding culturally sensitive supervision. Whilst psychology policy documents refer to cultural difference and diversity, some do not explicitly mention racism or provide clear steps to attend to these issues (Desai, 2018).

Racial microaggressions

Racial microaggressions can be understood as brief, common place interactions that communicate insulting messages to people of colour (Constantine & Sue, 2007; Solórzano et al., 2000). They can take verbal, nonverbal, and visual forms and are often automatic or unconscious (Solórzano et al., 2000; Williams et al., 2020). Racial 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 et al., 2009). Consequently, biases manifest in everyday attitudes and exchanges, negatively affecting the experiences of ethno-racial minorities (Dovidio & Gaertner, 2002). Racial microaggressions are often seen as innocuous and are therefore dismissed or minimised. The perpetrator will usually deny or diminish the microaggression when confronted (Sue et al., 2007).

This study is concerned with racial microaggressions. Hereafter, the term microaggressions will refer to racial microaggressions unless stated otherwise.

Microaggressions in cross-cultural supervision with Black people

Research has explored Black and ethno-racial minorities experiences of cross-cultural supervision when training or supervising in psychological and counselling professions. Black clinicians involved in cross-cultural supervisory relationships reported various experiences of microaggressions. These included stereotyping themselves or their clients, discrimination due to ethno-racial identity, pathologising cultural values and communication styles, invalidation of concerns and ethno-racial identity, culturally insensitive treatment recommendations and querying professional competence (Constantine & Sue, 2007; Hall, 2018; Jangha et al., 2018). Consequently, clinicians experienced numerous negative emotional and psychological outcomes. Experiencing microaggressions led to mistrust of the supervisor, unsatisfactory supervision, missed learning opportunities, withdrawal from supervision and relationship rupture (Constantine & Sue, 2007; Jendrusina & Martinez, 2019; Remaker et al., 2021; Upshaw et al., 2020). Additional consequences include inadequate support regarding academic and professional needs (Burkard et al., 2006; Ginsburg, 2017).

The impact of microaggressions

Increasingly, covert racism, including microaggressions, has been recognised as a form of trauma (Desai, 2018). This is due to the intense emotions that microaggressions evoke, the reliving of the experience and the lasting effects it can have on the recipient (Bryant-Davis & Ocampo, 2005; Carter, 2007; Lowe et al., 2012). Secondary trauma can be experienced by recipients when they are dismissed, challenged, blamed for or misinterpreted when discussing

experiences with others (Desai, 2018). The stress and trauma of experiencing racism, including microaggressions, has been associated with a negative impact on physical health and emotional distress (Berger & Sarnyai, 2015; Carter, 2007; Clark et al., 1999; Pieterse et al., 2012, Torres et al., 2010; Williams et al., 2018).

Racist incidents, including microaggressions, pose a threat to emotional and psychological wellbeing and an individual's sense of self (Nadal et al., 2014; Spanierman et al., 2021; Torres et al., 2010). Experiencing microaggressions has been associated with disempowerment, suicidality, substance misuse, depression and anxiety (Banks et al., 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 et al., 2008a).

Rationale for research

Supervision introduces a power imbalance that can interact with racial-cultural differences, contributing to complex dynamics within the supervisory space (Patel, 2004). The literature suggests that experiencing microaggressions in cross-cultural supervision can have deleterious effects on recipients. Considering the pervasiveness of anti-Blackness, it is useful to understand the impact of microaggressions on Black psychologists. Previous research has examined experiences of Black trainees and supervisors. However, to the researcher's knowledge, no studies have specifically looked at experiences of microaggressions in clinical supervision for qualified psychologists as supervisees.

Aims of the research

The study aims to provide an in-depth account of experiences to understand how microaggressions from White supervisors' impact Black psychologists. The research aims to answer:

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?

Methods

Design

The study employed semi-structured individual interviews using Interpretative Phenomenological Analysis (IPA; Smith et al., 2009). Given the exploratory nature of the research, a qualitative approach was chosen to elicit detailed information regarding the phenomenon. IPA is concerned with how participants make sense of their experiences and the meanings attached for them. It allows for an in-depth exploration of participants' inner worlds and aims to provide an insider perspective, through the interpretations made by the researcher. Subsequently, IPA involves a double hermeneutic process, as the researcher is "trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2003). Due to the influence of the researcher's assumptions and biases on interpretative activity, self-reflexivity is required (Larkin et al., 2006).

Recruitment

Participants were recruited via Twitter, Facebook, Instagram and LinkedIn social media platforms. The advertisement poster (Appendix G) was devised under supervision from the research supervisors. Interested candidates were asked to share details of the study with those that might be suitable. Respondents were sent an electronic copy of the information sheet which included sample questions (Appendix H) and offered the opportunity to discuss any queries.

Participants

Ten participants were recruited for this study, which was deemed to be a suitable sample size for an IPA study (Clarke, 2010). Inclusion criteria for participation included: self-identification as Black, completion of clinical or counselling psychology doctoral training, and experiences of microaggressions within a post-training supervisory relationship with a White supervisor in the last five years.

Due to the limited number of Black psychologists in the UK, typical demographic information regarding participants was not collected or disclosed to protect anonymity. Table 1 displays background information obtained from participants pertaining to experiences of supervision and microaggressions since completing training. Of note, two participants were awaiting qualification status as clinical psychologists due to Covid-19 related delays. One participant had undertaken counselling psychology doctoral training and the remainder of the sample had completed clinical psychology doctoral training. Nine participants were female psychologists and one was a male psychologist.

After the first six interviews were conducted, the researcher applied for financial funding for reimbursement of time for participants. All ten participants were informed of and financially reimbursed following completion of their interview.

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

Questions	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
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
Views experiencing microaggressions as a common place experience	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

Data collection process

Interview schedule

The interview schedule (Appendix I) was devised under supervision from the research supervisors and in consultation with experts by experience. The experts by experience were two Black and two White clinical psychologists, who were known to the primary researcher.

The interview schedule was adapted from a schedule developed by Constantine & Sue (2007; Appendix J). The schedule was based around the research questions to provide focus. The approved interview schedule consisted of broad open-ended questions, with a series of optional prompts, to allow participants the opportunity to discuss their experiences in their own words (Smith et al., 2009).

Background information questionnaire

The background information questionnaire (Appendix K) was developed under supervision from the research supervisors. This was devised to obtain descriptive information pertaining to post-training supervisory experiences.

Procedure

Due to the geographical distribution of participants and the Covid-19 pandemic, interviews were conducted online using the Zoom videoconferencing platform. Participants were sent the background information questionnaire and consent forms (Appendix L) electronically at least 72 hours prior to the scheduled interview.

Prior to the interview, the purpose of the study was explained and participants were given the opportunity to discuss queries. Participants were reminded of their right to withdraw from the

study. The interview schedule was used to guide the conversation and prompts were used flexibly to explore the matters that arose.

Interviews lasted between 44 minutes and 91 minutes, including time for debriefing. Interviews were conducted between April 2021 and December 2021. They were recorded using the Zoom platform and were uploaded onto an encrypted memory stick. Interviews were transcribed verbatim by the main researcher and any identifying information was redacted.

Quality assurance and reflexivity

The researcher adhered to the four principles for best practice in qualitative research (Yardley, 2000). As a Black woman who had been supervised by White psychologists and received microaggressions, the researcher was aware that her biases would influence her perspective and attendance to data. Prior to conducting interviews, the researcher engaged in a self-reflexive bracketing exercise (Ahern, 1999). A bracketing interview using the same exercise was conducted prior to analysing data. The researcher assumed that participants would have experienced multiple microaggressions from multiple White supervisors throughout their career. A reflective diary was kept throughout the research process to preserve a self-reflexive stance and attend to emotional processes and influences (Appendix M).

To demonstrate ‘commitment and rigour’, the researcher followed guidance from Smith et al., (2009). An annotated transcript was reviewed by the primary supervisor and demonstrated congruence of interpretation. The emergent themes and codes were repeatedly compared with the transcripts to maintain the integrity of findings and ensure that they were grounded in the data.

Ethical considerations

Ethical approval was obtained through the Salomons ethics committee (Appendix N).

Due to the limited numbers of Black psychologists in the UK, participant responses were anonymised and redacted to protect confidentiality and anonymity.

As the interviews explored issues involving clinical practice, consideration was given to the potential for a disclosure regarding breaching codes of professional conduct. If specific breaches were disclosed, participants were made aware that the researcher would seek support from the primary research supervisor regarding the most appropriate course of action. Both research supervisors were experienced clinicians and were able to provide appropriate guidance.

Consideration was given to the sensitive and distressing nature of this topic and its effect on participants. Participants were given opportunities to pause or terminate the interview. Following the interview, participants were offered the time and opportunity to reflect on their experience of the interview process. The researcher's main supervisor was also available for further debriefing with the participants if needed. Additionally, participants were offered the opportunity to be signposted to relevant and supportive organisations if required (Appendix O).

Data analysis

The gathered data were analysed using Smith et al. (2009) six-step IPA method to understand the experience and impact of microaggressions in supervision. The process involved repeated reading and immersion with transcripts for familiarity and to allow new insights. The transcripts were explored and annotated line by line, focusing on noteworthy descriptive, linguistic and conceptual comments. Emergent themes developed through analysing the comments and considering connections and patterns. Similar themes were grouped together and the most

representative label was assigned. Revisiting the evidence within data led to the refinement of each theme, and the subsequent development of subordinate themes and subthemes. Themes by participants were constructed before exploring patterns across all ten transcripts. The 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 and subthemes (Appendix R).

Results

Themes

From the analysis, three superordinate themes and 12 subthemes emerged, as displayed in Table 2. The three superordinate themes are: *'It's the subtle things'*, *'It's an ordeal'* and *'Surviving Whiteness in psychology'*.

Presentation of themes

The following table presents the themes and the number of participants supporting them. The themes are explored within the subsequent text. The researcher's interpretation and the meaning of the participants' descriptions are summarised. The assignment of each theme's title is explained, and its derivation from the data is illustrated. Example quotes are presented to illuminate the root of the subtheme with the meaning interpreted from it.

Table 2.*Superordinate Themes; Subthemes and Source n*

Superordinate theme	Sub themes	Number of participants contributing to subtheme (total n = 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 work spaces	8
	Replenishing myself	8
	'Fighting the good fight'	6

It's the subtle things

This superordinate theme captures racially motivated experiences involving White supervisors. 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. The analysis produced six recurring themes within this category that appeared discrete enough to be classified as separate forms of microaggressions. Although they have been differentiated, some of these concepts are interconnected. All participants experienced multiple incidents and combinations of microaggressions within the supervisory context.

This wouldn't happen if I was White

This subtheme describes experiences of discrimination from supervisors due to supervisees' ethno-racial identity. Participants described experiences suggesting that they felt like second class citizens, especially when compared with their White counterparts.

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)

Not naming race or colour provided an illusion that they were not a factor, leading supervisees to search for alternative explanations. However, reasons generated by supervisees provided inadequate rationales for their experiences.

But it's only kind of like with reflection and hearing and reading around African psychology and the way that people of colour are treated in the workplace that I've then, kind of like started to put two and two together and say, oh this is what's going on because otherwise it just doesn't make sense. (P8)

Discrimination based on ethno-racial identity 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. Minimising their racial identity may have also helped participants to counteract 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 private school and more sorry and more White or palatable or intelligent. (P3)

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” ...there'd be things like, you know, even flippant things like “well Caribbean women are just a bit like that”. (P7)

Participants also held ideas of what being Black should look like, with some struggling to understand or accept their divergence from this. These ideas were internalised and reinforced by frequent experiences of stereotyping, despite participants disagreeing with them. Consequently, some supervisees appeared to question their own identity and Blackness. Some female supervisees felt ‘weak’, suggesting alignment with the ‘strong Black woman’ trope.

I'm still not, as you know, I might be talking the talk at the minute, but I'm realising that I'm still not as bold as I should be. (P2)

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, as participants did not want their pain visited upon others.

But then also really sort of feeling like, 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. You know, as a matter of duty. (P9)

Experiencing stereotyping left supervisees feeling angry and disappointed. However, socialisation and myths regarding Black people and anger rendered participants unable to express anger in response to microaggressions. Participants suppressed their anger, to keep themselves safe and to not reinforce stereotypical assumptions.

There's a numbness, disassociation. You just take yourself out because there's no point feeling anything...So I would say you're very numb. Because you get so angry, there's nowhere for that anger to go. (P5)

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. She shut it down. (P2).

This sense of betrayal was a recurring theme across participants. When describing experiences, participants continued to feel violated by their supervisors' invalidations. These experiences were the ones most associated with relationship rupture.

... we can't have the relationship going forward, which is very sad for me... 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. This likely contributed to negative psychological consequences for supervisees, such as feeling conflicted or ashamed for catering to and colluding with the perpetrator.

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.

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 is likely that pathologisation of cultural differences was so pervasive, they were not recognised as microaggressions by the majority, despite suggestions that they were behaving accordingly.

... it feels sometimes that you have to go in with a bit of a mask, to work. Which is not good for anyone's well-being...(P7)

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. Being the solitary voice of dissent contributed to undermining the argument of supervisees, confirming ideas that it was unimportant or personally motivated.

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. The burden of holding race appeared to outweigh the desire to minimise harm, as supervisees disobeyed supervisors for the benefit of ethno-racial minority clients.

And I did continue to see this lady for at least six sessions because at least that's what we offer.

And she appreciated it. Yeah, but my supervisor didn't want to. (P1)

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. Holding onto this belief may have made it easier for supervisees to continue working in services that perpetrated harm against people that looked like them.

... but they're in their 50s. 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. So it's also in a part, understandable why they haven't really thought about it. (P7)

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. Consequently, this made it more challenging for supervisees to identify and evidence that this was a microaggression from supervisors or to challenge them.

But then in, I suppose, supporting and defending myself, inadvertently, you can then run into then showing them that they don't know something which you never really want to do with somebody. (P8)

Participants were expected to think and behave like their supervisors, and were seen as deficient if they did not. 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 took measures such as extensively checking their work, undertaking training and attending alternative supervision to reduce the occurrence of this microaggression. Supervisees were unable to benefit from supervision as they could not be vulnerable or show gaps in skills, contributing to the 'illusion of support'.

I just kind of want to, just be the best and do the best and not give anybody any reason to ever, you know, go there, really. Very, very professional. (P4)

For some participants, the repeated exposure to microaggressions led to the internalisation of narratives regarding incompetence. Consequently, some participants struggled to establish or maintain their professional identity.

I feel like there is a real irreparable damage to my sense of self as a professional, that I'm curious as to whether that will ever change, I guess. (P3)

It's an ordeal

This superordinate theme consists of two subthemes which capture the significant costs resulting from microaggressions within the supervisory relationship. Participants described painful and distressing experiences which negatively impacted their wellbeing. The subthemes are divided to capture the immediate responses to microaggressions, and the long-term impact to the individual.

A powerful blow

This subtheme encapsulates the intense emotional and psychological reactions experienced following the perpetration of a microaggression.

Participants described instantaneous strong responses to microaggressions. The reactions included anger, pity, sadness, disgust, shock, embarrassment and disappointment. However, none of the participants expressed their feelings in the moments immediately following the incident. They automatically engaged in suppressive coping techniques to manage their internal states, suggesting an instinctual way of coping. Further, responding in the moment could expose supervisees to more microaggressions and negative consequences, reinforcing the need for

protective measures. Participants described dissociating or using denial or minimisation to cope. It is likely that the strength of their reactions was unbearable for participants, causing automatic activation of protective measures.

I actually felt quite suicidal thinking about it. (P8)

Some supervisees experienced a similar range of emotions and level of intensity when recalling the incidents, suggesting the power of such experiences. It may also be that the activation of defence mechanisms prevented supervisees from processing their emotions, contributing to strong feelings when recounting incidents.

And now I'm just cross again. (P2)

At times, participants' behavioural and emotional responses were incongruent with their words. When they did display intense emotion, this was typically fleeting, illustrating how participants had learned to navigate or suppress their emotions when dealing with microaggressions.

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

'Death by a thousand cuts'

This subtheme encapsulates the long term and cumulative consequences of microaggressions. Many of these effects have been sustained and reinforced, likely because these incidents have continued.

Participants described persistent experiences of microaggressions in supervision. Whilst each instance created significant pain, the accumulation of multiple incidents resulted in profound and lasting negative implications. Most participants spoke about developing anxiety as a result of their experiences. Harmful narratives were internalised, causing reduced self-esteem and

confidence. Invalidating responses contributed to participants' struggling to trust their assessment of situations and capabilities. This caused a vicious cycle where participants' self-doubt reinforced low self-esteem, damaging their sense of self.

...loss of confidence in myself, loss of confidence in my abilities. So my reports became even longer at that time and I spent more time, you know, checking them and double checking them. (P8)

Supervisees felt intimidated, punished and silenced, leaving them disempowered. Only one participant named her experience as traumatic, however, all participants displayed trauma-like responses. Supervisees became hypervigilant and regarded work as a dangerous place. They developed anxiety and frequently considered how to avoid and navigate further harm. Defence mechanisms were activated to enable emotional detachment and prevent reminders of the events. Participants also became emotionally and physically withdrawn, with some avoiding or modifying supervision in order to feel safe.

I limit how much of myself. I'll go with, like, very specific questions. Sometimes I may, now I'm thinking about it, I might, I might prefer to have somebody else, another colleague. I might prefer to share that supervisory space with somebody else. (P4)

Ongoing supervisory relationships meant that some supervisees remained connected to their supervisor. Some compartmentalised their supervisor's behaviours to continue the relationship, enabling them to identify positive aspects in this midst of microaggressions. However, 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 led participants to believe that microaggressions would always feature in their lives. This accumulated, presenting an image of constantly combatting racism.

Consequently, some supervisees felt depressed, exhausted and defeated.

A sense of despondency. And I think one of the overall feelings that comes up in kind of, as each of these experiences have continued is just a sense of. Not quite despair, but a bit of a hopelessness that this is actually going to get any better any time soon. (P7)

For two participants, stress and anxiety negatively impacted their health and wellbeing. Given the pervasiveness of microaggressions in supervision, and the powerful consequences, it's likely that most participants experienced physical health implications. It may be that participants were less able to recognise symptoms of stress due to it being a more frequent baseline for them.

Additionally, suppressive coping strategies may have prevented supervisees from connecting physical health difficulties with microaggressions.

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. Whiteness within psychology presented additional barriers that impacted professional growth.

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 were frequently faced with dilemmas, due to fear of negative consequences. Self-doubt affected supervisees' ability to discern whether a

microaggression had occurred or whether it was serious enough to address. Additionally, 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)

This process was tiring for participants and may have contributed to the use of suppressive coping mechanisms. Denial and minimisation negated the need to navigate dilemmas, as microaggressions could be ignored. As there was no right way to respond to microaggressions, participants rarely felt satisfied when action was taken, leaving them debating whether they should have done anything. This feeling was exacerbated by negative responses from supervisors.

I've just been unable to challenge her directly. And the one time I kind of tried to, I came out of that feeling like I'd just done myself a disservice. I didn't do it right, which is a really horrible position to be in. (P4)

Similar dilemmas and self-doubt were observed during the interview, demonstrating the internalisation of invalidating responses.

Does that make sense? Is that an okay example? (P9)

Participants were often conflicted, feeling shame and guilt if they did not address microaggressions. Unconscious attempts to protect themselves from harm could also protect supervisees from seeing how their behaviour could reinforce the perpetration of microaggressions. This was evident within the interview as some supervisees became aware of the coping strategies they had used over time and the incongruence with their 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)

Surviving Whiteness in psychology

This superordinate theme comprises four subthemes detailing the ways that participants coped in the face of Whiteness in supervision and psychology. The repeated attacks in the forms of microaggressions speak to the need to survive, and not just manage experiences.

All the ways I protect myself

This subtheme captures the various strategies utilised by participants to minimise harm to themselves. Many mechanisms were unconsciously or automatically activated by participants. As supervisees were unable to shield or defend themselves when microaggressions were perpetrated, the best option available was protection in the form of lessening the impact. Supervisees' protective strategies served to obfuscate their awareness of the level of harm inflicted or to reduce the recurrence of microaggressions. This suggests that it may not be possible to reduce the actual harm caused by microaggressions themselves.

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

As differences were pathologised and punished, it felt unsafe for supervisees to draw attention to ethno-racial identity or be authentic. Participants hid aspects of themselves and refrained from discussing personal information. Many supervisees 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, enabling them to create an acceptable professional self. Compartmentalising aspects of themselves had a dual benefit of protecting supervisees 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. Race and gender and anything, you know. Without that feeling of judgement or acknowledging the threat it brings and stuff like that.

(P10)

Some supervisees protected themselves by leaving their jobs or reducing their hours. Although most supervisees considered leaving the profession, they all endeavoured to find ways to continue whilst trying to keep themselves safe. Some did this by quantifying the level of harm and comparing this with other incidents, making less upsetting incidents more tolerable.

I think what it set for me is that actually these issues in supervision will always happen, and this is just the least extreme example that I've had in my whole professional life. (P6)

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 participants sought support from an alternative supervisor, including privately funded support. 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)

Replenishing myself

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

For some participants, therapy was significant for processing and coping with experiences of microaggressions. Reflecting on experiences helped to challenge unhelpful ideas and promote healing in relation to their sense of self.

... my therapist is trying to do a very good job of trying to get me to rebuild my, my self-esteem.
(P8)

For two Christian participants, countering microaggressions with biblical knowledge reduced their emotional impact and prevented internalisation.

Knowing that whatever narrative was formed at work, was just simply a lie of the devil. 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 helped to remind 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)

'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.

Participants were able to cope with experiences by 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. I think I can't, I can't really see the negatives of this. I think it's been very positive. (P2)

Being on the receiving end of microaggressions compelled several participants to name incidents, for the benefit of others and to effect change. Participants also effected change through antiracist activism, by creating educational platforms, providing mentoring and delivering relevant training. Engaging in these activities likely provided distraction from their own difficulties and made experiences more manageable.

I try and focus on the things I do have control over, like educating myself ... (P4)

Some participants addressed microaggressions by liaising with unions, HR departments or filing grievances. Formalising the process and removing the emotional element felt safer for them.

So just because I've had these experiences before I'm like very quick to contact HR and I'm also very quick to put it back onto the supervisor, and that's just how I manage things. (P6)

Discussion

This study explored Black psychologists' experiences of microaggressions from White supervisors within the cross-cultural supervisory context. The findings are considered in the context of the research questions and the existing literature.

The findings from this study suggest that specific types of microaggressions recurred within the supervisory relationship between Black 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 American supervisees (e.g. Constantine & Sue, 2007). The six microaggressions found in this study are similar to those identified in literature examining microaggressions against Black and ethno-racial minorities in cross-cultural supervision when training or supervising in psychological or counselling professions (e.g. Burkard et al., 2006; Hall, 2018). These observations also concur with wider literature regarding microaggressions in everyday life, suggesting a commonality in the microaggressions that are perpetuated against ethno-racial minorities (Sue et al., 2007).

Microinvalidations are microaggressions that 'exclude, negate or nullify the psychological thoughts, feelings or experiential reality of a person of colour' (Sue et al., 2008a). The microaggressions identified in this study could be conceptualised as microinvalidations, particularly *'shutting down the conversation'*. Participants frequently struggled to make sense of or believe their perception of reality due to invalidation. Microinvalidations resulted in the imposition of incongruent views and practices, which contributed to the lasting negative consequences reported. This aligns with evidence associating microaggressions with loss of integrity, forced compliance and powerlessness (Blume et al., 2012; Sue et al., 2008a; Torres et

al., 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 study's findings as all participants reported profound psychological implications following experiences of microinvalidations.

The present study found that participants experienced a range of intense negative emotions following the perpetration of microaggressions from a supervisor. Whilst the immediate reactions to microaggressions were significant and unpleasant, it was the cumulative and chronic impact of experiences that posed a substantial risk to the individual. 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. The findings suggest that in addition to causing anxiety, low self-esteem, depression, powerlessness, anger, stress and fatigue, experiencing microaggressions was traumatic for these psychologists. Supervisees described trauma-like responses, such as avoidance, detachment and developing hypervigilance and anxiety. This aligns with existing research associating microaggressions with trauma (e.g. Bryant-Davis & Ocampo, 2005; Carter, 2007). Recognition of microaggressions as racial trauma is a significant finding, as supervision has been identified as a space where trauma and retraumatisation can occur.

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 these experiences and the need to defend against them. The tendency to engage suppressive coping mechanisms alluded to the strength of the emotions. This appears to be a common strategy for dealing with microaggressions, however, suppressive

coping styles have been associated with poorer mental health (DeCuir-Gunby et al., 2020; Hernández & Villodas, 2020). Consequently, coping strategies may have compounded supervisees' difficulties.

