“The damage is irreversible...”: Exploring the experiences of harm to racially minoritised trainee clinical psychologists when conducting ‘insider’ research

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Thesis declaration form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Overview

This thesis explores the experiences of harm that racially minoritised trainee clinical psychologists face as 'insider' researchers in relation to their racial identity, when conducting doctoral research during their Clinical Psychology Doctorate (DClinPsy) training.

Part one is a conceptual introduction that outlines the notion of 'insider' research, what it means to be a 'racial insider' and the 'potential for harm' to the 'insider'. This section then addresses key concepts for the research area and attempts to review the existing literature. The gap in the literature is summarised as well as the obstacles that must be overcome to answer the unanswered question. This chapter concludes with the rationale for the empirical paper and the theoretical underpinnings.

Part two details the empirical paper which is an Interpretative Phenomenological Analysis of the experiences of harm that racially minoritised trainee clinical psychologists face when conducting 'insider' research related to their racial identity. Seven trainee and qualified clinical psychologists participated by attending individual semi-structured interviews. From the data, the themes of 'racialisation, othering and forced positioning', 'academia enacting racism', 'survival' and 'personal cost of the work' emerged. This chapter will close with discussing strengths, limitations, and clinical implications.

Part three is a critical appraisal of the research process. This account is a summary of reflections that occurred at every stage of the research journey, from idea

generation to the completion of the study. This includes an expanded commentary on the empirical paper.

Impact Statement

This thesis explores the experiences of harm that occur whilst conducting 'insider' research as a racially minoritised trainee clinical psychologist. It offers a novel insight into how harm manifests and how trainees are making sense of it during their research journey.

The preceding literature introduced the concept of emotional harm and labour that 'insider' researchers experience, with developments to consider the unique position of the racial 'insider'. This thesis utilised a qualitative methodology that centres the participant voice, allowing them to narrate their experiences in an open and minimally directed way. This resulted in a nuanced and diverse retelling of experiences that powerfully gives voice to those who may have felt isolated and silenced during their research journey.

This study demonstrated that despite differences in topic area and racialised identity, the experience of conducting this research as a 'racial insider' exposes them to harm. The findings indicate that these trainees are 'racialised and othered', placing them in a 'forced positioning' of carrying out this research. During this process, trainees are exposed to the ways in which 'academia enacts racism' which leads them to have to engage in 'survival' to manage the 'personal cost of the work'.

The work aids the personal and professional development of the clinical psychology community. By exploring the harm that this group of 'insider' researchers face, we can better understand what must be done to safeguard them and support this research. Within psychology, there is a shift towards committing to anti-racist and

decolonial practice, with race and racism being at the centre of many conversations in the community. With this in mind, ‘insider’ researcher in relation to racial identity will likely continue to be of importance. As a profession, we have a moral, ethical, personal, and professional responsibility to best support these researchers and ensure their work can be completed in safe environments.

The exploration of this experience should invoke change around how these projects are supervised and the necessary requirements from supervisors and wider research teams to engage with cultural humility and interrogate the institutional racism and harm that is deeply embedded within academia and universities that provide clinical training.

With dissemination, this research could reach a wider audience through being published in a peer-reviewed academic journal. Ideally, this would inspire further research on the topic and continued recognition, to lead to improvement in the area.

Importantly, this thesis may also be read by racially minoritised trainees who are aspiring to or are currently completing ‘insider’ research and may resonate with, and find solace in the findings.

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Figure 1 Group Experiential Themes Diagram

Part 1: Conceptual Introduction

Abstract

This Conceptual Introduction (CI) will begin by exploring issues related to 'insider' research and highlighting the need for the empirical paper. It will then define key concepts and terminology that will be utilised throughout the thesis. This paper will provide an overview about what it means to be an 'insider' in relation to racial identity within research and in the context of the Clinical Psychology Doctorate in the UK. Once the key concepts are defined, the paper will move on to consider the various technical and methodological challenges to researching the issues raised. The paper concludes by introducing the necessary methodological approach for the empirical study alongside reflections on the researcher's positionality.

Introduction

The aim of this paper is to understand the under-researched concept of the harm that is experienced by racially minoritised 'insider' researchers within psychology. This will be done by describing and evaluating the key concepts involved and setting the context for the empirical paper. The project featured in the empirical paper aims to explore the experiences and potential harms faced by racially minoritised trainees during their doctoral training when conducting 'insider' research. The pre-existing literature focuses primarily on the potential harms to participants during 'insider' research rather than the researchers themselves. Mentions of harm to the researcher mostly derive from personal accounts and are scattered across disciplines. This is a pressing issue as due to recent increases in places on doctorate courses and various

equal opportunity ventures, the racial diversity of psychologists is increasing and therefore, more 'insider' research in relation to racial identity may be conducted. The study will shed light on these experiences and the likely institutional harm that is faced by this group of researchers and how they make sense of this. By highlighting this, we can further discussions about what is needed to support 'insider' researchers and the role of institutions within this. This conceptual introduction will outline the theoretical background and prior research that informs the study as well as demonstrating the rationale behind the methodological make-up of the project.

Researcher Positioning

The researcher identifies as a multiracial queer male, this identity along with lived experiences has meant that this researcher adopts a social justice approach that opposes a white supremacist capitalist patriarchy. Therefore, the stance that these papers are written from attempts to utilise an anti-racist and decolonial lens. The researcher has focused on a specific topic and interpreted this within a specific framework which highlights certain aspects of others, but I am aware that other perspective may interpret this differently. This approach can be fruitful in making sense of phenomena and to trying to liberate those who are oppressed in doing so. Therefore, the concepts, theory and analysis throughout the paper will be shaped by this.

Theoretical Underpinnings

Critical Race Theory

Following the defined concepts, it is necessary to consider the theoretical underpinnings of the work. Originating in legal framework, Critical Race Theory (CRT) emphasises the notion that race is a social construct, and that racism is commonplace

and normalised in society. CRT theorists argue for the understanding of intersectionality, the need to consider interest convergence of differing groups as well as the use of narratives in their critical and activist stance (Delgado & Stefancic, 2023; Ladson-Bilings, 2013; Roberson, 2022). Critics argue that CRT is encouraging people to perceive themselves as either victims or oppressors based on their skin colour, causing great division and polarisation (Butcher & Gonzalez, 2020). One author describes the way identity politics has been coopted, turning from radical discourse driven by collectivist and community action, and has been misrepresented by elites to fuel political division of people, undermining the original grassroot efforts for racial and social justice (Táíwò,2022). Critics of CRT also claim that the theory and its utilisation create an environment in which they feel indoctrinated into believing specific ideas about race and racism and they are unable to disagree with the theory without their critique being labelled as 'white fragility'. The author describes many of these criticisms as 'white hermeneutical ignorance' and argues that freedom of dissent and disagreement is not the motivation behind such critique (Applebaum, 2022). CRT provides a helpful background to consider how harm may show up given that racism is common and 'normal' in society. It also reinforces the need to hold intersectionality and identity in mind when considering racially minoritised experiences. In line with the use of narratives, the choice of using qualitative interviews, gives voice to those who are marginalised and experience the effects of racism.

Insider research

This CI focuses on 'insider' status as a method for conducting research. The empirical paper that follows is an example of said 'insider' research. Insider' researcher

refers to the circumstance when an individual conducting the researcher is a member of, or holds a social status that is shared with their study population (Merton, 1972). This can mean sharing demographic characteristics such as gender or race (Griffith, 1998), shared lived experiences or even sharing the place in which they work (Robson, 2002). On the inverse, ‘outsiders’ are described as non-members of the population studied (Merton, 1972).

Defining what it means to be an ‘insider’ is a debated topic. Developments of ‘insider’ research call for the approach to be used in a ‘non-absolute’ sense (Hodkinson, 2005). This is furthered by the desire to distinguish between ‘total’ and ‘partial’ insiders. This describes the difference between a researcher that holds multiple identities and is proximal to the research population, in contrast to, those who may still share an identity with the population but may be detached in some way (Ross, 2017). Others use the term ‘insider-outsider’ to express this nuanced position (Bashir, 2023; Breen, 2007; Obasi, 2014). This complex position can be further complicated by the idea of power. Researchers, whilst they may be ‘insiders’ to their research population, may also hold other identities that can complicate the relationship between researcher and participant. This is likely when researchers belong to institutions that fund and influence studies that are conducted. Differences in class can also position the dyad in particular ways that can subvert the presumed closeness an ‘insider’ may possess (Merriam *et al.,* 2001). ‘Insiderness’ can also be defined as non-binary and falling on a spectrum which is dynamic, situation-specific and forever changing (Bulk & Collins, 2023). The definitions of an ‘insider’ may also vary depending on each party’s perspective. A researcher that defines themselves as an ‘insider’ may not be defined as one by the participants

themselves. This distinction can reverse the intended impact of the ‘insider’ researcher (Bulk & Collins, 2023). These dilemmas highlight the importance of understanding intersectionality, the ways in which our entire identity is made of parts, which each have their own relationship to power and privilege. Even individuals of the same race or gender, may have hugely varying identities and this is likely to impact the perception of the ‘insider’ for both the researcher and the researched. Inevitably, there is a power difference between the interviewer and interviewee regardless of shared identity which may have a vast impact on data and stories shared.

Despite the nuanced discourse around what constitutes an ‘insider’ researcher, the concept has led to promising effects within research. ‘Insider’ researchers are more likely to be able to access (Mercer, 2007) and build rapport with the research population as well as collecting nuanced data with an understanding of the socio-political and historical context (Chavez, 2008; Oakley, 1981). Practically, the researcher can also save time through this as they are likely to be aware of the political and culture structures within a community or organisation (Smyth & Holian, 2008). This in turn can make them ‘theoretically sensitive’ due to preconceived knowledge and understanding of the plights of particular groups. They are also less likely to create and use stereotypes at the expense of their participants and have an understanding of where and when to gather data due to their familiarity with the functioning of said community or group (Bonner & Tolhurst, 2002).