Experiencing microaggressions from supervisors created an unsafe atmosphere in supervision. Microaggressions negatively impacted the supervisory relationship, an associated consequence of microinvalidations (Constantine, 1997; 2003). Consequently, supervisees engaged in supervision at a superficial level. Similar findings were reported in other studies exploring microaggressions in cross-cultural supervision (Burkard et al., 2006; Constantine & Sue, 2007; Wong et al., 2013). Microaggressions resulted in neglect in supervision and impeded professional development, which converges with existing research (Constantine & Sue, 2007; Ginsburg, 2017; Lee Pichardo, 2017). Additionally, microaggressions and multicultural incompetence from supervisors resulted in inappropriate and discriminatory treatment recommendations for ethno-racial minority clients, introducing the potential for harm (Walls et al., 2015). Microaggressions resulted in fear of supervisors due to their power, and produced dilemmas regarding responses, an experience associated with poor mental health and exhaustion (Sue et al., 2008c).

Limitations

The study recruited participants via purposive, opportunity and snowball sampling. This may have introduced bias to the sample and impacted its representativeness. Of note, the sample was predominantly female. Additionally, two participants had not achieved qualification status. This may have contributed to their professional experiences, conflating issues of power and status with microaggressions. Consequently, the study sample may not accurately represent Black psychologists' experiences of microaggressions in supervision.

In order to preserve anonymity, demographic information was not collected. Therefore, it is unclear whether other factors may have influenced the sample and data obtained. Additionally, information about supervisors was not collected, thus it was not possible to confirm their training or professional background.

Despite aforementioned quality assurance measures being taken to minimise the researcher's impact on the research, there is a probable noteworthy influence. The researcher's biases, assumptions and experiences likely affected the development of the research questions, the interview schedule, the process of the interview and the data analysis. Consequently, another researcher may have attended to different aspects of experiences and produced a different interpretation.

Clinical implications

The findings have significant implications for clinical practice. This study has highlighted the consequences of unconscious (multicultural) incompetence. Due to the power imbalances in the supervisory relationship, supervisors should be naming and attending to racial-cultural issues and power in supervision (Patel, 2004; Soheilian et al., 2014). Supervisors have a responsibility to attend to and mitigate racial trauma within the supervisory process (Pieterse, 2018). Pieterse (2018) provides a helpful reflective exercise that supervisors could use to increase their racial awareness and ability to attend to racial harm.

For Black psychologists to be better supported in their role, there needs to be clearer guidance from The Division of Clinical Psychology and the BPS regarding cross-cultural supervision. Specific multicultural competency training needs to become a mandatory requirement to

providing supervision. Governing bodies should consider formalising multicultural competence as a core component of psychological training and ongoing professional development.

A key finding from this study was the various strategies that Black psychologists utilised in order to survive in psychology. Many of these strategies involved time and funding from the psychologists. Subsidised or full funding for the provision of therapy, mentorship, supervision and professional training should be considered to support Black psychologists to recover from work-based racial harm and its impact on their professional development.

Research Implications

Due to the dearth of literature regarding microaggressions and their impact in the UK, there is a need for additional research exploring experiences of ethno-racial minorities, to develop the evidence base.

Future research could further explore Black psychologists' experiences of microaggressions. It would be interesting to adopt an intersectional approach, and consider how other aspects of identity interact with experiences. Quantitative research might be useful in determining the frequency of microaggressions for Black psychologists, as we know that the cumulative effect is significant. Additionally, participants experienced microaggressions outside of the supervisory context, from other colleagues and clients. It would be beneficial to identify these microaggressions, explore supervisees' responses and understand any impact on clinical practice.

The findings of this research have highlighted the pervasiveness of microaggressions in supervision. It is vital that these experiences are explored for other groups of ethno-racial minority psychologists in supervision, to illuminate the common types of microaggressions and their impact.

Supervisees reported some benefits of supervision; however, this was outside the scope of the research. Research exploring successful experiences of cross-cultural supervision within the UK would be beneficial. This could help to develop best practice for cross-cultural supervision and provide approaches for attending to racial trauma and rupture in supervision.

Conclusion

The findings of this study suggest that at least in this sample, microaggressions were a recurring experience for Black psychologists when supervised by White clinicians. Multiple microaggressions were often perpetrated at any one time, creating an intense emotional experience that required immediate protective strategies. The cumulative and chronic impact of experiencing microaggressions was significant for supervisees. Outcomes included negatively impacted mental health and wellbeing, damage to sense of self and identity and impeded professional growth. Microaggressions undermined the function and safety of supervision, impairing supervisees' ability to access support in supervision and fracturing the supervisory relationship. Additionally, microaggressions from supervisors resulted in discriminatory experiences for ethno-racial minority clients. This research suggests that Black supervisees would benefit from access to funding to support wellbeing and professional development. The psychology profession would benefit from developing clear multicultural competency guidelines, with additional guidance for cross-cultural supervision. White supervisors are encouraged to engage in self-reflexivity and training to increase awareness of racial-cultural biases and to enhance multicultural competence.

References

- Adetimole, F., Afuape, T., & Vara, R. (2005). The impact of racism on the experience of training on a clinical psychology course: Reflections from three Black trainees. *Clinical Psychology Forum*, 48, 11-15.
https://www.academia.edu/41940859/Clinical_Psychology_Forum_Special_Issue_Racism_during_training_in_clinical_psychology.
- Ahern, K. J. (1999). Pearls, pith and provocation. Ten tips for reflexive bracketing. *Qualitative Health Research*, 9(3), 407-411. <https://doi.org/10.1177/104973299129121947>.
- Banks, K. H., Kohn-Wood, L. P., & Spencer, M. (2006). An examination of the African American experience of everyday discrimination and symptoms of psychological distress. *Community Mental Health Journal*, 42(6), 555–570. <http://doi.org/10.1007/s10597-006-9052-9>.
- Bautista-Biddle, M. M., Pereira, L. M., & Williams, S. N. (2020). The fallacy of “good training experiences”: The need to protect psychology trainees from harassment and the imperative of multiculturally competent supervision. *Training and Education in Professional Psychology*, 15(4), 323-330. <http://dx.doi.org/10.1037/tep0000353>.
- Berger, M., & Sarnyai, Z. (2015). “More than skin deep”: Stress neurobiology and mental health consequences of racial discrimination. *Stress: The International Journal on the Biology of Stress*, 18(1), 1–10. <http://doi.org/10.3109/10253890.2014.989204>.
- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision*. Pearson.

Blume, A. W., Lovato, L. V., Thyken, B. N., & Denny, N. (2012). The relationship of microaggressions with alcohol use and anxiety among ethnic minority college students in a historically white institution. *Cultural Diversity and Ethnic Minority Psychology, 18*(1), 45–54. <http://doi.org/10.1037/a0025457>.

The British Psychological Society. (2015). *Clinical Psychology Workforce Project. Division of Clinical Psychology UK*. <https://www.bps.org.uk/sites/www.bps.org.uk/files/Page%20-%20Files/Clinical%20Psychology%20Workforce%20Report%20%282015%29.pdf>.

The British Psychological Society. (2017). *Practice guidelines third edition*. <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Practice%20Guidelines%20%28Third%20Edition%29.pdf>.

Bryant-Davis, T., & Ocampo, C. (2005). The trauma of racism: Implications for counseling, research, and education. *The Counseling Psychologist, 33*(4), 574–578. <https://doi.org/10.1177/0011000005276581>

Burkard, A., Johnson, A. J., Madson, M. B., Pruitt, N., & Contreras-Tadych, D. A. (2006). Supervisor cultural responsiveness and unresponsiveness in cross-cultural supervision. *Journal of Counseling Psychology, 53*(3), 288–301. <https://doi.org/10.1037/0022-0167.53.3.288>.

Butler-Byrd, N. M. (2010). An African American supervisor's reflections on multicultural Supervision. *Training and Education in Professional Psychology, 4*(1), 11–15. <http://doi.org/0.1037/a0018351>.

Cabinet Office (2018). *The race disparity audit*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf.

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counselling Psychologist*, 35(1), 13-105.

<https://doi.org/10.1177/0011000006292033>.

Clark, R., Anderson, N. A., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54(10), 805–816.

<http://doi.org/10.1037//0003-066x.54.10.805>.

Clark, T. T., Salas-Wright, C. P., Vaughn, M. G., & Whitfield, K. E. (2015). Everyday discrimination and mood and substance use disorders: A latent profile analysis with African Americans and Caribbean Blacks. *Addictive Behaviors*, 40, 119–125

<http://doi.org/10.1016/j.addbeh.2014.08.006>.

Clarke, V. (2010). Review of the book “Interpretative phenomenological analysis: Theory, method and research”. *Psychology Learning & Teaching*, 9(1), 57-56.

https://www.researchgate.net/profile/Paul-Flowers-2/publication/221670349_Interpretative_Phenomenological_Analysis_Theory_Method_and_Research/links/09e4150d050a0c2294000000/Interpretative-Phenomenological-Analysis-Theory-Method-and-Research.pdf.

- Constantine, M. G. (1997). Facilitating multicultural competency in counseling supervision: Operationalizing a practical framework. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 310-325). Sage Publications.
- Constantine, M. G. (2003). Multicultural competence in supervision: Issues, processes, and outcomes. In D. B. Pope-Davis, H. L. K. Coleman, W. M. Liu, & R. L. Toporek (Eds.), *Handbook of multicultural competencies in counseling and psychology* (pp. 383–391). Sage Publications.
- Constantine, M. G., & Sue, D. W. (2007). Perceptions of racial microaggressions among black supervisees in cross-racial dyads. *Journal of Counseling Psychology*, *54*(2), 142–153. <https://doi.org/10.1037/0022-0167.54.2.142>.
- DeCuir-Gunby, J. T., Johnson, O. T., Womble Edwards, C., McCoy, W. N., & White, A. M. (2020). African American professionals in higher education: Experiencing and coping with racial microaggressions. *Race Ethnicity and Education*, *23*(4), 492-508. <http://doi.org/10.1080/13613324.2019.1579706>.
- Desai, M. (2018). *Exploring supervisor responses to issues of race, culture and ethnicity in clinical psychology supervision, and the systemic factors influencing this* [Unpublished doctoral thesis]. University of East London. https://repository.uel.ac.uk/download/6406372298d4f58ab45e9cadd9197db661c616d7e7832194efb3867f4471f085/3104598/2018_ClinPsyD_Desai.pdf.
- DiAngelo, R. (2018). *White Fragility: Why it's so hard for white people to talk about racism*. Beacon Press.

- Dovidio, J. F., Gaertner, S. L., Kawakami, K., & Hodson, G. (2002). Why can't we just get along? Interpersonal biases and interracial distrust. *Cultural Diversity and Ethnic Minority Psychology, 8*(2), 88-102. <https://doi.org/10.1037/1099-9809.8.2.88>.
- Dressel, J. L., Consoli, A. J., Kim, B. S. K., & Atkinson, D. R. (2007). Successful and unsuccessful multicultural supervisory behaviors: A Delphi poll. *Journal of Multicultural Counseling and Development, 35*(1), 51–64. <https://doi.org/10.1002/j.2161-1912.2007.tb00049.x>.
- Gatmon, D., Jackson, D., Koshkarian, L., Martos-Perry, N., Molina, A., Patel, N., & Rodolfa, E. (2001). Exploring ethnic, gender, and sexual orientation variables in supervision: Do they really matter? *Journal of Multicultural Counseling and Development, 29*(2), 102–113. <https://doi.org/10.1002/j.2161-1912.2001.tb00508.x>.
- Ginsburg, M. (2017). *The impact of microaggressions on the self among black clinical psychology students* [unpublished doctoral thesis]. Adler University, USA.
- Hall, J. C. (2018). Black women talk about stereotypical transference enactments in cross-cultural supervision. *Journal of Human Behavior in the Social Environment, 28*(8), 1019-1032. <http://doi.org/10.1080/10911359.2018.1489930>.
- Hedin, J. (2018). *The experience of microaggressions within cross-racial videoconferencing supervision: A case study* [unpublished doctoral thesis]. Minnesota State University.
- Hernández, R. J., & Villodas, M. T. (2020). Overcoming racial battle fatigue: The associations between racial microaggressions, coping, and mental health among Chicana/o and Latina/o college students. *Cultural Diversity and Ethnic Minority Psychology, 26*(3), 399–411. <https://doi.org/10.1037/cdp0000306>.

- Hollingsworth, D. W., Cole, A. B., O'Keefe, V. M., Tucker, R. P., Story, C. R., & Wingate, L. R. (2017). Experiencing racial microaggressions influences suicide ideation through perceived burdensomeness in African Americans. *Journal of Counseling Psychology*, 64(1), 104–111. <https://doi.org/10.1037/cou0000177>.
- Huynh, V. W. (2012). Ethnic microaggressions and the depressive and somatic symptoms of Latino and Asian American adolescents. *Journal of Youth and Adolescence*, 41(7), 831–846. <http://doi.org/10.1007/s10964-012-9756-9>.
- Jang, H., Bang, N. A., Byrd, J. A., & Smith, C. K. (2019). Cross-cultural supervision: Racial/ethnic minority supervisees perspectives. *The Journal of Counseling Research and Practice*, 5(2), 1-19. <https://egrove.olemiss.edu/cgi/viewcontent.cgi?article=1036&context=jcrp>.
- Jangha, A. G., Magyar-Russell, G., & O'Grady, K. (2018). Power within counselor identity development of African American women in pastoral counselling. *Counselling and Values*, 63(1), 76-90. <https://doi.org/10.1002/cvj.12074>.
- Jendrusina, A. A., & Martinez, J. H. (2019). Hello from the other side: Student of colour perspectives in supervision. *Training and Education in Professional Psychology*, 13(3), 160-166. <http://dx.doi.org/10.1037/tep0000255>.
- Kinouani, G. (2021). *Living while black. The essential guide to overcoming racial trauma.* Penguin.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102-120. <https://doi.org/10.1191/1478088706qp062oa>.

- Lee Pichardo, V. (2017). *Experiences of racial microaggressions among Asian American supervisees in cross-racial dyads* [Unpublished doctoral thesis]. Wright Institute Graduate School of Psychology.
- Lowe, S. M., Okubo, Y., & Reilly, M. F. (2012). A qualitative inquiry into racism, trauma, and coping: Implications for supporting victims of racism. *Professional Psychology: Research and Practice*, 43(3), 190-198. <https://doi.org/10.1037/a0026501>
- Milne, D. (2007). An empirical definition of clinical supervision. *British Journal of Clinical Psychology*, 46(4), 437–447. <https://doi.org/10.1348/014466507X197415>.
- Nadal, K. L., Wong, Y., Griffin, K. E., Davidoff, K., & Sriken, J. (2014). The adverse impact of racial microaggressions on college students' self-esteem. *Journal of College Student Development*, 55(5), 461–474. <http://doi.org/10.1353/csd.2014.0051>.
- O'Keefe, V. M., Wingate, L. R., Cole, A. B., Hollingsworth, D. W., & Tucker, R. P. (2015). Seemingly harmless racial communications are not so harmless: Racial microaggressions lead to suicidal ideation by way of depression symptoms. *Suicide & Life-Threatening Behavior*, 45(5), 567–576. <http://doi.org/10.1111/sltb.12150>.
- Patel, N., Bennett, E., Dennis, M., Dosanjh, N., Miller, A., Mahtani, A., & Nadirshaw, Z. (2000). *Clinical Psychology, 'race' and culture: a training manual*. British Psychological Society.
- Patel, N. (2004). Power and difference in clinical psychology supervision: The case of 'race' and culture. In I. Fleming & L. Steen (Eds.), *Supervision and Clinical Psychology: Theory, Practice and Perspectives* (pp. 96-117). Routledge.

- Paulraj, P. S. (2016). *How do Black trainees make sense of their 'identities' in the context of Clinical Psychology training?* [Unpublished Thesis]. University of East London.
http://roar.uel.ac.uk/5401/1/Petrisha%20Samuel%20Paulraj%20U1331814_%28Thesis%29_.pdf
- Pearson, A. R., Dovidio, J. F., & Gaertner, S. L. (2009). The nature of contemporary prejudice: Insights from aversive racism. *Social and Personality Compass*, 3(3), 314-338.
<https://doi.org/10.1111/j.1751-9004.2009.00183.x>
- Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*, 59(1), 1–9. <https://doi.org/10.1037/a0026208>.
- Pieterse, A. L. (2018). Attending to racial trauma in clinical supervision: Enhancing client and supervisee outcomes. *The Clinical Supervisor*, 37(1), 204-220,
<http://doi.org/10.1080/07325223.2018.1443304>.
- Pilgrim, D., & Patel, N. (2015). The emergence of clinical psychology in the British post-war context. In J. Hall, D. Pilgrim & G. Turpin (Eds.), *Clinical Psychology in Britain* (pp.52-64). British Psychological Society.
- Remaker, D. N., Gonzalez, M. M., Houston-Armstrong, T., & Sprague-Connors, G. (2021). Women of color and mentorship in graduate training. *Training and Education in Professional Psychology*, 15(1), 70–75. <https://doi.org/10.1037/tep0000297>.
- Smith, J. A., Flower, P., & Larkin, M. (2009). *Interpretive phenomenological analysis: Theory, method and research*. Sage.

- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51–80). Sage.
- Soheilian, S. S., Inman, A. G., Klinger, R. S., Isenberg, D. S., & Kulp, L. E. (2014). Multicultural supervision: Supervisees' reflections on culturally competent supervision. *Counselling Psychology Quarterly*, 27(4), 379-392. <https://doi.org/10.1080/09515070.2014.961408>.
- Solórzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *The Journal of Negro Education*, 69(1–2), 60–73. <http://www.jstor.org/stable/2696265/>.
- Spanierman, L. B., Clark, D. A., & Kim, Y. (2021). Reviewing racial microaggressions research: Documenting targets' experiences, harmful sequelae and resistance strategies. *Perspectives on Psychological Science*, 16(5) 1037–1059 <http://doi.org/10.1177/17456916211019944>.
- Sue, D. W. (2005). Racism and the conspiracy of silence. *Counseling Psychologist*, 33(1), 100–114. <https://doi.org/10.1177/0011000004270686>.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life. Implications for clinical practice. *American Psychologist*, 62(4), 271-286. <http://doi.org/10.1037/0003-066X.62.4.271>.
- Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008a). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice*, 39(3), 329-336. <https://doi.org/10.1037/0735-7028.39.3.329>.

- Sue, D. W., Nadal, K. L., Capodilupo, C. M., Lin, A. I., Torino, G. C., & Rivera, D. P. (2008b). Racial microaggressions against Black Americans: Implications for counseling. *Journal of Counseling & Development*, 86(3), 330 – 338. <https://doi.org/10.1002/j.1556-6678.2008.tb00517.x>.
- Sue, D. W., Capodilupo, C. M., Nadal, K. L., & Torino, G. C. (2008c). Racial Microaggressions and the Power to Define Reality. *American Psychologist*, 277-279.
- Sue, D. W. (2010). *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. John Wiley & Sons.
- Suly, A. O. (2019). *Racism harms black people most. It's time to recognise 'anti-blackness'*. The guardian. <https://www.theguardian.com/commentisfree/2019/aug/09/black-people-racism-anti-blackness-discrimination-minorities>.
- Tangel, V., White, R. S., Nachamie, A. S., & Pick, J. S. (2019). Racial and ethnic disparities in maternal outcomes and the disadvantage of peripartum black women: A multistate analysis, 2007–2014. *American Journal of Perinatology*, 36(8), 835-848. <http://doi.org/10.1055/s-0038-1675207>.
- Torres, L., Driscoll, M. W., & Burrow, A. L. (2010). Racial microaggressions and psychological functioning among highly achieving African-Americans: A mixed-methods approach. *Journal of Social and Clinical Psychology*, 29(10), 1074-1099. <https://doi.org/10.1521/jscp.2010.29.10.1074>.
- Upshaw, N. C., Lewis, D. E., Jr., & Nelson, A. L. (2020). Cultural humility in action: Reflective and process-oriented supervision with black trainees. *Training and Education in Professional Psychology*, 14(4), 277–284. <https://doi.org/10.1037/tep0000284>.

- Walls, M. L., Gonzalez, J., Gladney, T., & Onello, E. (2015). Unconscious biases: Racial microaggressions in American Indian health care. *Journal of the American Board of Family Medicine*, 28(2), 231–239. <http://doi.org/10.3122/jabfm.2015.02.140194>.
- White-Davis, T., Stein, E., & Karasz, A. (2016). The elephant in the room: Dialogues about race within cross-cultural supervisory relationships. *The International Journal of Psychiatry in Medicine*, 51(4), 347-356. <https://doi.org/10.1177/0091217416659271>.
- Williams, M. T., Printz, D., & DeLapp, R. C. T. (2018). Assessing racial trauma in African Americans with the Trauma Symptoms of Discrimination Scale. *Psychology of Violence*, 8(6), 735–747. <http://doi.org/10.1037/vio0000212>.
- Williams, M. T. (2020). Microaggressions: Clarification, evidence and impact. *Perspectives on Psychological Science*, 15(1), 3–26. <http://doi.org/10.1177/1745691619827499>.
- Wong, L. C. J., Wong, P. T. P., & Ishiyama, F. I. (2013). What helps and what hinders in cross-cultural clinical supervision: A critical incident study. *The Counselling Psychologist*, 41(1), 66-85. <http://doi.org/10.1177/0011000012442652>.
- Wood, N., & Patel, N. (2017). On addressing ‘Whiteness’ during clinical psychology training. *South African Journal of Psychology*, 47(3), 280-291. <https://doi.org/10.1177/0081246317722099>.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Null*, 15(2), 215- 228. <https://doi.org/10.1080/08870440008400302>.

NGOZI EBUBEDIKE BSc Hons, MSc.

MAJOR RESEARCH PROJECT

Section C: Appendices and supporting material

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church
University for the degree of Doctor in Clinical Psychology

April 2022

SALOMONS INSTITUTE

CANTERBURY CHRIST CHURCH UNIVERSITY

Appendix A: Data extraction form

Data extraction form

Study details

Reference (author, year of publication, title of study):

Country:

Design:

Setting/location:

Aims:

Sampling method:

Sample size:

Methods

Demographics:

Eligibility criteria:

Findings

Results:

Limitations:

Recommendations:

Appendix B: The Critical Appraisal Skills Programme (CASP) checklist for qualitative research

This has been removed from the electronic copy

Appendix C: The Centre for Evidence-Based Management (CEBM) critical appraisal tool for case studies

This has been removed from the electronic copy

Appendix D: Summary of CASP quality assessment checklist (qualitative)

Questions	Burkard et al. (2007)	Constantine & Sue (2007)	Hall (2018)	Jang et al. (2019)	Jangha et al. (2018)	Lee Pichardo (2017)	Wong et al. (2013)
1. Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Has the relationship between researcher and participants been adequately considered?	Yes	Yes	No	Yes	Yes	Yes	No
7. Have ethical issues been taken into consideration?	CT	CT	CT	Yes	CT	Yes	CT
8. Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Questions	Burkard et al. (2007)	Constantine & Sue (2007)	Hall (2018)	Jang et al. (2019)	Jangha et al. (2018)	Lee Pichardo (2017)	Wong et al. (2013)
9. Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. How valuable is the research?	This research provides useful information about culturally responsive and unresponsive supervision, and the effect that both can have on supervisees. Therefore, the research appears to be quite valuable.	This study provides knowledge about the types of racial microaggressions that can arise within cross-racial supervisory dyads, and their impact on black supervisees. Therefore, the research appears to be very valuable.	This study provides an understanding of the transference enactments that can occur in cross-cultural supervision between Black, female supervisors, and Caucasian supervisees. Therefore, the research appears to be quite valuable.	This research provides useful information considering the needs and difficulties encountered by ethnic minorities in cross-cultural supervision. Therefore, the research appears to be very valuable.	This study shed light on experiences of power in the Pastoral counselling identity development of the African American women, of which racial microaggressions play a role. Therefore, the research appears to be quite valuable.	This research provides detailed information about the types of racial microaggressions experienced by Asian Americans in cross-cultural supervision, and their consequences. Therefore, the research appears to be very valuable.	This study provides valuable information about the experiences of ethnic minorities in cross-cultural supervision. It helps consideration of racial microaggressions and how they can be harmful to or impede supervision. Therefore, the research appears to be quite valuable.