Whilst the benefits of ‘insider’ research are widely documented across various disciplines, it is important to consider what draws individuals to conduct this research in the first place. ‘Insider’ researchers are more likely to feel passionate about the topic

they are investigating and may commit to the research regardless of the obstacles they face. It is thought that research should positively impact the researcher and fall in alignment with their values (McClintock *et al.*, 2003; Saidin & Yaacob, 2017). In combination, these attributes allow them to conduct more inclusive research that can advocate for the needs of marginalised groups (Mendez *et al,* 2023). This is of particular importance as it is highly unlikely that 'outsiders' can fully understand the experience of 'insiders', particularly when the difference between them is racial (Conant, 1968; Wilson, 1974). Some research has explicitly named the complex 'insider-outsider' status due to substantive similarities and differences between the researcher and researched. Despite this position, fruitful research has been conducted (Bashir, 2023; Breen, 2007; Obasi, 2014). Although the benefits of this approach are widely demonstrated, the insider researcher is required to be able to step away from their position and interrogate the data they have collated in order to have an overview of the experiences collected (Bowers, 1988).

As with any form of research, there are concerns around 'insider' research for both participants and the researcher themselves. The use of an 'insider' researcher does not guarantee that participants will be exposed to any less harm as they would by engaging with an 'outsider' (Tilley, 1998). Other challenges include presumptions made by the researcher due to their 'insider' status and sensitive topics being avoided due to pre-existing relationships between the researcher and the researched (Chavez, 2008). A lesser discussed topic is the explicit mention of the emotional and psychological experience of being an 'insider' researcher (Kinitz, 2022; Ross, 2017). The 'insider' holds a unique position, often feeling deeply invested in the wellbeing of their shared

community but having to maintain their composure as not to overpower the participant voice in the research. Whilst there are tools available to the qualitative researcher to manage their experience, such as the use of memos, debriefs and self-reflection, there is less management of the deeper emotional work and labour that the researchers face as a result of being an 'insider' (Bulk & Collins, 2023). Others have expressed the difficulty of not being forewarned of the challenges that 'insider' research presents to the naive researcher (La Monica, 2016).

Racial 'Insider'

As forementioned, researchers can be defined as 'insiders' in multiple forms (Griffith, 1998; Merton, 1972; Robson, 2002). The following will focus on 'insider' status in relation to racial identity. Racial 'insiderness' has been used to conduct research in sociological, linguistics, health, psychological, and legal research (Kanyeredzi, 2018; Khan, 2020; Mendez *et al.*, 2023; Vera Sanchez & Portillos, 2018). This has been deemed as useful as participants who are racially minoritised may distrust white researchers (Duneier, 2004) which is inevitably going to affect research findings and consequently, the wider evidence base.

It is important to note that 'insider' status when it comes to racial identity is reserved for those who are racially minoritised. The idea that white researchers are also 'insiders' to certain research populations is largely absent from the academic spaces. Whiteness is more often considered where it positions the researcher as an 'outsider' to their research population (Britton, 2020). This is explained by the idea that whiteness is the 'norm' and therefore does not belong nor is a result of racialisation (Black, Cerdeña & Sperman-McCarthy, 2023; Lindner, 2018). An intention to engage with 'whiteness as

a key dimension of difference' is crucial for ensuring fairness in research and highlighting unequal power relations both within research and knowledge production (Britton, 2020). A thorough discussion about whiteness as a determinant of 'insider' status is beyond the scope of this paper.

Returning to the topic of racially minoritised 'insider' researchers, there are a number of ethical, technical, personal and methodological concerns to consider. An issue that aspiring 'insider' researchers face is the idea that whether intentional or not, the research conducted is likely to be viewed as challenging the status quo (Gray, 2017). One can be viewed as exposing things that go unsaid and disrupting arrangements and shedding light on organisational practices and dilemmas (Smyth & Holian, 2008). A further contention can arise between an individual's values and whether their research aligns with said values. A study created by a supervisor may not align with a researcher's values and inversely, a researcher-created study may clash with the supervisor's and wider institution's values. Following this, the research itself can challenge one's own position within an institution and in relation to one's participants (Gray, 2017). This may impact the wider institutional support that is offered to 'insider' researchers at every stage of the research journey from inception to dissemination and publication. 'Insider' researchers maybe required to adopt a 'parrhesia' approach, meaning they speak truth to power for the better good, even if it comes at a personal risk and defies the opinion of the majority (Foucault, 1983). These issues may be of concern when the study topic relates to the racially minoritised and may challenge institutions and the systemic harm they can cause.

Considering these ethical issues, the protection of the researcher and the researched is paramount when it comes to 'racial' insider research. Ethical concerns such as maintaining and protecting the anonymity of participants (Floyd & Arthur, 2012) are of utmost importance when specific populations or individuals that could be easily identified are recruited. For 'insider' researchers the concern of protecting participants is a shared concern of protecting themselves (Gray, 2017). Managing these ethical and personal concerns add to the responsibility felt by these researchers.

Harm to the 'insider'

Self-reflection within qualitative methodology stimulates explicit discussion of the impact of being an 'insider'. Personal accounts show that the emotional labour of witnessing participant narratives in qualitative research can be coupled with ethical dilemmas about research questions that may be probing and harmful to participants (Darra, 2008). The impact of witnessing stories can physically manifest in disturbing dreams and crying during analysis particularly when participant experiences mirror the researcher's own (Ross, 2017). These researchers can experience secondary distress which can be described as emotional distress and vicarious and secondary trauma when listening to their participants (Grundlingh *et al.*, 2017; van der Merwe & Hunt, 2019). This can be exacerbated by the fact that qualitative researchers need to be self-reflective which may force them to confront their own trauma (Johnston, 2019). Due to the ethical rigidity of non-disclosure, there can be a sense of emotional invisibility as the researcher's emotional experience is not shared with participants (Ross, 2017; Darra, 2008).

Discourse around the emotional labour of the ‘insider’ has been inconclusive and broad, often reliant on personal accounts of researchers within self-reflexivity sections and encapsulating a myriad of identities that qualify as an ‘insider’. A careful consideration of the impact on the racially minoritised researcher has appeared in recent literature but is relatively under-researched within psychology. The emotional and psychological impact can be compounded for researchers who are racially minoritised as they are likely to lack necessary resources and support (Kinitz, 2022). Therefore, the secondary or vicarious trauma that researchers are exposed to could be racial trauma when exploring racialised experiences of their participants as an ‘insider’ researcher. ‘Insider’ researchers when looking at racialised minorities, inevitably confront the effects of racism and marginalisation. These researchers often feel that they have a responsibility to their community to conduct this research but face physical and mental consequences as a result (Mallapaty, 2022). Racial ‘insiders’ to their research are left to manage the distress that is derived from the content of their data. The toll of listening to stories of racism and discrimination can lead to a multitude of emotions such as anger and hopelessness related to secondary racism all whilst they are required to stay objective and neutral (Walden & West, 2019). Vicarious or secondary racism describes the idea of witnessing racism or discrimination through the experience of another. This is largely understudied but it is suggested that engagement with this concept can affect health outcomes (Heard-Garris *et al.,* 2018). With a shared racial identity being a focal point of the research, researchers have also experienced confusion around their identities and subsequent guilt and shame as a result (Walden & West, 2019). The empirical paper will attempt to give voice to these experiences, highlighting the

institutional and systemic harm through exploring the experiences of racially minoritised 'insider' researchers.

For an in-depth understanding of all aspects of the study, it is essential to outline some key concepts that are integral to the work before arriving at the need for the empirical paper. Many of the terms are instrumental in naming and explaining the harm experienced by those who are racially minoritised.

Definition of Key Concepts

Race

Race refers to the racial identity of the individual. This is a broad categorisation largely based on skin colour, which in itself represents a Eurocentric view of observing and measuring difference (Wade, 1993; Wade, 2002). This social construction refers to the creation of these individual subgroups, placing all humans into discrete categories (Inwood & Martin, 2008). Social identities were created such as the use of colours to identify people, such as 'whites' based on physiology. Other geocultural identities were formed such as the use of 'European' (Quijano, 2007). The hierarchal nature of racialisation has been used to argue for racial superiority and essentialism, utilised as a rationale for the colonisation of South Asia (Ernst & Harris, 2002) and a justification for slavery (Fredrickson, 1988). Racial categorisation is the key distinction between those who are the 'colonised' and those who are the 'colonisers' (Quijano, 2007). The term 'race' was selected as the chosen term for both this paper and the empirical paper as

the researcher is interested in race, the process of racialisation, and considering the subsequent impact of racism on participants.

Racialisation

To understand the outcome of racial identity it is important to consider the process of racialisation and the intention behind creating racialised categories. By upholding colonial power, Western European societies maintains political domination and the oppression of targeted groups. The colonial structure of power was created through the use of specific social discrimination, supported by Western science that deemed these categories as ‘objective’ and ‘scientific’. This power dynamic continues to service the exploitation and oppression of those who are racially minoritised on a global scale (Quijano, 2007). Racialisation and its impact can be widespread including but not limited to spatial segregation, identity formation, links with the prison-industrial complex and economic oppression. This widespread process not only racialises bodies but also spaces and places too (Guimarães, 2019; Inwood & Yarbrough, 2010).

The application of race is further complicated by the medium in which it is applied to individuals. Whilst there are calls to abandon ‘race’ as a variable within research, authors argue that it would not eradicate the impact of these socially constructed groups and the harm that racialisation has caused those who are racially minoritised (Bhopal & Donaldson, 1999). Therefore, the need to conduct research that explicitly focuses on race and racialised experiences remains essential. Individuals have their race defined by others, as well as through self-definition and politically reclaimed race (Guimarães, 2019). The concept of attributed race will be the focus of this paper, similarly to most academic texts.

Racial Minoritisation

In line with this, the term ‘racially minoritised’ will be used. This is distinctively different to using terms such as racial and ethnic minorities as this is misleading as it implies that there are fewer Black and Brown people compared to a white majority. This also ignores the idea that minoritisation is a deliberate and political act. Whereas the use of racially minoritised alludes to the active process of minoritisation through structural racism. It is noted that the use of racially minoritised clusters the experiences of distinctly different groups together that share only being the recipients of minoritisation (Black, Cerdeña & Spearman-McCarthy, 2023). Whilst this is true, the study argues that there is homogeneity in the experience of being minoritised despite differences in ethnicity, race and other demographic features.

Whiteness

It is impossible to talk about race and racialisation without broaching the concept of whiteness. Similarly to many concepts in this paper, whiteness has a variety of definitions. Some authors attribute whiteness to the deliberate processes that advantage the White racial group above all else (Helms, 2017) whilst others describe is an identifier of privilege that is a way of being beyond racial identity (Giroux, 1997; Matias, 2016). Arguably, the denial of whiteness leads to race-neutral ideologies which must be challenged in pursuit of racial justice (Delgado & Stefancic, 2023). In contrast to racialisation to those who are racially minoritised, whiteness is arguably hyper-visible, which then renders it invisible. The over-representation of whiteness in many facets of society allow whiteness to be seen as the norm which consequently leads to ‘white’ being an invisible race (Lindner, 2018).

Intersectionality

Intersectionality refers to the different ways that parts of one's identity interact and therefore, what social positions they hold which are key in understanding people's experiences (Crenshaw, 2013). Along with these particular social positions, people are afforded different levels of privilege and oppression. The framework involves acknowledging how the separate intersections impact and interact with each other (Clark, Matthew & Burns, 2017). A thorough exploration of intersectional identities is beyond the scope of both this paper and the empirical paper. However, due to the impossibility of disentangling intersections of identity apart, they will likely appear in the data and subsequent discussion.

Harm

The concept of harm is integral to understanding the experiences of minoritised populations. The notion of harm must be explored prior to the study. For the purposes of the study 'harm' has been kept open to the interpretation of the participants. The theoretical understanding of why this is important shall be addressed.

Social context is shown to be essential in defining and conceptualising harm and how meaning is given to incidents that have occurred. Although there may be group consensus on what is considered harmful, it is ultimately up to the individual affected to conclude whether harm has occurred or not. Harms can include social harm (impact on social network), emotional harm (e.g. experiences sadness) and physical harm (Forsberg, 2019). 'Capitalist' harm refers to the institutional and systemic harm that affects specific groups of people through capitalist society (Pemberton, 2015). Harmful

comments can often include the recipient's social positioning such as aspects of their identity (Forsberg, 2019).

There is a methodological concern of leaving ‘harm’ undefined as this can lead to differences in outcomes due to how individuals each utilise the concept and language of harm (Schöpke-Gonzalez *et al.,* 2023). However, highly specific understandings of ‘harm’ inadequately capture the true extent of harm in all its forms. On the other hand, too broad a definition can result in capturing various activities that might be unfavourable but not truly harmful (Pemberton, 2015). In the interests of prioritising the participant voice it is important for the empirical paper to allow harm to be defined by participants. Although, within ‘insider’ research, it is less likely that physical harm will occur compared to institutional harm, however it is argued that even social harms should be considered as injurious (Pemberton, 2015). A harm that is likely to be experienced by racially minoritised trainee clinical psychologists is racism.

Racism

In the context of racial minoritisation we must discuss the topic of racism. There are various definitions, such as a global hierarchy of status which has been reinforced by political, cultural, and economic means (Grosfoguel, 2011). Others describe it as ideological and social processes that lead to the discrimination of groups based on their race or ethnicity (Goldberg, 1990). It is argued that racism is a safeguarding issue that impacts both racially minoritised professionals and the racially minoritised people they support (Agboola, 2024).

This can be enacted explicitly and blatantly but it is argued that a ‘new’ racism has taking hold that is less direct and more subtle and procedural (Pettigrew, 1979).

Along with this ‘new’ form, it has been divided into covert and symbolic racism. Covert racism speaks to the idea that blatant racism is undesirable, therefore, people express their racism in covert ways Symbolic racism, at least in a US context, refers to the weaponisation of traditional values and positioning racially minoritised people in contrary to these. (Sniderman *et al.,* 1991). This is likely a direct impact of the change in legality regarding racial discrimination as this has become illegal following the Race Relations Act (1965). Institutional or structural racism is referred to as racism that is created and deeply embedded in institutional and organisational functioning, for example healthcare (Evens Foundation, 2002; Griffith *et al.*, 2007).

As defined earlier, whiteness is entangled with the notion of racism. The domination of whiteness through processes such as colonisation is said to be deeply embedded within all areas of society. This results in white racial domination being normalised and ‘natural’, ignoring the purposeful act of constructing these social concepts over time (Gabriel, 2017).

Alongside this invisibility of whiteness, the denial of racism happens on a widespread, global scale, starting from governmental and country-level to micro-everyday interactions (Essed, 2002). This is important as those who are researching and arguably tackling racism can be seen as threatening to the very institutions, they belong to due to the inevitably that the institution has embedded racism (Mallapaty, 2022). This alludes to the potential resistance, denial and harm that could be experienced by individuals conducting anti-racist research, who are also likely to be ‘insiders’ to their studies.

Impact of racism

Racially minoritised people living in the UK are often said to possess 'critical consciousness' in order to navigate their dual identity as someone who is racially minoritised and born in the UK whilst understanding their historical roots of originating from colonised populations (Gordon, Reason & Bradbury, 2005) This dual identity is further complicated for the racially minoritised by required to hold in mind their self-perceived racial identity alongside the stereotypical representation of their racialised identity, fed through various structures, including academia (Gabriel, 2017). Additionally, as a result of multiple intersecting identities, the reality is that these individuals face intersectional discrimination as racism interacts with other oppressive processes such as misogyny and classism (Jones & Santos-Lozada, 2023; Khan, 2020).

Racism is enacted in explicit acts such as widespread genocide of indigenous communities, violence, open discrimination, and opposition to racial equality (Fredrickson, 2002; Solomon *et al.*, 2022). Other forms of racism can be regarded as implicit; these are often automatic and are found within attitudes, beliefs, and associations (Ditonto, Lau & Sears, 2013). The deeply embedded nature of racism has widespread effects that are infiltrate many areas of society.

Racism is likely a factor in social determinants of health such as poverty, leading to the particular social conditions available for the racially minoritised (Prather *et al.* 2016). Various disparities and inequities have been found across numerous racially minoritised and indigenous groups and across the lifespan (Jones *et al*. 2020; Rhee *et al.,* 2018; Trent *et al.* 2019). These include disparities in physical health such as sexual and reproductive health (Prather *et al.*, 2016; Simon, 2023; Solomon *et al.*, 2022) and

even help-seeking behaviour and healthcare use itself (Harris *et al.,* 2024). Disparities in mental health include being less likely to receive neurodiverse diagnoses (Coker *et al.,* 2016) and more likely to receive psychosis diagnoses (Faber *et al.* 2023), whilst racism has been found to impact the therapeutic relationship (Maharaj, Bhatt & Gentile, 2021). Young Black and brown people are also more likely to end up in the criminal justice system rather than to receive specialist care for their mental health disorders (Alegria, Vallas & Pumariega, 2010). Other impacts include the emotional labour of navigating through spaces, and battle fatigue as a result (Rasheem, 2021). Beyond health, the impact of racism has been found even in the formation of identity (Hoq, Li & Oatis, 2021) and food insecurity (Odoms-Young & Bruce, 2018). These inequities are often represented in and reinforced by law (Solomon *et al.,* 2022).

With a more precise focus, harm as produced by racism can affect researchers and clinicians in a multitude of ways. Some researchers describe physical manifestations of their distress, such as weight gain or high blood pressure, and social consequences such as divorce (Mallapaty, 2022). Caring professionals are said to be traumatised whilst attempting to offer support to racially minoritised people. This traumatisation is a result of the system they work within and the impact this system has on the specific population they aspire to help. Black safeguarding professionals that support vulnerable members of the Black population are unable to rest and disconnect from their work, describing a weariness that manifested in both their physical and mental health. This comes from having to exist and traverse in spaces that caused harm and grief, coupled with a sense of responsibility to change this. The report describes the

black professionals as ‘wielding a double-edged sword’ as they both liberate and consequently entrap those they seek to help (Agboola, 2024).

Institutional Racism

The meaning of institutional racism has been hotly debated. Definitions range from the systematic and repetitive mistreatment of particular racialised groups by institutions or organisations. This is evident in the attitudes, processes, and behaviour within the organisation (MacPherson, 1999). When issues of concern are raised, they are stifled when expressed and even before this stage as professionals often fear retribution. A study demonstrated that these concerns remain silenced due to lack of intentional spaces to voice these issues and feel supported whilst doing so (Agboola, 2024).

Academia plays a crucial role in the devaluation of the racially minoritised (Dupree & Boykin, 2021) with long-lasting impact, such as the eugenicist theory (Turda, 2022). Academia can be described as an exclusionary space (Andrews, 2015), requiring racially minoritised academics to navigate this hostile environment to succeed in their academic careers. These academics are made aware that they are not the ‘target academic audience’ (Khan, 2020) and often deal with professional spaces that lack psychological safety, with their voices being undermined and marginalised in these settings. Structural pressures and institutional racism over-extend black professionals who then feel less able to disconnect from their work (Agboola, 2024). Existing in academia with a distinct lack of similarly racialised peers can be an isolating experience which can be further exacerbated by gender (Walden & West, 2019). Racial inequity within academic is said to hinder the recruitment and retention of racially minoritised

academics, altering the impact of academia, education, and public policy (Dupree & Boykin, 2021).

Following numerous major social events of 2020 such as the murder of George Floyd and the global COVID-19 pandemic, an influx of conversations around race and racism occurred. Social mobilisation such as the Black Lives Matter movement in the UK, raised necessary awareness about racism and its effects, whilst highlighting the need for anti-racist practice (Sullivan, Eberhardt & Roberts, 2021; Tedam & Cane, 2022). Anti-racism refers to the practice of confronting and eliminating racism by promoting justice and equity to resolve the impact of racism (Bonnet, 2000; Gilroy, 1990). Calls and directives to commit to anti-racist and decolonising practices allow institutions to hide behind these poorly defined and operationalised terms. It is argued that the goal of many institutions, found in their policy initiatives, is to de-racialise disparities and continue to pursue the falsehood of equal opportunity (Williams, 1985). Colonialism refers to the imposed dominance over other states to subjugate them, achieved through violence. Imperialism reflects this worldview of domination, using policy and practices to maintain power. Historically, this has involved white settlers colonising those who are racially minoritised and reinforcing ideas of their own ‘supremacy’. The interwoven nature of colonialism and imperialism amounts to white supremacy being deeply embedded at the core of institutions (Biswas, 2020) Internalised white imperialism leads to the automatic denial of racism as a form of maintaining control and power imbalances. Scholars can be seen to provide multiple explanations for experiences whilst actively denying the role of racism (Harper, 2012). This denial is explicit and intentional, as people avoid the topic of racism to avoid the

notion that they themselves could be racist and be reinforcing and exacerbating racial oppression. Instead, the working definition of racism focuses on explicit and direct racist acts, anything that differs from this is explained away (Bonilla-Silva, 2009).