Appendix E: Summary of Centre for evidence-based management (CEBM) quality assessment checklist (case study)

Questions	Hedin (2018)
1. Did the study address a clearly focused question/issue?	Yes
2. Is the research method (study design) appropriate for answering the research question?	Yes
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes
4. Is the researcher's perspective clearly described and taken into account?	Yes
5. Are the methods for collecting data clearly described?	Yes
6. Are the methods for analysing data likely to be valid and reliable? Are quality control measures used?	Yes
7. Was the analysis completed by more than one researcher to ensure reliability?	No
8. Are the results credible?	Yes
And if so, are they relevant for practice?	Yes
9. Are the conclusions drawn justified by the results?	Yes
10. Are the findings of the study transferrable to other settings?	No

CT = cannot tell

Appendix F: Reciprocal translations of included studies

Concepts & themes	Sub themes	Bautista-Biddle et al. (2020)	Burkard et al. (2006)	Butler-Byrd (2010)	Constantine & Sue (2007)
Types of racial microaggressions	Stereotyping.	Supervisor described the trainee as intimidating (p. 5). Trainee fearing portrayal as 'the angry black woman' (p. 5).	-	Supervisees stereotyping African Americans and people of colour (p. 12).	Making stereotypical assumptions about Black clients (p. 146). Making stereotypical assumptions about Black supervisees (p. 146).
	Feeling excluded/treated differently due to racial identity.	Trainee feeling that racial bias is influencing other's interpretations and experiences of her.	-	Feeling like ' <i>a perpetual guest in someone else's house</i> ' (p. 12).	-
	Pathologising/criticising cultural values/communications styles.	Supervisor suggesting that the trainee changes her demeanour and communication style to make others feel more comfortable (p. 5).	Supervisees reported feeling unable to address cultural and racial issues due to responses and assumptions of supervisors (p. 20)	Students prioritising Euro-centric models and views (p. 12).	-
	Denial/minimisation of racial identity and/or interethnic differences	Dismissing/minimising the role of race in people's interpretation of the supervisee (p. 5). Supervisor not willing to explore the impact of racial bias (p. 5). Supervisor dismissing trainee's request to speak to a Black supervisor and not understanding why it would	Supervisees felt unable to address issues related to race or culture due to dismissal or minimisation by supervisors (p. 18-21). Supervisor's dismissal of supervisee's concern that a client's reaction to her was racially motivated (p. 25). Supervisor dismissing or minimising the role of race and	-	Ignoring the experience of being Black and how this could be advantageous with some clients (p. 146). Invalidating racial and cultural issues through dismissal, minimisation or avoidance (p. 146-148). Limited awareness of white privilege (p. 146).

Concepts & themes	Sub themes	Bautista-Biddle et al. (2020)	Burkard et al. (2006)	Butler-Byrd (2010)	Constantine & Sue (2007)
		be helpful to the trainee (p. 5).	culture regarding client cases (p. 18 -19). Supervisees reported feeling unable to address cultural and racial issues due to responses and assumptions of supervisors (p. 20).		Blaming clients of colour for problems stemming from oppression (p. 147-148).
	Dismissal/invalidation of concerns.	Dismissal/minimisation of trainee's concerns regarding racism and stereotyping of a client (p. 4-5).	Feeling that supervisor shut down attempts to discuss racial or cultural concerns regarding clients (p. 18).	-	Avoidance or dismissal of discussing issues related to race or culture (p. 146 - 148).
	Evaluation/recommendation based on cultural bias.	Supervisor's critique and recommendations to the trainee, alongside unwillingness to explore the role of racial bias (p. 5).	Supervisees feeling harshly evaluated by supervisor without clear feedback (p. 18). Supervisors criticising supervisees' attempts to attend to issues of culture or race (p. 19).	Questioning the validity of non-Euro centric views and models (p. 12)	Offering culturally insensitive treatment recommendations (p. 148). Reluctance to give performance feedback for fear of being viewed as racist (p. 147). Suggesting that trainees work in 'traditional' or Eurocentric ways (p. 147).
	Querying professionalism and ability.	Supervisor suggesting that the trainee modifies her demeanour and framing this as ' <i>a big part of becoming a professional in this field...</i> ' (p. 5).	Supervisor suggesting that trainee focus on other skills rather than race or culture (p. 19).	Knowledge and experience being questioned due to racial identity (p. 12).	Focusing primarily on clinical weaknesses (p. 147).
The impact on the recipient	Emotional responses		Supervisees described feeling distressed, upset, offended and uncomfortable (p. 19).		Feeling shock, offense, disbelief and disappointment (p. 146,).

Concepts & themes	Sub themes	Bautista-Biddle et al. (2020)	Burkard et al. (2006)	Butler-Byrd (2010)	Constantine & Sue (2007)
			Supervisee described feeling emotionally unavailable to her clients due to supervisor's response (p. 25). A supervisee reported feeling angry, frustrated and disappointed with their supervisor (p. 19). A supervisee reported feeling punished for raising cultural issues during supervision (p. 20).		Feeling frustrated and angry (p. 147).
	Psychological responses	Supervisor dismissing concerns of racial stereotyping by colleagues towards a client and the trainee (p. 5).	Supervisees reported feeling shut down and dismissed (p. 18). Supervisees reported feeling fearful of their supervisor (p. 19). A supervisee reported developing hypervigilance towards supervisor's insensitivity (p. 20). Supervisees feeling unable to address issues of race or culture for fear of repercussions (p. 18-21).	Feeling judged as inadequate. Feeling the need to work twice as hard to be as good or better than peers (p. 12). Feeling self-conscious about appearance and presentation, influencing choices about hairstyle, clothing and speech (p. 12).	Feeling invalidated, dismissed and minimised (p. 146). Supervisees reported no longer discussing clients in terms of race and culture due to supervisors' response (p. 146). Feeling worried that supervisor would give a bad evaluation if racial microaggressions were addressed (p. 146).
	Somatic responses	-	-	-	-
	Negative professional experiences	Trainee unable to explore issues of race related to her client. Trainee unable to access culturally sensitive supervision.	Supervisees feeling that they need to implement culturally insensitive treatment recommendations (p. 19). Supervisees reported feeling unable to address cultural and	Working in low-perceived value roles such as diversity committees (p. 12).	Not receiving culturally appropriate support in supervision (p. 146-148). Difficulties discussing clients of colour in supervision (p. 146, 148).

Concepts & themes	Sub themes	Bautista-Biddle et al. (2020)	Burkard et al. (2006)	Butler-Byrd (2010)	Constantine & Sue (2007)
		Carrying the weight of being the expert (p. 5).	racial issues due to responses and assumptions of supervisors (p. 20). Supervisee felt unable to sufficiently attend to clients cultural and racial needs (p. 21).		Supervisor placing the responsibility of knowledge on Black supervisee (p. 146).
Impact on the supervisory relationship and supervision	Mistrust/loss of trust.	-	Supervisees reported feeling uncomfortable and mistrusting of their supervisor (p. 20).	-	Feeling mistrust towards supervisor (p. 147).
	Withdrawal from supervision.	-	Supervisees reported becoming guarding during supervision, withholding information and engaging superficially (p. 20).	-	Changing supervisor (p. 146). Withholding information in supervision (p. 147).
	Missed learning opportunities around race and culture.	Supervisor not willing to explore issues related to racial or cultural differences.	Supervisees reported feeling unable to address or explore cultural and racial issues in supervision (p. 18- 21).	-	Not discussing issues of race due to minimisation, dismissal and invalidations from supervisor or due to avoiding experiencing racial microaggressions as supervisees (p. 146).
	Unsatisfactory supervision	Trainee unable to access culturally sensitive supervision.	Supervisees reported feeling dissatisfied with supervision (p. 21).	-	Supervisees reported ongoing feelings of frustration and invalidation due to comments and responses of supervisors (p. 148).
	Relationship rupture	-	Supervisees reported a change in the supervisory relationship and not experiencing supervision in the same way (p. 20-21).	-	Supervisee discussed irreparable damage caused by supervisor (p. 148)

Concepts & themes	Sub themes	Bautista-Biddle et al. (2020)	Burkard et al. (2006)	Butler-Byrd (2010)	Constantine & Sue (2007)
Dilemmas	Fear of negative consequences/repercussions.	Trainee had to decide whether to push the matter and risk retaliation (p. 5). Trainee had to decide whether to educate her supervisor on issues of diversity (p. 5).	Supervisee reported feeling punished for addressing issues of race and culture and stopped doing this in supervision. Supervisee reported fear that raising issues would result in a negative appraisal of their abilities by their supervisor (p. 20).	-	Supervisee reported fear of negative appraisal if they addressed racial microaggressions (p. 146).
	Fear of experiencing further racial microaggressions.	Trainee had to decide whether to push the matter and risk further microaggressions (p. 5).	-	-	-
	Fear of rupturing the supervisory relationship.	Trainee had to decide whether to address the issue or protect the supervisory relationship (p. 5).	-	-	-
	Fear of other people's perceptions and judgements.	-	-	-	-
	The experience of confrontation.	-	Supervisees reported not addressing their experience with the supervisor and hiding their emotional reactions (p. 20).	-	-
Coping strategies	Avoidance/silence	-	Supervisees subsequently avoided raising issues related to culture or race (p. 20).	-	Supervisees avoided discussing Black clients in supervision (p. 146).
	Denial/minimisation Hiding aspects of the self	- -	- Supervisee reported not 'exposing' themselves to their supervisor due to negative interpretations (p. 18).	- Careful consideration in cultivating a professional self (p. 12).	- -

Concepts & themes	Sub themes	Bautista-Biddle et al. (2020)	Burkard et al. (2006)	Butler-Byrd (2010)	Constantine & Sue (2007)
	Seeking alternative support	Trainee attempted to request mentorship from a Black supervisor (p. 5).	Supervisees sought support from friends or colleagues (p. 19). Supervisees sought outside consultation on client cases (p. 21).	Seeking support from colleagues and friends (p. 12). Practising self-care and stress management to prevent burnout and be a model to students (p. 12).	-
	Confronting power and racial microaggressions.	-	-	-	-
	Incited to be a better supervisor or therapist.	-	-	Mentoring students from marginalised backgrounds (p. 12).	-
	Religion and spirituality.	-	-	-	-
Intersectionality		-	-	-	-

Concepts & themes	Sub themes	Hall (2018)	Hedin (2018)	Jang (2019)
Types of racial microaggressions	Stereotyping.	Supervisors felt stereotypes as a 'Mammy, Jezebel, and/or Sapphire' (p. 1024). Supervisees made stereotypical assumptions about clients of colour (p. 1028).	Supervisee experienced supervisor holding stereotypical assumptions about them and their clients (p. 79, 80). Supervisees felt that Supervisor held unconscious racial stereotypes and preconceived ideas about them (p. 86, 89, 93).	Feeling stereotyped (p. 8-9).
	Feeling excluded/treated differently due to racial identity.	Supervisors reported feeling perceived as inferior or incompetent due to race, gender and class (p. 1029).	Supervisee felt that her supervisor made more allowances for her (racial majority) classmates than for her (p. 84). Supervisee felt that she had to demonstrate her credibility above and beyond her White counterparts (p. 93-94).	Feeling discriminated against (p. 8). Supervisees feeling held to a different standard (p. 9).
	Pathologising/criticising cultural values/communications styles.	White supervisees claim being unable to communicate with or understand Black supervisors (p. 1027).	-	Supervisees felt that their supervisor did not understand their communication styles due to limited cultural understanding (p. 8).
	Denial/minimisation of racial identity and/or interethnic differences.	Supervisees minimising the role of White privilege (p. 1028).	Participant reported that supervisor did not acknowledge their racial identity (p. 99-100).	Ignoring racial or ethnic identity and its impact or related needs (p. 10).

Concepts & themes	Sub themes	Hall (2018)	Hedin (2018)	Jang (2019)
			<p>Supervisors did not acknowledge the realities of race and racism (p. 86, 92).</p> <p>Supervisor avoided discussing race and culture in supervision (p. 93).</p> <p>Supervisor believed that consideration of culture was not applicable to White clients (p. 93).</p> <p>Supervisor did not consider the impact of race and culture in interethnic therapeutic dyads (p. 93).</p>	<p>Underestimation of skills and knowledge due to racial or ethnic identity (p.9-10). Ignoring or minimising cultural differences due to limited understanding by supervisors (p. 10).</p>
	<p>Dismissal/invalidation of concerns.</p>	<p>Clients often claimed to not be ‘mind readers’ when asked to think about how clients of colours may experience racial microaggressions during therapy (p. 1028).</p> <p>Accusing supervisor of being racist and sexist when addressing derogatory language used to describe a black female client (p. 1026).</p>	<p>Supervisor believed that multicultural guidance was not necessary if the supervisee and client shared similar racial or cultural backgrounds (p. 79).</p>	<p>Minimisation of supervisees’ concerns especially if related to experiences of racism or discrimination (p. 8, 10, 11). Underestimation of skills and knowledge due to racial or ethnic identity (p. 10).</p>
	<p>Evaluation/recommendation based on cultural bias.</p>	<p>-</p>	<p>Supervisor assumed relatability due to similar racial or cultural backgrounds between supervisee and client(s) (p. 80). Supervisor assigning cases based on their beliefs and assumptions of people from a</p>	<p>Supervisees feeling held to a different standard (p. 9).</p> <p>Supervisors preferring the ‘American way’ of thinking (p. 10).</p>

Concepts & themes	Sub themes	Hall (2018)	Hedin (2018)	Jang (2019)
	<p>Querying professionalism and ability.</p>	<p>White supervisees critiquing the appearance of their supervisor (p. 1027). White supervisees challenging supervisor (p. 1025, 1027).</p>	<p>certain ethnic or cultural background (p. 80). Supervisor did not contextualise clients' difficulties in terms of race, culture or power (p. 93). Supervisee felt held to a high standard as the only person of colour (p. 84). Supervisee felt that her supervisor focused on clinical weaknesses due to her racial identity (p. 85) Supervisor underestimated skills and knowledge (p. 91). Supervisee felt that their competence was questioned when discussing issues of race or culture (p. 81). Supervisee felt undervalued as a therapist (p. 86). Supervisee felt that her supervisor had questioned her integrity and professionalism (p. 86). Supervisee felt an additional pressure to have to explain and justify her practice as a Black woman (p. 94)</p>	<p>Feeling that supervisor's had low expectations and mistrust in supervisee's abilities (p. 10)</p>
Impact on the recipient	Emotional responses	Experiencing insensitive comments as painful and wounding (p. 1028).	Supervisees felt offended by their supervisor's racial and cultural insensitivity (p. 81, 92).	-

Concepts & themes	Sub themes	Hall (2018)	Hedin (2018)	Jang (2019)
		Feeling frequently challenged by supervisees (p. 1027).	Supervisee described not being believed or shown compassion following three significant bereavements. She felt hurt and appalled by the response (p. 86). Supervisee felt offended (p. 95). Supervisees described feeling shock and disbelief, and not wanting to accept that microaggressions could occur in the mental health setting (p. 98-99).	
	Psychological responses	Supervisors reported feeling devalued, questioned and undermined by supervisees (p. 1025). Feeling the need to perform well and not make mistakes, due to anticipation that supervisees will be waiting for their misstep (p. 1027). Feeling worried about the experiences of clients of colour (p. 1028). Supervisees critiquing appearance (p. 1027). Feeling the need to 'prove' themselves (p. 1027).	Participants reported feeling emotionally shut down (p. 81). Supervisees felt undervalued (p. 84 - 86, 121). Supervisee felt invisible (p. 95). 'I think I kind of ended up feeling more quiet than anything' (p.81). Supervisee felt that supervisor did not allow for exploration and contextualisation regarding cultural issues (p. 95). Supervisee felt anxious and uncomfortable (p. 95 - 96). Supervisee described feeling conflicted and questioning whether she had experienced a racial microaggression (p. 95).	Feeling the need to work harder and prove self (p. 10).

Concepts & themes	Sub themes	Hall (2018)	Hedin (2018)	Jang (2019)
	Somatic responses	-	Supervisee described a physical and somatic reaction to experiencing racial microaggressions (p. 81). Supervisee experienced tingling and tightening of her chest and became sweaty (p. 95 -96). [the incident felt] 'like a sucker punch...like I got knocked to the floor' (p. 101).	-
	Negative professional experiences	Supervisor feeling the need to not show any weaknesses (p. 1027). Supervisor feeling the need to be boundaried to ensure that authority is respected (p. 1026).	-	Supervisees feeling not listened to and unsupported, limiting growth and development (p. 9 – 11). Supervisee not supported to develop or clarify goals (p. 10). Supervisees experiencing supervisors as inpatient, not given sufficient time or constructive feedback (p. 9-11).
Impact on the supervisory relationship and supervision	Mistrust/loss of trust.	-	-	-
	Withdrawal from supervision.	-	Supervisee disengaged from her supervisor (p. 86). Supervisee became emotionally detached from her institution (p. 86).	-

Concepts & themes	Sub themes	Hall (2018)	Hedin (2018)	Jang (2019)
	Missed learning opportunities around race and culture.	-	Supervisees reported limited conversations regarding race, racial identity and multicultural counselling (p. 92). Supervisor and other supervisees (in group supervision) minimised cultural and racial issues, preventing contextualisation and deeper understanding (p. 95, 100, 104).	Supervisors not interested in discussing issues of race and culture (p. 10-11).
	Unsatisfactory supervision	-	-	Feeling inadequately supported in supervision (p. 9, 10). Feeling disconnected from supervisor (p. 9-10). Feeling that supervision was superficial and unsatisfactory (p. 10).
	Relationship rupture	Supervisor described compartmentalising the hurt to protect the relationship (p. 1028)	-	-
Dilemmas	Fear of negative consequences/repercussions.	-	Supervisee feared that their competence would be questioned if the issue was addressed (p. 81). Participants reported an awareness of the power dynamic within the supervisory relationship. Supervisee felt the need to comply due to Supervisor's power and role in passing (p. 82-83, 99, 101 -102)	-

Concepts & themes	Sub themes	Hall (2018)	Hedin (2018)	Jang (2019)
	Fear of experiencing further racial microaggressions.	-	-	-
	Fear of rupturing the supervisory relationship.	-	-	-
	Fear of other people's perceptions and judgements.	-	-	-
	The experience of confrontation.	-	-	-
Coping strategies	Avoidance/silence	-	Disengaging and not emotionally investing with supervisor or course centre (p. 86, 102).	-
	Denial/minimisation	-	Supervisee looking for other explanations for racial microaggressions (p. 95). Supervisees trying to find excuses for supervisor or interpret experience differently (p. 99).	-
	Hiding aspects of the self	-	Supervisee described code switching (changing her language and demeanour based on her audience) (p. 102).	-
	Seeking alternative support	-	Supervisee sought support from friends or family and would process issues with them (p. 82, 102-103).	-

Concepts & themes	Sub themes	Hall (2018)	Hedin (2018)	Jang (2019)
			Supervisee sought multiple perspectives for validation of experiences (p. 103). Supervisee sought outside counsel (p. 82).	
	Self-care/therapy Confronting power and racial microaggressions.	- Addressing microaggressions to think about how a client might experience it (p.1028).	- Supervisee feels able to stand their ground and know themselves (p. 86). Supervisee spoke up regarding her experience and felt more confident and comfortable to continue doing so (p. 96).	- -
	Incited to be a better supervisor or therapist.	Focusing on being a mentor, educator and clinician that is responsible for helping the supervisee (p. 1028).	Supervisee felt that the bad experiences contributed to becoming an 'excellent therapist' (p. 86). Supervisees described using experiences to be careful about making similar mistakes with clients, to be empathic and gain better understanding (p. 107).	-
	Religion and spirituality.	-	-	-
Intersectionality	-	Difficulties separating the intersectionality of race and gender from experiences (p. 1025).	-	-

Concepts & themes	Sub themes	Jangha et al. (2018)	Jendrusina & Martinez (2019)	Lee Pichardo (2017)
Types of racial microaggressions	Stereotyping.	Experiencing preconceived expectations and stereotyping (p. 83)	Reinforcing stereotypes (p. 161).	All supervisees reported being treated according to stereotypical notions of an Asian American (p. 47-49).
	Feeling excluded/treated differently due to racial identity.	-	Feeling othered (p. 161).	Supervisees were assigned all Asian clients or clients of colour (p. 48). Supervisees felt excluded and different within their work teams and cohorts due to racial identity (p. 52). Supervisees felt that supervisor's treatment in individual supervision impacted their experiences in their training group (p. 51-52). Supervisees felt treated differently due to ethnic group membership (p. 52).
	Pathologising/criticising cultural values/communications styles.	-	-	Supervisees felt criticised due to differing communication styles and cultural values from their supervisor (p. 50-51).
	Denial, minimisation or neglect of racial identity and/or interethnic differences.	-	-	Supervisees felt singled out and unprotected when asked to discuss racial identity (p. 53-54).

Concepts & themes	Sub themes	Jangha et al. (2018)	Jendrusina & Martinez (2019)	Lee Pichardo (2017)
				Supervisor did not ask about specific racial identity (p. 54). Supervisors ignored differences between Asian cultures and identities (p. 54-55).
	Dismissal/invalidation of concerns.	-	-	Supervisees experience supervisors' defensiveness when addressing racial microaggressions as invalidating (p. 53).
	Evaluation/recommendation based on cultural bias.	Participants reported receiving nonconstructive feedback (p. 83).	-	Supervisees were assigned all Asian clients or clients of colour due to assumed expertise and reliability (p. 48). Supervisees felt evaluated unfavourably due to cultural beliefs (p. 49).
	Querying professionalism and ability.	-	-	Supervisees felt they had to perform above and beyond expectations due to assumptions of Asians being hardworking and diligent (p. 49). Supervisees felt unfairly treated and that supervisors held preconceived notions of their capabilities as clinicians (p. 50).
Impact on the recipient	Emotional responses	Feeling of loneliness and being unwelcomed (p. 83). Feeling 'so stupid' and humiliated (p. 83).	Feeling distressed due to being unable to advocate for underrepresented groups (p. 162).	Supervisees felt sadness, disappointment, exposed and vulnerable (p. 55-56). Supervisees felt humiliation and embarrassment (p. 55-56).

Concepts & themes	Sub themes	Jangha et al. (2018)	Jendrusina & Martinez (2019)	Lee Pichardo (2017)
			Feeling alone in experience (p. 163).	Supervisees felt anger (p. 55-56). Supervisees felt confused by their supervisors' expectations of them (p. 56). Supervisees felt confused about what had happened and what they should have done (p. 57-58). Supervisees felt conflicted regarding their supervisor (p. 59).
	Psychological responses	<p>Feeling unwelcomed (p. 83). Feeling powerless (p. 83). Supervisees described feeling the need to be silent to prevent further harm (p. 84). Worries about how others will perceive them so choosing to present as non-confrontational or use silence to avoid mislabelling and making others uncomfortable (p. 85). Participants experienced questioning their calling (p. 83). Feeling inadequate and experiencing self-esteem issues. Feeling powerless (p. 83).</p>	<p>Feeling unable to speak out due to being alone in the experience (p. 163). Feeling worried that further racial microaggressions (invalidation) may occur (p. 162). Feeling worried for clients of colours interacting with supervisor (p. 162). Feeling unable to embody identity as an advocate for underrepresented groups (p. 162). Feeling incompetent and '<i>like an outsider in clinical practice</i>' (p. 163). Feeling helplessness (p. 162).</p>	<p>Supervisees felt invalidated and ignored when racial identity and cultural differences were not explored or assumed to be the same (p. 54-55). Supervisees felt denigrated, powerless and helpless (p. 55-56). Supervisees felt anxious, exposed and vulnerable (p. 55-56). Supervisee felt exasperated and overwhelmed (p. 65). Supervisees felt unsafe in supervision (p.68). Supervisees experienced blaming themselves and taking responsibility for the experience of racial microaggressions (p. 58). Supervisees reported doubting themselves following their experiences, including their ability, performance and place in the profession (p. 64-65).</p>

Concepts & themes	Sub themes	Jangha et al. (2018)	Jendrusina & Martinez (2019)	Lee Pichardo (2017)
				<p>Supervisees felt anxious, exposed and vulnerable (p. 55-56). Supervisees felt stripped of their identity, sense of self and confidence due to self-doubt (p. 64). Supervisees felt powerless and helpless (p. 55-56). Supervisees felt that overwhelmed and exhausted by their experience of discrimination and racism. Supervisees felt unheard and no changes were made despite their attempts (p. 65-66).</p>
	Somatic responses	-	Experiencing racial battle fatigue (p. 163).	<p>Supervisee described a visceral feeling that rushed through their body (p. 48). Supervisees felt exhaustion (p. 55-56). Supervisees felt that their experiences impacted their health and fertility, including physical sickness and sleep difficulties (p. 67).</p>
	Negative professional experiences	-	Not receiving multiculturally responsive training or supervision (p. 162).	<p>Supervisees felt that they did not receive mentorship or discuss advice regarding professional development (p. 66). Supervisees were assumed to be experts to all Asian cultures (p. 48).</p>

Concepts & themes	Sub themes	Jangha et al. (2018)	Jendrusina & Martinez (2019)	Lee Pichardo (2017)
				Supervisees were asked to give training of Asian cultures to the group and assigned Asian/clients of colour (p. 48).
Impact on the supervisory relationship and supervision	Mistrust/loss of trust.	-	Feeling guarded in supervision (p. 162).	Supervisees lost trust in - supervisor (p. 66, 67-68). Supervisees lost confidence in supervisors' abilities (p. 68). Supervisees felt unsafe in supervision (p.68).
	Withdrawal from supervision.	-	-	Supervisees withdrew in supervision and withheld information (p. 68-70).
	Missed learning opportunities around race and culture.	-	-	Supervisees did not trust their supervisors' ability to deal with racial or cultural issues that arose in clinical work (p. 68). Supervisees were unable to explore racial and cultural issues due to supervisors' lack of curiosity and inability to receive criticism (p. 70). Supervisees stopped sharing certain information in supervision (p. 70-71). Supervisees felt unable to learn about culture and diversity due to supervisors' lack of cultural competency (p. 71).
	Unsatisfactory supervision	-	-	Supervisees felt unable to develop and learn due to

Concepts & themes	Sub themes	Jangha et al. (2018)	Jendrusina & Martinez (2019)	Lee Pichardo (2017)
	Relationship rupture	-	Supervisory relationship became strained (p. 162).	supervisors' limitations and experiences of racial microaggressions (p. 66, 71). Supervisees lost the ability to trust, be open or respect supervisor (p. 68). Supervisee believed that supervisor 'ruined' the relationship (p. 69).
Dilemmas	Fear of negative consequences/repercussions.	Concerns about reinforcing stereotypes (p. 84, 85).	Fear of being perceived as disrespectful, due to power differential (p. 162).	Supervisees were fearful of the repercussions on their training and professional development if they addressed the issue (p. 60-61). Some supervisees held cultural values regarding challenging power, authority and elders, which hindered them from addressing the issue (p. 61-62).
	Fear of experiencing further racial microaggressions.	Choosing silence to avoid experiencing further racial microaggressions (p. 84).	Fear of experiencing further invalidation (p. 162).	-
	Fear of rupturing the supervisory relationship.	-	Fear of rupturing the supervisory relationship if microaggressions are addressed (p. 162).	-
	Fear of other people's perceptions and judgements.	Worries about how others would perceive them and wanting to make others feel comfortable (p. 84).	-	-
	The experience of confrontation.	-	-	Supervisees expended significant time and energy weighing up the

Concepts & themes	Sub themes	Jangha et al. (2018)	Jendrusina & Martinez (2019)	Lee Pichardo (2017)
				benefits and disadvantages, and preparing for confronting their supervisor (p. 62-63). Supervisors' reactions to confrontation were negative including denial and taking offence (p. 63).
Coping strategies	Avoidance/silence	Silence used as a source of power, choosing not to speak (p. 84). Silence as a way of avoiding further microaggressions (p. 84).	-	Supervisees withdrew emotionally and censored the material brought to supervision (p. 68-70). Supervisees avoided thinking about their experiences (71-72).
	Denial/minimisation	-	-	Supervisees assumed blamed for the experience in order to preserve respect for their supervisor (p. 59). Supervisee pretended that the issue didn't exist or minimised the experience (p. 71-72).
	Hiding aspects of the self	-	-	-
	Seeking alternative support	Participants sought support from family (p. 83).	-	Supervisees sought social and professional support to process their experiences (p. 72-73). Supervisee paid for external consultation (p. 69). Some supervisees used therapy to manage the stress and to process their experiences (p. 73-74).