In an attempt to eradicate racism, institutions often focus on unconscious bias training, likely due to the difficulty of acknowledging conscious racism. Whilst it is important to understand unconscious bias, to understand racism as solely unconscious denies the conscious action of racism. This performative act is thought to minimise the extent and reach of white supremacy (Tate & Page, 2018). With many UK-based institutions being predominantly white, the centre of diversity action is on increasing the membership of those who are racially minoritised. Whilst necessary, this does not tackle the domination of whiteness and the impact of racism which is embedded in institutional structures (Patel, 2015). Even within research, the concept of whiteness and the consequential racism is overlooked and the focus falls on the racialised experiences of harm instead (Garcia *et al.*, 2011).

Power

Power can be differentiated between political forms of power such as financial, economic, and industrial power, or social power. Differentials in power are arguably present in most social interactions and are evident between numerous relationships in society such as parent-child, teacher-student, and researcher-researched dyads (Bierstedt, 1950). Power is deeply institutional and is embedded within all aspects of society and can take the form of resources such as knowledge and access (Anthias, 1999). High levels of power have been associated with a diminished likelihood of acknowledging how others view, feel, and think (Galinsky *et al.*, 2006). Having control of

institutional powers leads to an increase of attempting to influence and manipulate, devalue, and maintain distance from the 'less powerful' (Fiske, 1993; Kipnis, 1972). Some authors argue that the power cannot be researched and understood without it being viewed through the lens of gender, class, and race (Kraus & Torrez, 2020).

Clinical Psychology

To train as a clinical psychologist in the UK, one must undertake the clinical psychology doctorate (ClinPsyD). The position of a trainee clinical psychologist (TCPs) straddles the domains of clinical, research and academic spaces. As part of their training on the ClinPsyD course, TCPs are required to undertake a research thesis. This doctoral thesis is a piece of work that it is mandated by the course in order to achieve the clinical psychologist qualification and title, alongside academic and clinical competencies and work. Whilst conducting research, these individuals can draw on clinical skills to aid in rapport, assess, and to help manage distress. Additionally, psychologists may be appropriately placed to conduct research on those who are racially minoritised as they are able to contribute specialised skills to move towards cultural competence and behavioural change (Sue *et al.* 1992).

The racial makeup of clinical psychology has been discussed continually over the years, including access to the profession via the ClinPsyD. Institutional barriers to accessing ClinPsyD courses have been widely researched (Craig, 2007; Davenhill *et al.,* 1989; Durcan, 2022; Ragavan, 2018) Previously, it was stated that black applicants were not represented in proportion to the wider population in applying for the ClinPsyD course. However, in recent years, the number of applicants mirrors the representation of the population within the UK (4%). Despite this, the number of black applicants

receiving training places has not increased. Their white counterparts are more likely to obtain a place, and this is true for other racially minoritised groups (Clearing House for Postgraduate Courses in Clinical Psychology, CHPCCP, 2017).

In recent years, there has been a 25% increase in training places (Department of Health and Social Care, 2022) on ClinPsyD courses alongside calls to 'decolonise' and eradicate racism within the curriculum (Health Education England [HEE], 2020) as courses allege to have a commitment of 'anti-racism' (Clearing House, 2022). As a result, there has been an increase in racial diversity amongst trainees which means a greater understanding of the experiences of this specific group is crucial (Wang *et al.*, 2023). Therefore, it is likely that racially minoritised trainees will be conducting 'insider' doctoral research in relation to their racial identity due to a sense of responsibility that may be felt towards their community (Kinitz, 2022; Mallapaty, 2022).

Qualitative Research

Qualitative research involves data that is often a rich in-depth exploration into real-world problems. The data collected often consists of the experiences, behaviour and perception of the participants (Tenny, Brannan & Brannan, 2022). This type of research can be described as demanding both on an intellectual and interpersonal level. As a result of this, those who complete qualitative research face higher risks to their mental health (Clark & Sousa, 2018).

Qualitative research lends itself to 'insider' research as it involves interaction with the research population and is often where 'insider' research is focused. 'Insider' research as a qualitative methodological tool allows for a rich understanding of

particular cultural groupings. The ‘insider’ is likely to possess a contextual understanding of the norms of the group (Teusner, 2020). The ‘insider’ status can be nuanced and is not necessarily decided by the researcher’s self-identification, how they are perceived by the community or group also determines their ‘insider’ status (Galea, 2009). The risk to mental health may be compounded by the dual process of being qualitative-led research and the researcher’s positioning as an ‘insider’.

Rationale for the empirical study

The various difficulties that impede the ability to explore the experiences of racially minoritised ‘insider’ researchers include institutional racism itself and other ethical and methodological issues. Institutional racism may create a barrier to the study as investigating this may criticise the institutions that are enveloped in racism and racial attitudes (Mallapaty, 2022). Due to this, institutions may be less likely to approve and support the research. Ethical concerns may include the triggering interaction of discussing their experiences and potential racialised trauma they may have faced. Potential participants may therefore be reluctant to participate for this reason. Following from this, concerns around confidentiality and how their data would be used may deter participation. Participants may fear that they will be identifiable from the study, and they will face repercussions due to their disclosures. Careful consideration of how to safeguard participants both in terms of their emotional experience and confidentiality is necessary.

From the literature, it is hypothesised that racially minoritised ‘insider’ researchers are likely to experience distress or institutional harm when conducting their

doctoral research (Heard-Garris *et al.,* 2018; Mallapaty, 2022; Walden & West, 2019). To address the concern of harm to racially minoritised 'insider' researchers, a qualitative study orchestrated by a 'insider' themselves will be utilised. Above, the paper has addressed the complexity of the insider position and recognises that the researcher may be considered an 'insider-outsider'. However, engaging with a fellow racial 'insider' is likely to replicate the benefits of 'insider' researchers highlighted above. Additionally, if the idea of harm is considered to be related to effects of institutional racism and marginalisation, it is important that participants are invited to a 'safe enough' research setting. Speaking directly to a white researcher from an institution may raise warranted suspicion and confound the findings of the study.

As evidenced above, the experience of the racially minoritised 'insider' researcher is underrepresented in the literature, particularly in psychology. However, the literature indicates that harm is occurring during this process, and this must be investigated further. To do this, the chosen methodological approach is Interpretative Phenomenological Analysis (IPA; Smith & Fieldsend, 2021) which involves an in-depth exploration into the narratives told by participants. Participants are able to share how they make sense of their experience of harm and how they are impacted as researchers. IPA as a methodology informs the topic guide with the intention for open questions that encourage descriptive narration. Analysis focuses on constructing meaning through researcher interpretation of the data whilst honouring the participant voice.

The researcher, as an 'insider' themselves will be in a good position to interpret the data given the potential 'insider' knowledge they will possess about racialisation and

minoritisation. Given this, the use of reflective logs and bracketing interviews will allow the researcher to focus on self-reflexivity, minimisation of bias and allow the participant voice to be prominent throughout the research process. By 'bracketing off' bias from the researcher, the focus can remain on the participants' lived experience of harm. The intention with identifying patterns that can be generalised, but more to shed a light on these experiences and understand what harm occurs and how this impacts and individual in a idiographic way (Larkin, Watts & Clifton, 2006).

IPA was chosen over other qualitative approaches as although other approaches are capable of exploring experiences of harm, IPA can allow us to understand how trainees are making sense of their experience of harm and how that has impacted them rather than a focus on harm as a concept itself. Prioritising smaller sample sizes ensures that the interviews and data analysis can have a deeper focus, particularly given the timeframe of doctoral research during DClinPsy training. This lends itself to having more detailed and interpretative accounts of data over other qualitative methods such as thematic analysis. The use of theoretical constructs to engage with the data such as CRT is preferred over methods that generate theory such as grounded theory (Larkin, Watts & Clifton, 2006).

From the literature, the use of 'insider' research has been demonstrated as efficacious, however, this comes with a cost to the researcher who may be harmed by the process, particularly when they are racially minoritised. Despite this, little is known about how this impacts trainee clinical psychologists. This is of paramount importance given ongoing discourse about race and racism and the under-recruitment of trainees of colour (Adetimole, Afuape & Vara, 2005; CHPCCP, 2017; Francis & Scott, 2023). It is

also worth noting that trainees are responsible for a great deal of research, and this is compulsory to complete their training. With this in mind, these projects are likely to fall at the early stages of their careers as psychologists. There is a call to recognise the psychological and emotional impact of early career researchers who are minoritised (Kinitz, 2022).

It is decidedly important that we understand how insider trainee clinical psychologist researchers understand the concept of harm in insider research and how they feel it affects them, however, this has not yet been addressed. In response to this, this thesis encompasses a study that explores the harm that racially minoritised trainee clinical psychologists experience when conducting doctoral ‘insider’ research.

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Part 2: Empirical Paper

“The damage is irreversible...”: The experiences of harm to racially minoritised trainee clinical psychologists when conducting ‘insider’ research

Abstract

Aims: ‘Insider’ researchers, when racially minoritised, are exposed to harm during the research process. This is under-researched and unexplored in the DClinPsy community. This study aims to explore the harm that is experienced by these researchers and how they make sense of it.

Method: Seven trainee and qualified clinical psychologists that had conducted ‘insider’ doctoral research related to racial identity attended semi-structured interviews. Transcripts were analysed using Interpretative Phenomenological Analysis.

Results: From the data, four group experiential themes emerged. These were ‘Racialisation, Othering and Forced Positioning’, ‘Academia Enacting Racism’, ‘Survival’ and ‘Personal Cost of the Work’.

Conclusion: Participants shared experiences of harm during the research process, leading them to feel othered and unsupported, having to engage in survival to bear the emotional burden of the work in the face of institutional harm from academia. Research completed by ‘insiders’ is important, and these researchers must be safeguarded to continue supporting and valuing this work.