Concepts & themes	Sub themes	Jangha et al. (2018)	Jendrusina & Martinez (2019)	Lee Pichardo (2017)
	Confronting power and racial microaggressions.	Participants would use their voice when an unjust matter needed to be addressed (p. 86).	-	Some supervisees used their experience to ensure that it didn't happen to others, by speaking out and addressing these issues (p. 75).
	Incited to be a better supervisor or therapist.	-	-	Supervisees aimed to learn more about culture and diversity (p. 74-75). Supervisees wanted to use their cultural sensitivity and experiences to be a better supervisor that was more culturally aware (p. 76).
	Religion and spirituality.	Participants reported feeling provided for and empowered through faith and relationship with God (p. 83). Using faith to manage difficult experiences (p.83). Knowing who they were spiritually was important for empowerment (p. 82).	-	-
Intersectionality		-	Feeling that the intersectionality of identities compounded feelings of powerlessness (p. 162).	-

Concepts & themes	Sub themes	Remaker et al. (2021)	Upshaw et al. (2020)	Wong et al. (2013)
Types of racial microaggressions	Stereotyping.	Being stereotyped (p. 73).	-	Stereotyping ethnic minorities (p. 73, 78).
	Feeling excluded/treated differently due to racial identity.	-	Feeling stifled by the group consensus when supervisee was the only person of colour in group supervision (p. 280).	
	Pathologising/criticising cultural values/communications styles.	-	-	Feeling othered due to language and cultural barriers (p. 77).
	Denial/minimisation of racial identity and/or interethnic differences.	Minimising/denial of the experiences of Black people in America (p. 73).	Suggesting that America was approaching a post-racial society, where interracial people and people of colour may become the majority (p. 280). Minimisation or dismissal of cultural differences regarding a client (p. 280).	-
	Dismissal/invalidation of concerns.	Minimising/mislabelling supervisees experience of racism (p. 73). Racial microaggressions dismissed as 'jokes' (p. 73).	Minimising the importance of cultural considerations (p. 280).	-
Evaluation/recommendation based on cultural bias.			-	Supervisor experienced as too rigid, controlling, insulting, intimidating or judgemental. Supervisees felt overly criticised (p. 77).

Concepts & themes	Sub themes	Remaker et al. (2021)	Upshaw et al. (2020)	Wong et al. (2013)
	Querying professionalism and ability.	-	Dismissing supervisee's opinion and describing him as naive (p. 280).	-
Impact on the recipient	Emotional responses	Feeling offended (p. 73). Wanting to respond but feeling that their voice wouldn't be heard or welcomed (p. 73).	Feeling isolated and alone (p. 280).	Feeling put down and feeling severe emotional pain (p. 77). Becoming disillusioned with the profession (p. 77). Feeling angry (p. 77). Feeling confused (p.73).
	Psychological responses	Feeling unsupported, unheard and unseen (p. 73). Feeling that their Supervisor would not hear their voice (p. 73). Feeling silenced (p.73). Feeling fearful of supervisor's power (p. 73). Feeling defeated and powerless (p.73). Feeling that addressing racial microaggressions would be futile (p. 73).	Feeling discredited (p. 280). Feeling silenced (p. 280). Feeling unsafe (p. 280). Concerned about judgements that supervisor might make if supervisee was to self-disclose (p. 280).	Feeling unwelcomed and not belonging in the profession. Feeling unable to speak up and powerless(p. 78). Feeling worried, unsafe and stressed out (p. 77). Feeling anxiety and discomfort due to language barriers (p. 77). Doubting whether to continue in the profession.
	Somatic responses	-	-	-
	Negative professional experiences	-	Feeling unsafe to disclose personal experiences which might enrich the supervisory experience (p. 280).	Language and cultural barriers, alongside differences in style could create difficulties for supervisees (p. 77).

Concepts & themes	Sub themes	Remaker et al. (2021)	Upshaw et al. (2020)	Wong et al. (2013)
Impact on the supervisory relationship and supervision	Mistrust/loss of trust.	-	-	-
	Withdrawal from supervision.	-	-	<i>'It meant I've withdrawn more'</i> (p. 77).
	Missed learning opportunities around race and culture.	Supervisors not exploring issues related to race or culture (p. 73).	Supervisor lacked multicultural competence and missed opportunities to develop this by closing down the conversation (p. 280).	-
	Unsatisfactory supervision	-	-	Supervisees experienced inadequate feedback, guidance and supervision (p. 73).
	Relationship rupture	-	Feeling alone and isolated in group supervision (p. 280).	-
Dilemmas	Fear of negative consequences/repercussions.	Feeling unable to address racial microaggressions due to the power imbalance in the supervisory relationship (p. 73). Feeling fearful of the role and power that the supervisor had over supervisee's career and future (p.73).	Awareness of the evaluative competent of supervision, experienced as scary and stifling (p. 280).	-
	Fear of experiencing further racial microaggressions.	-	-	-
	Fear of rupturing the supervisory relationship.	-	Concerns about the impact on the group dynamic in group supervision (p. 280).	-
	Fear of other people's perceptions and judgements.	-	Worries about other people's perceptions in the context of group supervision (p. 280).	-

Concepts & themes	Sub themes	Remaker et al. (2021)	Upshaw et al. (2020)	Wong et al. (2013)
	The experience of confrontation.	-	-	-
Coping strategies	Avoidance/silence.	Choosing to be silent (p. 73). Seeking further training elsewhere (p. 73).	Withholding information if perceived to be unsafe to disclose or share (p. 280).	-
	Denial/minimisation.	Minimising the experiences (p. 73).	-	-
	Hiding aspects of the self.	-	Not sharing personal information (p. 280).	-
	Seeking alternative support	-	-	-
	Confronting power and racial microaggressions.	Providing honest feedback upon leaving the organisation (p. 73).	-	-
	Incited to be a better supervisor or therapist.	-	-	-
	Religion and spirituality.	-	-	-
Intersectionality		-	-	-

Appendix G: Recruitment poster

This has been removed from the electronic copy

Appendix H: Participant information sheet

Participant information sheet

Information about the research: Racial microaggressions in the supervisory relationship and their impact.

Hello. My name is Ngozi Ebubedike and I am a trainee clinical psychologist. I would like to invite you to take part in a research study, which I am undertaking as part of my doctorate course in clinical psychology at Canterbury Christ Church University. I will be conducting this research under the supervision of Dr Anna Oldershaw, Senior Clinical Psychologist and Clinical Academic Fellow and Professor Margie Callanan, Director of Salomons Institute of Applied Psychology. Before you decide it is important that you understand why the research is being done and what it would involve for you.

Part 1

What is the purpose of the study?

The purpose of this research is to gain understanding into the types of racial microaggressions that can occur within the cross-racial supervisory relationship. The research also aims to gain insight into how Black psychologists understand and manage this experience, what influences this and how it impacts future actions.

Why have I been invited?

You have been invited to take part because it is our understanding that you experience, or have experienced racial microaggressions within a supervisory relationship with a white practitioner psychologist. I am interested in your experience of this as a Black psychologist and how you cope with this. You should have found out about the study through social media or an acquaintance and I will only contact you if you have expressed an interest in taking part. I am hoping to recruit approximately twelve participants in total.

What will happen to me if I take part?

If you decide to take part, I will contact you to make arrangements for us to have an online video meeting. This will take place using the Zoom online conferencing platform. I will ask you some open-ended questions in an interview, which should take between 60-90 minutes.

The kinds of questions I would like to explore with you include- discuss a memorable situation in supervision in which you felt uncomfortable because the interaction with your supervisor had racial undertones. What feelings came up for you in that context? Please describe the impact of this interaction on your supervision relationship specifically. What impact do you believe that specific experiences of subtle racism or racial microaggressions in supervision had on you personally? On the supervision relationship? On your work with clients? On your professional development in general?

I will ask you for your consent to record the interview directly from Zoom, and the recording will be saved to an encrypted USB memory device. The interview will be transcribed (typed up) word for word. During this process any identifying information will be removed. The transcript of your interview will be analysed, alongside transcripts of other participants, in an attempt to answer my research questions. You will also have the option to be provided with a summary of your interview for your comments and further discussion. If you disagree with anything that was said in the recording or you are unhappy with my summary, I will be happy to review the original recording and will provide the option of listening to the section together, to ensure that it is as accurate as possible. You can opt out of this part of the process if you wish.

You may be contacted again at a later date and invited to attend a second interview. The purpose of this would be to cover anything that may have been missed in the first interview. You can also opt out of this part of the process if you wish.

You will be given the opportunity to review the extracts from your interview that have been selected to appear in any public domain document if you so wish.

Do I have to take part?

It is up to you whether or not you decide to take part in the study. If you agree to take part, I will ask you to sign a consent form. You are free to stop the interview at any time and you can skip any of the questions, without giving a reason.

Unfortunately, after the interview has been transcribed it will not be possible to remove your data from the research. This is because conclusions drawn from your interview will be combined with what other participants have said and it will not be possible to pull out sections of the data in later stages of the analysis. However, the recording of the interview will be destroyed as soon as possible after it has been transcribed and you may request for us not to contact you again. As mentioned above you can choose to only take part in the first interview and have no further involvement afterwards if you wish. This can be requested at the outset by leaving the appropriate box blank on the consent form, or by letting me know if you change your mind at a later date.

Expenses and payments

If you prefer to meet face-to-face for the interview, you will be reimbursed for up to £10 in travel costs incurred during your participation. Requests to meet face-to-face will be reviewed and responded to in accordance with the government's Coronavirus guidance at the time. Pre-paid envelopes will be provided so that you can send me your feedback about the research findings.

What are the possible disadvantages and risks of taking part?

It is possible that taking part in the research may bring up some difficult emotions. I will be able to offer you support before, during and after the interview, and you will have access to further support from my supervisors; Professor Margie Callanan and Dr Anna Oldershaw, should you request this. You will also be provided with details of professional organisations that may be able to offer further assistance if required.

During the interview, there is a possibility that you may make a disclosure that constitutes a concern regarding professional conduct and/or practice. I am duty bound to report any and all concerns regarding professional conduct and/or practice to the Health and Care Professions Council (HCPC). If possible, I would always try to speak to you about this first.

What happens if I disclose something that is concerning?

I am duty bound to report any and all concerns regarding professional conduct and/or practice to the Health and Care Professions Council (HCPC). If you may make a disclosure that constitutes a concern regarding your professional conduct and/or practice, I am required to make contact with the HCPC. If possible, I would always try to speak to you about this first.

If your disclosure constitutes a concern regarding the professional conduct and/or practice of a supervisor, you will be encouraged to report this to the HCPC and provided details of how to do so.

If there are any concerns about risk of harm to you or someone else, I may be required to notify a third party. If possible, I would always try to speak to you about this first.

What are the possible benefits of taking part?

Taking part in this research is not intended to provide any clinical benefit in itself, however it is possible that having a space to talk about your experiences may be helpful in some way. We hope that the information we get from this study will help inform multicultural competence, particularly regarding the supervision process, and will benefit Black psychologists in the future.

Will my taking part in the study be kept confidential?

We will follow ethical and legal practice and all information about you will be handled in confidence. However, an anonymised transcript of your interview will be submitted to the university and extracts will appear in a report and a publication.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2

What will happen if I do not want to carry on with the study?

If you decide to withdraw before or during the interview you will be supported in doing so but this will not be possible after the interview has been transcribed. However, you may request not to be contacted again at any point.

What if there is a problem?

If you have any concerns about your participation in this research you can speak with me by leaving a message on the contact details at the bottom of the page and I will do my best to answer your questions. You can also contact my supervisor for further advice or support:

Professor Margie Callanan - Director of Salomons Institute for Applied Psychology
Salomons Institute for Applied Psychology
Lucy Fildes Building
1 Meadow Rd
Tunbridge Wells
TN1 2YG
Tel: 01227 927 166

Concerns and Complaints

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number XX. Please leave a contact number and say that the message is for Ngozi Ebubedike and I will get back to you as soon as possible. If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology = fergal.jones@canterbury.ac.uk

Will I remain anonymous throughout my participation?

Your consent form will be kept separate from your data and you will only be identifiable to the researcher. The recording of the interview will be immediately saved and stored on a password protected and encrypted memory stick and this will only be available to the researcher. During transcription any identifying information will be removed and you will be referred to using only a pseudonym (a different name). If you have any concerns about being identifiable despite these precautions you can speak to me about this. As mentioned above, you will have the opportunity to review any extracts from the interview that will appear in any public document if you wish. Copies of the full anonymous transcripts will be retained in password protected files and will only be made available to the research team or for my assessment purposes. This may mean that a member of staff from Canterbury Christ Church University or one of the examiners will need to see the transcript.

I would only share information about you with a third party if I was concerned about risk to you or to someone else. If possible, I would always try to speak to you about this first.

What will happen to the results of the research study?

If you opt in, you will be sent a summary of the research findings and invited to give your feedback. The final report will be submitted for publication in an academic journal and if you wish a copy of this will be sent to you following publication. A copy of the report will be made available in the Canterbury Christchurch university library.

Who is organising and funding the research?

Canterbury Christ Church University.

Who has reviewed the study?

An independent review panel at Canterbury Christ Church University has approved the research.

You will be given a copy of this information sheet and your signed consent form for your own records.

Further information and contact details

If you would like further information about research in general or this research in particular please do not hesitate to contact me and I will do my best to answer your questions or signpost you elsewhere. If you have any questions that have not been answered by the information provided, please do contact me to discuss them and any other concerns that you may have.

If you are interested in taking part in this research or you have any questions you can leave a message for me on our 24-hour voicemail phone line- 01227 927 070. Please say that the message is for me (Ngozi Ebubedike) and leave a contact number so that I can get back to you.

Appendix I: Interview schedule

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:

- a. *How was your relationship with your supervisors in general?*
- b. *Is there anything that stands out about any of those relationships? If so, what?*
- c. *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?

Prompts:

- a. *How was your relationship with your supervisor(s) in general?*
- b. *How did you find interacting with them?*

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:

- a. *What types of interactions did you have with your supervisor that had racial undertones or racial microaggressions? Can you tell me about one example that stands out for you?*
- b. *What feelings came up for you in that context?*
- c. *What impact did this have on your perception of your supervisor?*

- d. *What impact did this have on your perception of yourself, personally or professionally?*
- e. *What impact did this have on your 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:

- a. *What feelings came up for you in that context?*
- b. *What impact did this have on your perception of your supervisor?*
- c. *What impact did this have on your supervisory relationship?*
- d. *What impact did this have on your perception of yourself, personally or professionally?*

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:

- a. *What feelings came up for you?*
- b. *What impact did this have on your perception of your supervisor?*
- c. *What impact did this have on the supervisory relationship?*
- d. *What impact did this have on your perception of yourself, personally or professionally?*
- e. *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:

- a. *What feelings came up for you?*
- b. *What impact did this have on your perception of your supervisor?*
- c. *What impact did this have on the supervisory relationship?*
- d. *What impact did this have on your perception of yourself, personally or professionally?*
- e. *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:

- a. *What were your reasons for not bringing the matter to supervision?*
- b. *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:

- a. *What types of feelings did you experience toward your supervisor with regard to these challenges or experiences?*
- b. *How did you deal with these feelings?*
- c. *To what extent did you share those feelings with your supervisor?*
- d. *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:

- a. *On you personally?*
- b. *On the supervisory relationship?*
- c. *On your work with clients?*
- d. *On your professional development in general?*

10. What were your strategies for dealing with experiences of racism and racial microaggressions in supervision?

Prompts:

- a. *Did your strategies change over the course of your supervision relationship? If so, how?*
- b. *What enabled those strategies to change over time?*

11. Discuss your perceptions of and feelings about your supervisor over the course of supervision.

Prompts:

- a. *To what extent did these feelings and perceptions change?*
- b. *To what extent did you share your feelings and perceptions with your supervisor?*
- c. *(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:

- a. *What have been the consequences of these experiences?*
- b. *What feelings have you experienced in relation to this?*
- c. *How has this impacted your wellbeing?*
- d. *How has this impacted your identity?*
- e. *How has this impacted your self-esteem or confidence?*
- f. *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?

Appendix J: Constantine & Sue (2007) interview schedule

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

1. Discuss the most memorable situation in supervision in which you felt uncomfortable because you perceived the interaction with your supervisor to have racial undertones. What feelings came up for you in that context? Please describe the impact of this interaction on your supervision relationship specifically.
2. What specific challenges did you face as a Black supervisee with regard to dealing with subtle racism or racial microaggressions in supervision? 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?
3. What impact do you believe that specific experiences of subtle racism or racial microaggressions in supervision had on you personally? On the supervision relationship? On your work with clients? On your professional development in general?
4. Did your strategies for dealing with experiences of subtle racism or racial microaggressions in supervision change over the course of your supervision relationship? If so, how?
5. Discuss your perceptions of and feelings about your supervisor over the course of supervision. To what extent did these feelings and perceptions change? To what extent did you share your feelings and perceptions with your supervisor?
6. I'm nearly ready to conclude the interview, but I'd first like to know the kinds of feelings that came up for you in the context of responding to the interview questions.
7. 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?

Appendix K: Background information questionnaire

Background information questionnaire

Participant ID:

1. How many years have you been qualified?
2. How many supervisors have you had since you qualified?
3. How many of those supervisors have been White?
4. How many of those supervisors have been Black?
5. Have you experienced racial microaggressions/subtle racism from more than one White Supervisor?
6. How many White supervisors have you experienced racial microaggressions/subtle racism from?
7. How long were you qualified before your first experience of racial microaggressions/subtle racism within the supervisory relationship with a White supervisor?
8. Do you still have supervision with the White supervisor that you will be discussing?
9. How long did/has your supervisory relationship with the primary supervisor you will be discussing last(ed)?
10. If you have had experiences of racial microaggressions/subtle racism from multiple White supervisors, what was the length of your longest supervisory relationship?
11. Do you see experiencing racial microaggressions/subtle racism from a White supervisor as common place based on your experience of supervision?

Appendix L: Consent form

Participant consent form

Section completed by researcher

Centre Number:

Study Number:

Participant Identification Number for this study:

CONSENT FORM

Study: Racial microaggressions in the supervisory relationship and their impact on Black psychologists.

Researcher: Ngozi Ebubedike

Please initial box

1. I confirm that I have read and understand the information sheet dated XX/XX/XXXX for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw prior to completion of the interview, without my medical care or legal rights being affected.

3. I agree to the recording of my interview, with possible use of verbatim quotation.

4. I agree to the use of my non-identifiable data for the purposes of this research.

5. I understand that relevant sections of my data collected during the study may be looked at by the research supervisors; Professor Margie Callanan and Dr Anna Oldershaw. I give permission for these individuals to have access to my data.

6. I agree that anonymous quotes from my interview may be used in published reports of the study findings.

7. I agree to take part in the above study.

8. I understand that I may be contacted and invited for a second interview. At such time I can decline to attend a second interview if I wish. If I decide to take part I am free to withdraw prior to the completion of the interview, as with the first interview. I agree to be contacted about a second interview if necessary.

9. I understand that I may be sent a summary of my interview and interpretations drawn, and/or a summary of the research findings. I would like to be sent a copy of :

My interview summary

A summary of the research findings

Name of Participant _____ Date _____

Signature _____

Name of Person taking consent _____ Date _____

Signature _____

Appendix M: Excerpts from reflective diary

February 2020

Following the murder of Ahmaud Arbery, I feel like social media is rife with conversations about racism and its impact. I feel even more moved to do my MRP based on racialised experiences. I didn't think I would be able to have a passion project as my MRP but I have an opportunity and the motivation to use this project to really try to effect change. I have emailed my external supervisor and asked to meet and discuss potential opportunities for the project. I'm concerned that her racial identity might have precluded from awareness of recent events or an understanding of why this topic is so valuable. I worry about how to convey my passion in a way that won't be misinterpreted by my supervisor. However, I think being candid about my motivation and my fears will be helpful in facilitating understanding of why this project could be so valuable.

I met with my external supervisor today and told her how hard I was finding it to think about a project related to anorexia. I was still too worried to introduce the idea of an MRP based on racialized experiences, so I waited for her to ask me what my other interests were. I spoke to her about wanting to do a race related research project and she was completely receptive to this idea. I was really surprised by her reaction and willingness to focus on this area. I think I may have underestimated the allyship that may exist within clinical psychology. This experience helped to remind me that just because something has not been named does not mean that people don't see its importance. I feel really happy that I was brave enough to speak about this in our meeting. However, it reminds me that as a person of colour, I will most likely have to introduce this topic, even when the support is there.

March 2020

I've done some initial searches and there is very little research in the UK. I'm trying to decide which clinical group I should focus on for this research. Thinking about my experiences on placement, I've been moved to think about how other people experience subtle racism in supervision. There is no research that I can find based on UK populations but there is a study in America looking at doctoral trainees. Thinking about creating novel research, I think it might be good to look at experiences of qualified psychologists. I don't think that qualification status negates experiences of racism and I think it's important to think about how this impacts psychologists when they're no longer protected and insulated by training institutions. I'm finding it hard to remember that the research is to explore this idea and not just prove my beliefs. I would be very surprised if my assumptions about racism being rife in supervision post-qualification aren't founded.

June 2020

Bracketing reflective exercise completed to think about how my biases might influence the development of the interview schedule. My own experience may lead me to focus on specific areas or asking leading questions that might not be relevant to others. My assumptions that Black

psychologists will be experiencing repeated microaggressions from most White supervisors is leading me to want to focus solely on these types of questions. I have to be sure that my questions aren't too leading or narrow in focus, so that positive aspects of supervision or alternative experiences aren't neglected during the interview. In order to reduce my own influence on revising the protocol by Constantine & Sue (2007), I will consult with other Psychologists as they are the service users for this study.

February 2021

Mock interview conducted with another trainee to check the suitability of the interview schedule. I felt nervous about the questions but the interview went quite well. The trainee felt like the questions were really thought provoking but found it harder to answer some questions than they anticipated. The interview did feel quite long, taking almost 90 minutes. However, I think that it's because psychologists are so reflective, that they are able to process questions and provide rich responses. It doesn't feel like prompts may be needed as the trainee tended to cover most areas themselves. I'll keep them within the schedule as they were helpful reminders to delve into certain areas when the interviewee was less forthcoming. It's helpful but the trainee was able to steer the conversation and introduce points that allowed me to follow up without using the schedule so prescriptively. Hopefully this is a good indication for how the qualified psychologists may respond.