Introduction

Racism can be defined as prejudice faced by particular groups according to race (APA, 2023). This is a public health issue (Wright *et al.*, 2020) that is engrained within society (Kim *et al.*, 2021). The adverse effect of racism on the mental health of the racially minoritised has been well documented (Miller *et al.,* 2018). 'Insider' and 'outsider' literature has been used to further investigate this. Terms such as these are used when a researcher shares or does not share key aspects of identity with those they are researching (Griffith, 1998; Merton, 1972). For example, a researcher who identifies as black will be considered an 'insider' to their research regarding issues that impact black communities, whereas a white researcher will be considered an 'outsider' to this research population due to their racialized difference. To make sense of 'identity' we may refer to the official protected characteristics outlined in the Equality Act (2010). Furthermore, the Social Graces model (Burnham, 2012) allows us to conceptualise how multiple identities may intersect. A thorough exploration of intersectionality in the following study is beyond the remit of this paper. The experience of the 'insider' researcher in relation to their racial identity is relatively understudied. The study sets out to explore the harms that can be experienced by researchers during the process of research. To note, the term 'racially minoritised' will be used to describe the research population as the study directly speaks to the process of being racialised and the impact of this.

Insider Research

A wide range of research has explored what it means to be an 'insider' researcher across multiple disciplines. It is advised that researchers practice reflexivity and reflection to consider their positioning as a researcher (West *et al.*, 2013). 'Insider' researcher status within clinical psychology has been said to contribute to rapport and to improve capacity for empathy. Alternatively, it can lead to disruption in relationship boundaries and issues around researcher safety regarding self-disclosure (Ross, 2017). For aspects of identity such as disability, the insider-professional perspective is valued for the combination of both lived experience and professional knowledge (Lund, 2022). Whilst the discourse around insider research could encapsulate numerous forms of identity, this paper will solely focus on the single identity of race.

Within qualitative research, racially minoritised 'insider' researchers have greatly enhanced our psychological understanding of marginalised populations. Findings cover topic areas such as perceptions of mental health, help-seeking behaviours, barriers to support and inpatient services (Alam, O'Halloran & Fowke, 2024; Mayers & Gordon, 2023; Nelson, Shahid & Cardemil, 2020). Additional studies have focused on mental health outcomes for racially minoritised populations and insight into how intergenerational racism impacts family systems (Afuape *et al.,* 2022; Palmer, 2018). Other studies have focused on racially minoritised psychologists themselves, in particular, on perspectives of delivering care (Palmer, 2018) and on experiences of clinical training (Brown & Mousa, 2023). Beyond clinical research, researchers have investigated the involvement of racially minoritised groups in mental health research

itself (Onwumere, Rubbia & Cardi, 2024). It is worth noting that many research projects count as ‘insider’ research without it being explicitly referred to as such.

Boylorn (2011) argues that race will automatically impact and influence research, therefore race reflexivity is necessary. Advantages here include presence of ‘unspoken understandings’ which lead to rich data collection (Tuffour, 2018), possible due to similar racialized experiences people may face (Paragg, 2014), whether these are directly or indirectly experienced through other members of the community (Obasi, 2012). The presence of a racial ‘insider’ within these qualitative studies enabled participants to feel more comfortable, safe, and validated (Palmer, 2018). Racially minoritised researchers may be more likely to study their own populations to work towards understanding and meaning. In some instances, this can also operate as a quest for self-discovery due to the ‘insider’ status (Pedraza & Park, 2022). A more racially diverse psychological workforce provides more culturally sensitive and reflective space for colleagues and service users alike (Luzon *et al.,* 2023). Yet there are still issues with low representation across profession and harms of racism and biases in clinical and academic fields (Ragaven, 2018).

Potential for harm

The literature regarding ‘insider’ research often includes discussions around the ethics of this work as a stance, but it is necessary to hold space for harm experienced by the researcher. As highlighted, there are additional issues for ‘insider’ researchers to grapple with, particularly when they share the same racial identity as their participants which has been explored in depth in the previous paper (see Part 1). Some researchers feel that we must question those who ‘speak for’ and ‘on behalf of’ marginalized

communities (Bhopal, 2010) and have a further focus on the emotion-related benefits and challenges for the insider researcher (Ross, 2017). Within sociological research, there is a call for attention to be paid to potentially distressing 'insider' research within doctoral programmes (Pearce, 2020). From the position as an ‘insider’ researcher, there may be a need for self-protection to distance themselves from the painful experiences that may resonate with them due to their ‘insider’ status (Berger, 2013). Racial inequity is maintained through use of stereotypes, centring Whiteness as the norm and unequal allocation of resources to white academics such as scholarships and institution-based support (Torrez, Hudson & Dupree, 2022). Many who experience occupational stress as a result of racism are having to navigate various systems as a black therapist (Shell *et al.,* 2022). Racial trauma and the insidious nature of racism leaves black trainee clinical psychologists navigating unsafe spaces whilst being harmed by subtle, implicit, and explicit racism and racist assumptions during the clinical training experience (Adetimole, Afuape & Vara, 2005).

There is a call for an increased number of black supervisors to tackle cultural racism experienced by black therapists on academic training programmes and within mental health agencies (Goode-cross & Grim, 2016). The increased representation of racially minoritised supervisors is likely to impact the number of those conducting insider research, and hopefully mitigate the harmful experiences.

Theoretical Underpinning

Critical Race Theory (CRT; Crenshaw *et al.,* 1995; Delgado & Stefancic, 2017) refers to racism as a social construct that is embedded in society. The concept of ‘whiteness’ permeates Western society and is often the lens in which understanding is

viewed through. Psychology curriculums in the UK have been shown to portray ‘white’ theories and practices as ‘right’ and race-neutral (Gillborn *et al.,* 2021). A study of six aspiring and practising psychologists of colour expressed the need to conceal their cultural identity and adapt to fit white norms in order to integrate and function within the profession (Odusanya, 2018). Further studies utilising CRT and a student resistance framework highlighted how even when universities encourage racial diversity, if they fail to implement practices and processes that support racially diverse students, these individuals are required to employ strategies of resistance to survive (Comeaux *et al.*, 2021). More specifically, doctoral students apply CRT to make sense of the racialised experiences whilst studying in Western institutions (Hernandez, 2016).

Closely linked to racially minoritised experience is the trauma of experiencing racism. Much of the harm mentioned previously could be described as racial trauma. The complex racial trauma framework likens the experience to that of generic complex trauma (Cénat, 2023), although they argue that the origin differs, the presence of continual victimisation and internalisation of racist ideas illustrate some of the similarities. This framework acknowledges the difficulty of evidencing the experience of racial trauma which could reflect the insidious nature of racism and how it is deeply embedded into societal structures and individuals. This is further exacerbated by the nature of the UK mental health system to locate distress in the individual and pathologise racial trauma (Afuape, 2016; Fernando, 2017). In addition, Davids (2020) speaks of the nuanced way in which those who are racially minoritised can internalise racist ideas which then take hold as racist structures in their own internal world. This is made even more difficult by the racist projection of others and having to bear the double

consciousness of being an ordinary citizen of society as well as a ‘black’ person viewed through a racist lens.

Rationale

The purpose of the research is to explore the potential harms experienced by those that have conducted ‘insider’ doctoral research in the context of clinical psychology. A greater understanding of this may highlight institutional barriers and supports that impact the ‘insider’ researcher’s ability to thrive during the research process.

Within clinical psychology, there are significant gaps in the literature regarding ‘insider’ research of the racially minoritised variety. Historically, exclusionary practices from academic institutions have restricted research on marginalized communities. Recent efforts to increase the amount of equity-driven research has involved recruiting researchers from marginalized backgrounds, who are more likely to research communities and related experiences to which they are an ‘insider’ (Kinitz, 2022). This is likely to be true for trainee and qualified clinical psychologists, especially given the increase in racial diversity of cohorts over the last few years (Wang *et al.*, 2023). The prospective participants are in the position of navigating multiple identities (as clinicians, academics, and researchers) whilst associated with an academic institution. For this group, it is likely that they were too few in number for a study like this to have been conducted previously. As more emerging research focuses on minoritised communities and is being led by racially minoritised ‘insider’ researchers, this concern of ‘harm’ to the researchers is likely to grow.

As this paper focuses on potential harm that 'insider' researchers face, it would be suitable to take a qualitative approach to explore their experiences through semi-structured interviews. Interpretative Phenomenological Analysis (IPA; Smith & Fieldsend, 2021) has been chosen as the appropriate method to analyse the results, to enable us to make sense of the individual participant's experience whilst addressing meaning across the participant group. This methodological decision is informed by the epistemological position of social constructionism. This stance refers to knowledge being produced by the interaction and interpretation of humans (Burr, 2015). This is essential as the processes of race and racism are embedded in social constructs as well as being social constructs themselves (Peters, Chan & Starkweather, 2022).

In line with CRT and IPA, the study intends to give a voice to those who are minoritised and ideally help move towards improving social justice within the field by doing so. This is possible through supporting researchers which is likely to have a knock-on effect on the research they can produce. As trainee and qualified clinical psychologists, the impact moves beyond research into academic and clinical spaces, particularly given the shift in the field to move towards decolonial and anti-racist practice. Valuing this line of research means that we need to reduce harm to researchers and understanding the harm inflicted is an important step towards this. This is a moral, ethical, political, and professional responsibility of our profession to think about sustainable practice that can bring about meaningful change through research.

Methodology

Design

The study aimed to explore the experiences of racially minoritised trainee clinical psychologists when conducting 'insider' research in relation to their racial identity. To answer the research question, the study adopted Interpretative Phenomenological Analysis (IPA; Smith & Fieldsend, 2021) as the chosen methodological approach. This was selected to obtain an in-depth exploration of the experiences of conducting 'insider' research amongst the racially minoritised. This approach is collaborative, constructing experiential meaning through the storytelling of the participant in combination with the interpretation of this from the researcher (Smith & Fieldsend, 2021). IPA was chosen to allow for detailed and interpretative analysis of data, over other qualitative methods. With this, we may understand how harm is experienced and understood by each individual participant as well as its impact on them as researchers (Larkin, Watts & Clifton, 2006). This is of particular importance given the nature of harm that may be implicit and unsaid, requiring thorough interpretation from the researcher to highlight what has occurred. Additionally, IPA also directly informs research decisions such as the questions of the topic guide to ensure participants can craft their own narrative and construct their own meaning within the research.

Harm, for the purpose of this study was left to be defined by the participants themselves. As mentioned in paper 1, there are multiple definitions and forms of harm. From the literature we are aware that harm occurs to these individuals, and to enable them to make sense of it themselves in line with IPA, the research team thought it would be best to leave it undefined. However, it is possible that leaving harm undefined means

that participants could be talking about a huge variation of incidents according to their own preconceived definition of harm. This is thought to be redundant due to the intention of the study to uncover how harm is experienced and made sense of by participants.

Participants

The study aimed to recruit six to ten participants, based on the guidelines that claim professional doctoral research should include four to ten participants in an IPA study (Clarke, 2010; Turpin *et al*., 1997). Seven participants were recruited via purposive sampling. This was used to selectively choose a homogenous sample of participants. For this study, this was defined as being a racially minoritised trainee or qualified clinical psychologist that has conducted 'insider' doctoral research in relation to their racial identity. The decision to include both trainee and qualified clinicians is due to the focus of the research being on the participants' doctoral research experience. In addition, selecting only trainee or qualified psychologists may have narrowed the participant pool and led to recruitment difficulties. The inclusion criteria required participants to be either current trainee or qualified clinical psychologists in the UK who were or had conducted a doctoral piece of research when posed as a racial 'insider' to their study.

Out of the seven participants, six identified as female and one identified as male. All participants self-identified as racially minoritised. The variation in race included Black African, Black Caribbean, Arabic, South American and South Asian racial categories, with 2 participants identified as 'multi-racial' encompassing multiple of the preceding categories. All participants had trained or were currently training at a London-based

course. Demographic data such as age was not collected as this was deemed as unnecessary and its absence helps to further anonymise participants. Due to the underrepresentation of racially minoritised clinical psychologists and the lesser extent of racially minoritised researchers as racial 'insiders' to their research, the idiographic nature of IPA is most suitable as large sample sizes would not be possible.

Procedure

Recruitment

Email invitations were sent directly to eligible participants either from the researcher themselves or others who extended the invitation to prospective candidates. Purposive sampling ensured that other eligible participants would be emailed and invited to take part in the study. Additionally, the thesis was shared in relevant clinical psychology networks in the form of a poster. To volunteer for the study, participants responded directly to the email. The thesis poster (appendix A), participant information sheet (appendix B), and consent form (appendix C) were sent to participants, who once consented, were invited to online interview.

Interview

All interviews were carried out online. A pilot interview was conducted with an individual that met the criteria for this study. This presented the opportunity to test the interview schedule and to make any necessary adaptations. Following this, participants were invited to an individual interview conducted remotely via Microsoft Teams. Interviews lasted between 30-90 minutes and were semi-structured. Interviews were recorded and transcribed live by Microsoft Teams. An interview schedule was used to

allow the researcher to use prompts to gather a detailed account of participant's experiences (see appendix D). The schedule was created through consulting with various mental health professionals and experts by experience. Their contributions shaped the questions asked and helped order the schedule between what necessary questions were and what could be prompts. This exercise also helped address how the researcher's disclosure of their racial identity would be done. In line with the participant-led nature of IPA, questions were open and mostly broad to allow participants to narrate their own experience (Smith, Flowers & Larkin, 2021). Question prompts were included to gather further details from the participants. The start of the schedule involved the researcher disclosing their own racial identity to build rapport and to create a 'safe enough' environment. Participants were then prompted to self-identify their race before moving on to their experience as an 'insider' researcher and ending with asking about the impact of the researcher on the account.

Microsoft Teams software transcribed during the interviews. These were downloaded and checked against the video recording of the interview to ensure accuracy. This also allowed the researcher to redact and anonymise any identifiable information. Participants were given pseudonyms that reflected their ethnic background. Other information was either replaced with 'XXX' or altered to a generic categorisation of the word to prevent meaning being lost. Participants were offered a space to debrief immediately following the interview, they were then sent a debrief sheet (see appendix F) which included avenues for support.

Ethical Considerations

Ethical approval for a high-risk project was obtained via the UCL REC committee (see appendix E). Participants volunteered for the study by responding to an email sent by the researcher. They were then sent the participant information sheet and consent form which detailed the study information and further information about the study design including the use of interviews and transcriptions. Participants were made aware of those who would have access to the data and how it would be used. To ensure confidentiality, interviews were securely conducted via Microsoft Teams and could only be accessed by the researcher. During the transcription process, names and other identifiable information were anonymised. Once transcription was complete, the interview recordings were deleted. Prior to interview, the participant information sheet and consent form outlined the participant's right to withdraw within 4 weeks of the interview. During the interview, the participants were given a verbal reminder of this. Participants may have experienced distress through the discussion of their experience during the interview. It was predicted that this distress would be low and could be mitigated using a debrief sheet (see appendix F) which signposted participants to organisations they could access for further psychological support. Participants were also offered the chance to take breaks throughout the interview.

Data analysis

Data was analysed in line with IPA guidelines (Smith, Flowers & Larkin, 2021). Once transcription was complete, the transcripts were read numerous times by the researcher to obtain a familiarity with the data. Initial exploratory noting included line-by-line analysis of a descriptive level. Following this, experiential statements were created,

before searching for connections between these statements. Once complete, the personal experiential themes (PETS) were collated and organised into a table for each individual transcript. With the formation of PETS, group experiential themes (GETS) were formed across all transcripts. This was an iterative process, moving between the raw data, experiential statements, PETS and GETS. Independent qualitative researchers aided data analysis by reviewing exploratory noting and coding. Supervision was used to reflect on and review the themes that emerged from the data. Member checks were used at various stages of analysis to ensure the findings represented the participant voice.

Validity and Credibility

To ensure validity and credibility within qualitative research, Yardley's (2000) proposed the following requirements: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. This study adheres to these through the completion of the literature review and reflexivity statements and tools to consider the context. A clear rationale for what choices were made regarding data collection, analysis and reporting are outlined throughout the paper to speak to the commitment, rigour, transparency, and coherence. It is believed that the work is important and impactful as it will highlight a shared experience that is under-researched and occurring on an increasingly frequent basis.

Researcher Position

Note – this section includes first-person text since the researcher will be reflecting on their position.

Within qualitative research, the researcher position is highly contested. The relationship between the researcher and the researched is a complicated one, made apparent by the dual role of the researcher as an insider-outsider. As a result, researcher vulnerability and power relations can appear in this dynamic (Råheim *et al.,* 2016). I am conducting this research as someone who is multiracial – White British, European and South Asian. I am also a Trainee Clinical Psychologist, interviewing other trainees with racially minoritised backgrounds. The challenges that I have faced during my DClinPsy training, as well as noticing the difficulties faced by racially minoritised insider researchers have led me to conduct this research. As outlined previously, the concept of 'insider' and 'outsider' researchers is a nuanced and complex one. It is important that I reflect on my own positioning as I will be posed as both an 'insider' and 'outsider' to those who I am researching as I share the identity of being racially minoritised with the participants of the study. As demonstrated in the previous paper, this has been shown to benefit rapport building and data collection (Palmer, 2018; Ross, 2017; Tuffour, 2018). To mitigate the data being overrun with researcher bias, a reflective log was kept throughout the research process. Separate bracketing interviews with independent qualitative researchers were carried out prior to data collection, mid-data collection and post collection to minimise the effects of bias. The impact of these will be explored further in the results section and the critical appraisal. Monthly reflective supervision was also offered by Dr. Fabienne Palmer. This is an essential facet of the study, as Dr. Palmer has experience of being a racial 'insider' researcher and has expertise in anti-racist and social justice work. This ensured a regular space to engage in reflexive practice.

The epistemological position chosen is a social constructionist perspective. Whilst ontology is focused on what is considered real and how aspects of being are related to one another (Lundh, 2018), epistemology refers to the way in which knowledge is acquired (Goldman, 1985). Social constructionism outlines that knowledge is created through the interpretation and interaction of humans, and it inevitably shaped by historical and cultural contexts (Burr, 2015). This is evident in the methodological approach, as IPA seeks to make sense of individual's experience through subjective interpretation and is constructed through the engagement in the researcher-researched relationship and the sense-making that occurs during analysis.

Results

Following the analysis of seven transcripts, individual Personal Experiential Themes (PETs) were created for each participant which led to the formation of Group Experiential Themes (GETs) for the entire dataset. From this, four superordinate themes were created: **(1) Racialisation, Othering and Forced Positioning, (2) Academia enacting racism, (3) Survival and (4) Personal cost of the work.** Within the superordinate theme of 'Academia Enacting Racism' the subthemes of Horrors of Reality Within Academia, Resistance to Change and Centering of 'white' emotions were identified. Within the 'Personal cost of the work' theme, the subthemes of lasting damage and impact of racism were identified.

Figure 1. Super and sub-ordinate themes

The findings are presented as a narrative, supported by verbatim extracts from the data placed within and independent of the text. Quotes are followed by page numbers to indicate where they are located in the transcript, i.e. p17. Exemplary coding and themes can be found in the appendix (see Appendix G-K).

Racialisation, othering and forced positioning

The first superordinate theme was evident in all transcripts. The process and function of racialisation was explicitly explored in the previous paper (see Part 1). All participants commented on their personal relationship to racialisation as an active process that is acted upon them, often happening in early life and through contact with people that begin othering them.

> "...I didn't realise that I was black until I was out in positions where you're treated differently because you're black..." (Nsayi, p.3)

In parallel to being othered, the reality of discrimination followed closely behind. Participants described the connotations that were added to their othering such as being labelled as a "troublemaker woman of colour" (Priya, p3) by the university or questioning whether:

> "...there's something wrong here or about me? Or about people that look like me?..." (Winston, p 4)

This speaks to the way racialisation and othering occurs throughout the lifespan and through engagement with individuals and institutions. The process of othering can demonise certain groups of people, through stereotypes and labelling as well as inducing self-blame. Those who are racially minoritised are forced to reconcile with the idea that many things may be more difficult for them, particularly within the UK, to which research is no exception.