March 2021

I haven't been able to recruit any more psychologists even though I am regularly positing the advert on social media. I knew that it would be a small pool, making it hard to recruit but I didn't anticipate it being such a struggle. I wonder if the constant media coverage of racist incidents and ongoing conversations is emotionally draining for Black psychologists. I feel so passionate about this MRP that I assumed that others would see the advert and feel compelled to volunteer. I think I underestimated the emotional labour that Black people are currently under, and the fact that support systems and coping strategies are different for different people. Some people will not want to participate in order to preserve their energy, and I need to understand and respect that.

May 2021

I still haven't been able to recruit any more participants. Some people that I have approached have ignored my messages. Some have explained that the past year has been draining. I understand their position because the rise in conversations around BLM has been really tiring. But this research is so important for the Black community as well as Clinical Psychology. I'm finding it frustrating that people aren't seeing how important this is or aren't able to participate. This type of research is exactly what is needed to bring about change, so people might be less likely to be feeling how they're feeling right now. It's hard to understand how people are unable to put their difficulties aside for just a few hours to complete this research. I don't know how to convince people or find more potential participants to be in the study. I'm worried that I won't get enough people to be able to complete the MRP as it is. I really don't want to relax the exclusion criteria because it could dilute the pool and the message that I want the research to

send. I can expand to BAME psychologists, as stated in my proposal, but I think it's important to understand these experiences based on specific racial identities. I wonder if I could maintain the focus on Black clinicians, but perhaps include trainee psychologists to increase the numbers. It would dilute experiences but not based on race, which I feel is the most important focus on this research. I wonder if it should be the most important focus or whether my experience as a Black woman is making me think that it is. I'll email my internal supervisor to explore this further and see how this recruitment issue might be resolved.

I met with my internal supervisor who agreed that we would rather not expand the criteria to include other training pathways (e.g educational psychologists) or other racial identities. I feel glad that she agreed with my position and feel less like my biases and assumptions are the driving force. However, it is important to keep reflecting on how it is influencing my decisions and focus. We spoke about the impact of Covid on qualifying and decided to relax the inclusion criteria to include people who have completed doctoral training but have not yet qualified and/or registered as practitioner psychologists.

July 2021

I have now managed to recruit six Black Clinical psychologists. I have started interviewing and hope that I might be able to recruit more participants at a later stage. I was nervous during the first interview but found that it went as well as it could be. The interviews affected me differently to how I was anticipating. I've found it really hard to try and remain neutral in the interviews. I wish I could be more responsive and empathic in my responses. I have tried to convey my solidarity and understanding through my facial expressions and body language on Zoom. I really hope that this has been picked up by them. Every participant has checked how I am feeling at the end of the interview, which is very kind. But I'm worried about how their concern for me might have affected their candour in the interview. I'm so curious about what they might be seeing in my reactions that makes them feel the need to ask me if I am okay. I feel as though my race is a facilitator and barrier in the interviews. Participants have often spoken about 'us' including me in the phenomenon. I imagine that our shared racial identity has helped to establish rapport and comfortability. However, it may have made them feel that they have to shield or protect me. It has also made me feel less able to show empathy in the interviews, due to fear that I might be seen as an influencing factor in the interview process. If this was in relation to any other experience, I would be more vocal and empathetic. But in this circumstance, my racial identity is constraining me. I'm finding this confusing because it was not an experience that I accounted for or foresaw. It is having the opposite effect than I thought it would, where I thought I would feel more comfortable and confident.

September 2021

When considering the recruitment difficulties, it highlighted to me the emotional labour undertaken by those who had already participated in the study. I no longer felt comfortable with the idea of the participants not being reimbursed for their time and labour, as this is often the case for Black people. I realised that I am reinforcing ideas around Black and BAME people being experts or being expected to discuss these topics at their own expense. I liaised with my

internal supervisor who was in agreement that I should revise and resubmit by research budget to include reimbursement for participants. I used this opportunity to obtain approval to offer financial reimbursement for any future participants. The participants were very surprised when they received contact from me offering a choice of voucher. Most initially declined but accepted after I insisted that they deserved at least a small token of appreciation for their time. I felt happy to be able to offer something back to the participants, especially as I felt unable to give of myself during my interviews. And I knew that the retrospective reimbursement would not be an influence on my recruitment strategy or introduce bias in relation to that.

November 2021:

Additional interviews conducted with three participants. I continue to find it difficult to know how much empathy I should be displaying in these interviews. If it was a topic that didn't obviously affect me, I would feel more comfortable expressing my empathy. However, in this context, I am concerned that the unspoken but obvious awareness that it is also part of my experience could influence how participants relate to me. Two of the participants checked in with how I was feeling during the debrief, showing their awareness of the emotional impact that the research is likely to have on me. I don't believe that this is due to my expressions of emotion during the interview, but due to the skillset of the sample of psychologists and the shared racial identity between us. However, one participant spoke about her awareness that I would soon be qualified and the content of these interviews may be difficult for me. Despite this, she said that she still wanted to be as honest as possible due to value she ascribed to the research. I think it is likely that that participant and others, may have edited their responses for my benefit.

January 2022

Bracketing interview completed to help me examine my biases and try to be conscious of these when completing data analysis. The interview made me confront the impact of my own multiple experiences of microaggressions in supervision and generally in life. It helped me to think about to tension between the personal and professional within this research. The subject matter is emotive and evocative, and speaks to me at a personal level. However, as the researcher, I need to try and create some distance from that to enable me to engage with the material in a helpful way. I'm aware that that will not always be possible so the interview has helped me to think about how I pay attention to the signs that this is becoming less possible. It helped me to think about how I use my own personal experience and existing knowledge of this phenomenon as a source of insight without allowing that to override or impede the research. Most importantly, it reinforced my motivation for conducting the research and the importance of it. After two years of working on this project, it was an important reminder.

Data analysis is being conducted in the chronological order that the interviews were completed. I'm finding it challenging to suspend my biases when reading these emotive interviews. I'm aware that I have very similar experiences to my participants and I worry that this is heavily influencing how I interpret the data. I'm trying to ensure that I set aside my emotional reactions and thoughts about the psychological and emotional impact that these experiences had on me, so that I do not apply this to the participants. I am reading and reading the data to make sure that the

themes are in line with what the participants have said. As the themes emerge, I am looking for supporting quotes to make sure that it is grounded in the data and reflects the participants' own words. As I interpret the data and attempt to find higher level concepts for the clusters and superordinate themes, I am trying to set aside my own feelings and experiences to ensure that this is not influencing my interpretation.

March 2022

I've had regular meetings with my internal supervisor, particularly due to difficulties with my results sections. I have been able to discuss and reflect on my challenges in ensuring that the participants and the phenomenon are well represented in the final edit of my MRP. I am feeling the weight of doing what I feel is such important research, and it is making it difficult for me to take a step back and see what I am writing. I find myself doubting every section that I have written, and I have spent hours reading and re-writing due to the anxiety and pressure that I have put myself under. Regular meetings with my supervisor have helped me to see that this is due to the value I place on the research, due to being a Black woman myself. Having another lens has helped me to regain focus with the MRP and see that I am doing the data some justice.

After reading a draft of the results section, my supervisor shared her thoughts on learned helplessness as a psychological framework for understanding these experiences. I was able to discuss and reflect on how I felt that this framework did not adequately capture the experiences of my participants. I disagreed with the notion that participants were able to access alternative options but had not due to learned helplessness. I explained the immobilizing nature of microaggressions and the pervasiveness of it, which presented continuous threats and actual harm to participants, a significant distinguishing feature from learned helplessness. I also discussed how intellectualisation can mask and detract from the experiences. This was a helpful discussion as I found myself keen to block the application of psychological frameworks to this phenomenon (as this has been how microaggressions have been able to persist). It reminded me that I am writing this research as a psychologist, and I can bring the lens of being a Black person and a psychologist to consider the most helpful psychological frameworks for understanding microaggressions and their impact. It reminded me that I can use my critical practitioner lens to show the limits of existing frameworks and highlight the need for helpful ways of understanding.

Appendix N: Ethical approval letter

This has been removed from the electronic copy

Appendix O: Signposting information for participants



Salomons Institute for Applied Psychology

Thank you for attending the interview today, your time is greatly valued. If you have any queries or concerns regarding the interview, please contact the lead researcher Ngozi Ebubedike (ne132@canterbury.ac.uk). Alternatively, you can speak to my primary supervisor, [supervisor name; supervisor email address].

I am aware that we covered some sensitive topics today. If you feel the interview has caused you any distress, you can access support through the following:

- Samaritans (www.samaritans.org; telephone: 116 123)
- Mind (www.mind.org.uk)
- Black Minds Matter (<https://www.blackmindsmatteruk.com/>)
- The Black, African and Asian Therapy Network (<https://www.baatn.org.uk/free-services/>)

If you feel that you are in need of urgent support, you can contact NHS 111 or visit your local A & E department where support will be available. Alternatively, you can contact your local NHS crisis service (you can find the contact details for your local mental health crisis team here: <https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>).

Appendix P: Annotated transcript example

This has been removed from the electronic copy

Appendix Q: Stage 1 Individual superordinate and subtheme development process

Developing themes at individual level (example)

<p>Being treated according to racial stereotypes Stereotyping of Black people. Stereotyping ethnic minority clients (impeding access). Negative views of ethnic minorities Being forced to fit racial stereotypes.</p>	<p>Being othered due to racial identity Ethnic minorities belong together. Black people as experts/expected to teach Ethnic minorities belong together</p>	<p>Excessive criticism Focusing on weakness</p>	<p>Querying professionalism, skill and expertise Encouraged to change/ behave differently The Black experience vs. the White experience.</p>
<p>Treated differently due to race or culture The Black experience vs. the White experience</p>	<p>Clients treated differently due to race Difficulties with access for Black clients. Discouraged to offer treatment for Black client. Unwillingness to improve access for Black clients. Colour blindness</p>	<p>Dismissal of race related concerns Shutting down race related discussions/concerns. Lack of concern re access for Black clients.</p>	<p>The unwelcome token Feeling unwelcomed/not belonging. Feeling outnumbered/unwelcomed Not belonging in the profession (due to race). Not fitting the mould The token Interactions with White colleagues Feeling excluded</p>
<p>The psychology journey</p>	<p>Mistreatment Being treated badly Critiquing publicly Being bullied</p>	<p>An unpleasant experience Supervision as a negative experience Supervision as superficial Supervision as unhelpful Supervision as unsafe Being provoked</p>	<p>Abuses of power Inappropriate delegation of work Punitive use of processes Breaching confidentiality of supervision Exertion of control</p>

<p>Unsupportive supervision Lack of supervisor's understanding Performative support re race issues Weakness not allowed Lack of compassion</p>	<p>Weaponising whiteness White privilege as a defence The White perspective Whiteness as a defence Unconscious bias as a defence</p>	<p>Supervisor's style Supervisor's personality Supervisor's responses Micromanaging Incompatibility with supervisor</p>	<p>Mistrust Discomfort with supervisor Lack of safety and trust with supervisor Feeling unsafe</p>
<p>The role of the system NHS as problematic (as a system) A systemic issue The system Racism not seen as a problem Widespread lack of concern re racism in Clinical psychology Lack of support and concern (within the wider team) Good at the job</p>	<p>Black Lives Matter Impact of BLM Impact of BLM/George Floyd George Floyd</p>	<p>Withholding in supervision Withholding in supervision (not discussing Black clients).</p>	<p>Clinical psychologists in England White female psychologists White Clinical psychologists Expectations/the role of a psychologist Perfectionism Competitive nature of clinical psychology Clinical psychologist traits English supervisors Clinical psychologists in England Stereotyping White people and clinical psychologists Changing the profession Good at the job</p>
<p>Life as a Black clinical psychologist Being a black clinical psychologist Self as a clinical psychologist Self as a supervisee Finding my place Self as a Black person Self as a Black woman</p>	<p>Implications for professional development Missed opportunities Stunted growth</p>	<p>Impact on personal life</p>	<p>Questioning career choice Wanting to leave the profession</p>

Fatigue Feeling weak Inability to fight	Depression Feeling down/depressed Sadness	Regret	Dilemmas Fear of other people's perceptions
Loss of self-esteem Feeling less than Feeling worthless Feeling demeaned Loss of self-esteem	Self-doubt	Anxiety (development of)	Anger and frustration Anger at self Feeling disempowered
Life in England Unwelcomed in England Living in different worlds Negative views of ethnic minorities	Protection of self Shrinking the self Fawn response avoidance	Under-resourced BAME support Lack of resources for BAME support The need for research	Psychological consequences Loss of self-esteem Self-doubt Shrinking the self Fawn response Anxiety (development of) Anger and frustration Fatigue Depression Regret Feeling unsafe
Performing in supervision	Alternative forms of support Seeking support elsewhere Support from friends and family	Leaving the job Seeking safety	Managing on my own
The different parts of self Self as a Black person Self as a clinical psychologist Life as a Black clinical psychologist Self as a Black woman Self as a supervisee Finding my place	Outlets for expression	Impact of covid	Stereotyping White people and clinical psychologists

Development of superordinate and subthemes at individual level (example)

The Clinical Psychology profession

Clinical psychologists in England

White female psychologists
White Clinical psychologists
Expectations/the role of a psychologist
Perfectionism
Competitive nature of clinical psychology
Clinical psychologist traits
English supervisors
Clinical psychologists in England
Stereotyping White people and clinical psychologists
Changing the profession

The psychology journey

The unwelcome token

Feeling unwelcomed/not belonging.
Feeling outnumbered/unwelcomed
Not belonging in the profession (due to race).
Not fitting the mould
The token
Interactions with White colleagues
Feeling excluded

The role of the system

NHS as problematic (as a system)
A systemic issue
The system?
Racism not seen as a problem
Widespread lack of concern re racism in Clinical psychology
Lack of support and concern (within the wider team)
Good at the job

Racial Microaggressions

Treated differently due to race or culture

Querying professionalism, skill and expertise

Encouraged to change/behave differently
The Black experience vs. the White experience.

Being treated according to racial stereotypes

Stereotyping of Black people.
Stereotyping ethnic minority clients (impeding access).
Negative views of ethnic minorities
Being forced to fit racial stereotypes.

Being othered due to racial identity

Ethnic minorities belong together.
Black people as experts/expected to teach
Ethnic minorities belong together

Excessive criticism

Focusing on weakness

Clients treated differently due to race

Difficulties with access for Black clients.
Discouraged to offer treatment for Black client.
Unwillingness to improve access for Black clients.
Colour blindness

Dismissal of race related concerns

Shutting down race related discussions/concerns.
Lack of concern re access for Black clients.

The supervision experience

Mistreatment

Being treated badly
Critiquing publicly
Being bullied

Supervisor's style

Supervisor's personality
Supervisor's responses
Micromanaging
Incompatibility with supervisor

An unpleasant experience

Supervision as a negative experience
Supervision as superficial
Supervision as unhelpful
Supervision as unsafe
Being provoked

Weaponising whiteness

White privilege as a defence
The White perspective
Whiteness as a defence
Unconscious bias as a defence

Abuses of power

Inappropriate delegation of work
Punitive use of processes
Breaching confidentiality of supervision

Exertion of control

Unsupportive supervision

Lack of supervisor's understanding

Performative support re race issues

Weakness not allowed

Lack of compassion

Mistrust

Discomfort with supervisor

Lack of safety and trust with supervisor

Feeling unsafe

The Black Lives Matter Movement

Black Lives Matter

Impact of BLM

Impact of BLM/George Floyd

George Floyd

**The consequences of racial
microaggressions**

Loss of self-esteem

Feeling less than

Feeling worthless

Feeling demeaned

Loss of self-esteem

Self-doubt

Anxiety (development of)

Anger and frustration

Anger at self

Feeling disempowered

Fatigue

Feeling weak

Inability to fight

Depression

Feeling down/depressed

Sadness

Regret

Implications for professional development

Missed opportunities

Stunted growth

Impact on personal life

Questioning career choice
Wanting to leave the profession

Surviving in Clinical Psychology

Avoidance

Protection of self
Shrinking the self
Fawn response

Performing in supervision

Withholding in supervision
Withholding in supervision (not discussing Black clients).

Managing on my own

Alternative forms of support
Seeking support elsewhere
Support from friends and family

Leaving the job
Seeking safety

Outlets for expression

Being Black in England

Life as a Black clinical psychologist
Being a black clinical psychologist
Self as a clinical psychologist
Self as a supervisee
Finding my place

Self as a Black person
Self as a Black woman

Dilemmas
Fear of other people's perceptions

Under-resourced BAME support
Lack of resources for BAME support
The need for research

Life in England
Unwelcomed in England
Living in different worlds

Key

■ Sub-theme ■ Theme ■ Initial code

Appendix R: Collective superordinate and subtheme development process

Development of collective superordinate and subthemes

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Racial microaggressions	Treated differently or excluded due to race or culture (p1, p3, p5, p6, p8, p9, p10)	Treated differently due to race (p1, 3,5, 8, 10) Treated differently or excluded due to race (p6) Being othered due to racial identity (p1) Treated as an expert on race (p9) Treated like a second-class citizen (p8) Touching hair (p9)	Participant 1: Treated differently due to race. Being othered due to racial identity – ethnic minorities belong together, Black people as experts/expected to teach, assigned non-English speaking clients. Participant 3: Being treated differently due to race Participant 5: Treated differently due to race – mistreatment Participant 6: Treated differently/excluded due to racial identity Participant 8: Treated differently due to race, Treated like a second-class citizen Participant 9: Treated as an expert on race. Touching hair. Participant 10: Treated differently due to race
Racial microaggressions	Being treated according to racial stereotypes (clients & psychologists) (p1, p5, p7, p8, p9)	Being treated according to racial stereotypes (p1, p5, p7, p8, p9) Stereotyping Black clients (p7, 8, 9)	Participant 1: Being treated according to racial stereotypes - Stereotyping of Black people, stereotyping ethnic minority clients (impeding access, negative views of ethnic minorities, being forced to fit racial stereotypes). Participant 5: Treated according to stereotypes

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Racial microaggressions	Invalidation of racial-cultural issues (p1, p2, p4, p5, p6, p7, p8, p9, p10)	Dismissal of race-related concerns p7 Invalidation of race related concerns (p4, 6) Invalidation of experience (p2)	Participant 7: Being treated according to racial stereotypes Participant 8: Treated according to racial stereotypes Participant 9: Stereotyping clients
		Denial/neglect of racial reality or identity (p2, 3, 4, 5, 6, 7, 8, 9) Denial of individual racism (p9) Ascribing achievements to racial identity (p5)	Participant 1: Dismissal of race related concerns – Shutting down race related discussions/concerns, lack of concern re access for Black clients. Participant 2: Invalidation of experiences – derailing the conversation, shutting down the conversation, bullying by colleague, experience of racism from colleague, race is for Black people. Denial of racial identity/reality – colour blindness/perpetuation of harmful ideas, race is not for supervision, unable to explore race related issues, unable to take to supervision, separation of self, unable to explore issues of race.
			Participant 3: working with racist clients Participant 4: Invalidation of race related concerns. Denial/invalidation of racial reality, Denial of racial reality.
			Participant 5: Dismissal of race related concerns. Ascribing achievements to racial identity Participant 6: Dismissal/invalidation of race related concerns. Denial/neglect of racial reality, exposure to racial harm – working with racist clients, exposure to racial harm

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
			<p>Participant 7: Dismissal of race related concerns. Denial/neglect of racial reality</p> <p>Participant 8: Denial of racial reality</p> <p>Participant 9: Denial/neglect of racial reality or identity – myth of meritocracy, denial of individual racism.</p> <p>Participant 10: Invalidation of racial-cultural issues</p>
Racial microaggressions	Pathologising cultural values/communication styles (p3, p5)	Pathologising cultural values/communication styles (p3, p5)	<p>Participant 3: Pathologising cultural values/communication styles.</p> <p>Participant 5: pathologising communication style</p>
Racial microaggressions	Treating clients differently based on race (p1, p4, p7, p9, p10)	<p>Experiences of Black clients vs. White clients (p1)</p> <p>Pathologising physical appearance based on race (p4)</p> <p>Experiences of BAME clients based on race (p10).</p>	<p>Participant 1: Experiences of Black clients vs. White clients (treated differently due to race) – issues of access for Black clients, discouraged to offer treatment for Black client, unwillingness to improve access for Black clients, colour blindness.</p> <p>Participant 2: othering clients</p> <p>Participant 3: experiences of BAME clients, ethnic minority client’s experiences.</p> <p>Participant 4: Pathologising the presentation/physical appearance of a Black person</p> <p>Participant 7: Treating clients differently based on race</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
			Participant 9: Clients treated differently based on race Participant 10: Experiences of BAME clients' based on race.
Racial microaggressions	Querying professionalism and ability (p1, p5, p6, p8)	Querying professionalism and ability (p8) Focusing on weakness, Excessive criticism, querying professionalism, skill & expertise. (p1) Ascribing achievement to racial identity (p5) Undermining/denial of professional position (p6)	Participant 1: Excessive criticism – focusing on weaknesses, Querying professionalism, skill and expertise – encouraged to change/behave differently, the Black experience vs. the White experience, Participant 3: professionally undermined Participant 6: Undermining/denial of professional position Participant 8: Querying professionalism and ability
Impact on the individual	Negative emotional and psychological consequences of racial microaggressions (all)	Anger (p1, 2, 3, 4, 5, 7, 9, 10) Sadness (p1, 2, p3, p10) Disgust (p3) Shock (p4, p5, p7, p9) Embarrassment (p2, p3, p4, p6) Pity (p3) Distress (p8) Disappointment (p4, 6, 9) Anxiety (p1, 2, 5, 8, 9, 10) Fear (p3, 9) Depression & despondency (p1, 2, 3, 5, 7, 10) Trauma (p5) Stress (p7, 8, 9)	Participant 1: Anger, sadness. Loss of self-esteem – feeling less than, feeling worthless, feeling demeaned, loss of self-esteem, Self-doubt, anxiety (development of), anger and frustration – anger at self, feeling disempowered, Fatigue – feeling weak, inability to fight, Depression – feeling down, depressed, sadness, Regret. Participant 2: Disappointment – feeling disappointed, Feeling embarrassed, Anger, Sadness. Self-doubt – regret, Lacking confidence, Sadness, Anxiety, Fatigue – feeling exhausted. Participant 3: Disgust – feeling disgusted, Anger, Sadness – sad, Fear and anxiety – feeling intimidated, fearful of repercussions, Feeling devalued – feeling inferior, feeling undermined as a professional, Pity, feeling shame and

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
		Disempowerment (p4, 5) Invalidation (3, 9, 10) Fatigue (1, 3, 4, 7, 8, 9) Self-doubt (p1, 2, 4, 9) Low self-esteem (p1, 2, 6, 8) Regret (p1, p2) Feeling bullied or punished (p1, p3) Feeling intimidated (p4, Numbness (p6) Excessive thinking (p4) Hopelessness (p3, p5, p9) Demeaned (p6) Anticipating negative consequences (p4, 6, 7) Loneliness (p7, 8)	<p>guilt, feeling betrayed, feeling embarrassed, confusion. fear and anxiety – feeling fearful, fearful of repercussions of sick leave, fear of repercussions (being discredited, being punished, other people’s perceptions, supervisor’s reaction), Sadness- depression, Exhaustion, Feeling unheard, Feeling bullied/punished, Feeling overwhelmed, Loss of hope – feeling disillusioned</p> <p>Participant 4: Anger, Embarrassment, Disappointment and frustration. Fatigue, sadness, Excessive thinking, Self-doubt, Disempowerment – feeling disempowered, being silenced, feeling intimidated; the impact of previous experiences – hypervigilance (to racism).</p> <p>Participant 5: Shock, Anger, feeling vulnerable. Stress, Trauma – feeling traumatized, Anxiety, Anger, Depression, Sense of futility – loss of faith in the profession, Disempowerment – feeling disempowered, forced compliance</p> <p>Participant 6: Disappointment, Embarrassment, Feeling demeaned. Frustration, Loss of confidence, Numbness, Anticipating negative experiences/responses</p> <p>Participant 7: Frustration, Anger, shock. Despondency, Stress, Fatigue, Loneliness Anticipating negative outcomes</p> <p>Participant 8: feeling demeaned, distress. Suicidal ideation, Anxiety, Low self-esteem, Loneliness and isolation, Fatigue, Stress, Self-doubt,</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Impact on the individual	Negative impact on physical health and personal life (p1, p3 p5, p8)	Impact on personal life (p1) Negative impact on physical health (p5) Impact on parents (p8)	Participant 9: Frustration and anger, disappointment, shock and disbelief, feeling devalued, confusion. Hopelessness, Fatigue, Anxiety, Feeling invalidated, Stress, Self-doubt, Isolation, Fear, Resignation Participant 10: Anger, Sadness. Anxiety, Self-conflict, Feeling silenced, Feeling disempowered
Impact on the individual	Impact on professional development (p1, 3, 5, 6, 7, 8, 10)	Implications for professional development (p1) Stunted professional growth (p3) Negative impact on professional development (p5) Limited professional growth (p7) Impact on professional development (p8) Developing an understanding of myself (p10) Self-development (p2, p3, p4, p5, p6, p7, p8, p9, p10)	Participant 1: Impact on personal life Participant 3: denial of leave Participant 5: Negative impact on physical health - impact on physical health, Black women's health, Negative impact on wellbeing, Poor mental health Participant 8: impact on parents Participant 1: Implications for professional development – missed opportunities, stunted growth Participant 2: Post-BLM self – new self, evolving self, feeling empowered; Positive impact on professional development. Self as a leader – self as a supervisor, self as a manager, Effecting change – using personal experiences, positive outcomes of experiences, antiracist activism, hope for the future, Post BLM life Participant 3: Stunted professional growth, damaged sense of professional self . being your best self. The greater good – helping other Black people/ the people coming after me, protecting other Black people