All the participants spoke of the empathy available to them by virtue of being experience-near to the process and the felt sense of being othered. This enhanced their ability to conduct research as an insider. In relation to this, most participants spoke of the 'burden' and 'weight of responsibility' (Winston, p47) of researching racially minoritised populations, with many stating the sentiment of "if I don't do it, who else is gonna do it?" (Nsayi, p6). At times, this was conflated with ideas of pride and duty, the idea that they must serve their community. Some participants spoke to the possibility of conducting research that their 'white' counterparts would do. Despite this, trainees

chose to be ‘insider’ researchers and inevitably deal with the extra burden that comes with it. This also reflected the forced positioning that racially minoritised people find themselves in, as they fear that these topics and populations be continually ‘overlooked‘ (Winston, p8) if they do not pick up the mantle to research them. In essence, the researchers may be attempting to save themselves and their loved ones through this important work within their own communities as one can “take it on sometimes a bit personally and they become your feelings as well (Kimona, p18).

Academia enacting racism

All participants spoke to the realities of working within academia and how racism is enacted in various ways. Through this, many spoke of the power that academic institutions have and how this is utilised leading to researchers feeling ‘“disillusioned” (Winston, p.52).

Horrors of reality within academia

All participants contributed to this superordinate theme that details the way in which academia mirror the reality of the wider world, particular in terms of racist and discriminatory experiences of their participants and selves. Going through the research process, many of the participants spoke about addressing the “depressing” (Nsayi, p12) literature for their relevant topics and the dire state of mental health for racially minoritised groups.

> “...another reminder of how terrible the system is...the deaths of people who have died because of a terrible system...” (Nsayi, 32)

As demonstrated, this would later come to life when conducting their own research where the horrors would become apparent yet again. The atrocities of racism from wider society were mirrored in the more specific sphere of the DClinPsy world too.

> “We can’t expect the DClinPsy community to be a kind of a bubble that is free of racism or institutional racism or whiteness, or it’s going to be because these things are a society, so it’s going to be in the system itself...” (Winston, p38).

Existing within the DClinPsy world and conducting ‘insider’ research required huge personal investment which often felt exploitative, replicating the treatment of the racially minoritised in the wider world.

> “…how qualitative researchers actually have significantly lower well-being than other researchers because of like how much it takes from you, to interview and the analysis and how much you have to bring to yourself, also manage yourself and I'll just think about, yeah, yeah and then you add in the fact that you're insider” (Amoy, p24)

Engagement with their respective universities often reenacted abusive relationships, where power and privilege were used to exacerbate racism and inflict direct harm to trainees. This is also evident in the isolation, hopelessness, and potential learned helplessness experienced by trainees that is explored in a later theme. The universities maintain the status quo of society and racial hierarchies, whilst continually churning out research at the expense of both the racially minoritised researchers and their participants. Participants spoke to the multitude of research that highlights racial disparities and being disheartened by the absence of change.

> “And it's like you're anxious, like you're worrying too much, you are overthinking this, this is very classic trainee and I'm like this has nothing to do with that, this has to do with the fact that I'm black, they're black, I understand what happens in systems” (Chinwe, p41).

Resistance to change

Most of the participants spoke of the desire to evoke change through their research and clinical practice. This desire was emboldened by the urgency of many of the issues researched and the desperate need for things to improve. However, in direct opposition to this, is the resistance to change shown by academic institutions. Participants spoke of the institutional barriers that maintain the status quo such as the different ways that trainees felt silenced or challenged whilst trying to advocate for their studies and their research populations. To enact change was often seen as disruptive, self-absorbed and ‘unscientific’ with trainees being impeded by ‘red tape’ (Nsayi, p17), ways in which trainees felt silenced and restricted by institutions in the research they can do and how they can present it. This reflected views about what knowledge is privileged and made important in place of other knowledges.

> “...this research on a bit of a pedestal that then feels unreachable and maybe far from the people that we’re actually working with...” (Kimona, p27)

Many of the trainees spoke about diversity of knowledge production and what is supported and validated by academia. This directly related to the prioritisation of Western knowledge and knowledge production which creates knowledge through the exploitation of the racially minoritised. This is then published and gatekept from those it

is based on due to academic paywalls and intentionally dense and jargon-heavy text. This resistance demonstrates that certain values, ideas and inevitably people are prioritised over others.

Centering of 'White' Emotions

As mentioned in Part 1, whiteness is at the core of many western institutions. Whiteness is also deeply "pervasive" (Winston, p37) within academia and resistance to change. Two participants explicitly mentioned whiteness and how it operates. They spoke of how institutions are driven by 'Western' or "White" values, which impacts what research is allowed and supported through academia and what is halted. However, this was evident for most participants, particularly when engaging in contact with the university and staff, for example through proposals or viva examinations as referred to below.

> "…but then other people who are white also have an insider position on some pieces of work and they don't get interrogated in that way, or that they do, but not about their integrity. And I think that's quite unfair and all because, all because a terminology confronted someone's own whiteness" (Priya, p36)

This reflects how the comfort of white colleagues and staff is often prioritised over the realities of racism and acts as an effective method of denying of racialised experiences and those that attempt to explore race within academia. Despite the privileged position that trainees found themself in, they were still oppressed and victims of whiteness from individuals and the system itself.

Survival

The superordinate theme of ‘Survival’ was derived from the lack of safe spaces and safety in the face of traumatic experiences that 6 of the participants spoke to. To be in a survival state and needing to employ strategies to survive is a result of ongoing harm. This extended beyond just their research experience and included their general experience of doctoral training.

> “...I just end up in the same experience of needing help, not getting help, attempting to tell my supervisor, it getting shut down...” (Chinwe, p.47)

This speaks to the feelings of hopelessness and learned helplessness as trainees often felt stuck, left with the weight of the work in the absence of supportive supervisors and wider research teams. The repetition of this experience led trainees to find ways to protect themselves and mitigate harm. For example, the need to separate oneself from the work, despite criticisms that they are too embedded and present in the work as, if they did not then “you’re just constantly harmed” (Priya, p37).

Alongside compartmentalisation, participants also turned to their community to survive. This included connecting with peers, with similar racialised experiences to seek help and support.

> “...I was intentional about making sure I created that because if I didn’t and I was doing this topic, it would have been more harmful for me...” (Winston, p30)

> “...You need allies in the team. You need that because you can’t survive...” (Priya, p38)

This reflected the isolating experience of conducting their research and the need to seek connection to overcome the difficulties they faced and to enter ‘safe enough’ spaces. Additionally, all trainees delayed engaging with analysis to preserve themselves, often to avoid reliving traumatic experiences and the pain felt by both themselves and their participants. This avoidance was also present across the entire research journey, and in anticipation of future dissemination. The need for survival and to employ survival tactics, was likely a way to insulate themselves from ongoing harm and the cost of completing this work.

Personal cost of the work

The emotional burden and cost experienced by insider researchers was explicitly and implicitly present in all participant interviews. Some of the emotional experience could be equated to the general experience of a qualitative researcher who has to bear witness to painful stories, however, more specific emotional impact was directly attributed to the experience of racism.

Lasting damage

Following on from the lack of safety, participants turn to the damage that is caused when exposed to the harmful and traumatic experiences of the work. Participants described this as “excruciating painful” and “feeling triggered” at simply being asked about their experience as an insider (Chinwe, p.14/16).

> “...I genuinely think I'm going to come out of this forever changed like I'm, I feel, I do worry that some of the damage is irreversible...” (Amoy)

> "…when I'm thinking about now, there's still aspects of it that stayed with me that I didn't get to really talk about or", "But I think I've had to also kind of take a step back and heal, I think from everything...yeah, I think I'm still in that, I'm still in the healing phase..." (Winston, p.24/40)

This spoke to the long-lasting harm caused by this experience that extends beyond their doctoral research experience. This was echoed in other participants, particularly those who have qualified that spoke of needing space and time to heal from their experiences. The pain felt by this participant demonstrated how closely the work is aligned with their personhood and how the longevity of the experience, similar to other discriminatory harms, takes a toll on the individual.

Impact of racism

Although related to the personal cost of the work, the impact and harm of racism was specifically mentioned by 4 of the participants. The source of racism varied from personal and professional experiences throughout their doctoral training and research.

> "There was somebody that did something racist...I remember I was the one to challenge that, I then had to go into the library and do my research. That level of...so I still have to engage in the same things that my participants are engaging in whilst you're reading these results and whilst analysing these things" (Winston, p 26-7)

Others spoke to the impact of vicarious racial trauma through witnessing the stories of their participants. This was acutely painful due to participants "thinking about it for myself...I've also got ageing parents and a developing nephew..." (Nsayi, p13) as well

as the wider community in the stories they heard which acted as a reminder of the chronic and widespread nature of racial trauma. Noticeably, when speaking of racism, the trainees adopted language that reflected the violence of racism and the desperation for anti-racist work which often felt like a “call to arms” (Winston, p32).

The insidious nature of racism meant that often racially minoritised trainees would have preconceived predictions about what obstacles they would face which mirrored the likelihood of backlash to anti-racist work. In their responses, trainees would often portray answers in a way that insinuated a level of self-doubt. This internalisation of racism was also encouraged by unhelpful supervision which located any distress expressed into the individual, often labelled as mere anxiety, which denied the extent of racial trauma. This internalisation is also echoed in the hyper-independence and perfectionism present as trainees felt they had to bear the work alone and "create something really perfect” (Winston, p22) in order for the work to be seen, valued and validated by academia. This echoes the idea of the ‘white ivory tower of academia’ and the need to pander to the gatekeepers for particular forms of research to be allowed through.

The themes derived from the data speak to the harms that are faced by racially minoritised trainee clinical psychologists when conducting insider research related to their racial identity. The participants were continually othered and felt forced into positions of harm. This was exacerbated by having to work alongside and under academic institutions that reinforce and sustain racism which leads them to take action to survive and deal with the personal cost that they suffer as a result.

Discussion

The utility and need for 'insider' research has been demonstrated to be effective (Paragg, 2014; Pedraza & Park, 2022; Tuffour, 2018) as well as the specific benefits of racially minoritised 'insider' researchers (Obasi, 2012; Paragg, 2014; Pedraza & Park, 2022; Tuffour, 2018). Harm to the racially minoritised researcher is a pressing issue (Adetimole, Afuape & Vara, 2005) and concerns around safeguarding the 'insider' research from the unique harms they may face, particularly during doctoral programmes have been raised (Berger, 2013; Goode-cross & Grim, 2016; Pearce, 2020).