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
		<p>Positive impact on professional development, Post BLM self (p2)</p> <p>Being my best self, Self-development (p4)</p> <p>Reading (p7)</p> <p>Professional development (p8)</p> <p>Incited to become a better Psychologist (p9)</p> <p>Developing an understanding of myself (p10)</p> <p>Effecting change (p2, 3, 4, 5, 6, 7, 8, 9 10)</p> <p>Effecting change, post BLM life, Self as a leader (p2)</p> <p>The greater good? (p3)</p> <p>Effecting change (p4, 5)</p> <p>Effecting change, advocating for others (p10)</p>	<p>Participant 4: self-development – incited to be a good psychologist, reading, leadership training, reflection. Finding purpose – purpose, motivation. Participant 4: Effecting change – effecting change, antiracist activism</p> <p>Participant 5: Negative impact on professional development – stunted growth, lost opportunities, missed learning opportunities. gaining power and status, reading, influence of career progression. Effecting change – Supporting other BAME individuals, sharing experiences, delivering training regarding racialized experiences, discussing racial identity, modelling/discussing race and racial identity.</p> <p>Participant 6: Being a Black psychologist – limited work activity. Being a Black CP – Strengthened sense of identity.</p> <p>Participant 7: limited professional growth. Reading, Discussing race with clients</p> <p>Participant 8: Impact on professional development – feeling trapped in the job. Professional development – accessing private training courses, attending training courses, Being self-reliant – developing self-reliance, creating opportunities</p> <p>Participant 9: Incited to be a better Psychologist – self as a CP, self as a supervisor, impact on confidence levels.</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
			Participant 10: (delayed) Developing an understanding of myself. Advocating for others, Effecting change
Impact on the individual	Navigating dilemmas (p1, p3, p4, p9, p10)	Navigating dilemmas (p1, p3) Self-conflict (p10)	Participant 1: fear of other people's perceptions Participant 3: Dilemmas – fear of supervisor's reactions, fear of repercussions, fear of rupturing client relationship, fear of negative consequences, fear of being discredited or punished, fear of other people's reactions. Participant 4: addressing racial microaggressions, dilemmas, fear of other's perceptions Participant 9: Managing dilemmas, Discussing experiences (in interview) Participant 10: self-conflict
Being a Black Psychologist	The wider contexts (p1, p2, p3, p4, p5, p7, p9, p10)	The context of the psychology profession (p1, p3, p4, p6, p7, p9, p10) Clinical psychology in England, the psych journey (p1) Whiteness in clinical psychology, being black in CP (p3), Being a Black psychologist (p4), (p7) Racism in CP, working in White spaces (p6) Application of a Eurocentric lens, the failure of the profession (p7) The clinical psych profession (p9) The role of training experiences (p10)	Participant 1: Clinical psychologists in England- white female psychologists, white Clinical psychologists, expectations/the role of a psychologist, perfectionism, competitive nature of clinical psych, clinical psychologist traits, English supervisors, CPs in England, stereotyping White people and CPs, changing the profession, The Psychology journey, The role of the system – a systemic issue, racism not seen as a problem, widespread lack of concern re racism in CP, lack of support and concern, good at the job. NHS as problematic. Black lives matter/George Floyd

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
		The NHS context (p1, p5, p7, 10)	Participant 2: The Black Lives Matter movement – Impact of George Floyd/BLM
		The NHS as problematic (p1, p5) Ineffective services, a systemic issue (p7) The NHS context (p10)	Participant 3: Whiteness in CP – CPs, the profession, white middle class female supervisors, White supervisors, no repercussions, a dangerous work place, White professional spaces, Work places are White spaces, threat of racial harm, managing racial harm.
		The societal context (p4, p5)	Being Black in CP – life as a Black CP, impact of previous experiences, being a Black CP, feeling less valued and inferior, playing the game, being your best self, pride in identity, feeling ashamed of racial identity.
		The system, a systemic issue, A microcosm of society (p4) The NHS as a system/problem, a systemic issue (p5)	
		Impact of George Floyd/BLM (p1, p2, p4, p10)	Participant 4: Being a Black CP – being a Black CP, life as a Black CP, Self as a Black CP, ascertaining trustworthiness, self as a supervisor, Being my best self - being my best self. A microcosm of society – the system, a systemic issue, a microcosm. Impact of George Floyd.
		Black Lives Matter/George Floyd (p1) Black Lives Matter movement(p2) Impact of George Floyd (p4) Impact of George Floyd (p10).	Participant 5: The NHS as a system/problem, a systemic issue, influence of the context, impact of the time
			Participant 6: Being a Black CP – Being a Black CP, realities of being Black, racism in CP, working in White spaces
			Participant 7: Being a Black psychologist – working in White services, feeling uncomfortable in the workplace, all White supervisors, a generational effect, The failure of the psychology profession – limited/poor multicultural approaches. A systemic and societal issue – a societal

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Being a Black Psychologist	Feeling alone in the profession (p1, p2, p3, p4, p5, p6, p7, p8, p9)	Alone in the profession (p1, p4) Managing on my own, The unwelcome token, questioning career choice (p1) Managing on my own (p2) Not belonging in the profession (p3) Loneliness (p8, p7)	<p data-bbox="1339 240 2049 305">issue, the NHS as a microcosm of society, Ineffective services – failure to address inequalities.</p> <p data-bbox="1339 350 2049 496">Participant 9: The CP profession – questioning the profession, expectations of the profession, Developing hypervigilance – navigating White spaces, impact of racial identity, being Black, expecting racial harm</p> <p data-bbox="1339 542 2049 607">Participant 10: The role of training experiences. The NHS context. Impact of George Floyd.</p> <p data-bbox="1339 620 2049 837">Participant 1: The unwelcome token – feeling unwelcomed/not belonging, feeling outnumbered, not belonging to the profession due to race, not fitting the mould, the token, interactions with White colleagues, feeling excluded, questioning career choice, Managing on my own.</p> <p data-bbox="1339 883 2049 987">Participant 2: Alone in the profession – a lonely position, feeling alone, the token, questioning profession, Managing on my own – dealing with it on my own</p> <p data-bbox="1339 1032 2049 1097">Participant 3: Being a Black CP- Not belonging in the profession</p> <p data-bbox="1339 1143 2049 1175">Participant 4: Being a Black CP – feeling alone</p> <p data-bbox="1339 1221 2049 1253">Participant 5: managing on my own, getting on with it</p> <p data-bbox="1339 1282 2049 1315">Participant 6: Being a Black CP – managing on my own</p> <p data-bbox="1339 1360 2049 1393">Participant 7: holding the burden of race, loneliness</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Being a Black Psychologist	Navigating race related matters and grievances (p2, p3, p4, p5, p6, p7, p8, p9, p10)	Navigating race related discussions (p2) Difficulties addressing racial microaggressions (p4) Inappropriate handling of experiences (p5, p6) Navigating conversations regarding race and racial microaggressions (p7) Portrayed as problematic (p8) Navigating race related grievances (p9) An uncomfortable topic (p10)	<p data-bbox="1436 237 1919 264">Participant 8: Loneliness and isolation</p> <p data-bbox="1339 310 2018 375">Participant 9: Isolation, separation of self, managing alone</p> <p data-bbox="1314 386 2045 532">Participant 2: Navigating race related discussions – sugar coating racism, naming racism (qualifying), protecting White people, fear of other people’s perceptions, the discomfort for White people.</p> <p data-bbox="1499 542 1856 570">Participant 3: Not reporting</p> <p data-bbox="1339 613 2018 716">Participant 4: Difficulties addressing racial microaggressions, not addressing microaggressions, discomfort addressing racial microaggressions.</p> <p data-bbox="1377 760 1976 787">Participant 6: Ignoring race, talking about race</p> <p data-bbox="1314 831 2045 933">Participant 7: Navigating conversations regarding race and racial microaggressions – being cautious, navigating responding to racial microaggressions</p> <p data-bbox="1423 977 1934 1005">Participant 8: Portrayed as problematic</p> <p data-bbox="1314 1049 2045 1235">Participant 9: Holding the burden- the burden of discussing race, the duty of addressing matters of race and racism, discussing social inequalities, Navigating race related grievances – the lack of a solution, the power dynamic, the power imbalance.</p> <p data-bbox="1314 1279 2045 1382">Participant 10: An uncomfortable topic – discussing race related matters, using supervision, addressing racial microaggressions.</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Being a Black Psychologist	Clinical experiences (p2, p3, p4, p7)	<p>Being identified with by clients, culture vs safeguarding (p2)</p> <p>Impact on clinical work/working with White clients, attending to race and culture (p3)</p> <p>Sharing similarities with clients (p4)</p> <p>Working with Black clients (p7)</p>	<p>Participant 2: Being identified with by clients – self as a Black woman, self as a Black person, Culture vs safeguarding – cultural understanding vs safeguarding, attending to culture.</p> <p>Participant 3: Impact on clinical work/working with White clients – impact on working with White clients, envious of clients, working with White clients, working with racist clients, Attending to culture and race – role of culture, cultural understanding/practices, attending to client’s culture/cultural understanding, experiences of BAME clients, ethnic minority client’s experiences.</p> <p>Participant 4: Sharing similarities with clients – self as a Black person, sharing similarities with clients.</p> <p>Participant 7: Working with Black clients – working with the racialized experiences of Black clients, protecting Black clients, Black client responses to Black psychologist, Black client experiences of White therapists</p>
The supervisory experience	Unsafe supervision (p1, 2, 3, 4, 5, 6, 8, 9, 10)	<p>Mistreatment, weaponizing Whiteness and abuses of power (p1)</p> <p>Feeling unsafe (p8, 10)</p> <p>Unsafe supervision (p5, 9)</p> <p>Mistrust in the supervisory relationship (p6)</p> <p>Lack of safety (p2, 4)</p> <p>Lack/loss of safety and trust (p3)</p> <p>Mistrust (p1, 4)</p>	Participant 1: An unpleasant experience – supervision as a negative experience, supervision as superficial, supervision as unhelpful, supervision as unsafe, being provoked , Mistreatment – being critiqued publicly, being treated badly, being bullied, Weaponising Whiteness – White privilege as a defence, the White perspective, Whiteness as a defence, unconscious bias as a defence, Abuses of power – inappropriate delegation of work, punitive use of processes, breaching confidentiality, exertion of control, Mistrust – discomfort

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
The supervisory experience	Unsupportive supervision (p1, 2, 3, 4, 5, 6, 8, 9, 10)	Feeling unsupported (p10) Unsupportive supervision (p8, 9) Inappropriate handling of experiences (p5, 6) Lack of support (p3, 4, 5)	<p>with supervisor, lack of safety and trust with supervisor, feeling unsafe</p> <p>Participant 2: Lack of safety</p> <p>Participant 3: Lack/loss of safety – feeling unsafe, supervision as unsafe, fear of supervisor, punitive use of processes, breaching confidentiality, loss/lack of trust.</p> <p>Participant 4: Lack of safety – lack of safety, feeling unsafe, keeping myself safe, ascertaining safety, Mistrust – mistrust, lack of trust</p> <p>Participant 5: Unsafe supervision – lack of safety, mistrust, breach of confidentiality, Inappropriate handling of experiences – punishment as a consequence, punitive use of processes.</p> <p>Participant 6: Mistrust in the supervisory relationship</p> <p>Participant 8: Feeling unsafe – breach of confidentiality, negative repercussions, Being investigated, Being targeted, Portrayed as problematic</p> <p>Participant 9: Unsafe supervision – feeling unsafe, mistrust, feeling invalidated</p> <p>Participant 10: Feeling unsafe</p> <p>Participant 1: Being unsupported/lack of support – lack of supervisor’s understanding, performative support re race issues, weakness not allowed, Lack of compassion</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
		Ineffectiveness (p2) Lack of support (p2) Being unsupported/lack of support, lack of compassion (p1)	<p>Participant 2: Lack of support – lack of support, performative support, feeling unsupported, Ineffectiveness – supervisor’s inability, lack of understanding, ineffective supervisor and manager, supervisor’s defensiveness, neutrality, avoidance</p> <p>Participant 3: Lack of support</p> <p>Participant 4: Lack of support – feeling unsupported, lack of support, performative support</p> <p>Participant 5: Lack of support – lack of support, feeling unsupported, silence as a response, poor supervision,</p> <p>Participant 6: Inappropriate handling of experiences, superficial supervision</p> <p>Participant 8: Unsupportive supervision – feeling unsupported, lack of support, superficial supervision</p> <p>Participant 9: Unsupportive supervision – invalidation of experiences, feeling unsupported, lack of support, dismissal of concerns, ineffective supervision</p> <p>Participant 10: Feeling unsupported – lack of support, feeling unsupported, being alone.</p>
The supervisory experience	Multicultural incompetence (p2, 3, 4, 5, 6, 7, 9)	Missing learning opportunities (p3) Multicultural incompetence (p7) Incompetence (p3, 5) Ignoring race (p6) No space for race (p2) Perception of supervisor (p4)	Participant 2: multicultural incompetence, lack of skill, failure to learn, failure to understand the Black experience

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
The supervisory experience	The supervisory relationship (p1, 2, 3, 4, 5, 8, 9, 10)	Managing or navigating the supervisor (p3, 8, 9) The supervisory relationship (p4, 5, 9) The power dynamic (p3)	<p>Participant 3: Missed learning opportunities – missed learning opportunities, supervision as not helpful, Incompetence</p> <p>Participant 4: Perception of supervisor – competence, White privilege, lack of accountability</p> <p>Participant 5: Incompetence – multicultural incompetence, lack of understanding, lack of awareness, recognizing subtle experiences, poor client experiences</p> <p>Participant 6: Cultural incompetence, incompetence, centring self in racism</p> <p>Participant 7: Multicultural incompetence – failure to contextualise difficulties, supervisor’s incompetence, navigating/managing supervisor’s multicultural incompetence, ignoring race and difference, the burden of race held by supervisee, importance of exposure to difference, lack of awareness, a generational effect within psychology</p> <p>Participant 9: Lack of multicultural competence – Incompetence, Cultural incompetence, Failure to contextualise client difficulties, The generational effect</p> <p>Participant 1: (Supervisor’s style – supervisor’s personality, supervisor’s responses, micromanaging, incompatibility with supervisor)</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
		<p>The impact on the supervisory relationship (p2)</p> <p>Relationship rupture (p3, 4, 5, 8)</p> <p>Feeling conflicted (p2, 5, 7, 9)</p>	<p>Participant 2: The supervisory relationship – evolving supervisory relationship, supervisory relationship, fear of rupture. Relationship rupture, attempts to repair, too little too late, fear of rupture. Feeling conflicted.</p> <p>Participant 3: Navigating the relationship – protecting the supervisory relationship, protecting the supervisor, making supervisor comfortable, catering to supervisor, supervision as awkward, an uncomfortable relationship, making supervision comfortable, avoiding discussing race, avoidance in supervision, The power dynamic - the power dynamic, fear, the power imbalance, fear of supervisor’s reaction, defensiveness/White fragility, fear of supervisor, fear of being punished. Relationship rupture – relationship rupture, change in perception of supervisor, assigning stereotypes to supervisor.</p> <p>Participant 4: The supervisory relationship – the supervisory relationship, the role of a supervisor</p> <p>Participant 5: The supervisory relationship – difficult supervision, self as a Black person, self as a Black woman, ascertaining openness, appeasing my supervisor, supervisor’s approach, dual role of supervisor and manager. Relationship rupture. Feeling conflicted.</p> <p>Participant 6: Developing and navigating the supervisory relationship – developing the supervisory relationship, compatibility, understanding each other, gauging the supervisor, discomfort in the relationship</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Surviving the experience	Negotiating supervision (p, 1, 2, 3, 4, 5, 6, 7, 9, 10)	Withholding in supervision (p1, 3, 4, 5, p6, p7, p10)	<p>Participant 7: Feeling conflicted</p> <p>Participant 8: Navigating the supervisor – managing supervisor’s feelings, supervisor’s shortcomings, defending myself, a distant relationship, remaining open in supervision, Being true to myself. Requesting a change of supervisor.</p> <p>Participant 9: The supervisory relationship - changes to the relationship, protecting the relationship, maintaining the relationship, complexity of the relationship, Managing my supervisor – supervisor’s personality, loss of respect for supervisor, perceptions of supervisor. Feeling conflicted</p> <p>Participant 10: Setting up supervision</p>
	Contrast: Remaining open in supervision (p8)	Withholding/withdrawing (p2) Withdrawing (p5) Avoidance (p1, p5, p10) Creating a buffer (p4)	<p>Participant 1: Withholding in supervision (not discussing black clients), Avoidance</p> <p>Participant 2: withholding in supervision – withholding in supervision, selective investment of energy</p> <p>Participant 3: withholding in supervision – not sharing in supervision, withholding feelings</p> <p>Participant 4: Withholding/withdrawal – withholding in team, withholding in supervision, selective use of supervision, emotional withdrawal, Creating a buffer – creating a buffer, avoidance</p> <p>Participant 5: Withdrawal, Withholding, Avoidance</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
			<p>Participant 6: withholding in supervision, withdrawing, avoidance</p> <p>Participant 7: withholding in supervision – engaging superficially in supervision, Managing supervision - cancelling/avoiding supervision, compartmentalizing supervisor’s skill.</p> <p>Participant 8: (remaining open in supervision) - contrast</p> <p>Participant 9: Compartmentalising supervision, withholding</p> <p>Participant 10: Avoidance/withholding in supervision</p>
Surviving the experience	Protecting myself (p1, 3, 4, 5, 6, 7, 8, 9, 10)	Minimising/hiding the self (p3, 5) Protecting the self (p1, 6) Performing (p1, 2, 3) Maintaining the façade (p7) Compliance (p8) Conforming (p10) Denial/minimization (p4, p6, p9) Using defence mechanisms (p10) Dissociation, repression (p5) Changing jobs (p1, 3, 5, 6) Reducing hours (p8).	<p>Participant 1: Protecting the self - shrinking the self, fawn response, Performing in supervision. Leaving the job.</p> <p>Participant 2: performing in supervision.</p> <p>Participant 3: Minimising the self – minimizing/hiding the Black self, minimising Blackness, minimizing myself, being quiet/complying, minimizing self, Performing – performing in supervision, performing at work, playing the game, living inauthentically, considering leaving the job.</p> <p>Participant 4: Denial. Being my best self - the façade, Creating a buffer – protecting myself</p> <p>Participant 5: Repression, Dissociation, humour, denial. Hiding aspects of the self. Leaving the job.</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Surviving the experience	Professional support systems (p3, p4, p5, p6, p7, p8, p9, p10)	Professional support systems (p3, p4, p5, p6, p7, p8, p9, p10) Peer support (p5, p6, p7) Finding community (p3) Peer supervision (p10) Alternative supervision (p4, p8, p9, p10) Mentorship (p6)	<p>Participant 6: denial/minimisation. Protecting myself. considering leaving the job.</p> <p>Participant 7: self-care – setting boundaries, Being a Black Psychologist -maintaining a facade at work, managing supervision - establishing expectations for supervision</p> <p>Participant 8: Compliance – Being obedient, attending supervision. Reducing work hours.</p> <p>Participant 9: using defence mechanisms – avoidance, denial and minimisation</p> <p>Participant 10: Minimisation and denial. Conforming</p> <p>Participant 2: Professional support – peer supervision with CPs of colour, support from peers. Professional support – seeking alternative support (another supervisor).</p> <p>Participant 3: Finding community – support from Black psychologists</p> <p>Participant 4: Using other spaces – reflective spaces with other Black employees. Alternative supervision</p> <p>Participant 5: Peer support – peer supervision, finding community amongst Black psychologists, support from allies, alternative ways of meeting needs</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Surviving the experience	Personal support systems (p1, p2, p3, p5, p7, p8, p9, p10).	Personal support systems (p1, p2, p3, p5, p7, p8, p9, p10). Accessing therapy (p8, 9, 10) Religion and spirituality (p1, p3, p5) Alternative forms of support (p1, 2) Support outside the profession (p1, p5) Using other spaces (p7, p9, p10)	<p>Participant 6: peer support – support from Black colleagues, support from CPs, Finding community with BAME peers/colleagues. Mentorship.</p> <p>Participant 7: Peer support</p> <p>Participant 8: Accessing private supervision</p> <p>Participant 9: being part of a community</p> <p>Participant 10: Peer supervision</p> <hr/> <p>Participant 1: Alternative forms of support – seeking support elsewhere, support from friends and family, Outlets for expression, considering therapy.</p> <p>Participant 2: Professional support – seeking alternative support (other supervisor), Social support – alternative forms of support, seeking support, talking to friends, validation from others, support from friends.</p> <p>Participant 3: Faith as a coping strategy – praying, sense of identity based on biblical knowledge, sense of purpose, faith, believing in purpose. Finding community – talking to other people, validation from others, using other Black spaces.</p> <p>Participant 4: Using other spaces – reflective spaces</p> <p>Participant 5: Faith – the role of Christianity in managing experiences. Support outside the profession – speaking to family, familial support, support from friends.</p>

Superordinate theme	Sub themes	Sub-themes by participant	Emergent themes and initial codes by participant
Surviving the experience	Addressing injustices and racial microaggressions (p 6, 7, 8, 9, 10)	Using formal processes and procedures (p6) Calling things out (p7) Using formal processes, Speaking out (p8). Addressing racial microaggressions (p2, 9, 10)	<p>Participant 6: using other spaces</p> <p>Participant 7: Leaving England – witnessing other ways of being Black, Using other spaces – using other spaces, talking to friends.</p> <p>Participant 8: Accessing private therapy</p> <p>Participant 9: Accessing therapy. Using other spaces – receiving validation, talking to others, support from friends.</p> <p>Participant 10: Accessing therapy. Accessing and using other platforms</p> <hr/> <p>Participant 2: Addressing racial microaggressions</p> <p>Participant 4: Addressing injustices</p> <p>Participant 6: Using formal processes and procedures, addressing microaggressions, making supervisor accountable</p> <p>Participant 7: Calling things out,</p> <p>Participant 8: Using formal processes – filing grievances, speaking out – addressing grievances</p> <p>Participant 9: Addressing racial microaggressions - challenging and clarifying events</p> <p>Participant 10: Addressing racial microaggressions</p>

Development of final superordinate and subthemes

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
It's the subtle things	This wouldn't happen if I was White	Racial microaggressions: treated differently or excluded to race (p1, p3, p5, p6, p8, p9, p10)	Treated differently due to race (p1, 3,5, 8, 10) Treated differently or excluded due to race (p6) Being othered due to racial identity(p1) Treated as an expert on race (p9) Treated like a second-class citizen (p8) Touching hair (p9)
		Being a Black psychologist: Alone in the profession (p1, p2, p3, p4, p5, p6, p7, p8, p9)	Alone in the profession (p1, p4) Managing on my own, the unwelcome token, questioning career choice (p1) Managing on my own (p2) Not belonging in the profession (p3) Loneliness (p8, p7)
	Being a Black Psychologist: The wider contexts (p1, p2, p3, p4, p5, p7, p9, p10)	Clinical psychology in England, the psych journey (p1) Whiteness in clinical psychology, being black in CP (p3), Being a Black psychologist (p4), (p7) Racism in CP, working in White spaces (p6) Application of a Eurocentric lens, the failure of the profession (p7) The clinical psych profession (p9) The role of training experiences (p10)	
	The supervisory experience: multicultural incompetence (p2, 3, 4, 5, 6, 7, 9)	Multicultural incompetence (p7) Incompetence (p3, 5) Managing or navigating the supervisor (p3, 8, 9) The supervisory relationship (p4, 5, 9)	

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
		The supervisory experience: the supervisory relationship (p1, 2, 3, 4, 5, 8, 9, 10)	The power dynamic (p3) Mistreatment, weaponizing Whiteness and abuses of power (p1) Feeling unsafe (p8, 10) Unsafe supervision (p5, 9) Mistrust in the supervisory relationship (p6) Lack of safety (p2, 4) Lack/loss of safety and trust (p3) Mistrust (p1, 4)
		The supervisory experience: Unsafe supervision (p1, 2, 3, 4, 5, 6, 8, 9, 10)	
It's the subtle things	They think we're all the same	Racial microaggressions: being treated according to racial stereotypes (clients & psychologists) (p1, p5, p7, p8, p9)	Being treated according to racial stereotypes (p1, p5, p7, p8, p9) Stereotyping Black clients (p7, 8, 9)
		Being a Black Psychologist: The wider contexts (p1, p2, p3, p4, p5, p7, p9, p10)	Whiteness in clinical psychology, being black in CP (p3), Being a Black psychologist (p4), (p7) Racism in CP, working in White spaces (p6) Application of a Eurocentric lens, the failure of the profession (p7) The NHS as problematic (p1, p5) Ineffective services, a systemic issue (p7) The NHS context (p10) The system, a systemic issue, A microcosm of society (p4) The NHS as a system/problem, a systemic issue (p5)
			Alone in the profession (p1, p4)

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
		Being a Black Psychologist: Alone in the profession (p1, p2, p3, p4, p5, p6, p7, p8, p9)	Managing on my own, The unwelcome token, questioning career choice (p1) Managing on my own (p2) Not belonging in the profession (p3) Loneliness (p8, p7)
		The supervisory experience: multicultural incompetence (p2, 3, 4, 5, 6, 7, 9)	Missing learning opportunities (p3) Multicultural incompetence (p7) Incompetence (p3, 5) No space for race (p2)
It's the subtle things	Shutting down the conversation	Racial microaggressions: Invalidation of racial-cultural issues (p1, p2, p4, p5, p6, p7, p8, p9, p10)	Dismissal of race-related concerns p7 Invalidation of race related concerns (p4, 6) Invalidation of experience (p2)
		The supervisory experience: unsafe supervision (p1, 2, 3, 4, 5, 6, 8, 9, 10)	Denial/neglect of racial reality or identity (p2, 3, 4, 5, 6, 7, 8, 9) Denial of individual racism (p9) Ascribing achievements to racial identity (p5)
			Mistreatment, weaponizing Whiteness and abuses of power (p1) Feeling unsafe (p8, 10) Unsafe supervision (p5, 9) Mistrust in the supervisory relationship (p6) Lack of safety (p2, 4) Lack/loss of safety and trust (p3) Mistrust (p1, 4)
		The supervisory experience: multicultural incompetence (p2, 3, 4, 5, 6, 7, 9)	Missing learning opportunities (p3) Multicultural incompetence (p7)

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
			Incompetence (p3, 5) Ignoring race (p6) No space for race (p2) Perception of supervisor (p4)
		The supervisory experience: the supervisory relationship (p1, 2, 3, 4, 5, 8, 9, 10)	Managing or navigating the supervisor (p3, 8, 9) The supervisory relationship (p4, 5, 9) The power dynamic (p3) The impact on the supervisory relationship (p2) Relationship rupture (p3, 4, 5, 8) Feeling conflicted (p2, 5, 7, 9)
		Being a Black Psychologist: Navigating race related discussions (p2, p3, p4, p5, p6, p7, p8, p9, p10)	Navigating race related discussions (p2) Difficulties addressing racial microaggressions (p4) Inappropriate handling of experiences (p5, p6) Navigating conversations regarding race and racial microaggressions (p7) Portrayed as problematic (p8) An uncomfortable topic (p10)
		Being a Black Psychologist: The wider contexts (p1, p2, p3, p4, p5, p7, p9, p10)	Whiteness in clinical psychology, being black in CP (p3), Being a Black psychologist (p4), (p7) Racism in CP, working in White spaces (p6) Application of a Eurocentric lens, the failure of the profession (p7)
It's the subtle things	The British way or the highway	Pathologising cultural values/communication styles (p3, p5)	Pathologising cultural values/communication styles (p3, p5)

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
		The supervisory experience: multicultural incompetence (p2, 3, 4, 5, 6, 7, 9)	Missing learning opportunities (p3) Multicultural incompetence (p7) Incompetence (p3, 5) Ignoring race (p6) No space for race (p2)
		The supervisory experience: the supervisory relationship (p1, 2, 3, 4, 5, 8, 9, 10)	Managing or navigating the supervisor (p3, 8, 9) The supervisory relationship (p4, 5, 9) The power dynamic (p3) The impact on the supervisory relationship (p2)
		Being a Black Psychologist: the wider contexts (p1, p2, p3, p4, p5, p7, p9, p10)	Clinical psychology in England (p1) Whiteness in clinical psychology, being black in CP (p3), Being a Black psychologist (p4), (p7) Racism in CP, working in White spaces (p6) Application of a Eurocentric lens, the failure of the profession (p7) The clinical psych profession (p9)
It's the subtle things	Services are for White people	Racial microaggressions: Treating clients differently based on race (p1, p4, p7, p9, p10)	Experiences of Black clients vs. White clients (p1) Pathologising physical appearance based on race (p4) Experiences of BAME clients based on race (p10). The greater good (p3)
		Being a Black Psychologist: the wider contexts (p1, p2, p3, p4, p5, p7, p9, p10)	Clinical psychology in England (p1) Whiteness in clinical psychology (p3), Racism in CP, working in White spaces (p6) Application of a Eurocentric lens, the failure of the profession (p7)

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
			<p>The NHS as problematic (p1, p5) Ineffective services, a systemic issue (p7) The NHS context (p10)</p> <p>The system, a systemic issue, A microcosm of society (p4) The NHS as a system/problem, a systemic issue (p5)</p>
		Being a Black psychologist: clinical experiences (p2, p3, p4, p7)	<p>Attending to race and culture, Impact on clinical work/working with White clients (p3) Sharing similarities with clients (p4) Working with Black clients (p7)</p>
		The supervisory experience: unsupportive supervision (p1, 2, 3, 4, 5, 6, 8, 9, 10)	<p>Feeling unsupported (p10) Unsupportive supervision (p8, 9) Inappropriate handling of experiences (p5, 6) Lack of support (p3, 4, 5) Ineffectiveness (p2) Lack of support (p2) Being unsupported/lack of support, lack of compassion (p1)</p>
		The supervisory experience: multicultural incompetence (p2, 3, 4, 5, 6, 7, 9)	<p>Missing learning opportunities (p3) Multicultural incompetence (p7) Incompetence (p3, 5) Ignoring race (p6) No space for race (p2)</p>
It's the subtle things	Questioning my competence	Racial microaggressions: Querying professionalism and ability (p1, p5, p6, p8)	<p>Querying professionalism and ability (p8) Focusing on weakness, Excessive criticism, querying professionalism, skill & expertise. (p1) Ascribing achievement to racial identity (p5)</p>

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
			Undermining/denial of professional position (p6)
		The supervisory experience: unsafe supervision (p1, 2, 3, 4, 5, 6, 8, 9, 10)	Mistreatment and abuses of power (p1) Feeling unsafe (p8, 10) Unsafe supervision (p5, 9) Mistrust in the supervisory relationship (p6) Lack of safety (p2, 4) Lack/loss of safety and trust (p3) Mistrust (p1, 4)
		The supervisory experience: unsupportive supervision (p1, 2, 3, 4, 5, 6, 8, 9, 10)	Feeling unsupported (p10) Unsupportive supervision (p8, 9) Inappropriate handling of experiences (p5, 6) Lack of support (p3, 4, 5) Ineffectiveness (p2) Lack of support (p2) Being unsupported/lack of support, lack of compassion (p1)
		The supervisory experience: the supervisory relationship (p1, 2, 3, 4, 5, 8, 9, 10)	Managing or navigating the supervisor (p3, 8, 9) The supervisory relationship (p4, 5, 9) The power dynamic (p3)
		Being a Black Psychologist: the wider contexts (p1, p2, p3, p4, p5, p7, p9, p10)	Whiteness in clinical psychology, being black in CP (p3), Racism in CP, working in White spaces (p6) Application of a Eurocentric lens, the failure of the profession (p7)
			Missing learning opportunities (p3)

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
		The supervisory experience: multicultural incompetence (p2, 3, 4, 5, 6, 7, 9)	Multicultural incompetence (p7) Incompetence (p3, 5) Ignoring race (p6) No space for race (p2)
It's an ordeal	A powerful blow	Impact on the individual: (Immediate) Negative emotional and psychological consequences of racial microaggressions (all)	Anger (p1, 2, 3, 4, 5, 7, 9, 10) Sadness (p1, 2, p3, p10) Disgust (p3) Shock (p4, p5, p7, p9) Embarrassment (p2, p3, p4, p6) Pity (p3) Distress (p8) Disappointment (p4, 6, 9) Demeaned (p6) Regret (p1, p2) Numbness (p6)
It's an ordeal	Death by a thousand cuts	Impact on the individual: (Lasting) Negative emotional and psychological consequences of racial microaggressions (all)	Anxiety (p1, 2, 5, 8, 9, 10) Fear (p3, 9) Depression & despondency (p1, 2, 3, 5, 7, 10) Trauma (p5) Stress (p7, 8, 9) Disempowerment (p4, 5) Invalidation (3, 9, 10) Fatigue (1, 3, 4, 7, 8, 9) Self-doubt (p1, 2, 4, 9) Low self-esteem (p1, 2, 6, 8) Feeling bullied or punished (p1, p3) Feeling intimidated (p4, Excessive thinking (p4) Hopelessness (p3, p5, p9) Anticipating negative consequences (p4, 6, 7) Loneliness (p7, 8)

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
		Impact on the individual: Negative impact on physical health and personal life (p1, p3 p5, p8)	Impact on personal life (p1) Negative impact on physical health (p5) Impact on parents (p8)
		Impact on the individual: Impact on professional development (p1, 3, 5, 6, 7, 8, 10)	Implications for professional development (p1) Stunted professional growth (p3) Negative impact on professional development (p5) Limited professional growth (p7) Impact on professional development (p8) Developing an understanding of myself (p10)
		Impact on the individual: Navigating dilemmas (p1, p3, p4, p9, p10)	Navigating dilemmas (p1, p3) Self-conflict (p10)
Surviving Whiteness in Clinical Psychology	All the ways I protect myself	Surviving the experience: Protecting myself (p1, 3, 4, 5, 6, 7, 8, 9, 10)	Minimising/hiding the self (p3, 5) Protecting the self (p1, 6) Performing (p1, 2, 3) Maintaining the façade (p7) Compliance (p8) Conforming (p10) Denial/minimization (p4, p6, p9) Using defence mechanisms (p10) Dissociation, repression (p5) Changing jobs (p1, 3, 5, 6) Reducing hours (p8).

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
		Surviving the experience: Negotiating supervision (p, 1, 2, 3, 4, 5, 6, 7, 9, 10)	Withholding in supervision (p1, 3, 4, 5, p6, p7, p10) Withholding/withdrawing (p2) Withdrawing (p5) Avoidance (p1, p5, p10) Creating a buffer (p4)
Surviving Whiteness in Clinical Psychology	Finding safe work spaces	Professional support systems (p3, p4, p5, p6, p7, p8, p9, p10)	Peer support (p5, p6, p7) Finding community (p3) Peer supervision (p10) Alternative supervision (p4, p8, p9, p10) Mentorship (p6)
Surviving Whiteness in Clinical Psychology	Replenishing myself	Surviving the experience: Personal support systems (p1, p2, p3, p5, p7, p8, p9, p10)	Accessing therapy (p8, 9, 10) Religion and spirituality (p1, p3, p5) Alternative forms of support (p1, 2) Support outside the profession (p1, p5) Using other spaces (p7, p9, p10)
Surviving Whiteness in Clinical Psychology	Fighting the good fight	Impact on professional development (p2, p3, p4, p5, p6, p7, p8, p9, p10)	Positive impact on professional development, Post BLM self (p2) Being my best self, Self-development (p4) Reading (p7) Professional development (p8) Incited to become a better Psychologist (p9) Developing an understanding of myself (p10) Effecting change, post BLM life, Self as a leader (p2) Effecting change (p4, 5) Effecting change, advocating for others (p10) Using formal processes and procedures (p6)

Superordinate theme	Sub theme	Collective theme(s)	Sub-themes by participant
		Surviving the experience: Addressing injustices and racial microaggressions (p 6, 7, 8, 9, 10)	Calling things out (p7) Using formal processes, Speaking out (p8). Addressing racial microaggressions (p2, 9, 10) Navigating race related grievances (p9)

Appendix S: Final superordinate and subtheme list with supporting quotes

Superordinate theme	Sub themes	Quotation examples
It's the subtle things	This wouldn't happen if I was White	<p>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. So, I think she really chose the people to pick to treat nicely or not. (P1)</p> <p>And I think if I wasn't Black, she'd have treated me a bit nicer, yeah. (P1)</p> <p>But for me, as an ethnic minority, I feel my race did play a part in how I was treated. Because she saw me as less than and she had to have some superiority over me. (P1)</p> <p>...whether she was aware of it or not, there was a racial undertone that was kind of 'you're not appealing to me in the way I anticipate people like you to be'. (P3)</p> <p>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)</p> <p>And I think if I was a White supervisee, I would have been supported very differently. (P5)</p> <p>But by the look on her face afterwards, I thought to myself, she was just doing it for her own kicks. She just really, you know, was abusing her power by asking me to turn to face the wall. And I felt that with a White person, she wouldn't have done that. I felt what she was doing, she didn't like to see my face and the face of a Black person giving a presentation and being in a position of power. And the only thing she could do to demean me was to ask me to turn to face the wall. (P8)</p>

Superordinate theme	Sub themes	Quotation examples
		<p>I think if it was a White person, she 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. (P8)</p> <p>... It's like when I've had my hair done and my supervisor will just like, put her hand in it... (P9)</p> <p>But the fact that it was like in the office and then there's like a hand coming into my hair and I'm sort of like, yeah, I didn't really know what to say. I didn't really know what to do. Or when I've had braids, there's been like lots of touching and 'oh, it's gorgeous, it's so nice'. So, it's not a kind of, 'oh, your hair looks ridiculous' or, you know, it's not that kind of thing. It's coming from a place; it sounds like of admiration and curiosity. (P9)</p>
They think we're all the same		<p>I found that she just wanted me to be the angry Black woman and was just poking, poking to get that reaction. And she never did get it from me. So, she just wanted me to fit the narrative of the Black people maybe she's interacted with. (P1)</p> <p>I think her perception of Black people was very different to what I brought to the table. And she wanted me to show more of that because that would fit into her stereotype. (P1)</p> <p>The challenges I think I face are people's perceptions of how Black females should be and how they should act. And maybe this is due to their interactions with other Black females in different settings, but I feel. [sighs] This is something I've been told in supervision; you have to be tougher. You have to be more assertive. (P1)</p> <p>One is the positioning of black women as aggressive and angry, and I've felt that very much so in services with people predominately with [diagnosis type]. (P7)</p>

Superordinate theme	Sub themes	Quotation examples
		<p>Oh, but she's challenging and she's not psychologically minded anyway. So, there was always a bit of that, that positioning of her, which I didn't like. And you know, there'd be things like, you know, even flippant things like well Caribbean women are just a bit like that. (P7)</p>
		<p>Not that I was trying to be disrespectful to somebody in authority, because I felt there was a stereotype to say that Black people are and don't respect authority and that we're unruly, we don't know how to behave as opposed to this is a busy professional who's leading a service as well as running the service and interested in personal development and professional development. (P8)</p>
		<p>... having kind of really strong views or making assumptions about clients... (P9)</p>
		<p>So, the act of somebody being positioned in a particular way. So, somebody, a Black person being positioned in a particular way. And I was saying, you know, this made me, I'm just not sure about why this person's been positioned like this. Is this what they want for themselves, or is it being decided that because they're Black that they should do this thing? Like that they have to represent in some way? (P9)</p>
Shutting down the conversation		<p>My supervisor was like, but that doesn't matter. As long as we see people, that's all that matters. But I said it matters to me because I don't see enough Black people in the service. And she was very like, she didn't understand it. She was like - we see people anyway. (P1)</p>
		<p>And when I tried to say this is actually an issue, I was told not relevant, move on. (P1)</p>
		<p>When I pointed it out, it was derailed. You just stopped the conversation. (P2)</p>

Superordinate theme	Sub themes	Quotation examples
		<p>When I needed you to be there and be a psychologist. If you know, if our patients raised stuff. We jump on it, whatever it is, whether it's about race, whether it's about your sexuality, whether whatever it's about, 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. She shut it down. (P2)</p>
		<p>But this relationship wasn't one that we'd kind of built that up and it was just not heard at all. It felt as if I was talking to a brick wall... (P3)</p>
		<p>And the supervisor was like, well it's just tough, that's how we do things. So, if she doesn't want it to be on the record, then tough. (P4)</p>
		<p>But in that, I was left feeling like I had made a racial slur and all I was doing was raising awareness that actually I wonder if she found me intimidating because I was Black. And actually, a conversation should have ensued but instead, what happened was this conversation about, oh, [participant's name] made this racial slur to this person. Which I thought was just so awful. (P5)</p>
		<p>... it's just whenever I mention anything, it's just brushed under the carpet or the topic is changed. (P6)</p>
		<p>And felt that it was very much kind of, there was a racial, racist element to it. And that was completely shut down in the space. It was not, it was something that was just dismissed outright as being outrageous, a horrible accusation. No such thing would ever happen. (P7)</p>
		<p>... she said to me that wasn't that, 'oh, that's the, that's the easy answer'. You know, 'what else could be going on?' Something like that she said. Yeah. So again, I felt she was dismissive of that issue. (P8)</p>
		<p>... that feeling of one's voice, not being heard or being swept aside is a common or recurring common theme I feel, for me. (P10)</p>

Superordinate theme	Sub themes	Quotation examples
	The British way or the highway	<p>oh, should we write that on your appraisal that maybe you, because of your cultural differences, you don't know how to share and you don't know how to kind of be personal and reflective in that way (P3)</p> <p>And painted me as someone who's, like, lacking or deficient due to, like my cultural background. (P3)</p> <p>That this kind of really smart and mighty Western way of thinking, I didn't have or adopt or assimilate to. (P3)</p> <p>And when I would share my views in meetings, you'd have [name of profession] who were obviously White, who would be so anxious. And because I was quite firm in my views, would constantly report me to my supervisor. To say, oh, she's very passionate, very aggressive, you know. (P5)</p> <p>And then I would say, I think this is about race to my supervisor. And my supervisor would be like, 'oh I'm not sure, you know, maybe we can work on your communication'. Then we'd spend most of the time working with me on my communication rather than stopping to think, hang on a second, because I wasn't relaying information as White people. Rather than actually, there's a cultural difference here in how we communicate, because I wasn't anxious. (P5)</p>
	Services are for White people	<p>And I did continue to see this lady for at least six sessions because at least that's what we offer. And she appreciated it. Yeah, but my supervisor didn't want to. Yet, if that was a white female, I'd be pushed to continue or maybe even have more sessions with them. And I found that very, very strange. Very strange. (P1)</p> <p>But there's always, in my experience, been a very different way of framing the expressions of Black women in comparison to White women, even if it's exactly the same thing that's happening. There's always been a different framing of it and more of a dismissiveness... (P7)</p>

Superordinate theme	Sub themes	Quotation examples
		<p>But these are conversations, particularly when the client group, when the client is Black or when the family's Black or. Because a lot of the people that didn't engage with our service were from minoritised and ethnic groups. So just that not being able to be held in mind and sort of feels like microaggressions in these conversations outside of supervision. (P9)</p> <p>... basically people from these groups that are underrepresented are coming in really, really unwell, which lets me know that basically, they find it difficult to gain access to the service. And the only reason why they do that is when things get to crisis stage, you know. When we could have started to help them, if our service was more inclusive. (P10)</p> <p>She was just always challenging me, challenging me. And just very negative, thinking anything I did was never good enough basically for her, because she's <i>the</i> psychologist. (P1)</p> <p>And I very much felt like it was an undermining of my professional competence that was directly linked to the fact that we shared race rather than an esteeming of my opinion, as someone who might understand her cultural background or even a perception of, oh, wow, cultural competence. (P3)</p> <p>And she knows that I did clinical training because we've spoken about it before and where I trained. And in several meetings, she'll be like, oh, [participant's name], like, where did you train? Are you, did you do clinical training or did you do something else? (P6)</p> <p>... she didn't respect that I would know the client better than she knew the client and that I knew my stuff better than she did. Having just come from a service that was practising primarily from that approach, and she thought that I lacked competence and I think that was racially motivated, rather than to think to say that I may be more informed than she was about that issue. She instantly thought I lacked competence... (P8)</p>

Superordinate theme	Sub themes	Quotation examples
It's an ordeal	A powerful blow	<p data-bbox="972 237 2011 342">Anger. [laughs]. Anger and frustration. It made me realise this person will never change... and for me, as an individual, I was so tired of having her as my supervisor. (P1)</p> <p data-bbox="972 383 2011 488">And I left the meeting feeling quite crap. Feeling, what's the word I'm looking for? Not stupid for having raised it, but also you feel. You feel a bit rubbish for having even raised it. Embarrassed. (P2)</p> <p data-bbox="972 529 2011 594">I felt ganged up upon. I felt very small and very like infantilised or as if I was stupid. (P3)</p> <p data-bbox="972 634 2011 699">And I remember feeling so shocked that someone felt that that was okay to say. (P5)</p> <p data-bbox="972 740 2011 813">So, it's quite demeaning, I think, for someone to kind of constantly almost put you down then. (P6)</p> <p data-bbox="972 854 2011 959">...there's probably lots of feelings of anger that come along with not being protected or you know, people not being curious or not really connecting in with what it might be like for you, what your experiences are. (P9)</p>
	'Death by a thousand cuts'	<p data-bbox="972 1003 2011 1076">It lowered my self-esteem. I felt belittled many times. I felt I wasn't a good enough psychologist. After my supervision sessions. (P1)</p> <p data-bbox="972 1117 2011 1222">So, I'm not I'm still maybe not as confident as I would like to think I am, I'm still a little bit scared to say it. I'm still a little bit scared to say it. That's sad, isn't it? (P2)</p> <p data-bbox="972 1263 2011 1328">I think I'm just fearful. I feel like I exist in a constant state of fear, of worry, of anxiety, of dread. (P3)</p>

Superordinate theme	Sub themes	Quotation examples
		<p>I've not cried anywhere near as much, I've cried now, more in the last three years than I believe I did under the age of 3. That must be the case. I don't think a baby has this much water to produce the way I have in these last three years. (P3)</p> <p>And it was very, very traumatic. (P5)</p> <p>And coming to terms and have increased insight into her behaviour was very, very traumatic for me because, 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)</p> <p>A sense of despondency. And I think one of the overall feelings that comes up in kind of, as each of these experiences have continued is just a sense of. Not quite despair, but a bit of a hopelessness that this is actually going to get any better any time soon. (p7, lines 18-21). (P7)</p> <p>I actually felt quite suicidal thinking about it. (P8)</p> <p>... a level of sort of hypervigilance that comes along with that... (P9)</p> <p>So that's the effect it has. It kind of shuts you down. It shuts that fighting part of you, shuts it down. Yeah, makes you, makes you quiet... (P10)</p> <p>There are some health challenges, I think I wouldn't have had if it wasn't for the job I did for the last four years. (P5)</p> <p>I think it just made me actually just more stressed as a person. And I think it then kind of like, you know, impacted in my physical health as well. (P8)</p> <p>I think I'm stunted probably. I think I'm ill equipped to work with ethnic minority patients because I can't discuss the complexity and nuance of our</p>

Superordinate theme	Sub themes	Quotation examples
		<p>relationship or the relationship they might have with the outside world with my supervisor. (P3)</p> <p>Some of these things go your PDR, your personal development plan, whereas actually it's a systemic issue. Everything is located in you as an individual. You could change and you could mould yourself into something else. Then some of these problems would stop. Rather than the system changing itself to make life more equitable for the people who are different, that work within it (P5)</p> <p>... it has sometimes felt like there's only so far professionally that I can go in this realm if I am also going to be working with black people or other people of colour. And because, yeah, that's missing. (P7)</p> <p>... one of the impacts of that approach to me was that it was blocking my access, trying to block my access to training and ways I could develop myself. (P8)</p>
<p>Surviving Whiteness in psychology</p>	<p>All the ways I protect myself</p>	<p>Avoidance. That was my strategy. Avoid discussing any racial issues that maybe come up in my therapy sessions or anything like that or any comments she made. Avoidance. (P1)</p> <p>I think I'm kind of pulling back from her a little bit. Which is shocking, actually. Yeah, I am. (P2)</p> <p>I was a puppet. I just kind of did the song, did the dance, said what they needed to hear. If they said be vulnerable, I'd make up something. I'd be like and I just felt really wow. Gosh. Emotional. Yeah. And I genuinely was like, I am in line for the next Oscar because the level of pretence is so strong. (P3)</p> <p>I was already getting there like I was already kind of, like withholding things ... (P4)</p>

Superordinate theme	Sub themes	Quotation examples
		<p>And I just kept myself to myself. I stopped going to Trust sanctioned events for psychologists. I did not get myself involved in any WhatsApp chats with them. Yeah, I just completely withdrew. (P5)</p> <p>So there's a lot of disassociation that goes on, I think, in order to just stay on task. (P5)</p> <p>... so I have to kind of just ignore it to be able to do my work and move on. I think when you hold on to things too much, it can kind of really impact on your work. (P6)</p> <p>... it feels sometimes that you have to go in with a bit of a mask, to work. Which is not good for anyone's well-being, really, so having other places where you can certainly be much more authentic is how I balance out. But, that feels odd as well when you're in a work environment. (P7)</p> <p>And then sometimes it's just been about kind of minimising it and ignoring... (P9)</p> <p>Which is sweeping things under the carpet or not talking about things or turning a blind eye to things or not seeing things as important to talk about, you know. (P10)</p>
	Finding safe work spaces	<p>So hopefully there'll be mentorship for Black psychologists from Black psychologists, which makes sense to me [laughs] or another ethnic minority just so that you don't feel so alone. And you feel some support more so rather than your supervisor, because I don't think supervisors really know how we struggle. (P1)</p> <p>The flip side is I'm part of a peer supervision group that I would not have been part of, again a year ago, didn't know about it, probably wouldn't have formed. And it's a group of psychologists of colour. (P2)</p>

Superordinate theme	Sub themes	Quotation examples
		<p>...be vocal in the spaces that is safe, which is often amongst other Black psychologists or encourage those that are stronger than you to do what you can't. (P3)</p> <p>... And I get those needs met elsewhere. You know, if I want further supervision in case management, I would use my peers. (P5)</p> <p>And then I have leadership mentoring, which is NHS wide, who's a Black psychologist... (P6)</p> <p>... I've needed to go out of supervision and purchase privately my own supervision to prepare me for supervision where I can splurge and speak in a safe environment. And then I can come back with it in a tidy form for my formal supervisor, with the White supervisor. (P8)</p>
	Replenishing myself	<p>... and speaking to friends and family. (P1)</p> <p>I've got enough people around me, I guess, that I can have those conversations with. So I don't need that. (P2)</p> <p>Knowing that whatever narrative was formed at work, or narrative [unintelligible] was just simply a lie of the devil. 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 and, you know. (P3)</p> <p>Because thank God, I have Jesus. I'm a Christian and I praise God for that. And that's my massive, the biggest buffer. My biggest protective strategy is my relationship with God. Because he always told me who I was. So to be honest, really to hell with what anyone else thought, you know. Yeah. So it didn't really matter how much negative feedback I got, because I, I was very sure of who I was. (P5)</p>

Superordinate theme	Sub themes	Quotation examples
	'Fighting the good fight'	<p>...started in therapy, and it's kind of like to help with, my therapist is trying to do a very good job of trying to get me to rebuild my, my self-esteem. Yeah, and to kind of like analyse the situation, see, you know, what's going on because I really did believe that it was, that it was just me. (P8)</p> <p>Well, sometimes it's calling it out. (P2)</p> <p>I think it has impacted on my professional development, probably in a positive way. I think I can't, I can't really see the negatives of this. I think it's been very positive. It's opened up conversations with trainees that I have who hopefully aren't scared to ask about race issues or if they've got black clients or dual heritage or whatever it is. (P2)</p> <p>...I'm fighting the good fight. Basically, I'm fighting a good fight. It gives me purpose, I suppose... (P4)</p> <p>...it made me feel like I don't have to be like that. I can do the best for my individual clients and I can reflect on these things. (P4)</p> <p>...and then help other people who find themselves in those positions. So for me, it was also about providing a space for Black and brown trainees to kind of take their concerns, when they found themselves in a similar position. And also starting to speak up a bit more about some of these experiences. (P5)</p> <p>So just because I've had these experiences before I'm like very quick to contact HR and I'm also very quick to put it back onto the supervisor, and that's just how I manage things. (P6)</p> <p>We're doing a lot of work, we do a lot of work around anti-discrimination and trying to encourage inclusivity. (P10)</p> <p>And I'm an advocate for it, it's something that I'm passionate about, you know. (P10)</p>

Appendix T: End of study letter to Salomons Ethic Panel

Dear Chair of Ethics Committee,

Study title: ‘The relentless nature of Whiteness’: Black psychologists’ experiences of racial microaggressions in cross-cultural supervision.

I am writing to inform you that the above research project is now complete, and a thesis has been written for submission in partial fulfilment of the degree of Doctor of Clinical Psychology at Canterbury Christ Church University. I have included a brief summary report for your information.

Introduction

Supervision introduces a power imbalance that can interact with racial-cultural differences, contributing to complex dynamics within the supervisory space (Patel, 2004). Cross-cultural interactions are prone to racial microaggressions, which can occur within the psychological context, impacting clients and supervisees (Constantine & Sue, 2007; Pieterse, 2018; Sue et al., 2008c). Racial microaggressions can be understood as brief, common place interactions that communicate insulting messages to people of colour (Constantine & Sue, 2007; Solórzano et al., 2000). Racial microaggressions in cross-cultural supervision include stereotyping supervisees or their clients, discrimination due to ethno-racial identity, pathologising cultural values and communication styles, invalidation of concerns and ethno-racial identity, culturally insensitive treatment recommendations and querying professional competence (Constantine & Sue, 2007; Hall, 2018; Jangha et al., 2018). Consequently, clinicians experienced numerous negative psychological, professional and academic outcomes.

Previous research has examined experiences of microaggressions in cross-cultural supervision with Black trainees and supervisors. However, to the researcher’s knowledge, no studies have specifically looked at experiences of microaggressions in clinical supervision for qualified psychologists as supervisees.

Aim

The overarching research aim was to provide an in-depth account of experiences to understand how microaggressions from White supervisors’ impact Black psychologists. The research aimed to answer:

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?

Method

Semi-structured interviews were carried out with ten individuals that had completed clinical or counselling psychology doctoral training. Data were analysed using Interpretative Phenomenological Analysis (IPA) which is concerned with understanding how people make sense of their experiences (Smith et al., 2009).

Results

From the analysis, three superordinate themes and 12 subthemes emerged, as displayed in Table 1. The three superordinate themes are: '*It's the subtle things*', '*It's an ordeal*' and '*Surviving Whiteness in psychology*'. Each superordinate theme included subthemes that further captured the experiences of participants.

It's the subtle things

This superordinate theme captures the racially motivated experiences involving White supervisors. 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. All participants experienced multiple incidents and combinations of microaggressions within the supervisory context.

It's an ordeal

This superordinate theme consists of two subthemes which capture the significant costs resulting from microaggressions within the supervisory relationship. The subthemes are divided to capture the immediate responses to microaggressions, and the long-term impact to the individual. Whilst the immediate effects of microaggressions were significant, it was the cumulative and chronic impact of repeated microaggressions that resulting in lasting implications for supervisees.

Surviving Whiteness in psychology

This superordinate theme comprises four subthemes detailing the ways that participants coped in the face of Whiteness in supervision and psychology. Participants spoke about the resources they accessed to meet their personal and professional needs. Supervisees were able to find the silver lining in their experiences, channelling their energies to address microaggressions and effect change in various spheres.

Table 1.*Superordinate Themes; Subthemes and Illustrative Quotes*

Superordinate theme	Sub themes	Quotes	Number of participants contributing to subtheme (total n = 10)
It's the subtle things	This wouldn't happen if I was White	<i>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)</i>	7
	They think we're all the same	<i>... there was a stereotype to say that Black people are and don't respect authority and that we're unruly, we don't know how to behave... (P8)</i>	5
	Shutting down the conversation	<i>When I needed you to be there and be a psychologist. If you know, if our patients raised stuff. We jump on it, whatever it is, whether it's about race, whether it's about your sexuality, whether whatever it's about, 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. She shut it down. (P2)</i>	10
	The British way or the highway	<i>And then I would say, I think this is about race to my supervisor. And my supervisor would be like, 'oh I'm not sure, you know, maybe we can work on your communication'. Then we'd spend most of the time working with me on my communication ... (P5)</i>	2
	Services are for White people	<i>And I did continue to see this lady for at least six sessions because at least that's what we offer. And she appreciated it. Yeah, but my supervisor didn't want to. Yet, if that was a white female, I'd be pushed to continue or maybe even have more sessions with them. (P1)</i>	6
	Questioning my competence	<i>And she knows that I did clinical training because we've spoken about it before and where I trained. And in several meetings, she'll be like, oh, [participant's name], like, where did you train? Are you, did you do clinical training or did you do something else? (P6)</i>	4
It's an ordeal	A powerful blow	<i>I actually felt quite suicidal thinking about it. (P8)</i>	10
	'Death by a thousand cuts'	<i>A sense of despondency. And I think one of the overall feelings that comes up in kind of, as each of these experiences have continued is just a sense of. Not quite despair, but a bit of a hopelessness that this is actually going to get any better any time soon. (P7)</i>	10
Surviving Whiteness in psychology	All the ways I protect myself	<i>I was a puppet. I just kind of did the song, did the dance, said what they needed to hear. If they said be vulnerable, I'd make up something. I'd be like and I just felt really wow. Gosh. Emotional. Yeah. And I genuinely was like, I am in line for the next Oscar because the level of pretence is so strong. (P3)</i>	8
	Finding safe work spaces	<i>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)</i>	8
	Replenishing myself	<i>Oh, and therapy actually, therapy's been really helpful. (P9)</i>	8
	'Fighting the good fight'	<i>And I'm an advocate for it, it's something that I'm passionate about, you know. (P10)</i>	6

Conclusion

The findings suggest that microaggressions were a recurring experience for Black psychologists when supervised by White clinicians. Multiple microaggressions were often perpetrated at any one time, creating an intense emotional experience that required immediate protective strategies. The cumulative and chronic impact of experiencing microaggressions was significant for supervisees. Outcomes included negatively impacted mental health and wellbeing, damage to sense of self and identity and impeded professional growth. Microaggressions undermined the function and safety of supervision, impairing supervisees' ability to access support in supervision and fracturing the supervisory relationship. Additionally, microaggressions from supervisors resulted in discriminatory experiences for ethno-racial minority clients. This research suggests that Black supervisees would benefit from access to funding to support wellbeing and professional development. The psychology profession would benefit from developing clear multicultural competency guidelines, with additional guidance for cross-cultural supervision. White supervisors are encouraged to engage in self-reflexivity and training to increase awareness of racial-cultural biases and to enhance multicultural competence. Further research is required to understand the impact of intersectional microaggressions and microaggressions outside the supervisory context. Research exploring the experiences of other ethno-racial minority groups and successful experiences of cross-cultural supervision would be hugely beneficial.

Appendix U: Research summary for participants with extended results supplementary report

Study title: ‘The relentless nature of Whiteness’: Black psychologists’ experiences of racial microaggressions in cross-cultural supervision.

Dear participant,

I would like to thank you for taking part in the study, for giving me your time and sharing your story. The research has now come to an end, as agreed, please see below a summary of the findings.

Introduction

Supervision introduces a power imbalance that can interact with racial-cultural differences, contributing to complex dynamics within the supervisory space (Patel, 2004). Cross-cultural interactions are prone to racial microaggressions, which can occur within the psychological context, impacting clients and supervisees (Constantine & Sue, 2007; Pieterse, 2018; Sue et al., 2008c). Racial microaggressions can be understood as brief, common place interactions that communicate insulting messages to people of colour (Constantine & Sue, 2007; Solórzano et al., 2000). Racial microaggressions in cross-cultural supervision include stereotyping supervisees or their clients, discrimination due to ethno-racial identity, pathologising cultural values and communication styles, invalidation of concerns and ethno-racial identity, culturally insensitive treatment recommendations and querying professional competence (Constantine & Sue, 2007; Hall, 2018; Jangha et al., 2018). Consequently, clinicians experienced numerous negative emotional and psychological outcomes. Experiencing microaggressions led to mistrust of the supervisor, unsatisfactory supervision, missed learning opportunities, withdrawal from supervision and relationship rupture (Constantine & Sue, 2007; Jendrusina & Martinez, 2019; Remaker et al., 2021; Upshaw et al., 2020). Additional consequences included inadequate support regarding academic and professional needs (Burkard et al., 2006; Ginsburg, 2017).

Previous North American research has examined experiences of microaggressions in cross-cultural supervision with Black trainees and supervisors. However, to the researcher’s knowledge, no studies have specifically looked at experiences of microaggressions in clinical supervision for qualified psychologists as supervisees.

Aim

The overarching research aim was to provide an in-depth account of experiences to understand how microaggressions from White supervisors’ impact Black psychologists. The research aimed to answer:

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?

Method

Semi-structured interviews were carried out with ten individuals that had completed clinical or counselling psychology doctoral training. Data were analysed using Interpretative Phenomenological Analysis (IPA) which is concerned with understanding how people make sense of their experiences (Smith et al., 2009).

Results

From the analysis, three superordinate themes and 12 subthemes emerged, as displayed in Table 1. The three superordinate themes are: *'It's the subtle things'*, *'It's an ordeal'* and *'Surviving Whiteness in psychology'*. Each superordinate theme included subthemes that further captured the experiences of participants.

It's the subtle things

This superordinate theme captures the racially motivated experiences involving White supervisors. 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. The analysis produced six recurring themes within this category that appeared discrete enough to be classified as separate forms of microaggressions. Although they have been differentiated, some of these concepts are interconnected. All participants experienced multiple incidents and combinations of microaggressions within the supervisory context. Microaggressions affected supervisees and ethno-racial minority clients.

It's an ordeal

This superordinate theme consists of two subthemes which capture the significant costs resulting from microaggressions within the supervisory relationship. Participants described painful and distressing experiences which negatively impacted their wellbeing. The subthemes are divided to capture the immediate responses to microaggressions, and the long-term impact to the individual. Whilst the immediate effects of microaggressions were strong and significant, it was the cumulative and chronic impact of repeated microaggressions that resulting in lasting implications for supervisees. Supervisees used suppressive coping techniques such as denial, minimisation and dissociation to deal with immediate responses to microaggressions. Their coping strategies suggested an instinctual way of coping with racist incidents, which allude to the pervasiveness of them. Supervisees also described experiences that suggested trauma-like responses to microaggressions. Long term consequences included development of low self-esteem, self-doubt, anxiety and depression. Microaggressions resulted in ruptures within the supervisory relationship, limited support and unsafety in supervision. Consequently, supervisees experienced impeded professional development.

Surviving Whiteness in psychology

This superordinate theme comprises four subthemes detailing the ways that participants coped in the face of Whiteness in supervision and psychology. The repeated attacks in the forms of microaggressions speak to the need to survive, and not just manage experiences. Supervisees used suppressive coping techniques, compartmentalisation, avoidance and performance to cope with their experiences. Participants spoke about the resources they accessed to meet their personal and professional needs, such as alternative supervision, mentorship and therapy. Supervisees were able to

find the silver lining in their experiences, channelling their energies to address microaggressions and effect change in various spheres.

Table 1.

Superordinate Themes; Subthemes and Illustrative Quotes

Superordinate theme	Sub themes	Quotes	Number of participants contributing to subtheme (total n = 10)
It's the subtle things	This wouldn't happen if I was White	<i>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)</i>	7
	They think we're all the same	<i>... there was a stereotype to say that Black people are and don't respect authority and that we're unruly, we don't know how to behave... (P8)</i>	5
	Shutting down the conversation	<i>When I needed you to be there and be a psychologist. If you know, if our patients raised stuff. We jump on it, whatever it is, whether it's about race, whether it's about your sexuality, whether whatever it's about, 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. She shut it down. (P2)</i>	10
	The British way or the highway	<i>And then I would say, I think this is about race to my supervisor. And my supervisor would be like, "oh I'm not sure, you know, maybe we can work on your communication". Then we'd spend most of the time working with me on my communication ... (P5)</i>	2
	Services are for White people	<i>And I did continue to see this lady for at least six sessions because at least that's what we offer. And she appreciated it. Yeah, but my supervisor didn't want to. Yet, if that was a white female, I'd be pushed to continue or maybe even have more sessions with them. (P1)</i>	6
	Questioning my competence	<i>And she knows that I did clinical training because we've spoken about it before and where I trained. And in several meetings, she'll be like "oh, [participant's name], like, where did you train? Are you, did you do clinical training or did you do something else?" (P6)</i>	4
It's an ordeal	A powerful blow	<i>I actually felt quite suicidal thinking about it. (P8)</i>	10
	'Death by a thousand cuts'	<i>A sense of despondency. And I think one of the overall feelings that comes up in kind of, as each of these experiences have continued is just a sense of, not quite despair, but a bit of a hopelessness that this is actually going to get any better any time soon. (P7)</i>	10
Surviving Whiteness in psychology	All the ways I protect myself	<i>I was a puppet. I just kind of did the song, did the dance, said what they needed to hear. If they said be vulnerable, I'd make up something. I'd be like "and I just felt really wow. Gosh. Emotional." Yeah. And I genuinely was like, I am in line for the next Oscar because the level of pretence is so strong. (P3)</i>	8
	Finding safe work spaces	<i>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)</i>	8
	Replenishing myself	<i>Oh, and therapy actually, therapy's been really helpful. (P9)</i>	8
	'Fighting the good fight'	<i>And I'm an advocate for it, it's something that I'm passionate about, you know. (P10)</i>	6

Conclusion

The findings of this study suggest that microaggressions were a recurring experience for Black psychologists when supervised by White clinicians. Multiple microaggressions were often perpetrated at any one time, creating an intense emotional experience that required immediate protective strategies. The cumulative and chronic impact of experiencing microaggressions was significant for supervisees. Outcomes included negatively impacted mental health and wellbeing, damage to sense of self and identity and impeded professional growth. Microaggressions undermined the function and safety of supervision, impairing supervisees' ability to access support in supervision and fracturing the supervisory relationship. Additionally, microaggressions from supervisors resulted in discriminatory experiences for ethno-racial minority clients. This research suggests that Black supervisees would benefit from access to funding to support wellbeing and professional development. The psychology profession would benefit from developing clear multicultural competency guidelines, with additional guidance for cross-cultural supervision. White supervisors are encouraged to engage in self-reflexivity and training to increase awareness of racial-cultural biases and to enhance multicultural competence.

Further dissemination

As specified in the information sheet, I hope to submit this research to a published journal. This will include anonymised quotes to evidence key findings.

I hope these findings have been interesting to you and once again, thank you for your contribution to the study.

Best wishes,

Ngozi Ebubedike
Trainee Clinical Psychologist

Appendix V: Guidelines for journal submission (The Clinical Supervisor)

Preparing Your Paper

Structure

Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

Word Limits

Please include a word count for your paper.

A typical paper for this journal should be no more than 30 pages, inclusive of the abstract, tables, references, figure captions.

Style Guidelines

Please refer to these [quick style guidelines](#) when preparing your paper, rather than any published articles or a sample copy.

Please use American spelling style consistently throughout your manuscript.

Please use double quotation marks, except where “a quotation is ‘within’ a quotation”. Please note that long quotations should be indented without quotation marks.

Formatting and Templates

Papers may be submitted in Word format. Figures should be saved separately from the text. To assist you in preparing your paper, we provide formatting template(s).

[Word templates](#) are available for this journal. Please save the template to your hard drive, ready for use.

If you are not able to use the template via the links (or if you have any other template queries) please contact us [here](#).

All parts of the manuscript should be typewritten, double-spaced, and have margins of at least one inch on all sides. Manuscript pages should be numbered consecutively throughout the paper and include a shortened version of the title suitable for the running head, not exceeding 50 character spaces. Authors are to avoid abbreviations, diagrams, and reference to the text in the abstract.

References

Please use this [reference guide](#) when preparing your paper.

Taylor & Francis Editing Services

To help you improve your manuscript and prepare it for submission, Taylor & Francis provides a range of editing services. Choose from options such as English Language Editing, which will ensure that your article is free of spelling and grammar errors, Translation, and Artwork Preparation. For more information, including pricing, [visit this website](#).

Checklist: What to Include

- 3. Author details.** All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and

social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted.

[Read more on authorship.](#)

4. Should contain an unstructured abstract of 100 words.
5. You can opt to include a **video abstract** with your article. [Find out how these can help your work reach a wider audience, and what to think about when filming.](#)
6. Between 3 and 8 **keywords**. Read [making your article more discoverable](#), including information on choosing a title and search engine optimization.
7. **Funding details.** Please supply all details required by your funding and grant-awarding bodies as follows:
For single agency grants
This work was supported by the [Funding Agency] under Grant [number xxxx].
For multiple agency grants
This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].
8. **Disclosure statement.** This is to acknowledge any financial interest or benefit that has arisen from the direct applications of your research. [Further guidance on what is a conflict of interest and how to disclose it.](#)
9. **Biographical note.** Please supply a short biographical note for each author. This could be adapted from your departmental website or academic networking profile and should be relatively brief (e.g., no more than 200 words).
10. **Data availability statement.** If there is a data set associated with the paper, please provide information about where the data supporting the results or analyses presented in the paper can be found. Where applicable, this should include the hyperlink, DOI or other persistent identifier associated with the data set(s). [Templates](#) are also available to support authors.
11. **Data deposition.** If you choose to share or make the data underlying the study open, please deposit your data in a [recognized data repository](#) prior to or at the time of submission. You will be asked to provide the DOI, pre-reserved DOI, or other persistent identifier for the data set.
12. **Supplemental online material.** Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more about [supplemental material and how to submit it with your article.](#)
13. **Figures.** Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for color, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PDF, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our [Submission of electronic artwork](#) document.
14. **Tables.** Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.

15. Equations. If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about [mathematical symbols and equations](#).

16. Units. Please use [SI units](#) (non-italicized).

Using Third-Party Material in your Paper

You must obtain the necessary permission to reuse third-party material in your article. The use of short extracts of text and some other types of material is usually permitted, on a limited basis, for the purposes of criticism and review without securing formal permission. If you wish to include any material in your paper for which you do not hold copyright, and which is not covered by this informal agreement, you will need to obtain written permission from the copyright owner prior to submission. More information on [requesting permission to reproduce work\(s\) under copyright](#).

Submitting Your Paper

This journal uses Routledge's [Submission Portal](#) to manage the submission process. The Submission Portal allows you to see your submissions across Taylor & Francis' journal portfolio in one place. To submit your manuscript please click [here](#).

Please note that *The Clinical Supervisor* uses [Crossref™](#) to screen papers for unoriginal material. By submitting your paper to *The Clinical Supervisor* you are agreeing to originality checks during the peer-review and production processes.

On acceptance, we recommend that you keep a copy of your Accepted Manuscript. Find out more about [sharing your work](#).

Data Sharing Policy

This journal applies the Taylor & Francis [Basic Data Sharing Policy](#). Authors are encouraged to share or make open the data supporting the results or analyses presented in their paper where this does not violate the protection of human subjects or other valid privacy or security concerns.

Authors are encouraged to deposit the dataset(s) in a recognized data repository that can mint a persistent digital identifier, preferably a digital object identifier (DOI) and recognizes a long-term preservation plan. If you are uncertain about where to deposit your data, please see [this information](#) regarding repositories.

Authors are further encouraged to [cite any data sets referenced](#) in the article and provide a [Data Availability Statement](#).

At the point of submission, you will be asked if there is a data set associated with the paper. If you reply yes, you will be asked to provide the DOI, pre-registered DOI, hyperlink, or other persistent identifier associated with the data set(s). If you have selected to provide a pre-registered DOI, please be prepared to share the reviewer URL associated with your data deposit, upon request by reviewers.

Where one or multiple data sets are associated with a manuscript, these are not formally peer reviewed as a part of the journal submission process. It is the author's responsibility to ensure the soundness of data. Any errors in the data rest solely with the producers of the data set(s).

Publication Charges

There are no submission fees, publication fees or page charges for this journal.

Color figures will be reproduced in color in your online article free of charge. If it is necessary for the figures to be reproduced in color in the print version, a charge will apply.

Charges for color figures in print are \$400 per figure (£300; \$500 Australian Dollars; €350). For more than 4 color figures, figures 5 and above will be charged at \$75 per figure (£50; \$100 Australian Dollars; €65). Depending on your location, these charges may be subject to local taxes.

Copyright Options

Copyright allows you to protect your original material, and stop others from using your work without your permission. Taylor & Francis offers a number of different license and reuse options, including Creative Commons licenses when publishing open access. [Read more on publishing agreements](#).

Complying with Funding Agencies

We will deposit all National Institutes of Health or Wellcome Trust-funded papers into PubMedCentral on behalf of authors, meeting the requirements of their respective open access policies. If this applies to you, please tell our production team when you receive your article proofs, so we can do this for you. Check funders' open access policy mandates [here](#). Find out more about [sharing your work](#).

My Authored Works

On publication, you will be able to view, download and check your article's metrics (downloads, citations and Altmetric data) via [My Authored Works](#) on Taylor & Francis Online. This is where you can access every article you have published with us, as well as your [free eprints link](#), so you can quickly and easily share your work with friends and colleagues.

We are committed to promoting and increasing the visibility of your article. Here are some tips and ideas on how you can work with us to [promote your research](#).