The research question attempted to explore racially minoritised trainee clinical psychologists' experiences of harm when conducting insider research. Following individual interviews exploring these experiences, relevant experiential statements and themes were created. The data from the 7 transcripts generated the four GETs of **(1) Racialisation, Othering and Forced Positioning, (2) Academia enacting racism, (3) Survival and (4) Personal Cost of the Work.** Each theme will be discussed, with links to relevant literature.

The themes demonstrated the harm that participants experienced as a result of their forced position they find themselves in and having to withstand the onslaught of enacted racism from academia. The harm inflicted on them is more deeply described when we considered the personal cost of the work and what lasting damage may have been caused because of the wider experience of research, doctoral training, and the impact of racism. The adverse impact of racism has been well documented and recognised as a public health issue that is entrenched within society (Kim *et al.*, 2021;

Miller *et al.,* 2018; Wright *et al.*, 2020). The difficulty of disentangling what are very closely related ideas and processes, poses a challenge to create a narrative with distinctive parts in order to create separate themes. For example, racism is apparent throughout all the harms and arguably if racism did not exist the entire study may be rendered invisible.

Critical Race Theory (CRT; Crenshaw *et al.,* 1995; Delgado & Stefancic, 2017) refers to the idea that race is a societal construct, and that the idea of whiteness permeates through society. We can use CRT to think of the data as race was a constant theme throughout. The complex racial trauma framework (Cénat, 2023) can also be used to conceptualise the participants' experiences. This framework likens the experience of racism to that of more general complex trauma.

Contextualising the findings

Racialisation, othering and forced positioning

As demonstrated, the participants had been racialised and othered throughout their lives, including whilst working alongside and under academic institutions. In line with CRT, this theme shows how race is a socially constructed process that is forced upon the participants. Being positioned as their racial identity was apparent in their role as a researcher and beyond, particularly in the smaller sphere of the DClinPsy community. This positioning holds this implicit understanding that the racially minoritised must research their own communities to honor them and to save them from the abhorrent outcomes and treatment in healthcare. This alludes to the fact that they felt they did not have a choice and were required to undertake this work whilst being acutely

aware of the consequences that were likely to lie ahead. This was also evident in the anticipation of backlash and ‘red tape’ that participants spoke of as they are likely to have numerous experiences of being othered or not prioritised over other racialised groups.

As described by Pedraza and Park (2022) the journey to complete ‘insider’ research can be an act of self-discovery. This was reflected in the comments from participants that talked about learning things about themselves and taking on their participants’ feelings as their own. The interpretations of the data spoke to the idea that participants may be trying to also save themselves and their communities through their research.

Trainees are well aware of the focus on white norms, white and ‘race-neutral’ theories, and having to tolerate and pander to this (Gillborn *et al.,* 2021; Odusanya, 2018). This highlights how all aspects of the experience are racialised and trainees are forced into a position of being othered. The process of othering also led to labels with negative connotation to be placed upon the trainees, such as some trainees being considered ‘troublemakers’ or questioning whether there was something wrong with themselves and others that shared their racial identity. This touches on the idea of maintaining racial inequality through labelling and stereotyping (Torrez, Hudson & Dupree, 2022). This further cements societal inequality through the reinforcement of racial hierarchies and ideologies.

Academia enacting racism

All the participants spoke to the superordinate theme of academia enacting racism. The participants provided narratives that supported the idea that the academic institutions they were students of, maintained racial inequality. Participants are required to withstand the violence of racism in all its forms, varying between explicit, implicit, and subtle racism. This feat is exacerbated whilst trying to navigate the unsafe space that is doctoral training (Adetimole, Afuape & Vara, 2005).

The subtheme of 'horrors of reality within academia' captures the bleak and saddening stories of the experiences of the racially minoritised within healthcare and psychology. This resonated deeply with participants who could see themselves and their loved ones in the literature and data. This was aggravated by the longevity of the issues and how researchers before them had similar findings, yet the same disturbing trends and experiences were very much alive. Participants spoke to the exploitation of those who are racially minoritised that are invited to take part in research but still go largely unhelped. This echoes previous research that states some racially minoritised communities are hypervisible within research but uninvited to make decisions in service development and research (Onwumere, Rubbia & Cardi, 2024). This links to the need for us to question who 'speaks for' and 'on behalf' of these communities (Bhopal, 2010) as participants and researchers alike must be safeguarded and any research done should progress towards better outcomes for all.

The subtheme of 'resistance to change' described the ways in which institutional tactics were used in opposition to change. Participants described the ways in which they were silenced, invalidated, and impeded whilst trying to conduct their research. This

was reaction to the resistance shown by the trainees for not only conducting their research but also for existing in these non-diverse spaces. Again, in line with CRT, whiteness is prioritised. One function of this prioritisation is to uphold the current system and resist change to this.

The subtheme for centering white emotions was formed from examples given that centred whiteness and white emotions to the detriment of the racially minoritised researcher and their participants (Torrez, Hudson & Dupree, 2022). Participants spoke to the prioritisation of their white colleagues' emotions and the consequential lack of support they experienced. This prioritisation was evident at various points of the research journey, including supervisory relationships and submissions such as the research proposal and viva examinations. Arguably, this could also be internalised as participants feared repercussions which is likely a consequence of continued reenactments of whiteness.

Survival

The theme of survival and the tactics employed by researchers speaks to harmful environments and consequential harm of navigating them. Although one could argue that conducting this research may feel unsafe due to the nature of the work, there should be an element of safety, creating a 'safe enough' environment for these researchers. Many participants felt explicitly unsafe and unprotected from harm, this then placed them in survival mode in which they did what they needed to do to survive and persevere throughout the process. As predicted by the student framework that adopted CRT, racially minoritised trainees were required to equip themselves with survival tactics to endure their experiences (Comeaux *et al.*, 2021).

One facet of survival was engaging with behaviours that helped preserve the self. For example, all participants delayed engaging with analysis. They attributed this to avoidance of the pain and trauma of reliving harm-laden stories of their participants. This demonstrates the behaviours that must be employed, whether consciously or unconsciously, in order to survive the experience. This supports the idea that qualitative researchers engage in self-protection to shield from the resonating painful experiences they are to witness (Berger, 2013).

Part of the experience that trainees were trying to survive was the aspect of isolation. They often desperately sought community and connection, whether that was through people going through similar experiences, such as fellow doctoral students or racially minoritised peers, or family members and trusted supervisors. This desire for connection acted to mitigate the potential for harm and to also have their experiences validated and supported. This reinforces the need for racially minoritised supervisors in academia to tackle the racism experienced by trainees and students (Goode-cross & Grim, 2016).

Personal cost of the work

This theme illustrates the toll that the work has taken on trainees, whether it is more the general experience or particular facets of racism that trainees directly or vicariously experienced. Participants spoke of a physical and mental toll because of the work they did. The complex racial trauma framework (Cénat, 2023) speaks to the global impact of racism with physical, mental, and social consequences. Whilst the subthemes overlapped at points, it is important to state that the experience was harmful in a general and in a more nuanced racial sense.

The lasting damage subtheme detailed the damage caused by the experience of completing their doctoral theses was explicitly detailed by participants, with a wide array of language used to capture the pain and damage. This is the most direct and explicit demonstration of the harm caused. The trainees need to recover and heal from the experience speaks to how compounding the receipt of harm is. Prolonged damage is explicitly mentioned in the racial trauma framework, described as chronic difficulties with physical and mental concerns.

The subtheme for the impact of racism collated the harm that was explicitly attributed to racism. The participants exhibited the occupational stress that is caused by cultures of racism in the various systems they are required to navigate (Shell *et al.,* 2022). This may also speak to the membership that participants had in both academic and clinic settings as participants spoke to experiencing harm with the more specific environment of the DClinPsy community which has a documented culture of racism (Adetimole, Afuape & Vara, 2005; CHPCCP, 2017; Francis & Scott, 2023). The likelihood of harm is compounded by being attached to these academic institutions and although it was rarely mentioned, the engagement with the NHS too. This is likely as similar to academia, the NHS is a system that reinforces and exacerbates racism (Iacobucci, 2020).

The framework clarifies that a life course approach is needed to identify racial trauma which alludes to how insidious, subtle, and implicit racism can be. This reflects how the participants felt that they were unsupported and misunderstood as experiences of racism or concerns were conceptualised as individual anxiety of the researcher. This is an example of how race and issues of race could be rendered invisible and go

unnoticed and ignored. Part of the framework speaks to the difficulty of mapping the existence of racial trauma and being able to identify more implicit and subtle forms of racism, such as microaggressions. It could be argued that this is reflected in the transcripts as the different ways trainees had internalised forms of racism which led to issues like self-doubt and perfectionism. This went largely unnamed by participants, and they did not comment on the origin of this, likely due to how normalised it is. This is further supported by Davids' (2020) commentary on the opportunity for ideas and experiences to being internalised and to make up racist structures within the internal world of the racially minoritised.

As demonstrated, distress was attributed to the individual and was pathologised rather than to be understood as racism (Afuape, 2016; Fernando, 2017). Many participants spoke to the way their supervisors conceptualised any of their distress or concern as anxiety, rather than holding the importance of conversations centred around race.

Limitations and Strengths

Although the guidelines of IPA can vary greatly depending on what text is consulted, there is an argument that samples should be homogeneous (Pietkiewicz & Smith, 2012) meaning that they are as similar as possible. A limitation of this study is that both current trainee and qualified clinical psychologists were interviewed, meaning there were distinct differences between the two. This may impact the data as some participants are speaking from a place of having completed their research whilst others are in the midst of the experience.

Although every attempt was made to ‘bracket off’ researcher bias, it is important to consider the researcher also shares a racially minoritised identity similar to the participants. However, this enhanced the study as many participants welcomed the shared ‘insider’ status, with some stating that they would not have engaged in the study or have minimised their responses. This will be explored further in the critical appraisal (see Part 3).

The study, from the proposal to the advertisement, detailed the idea of harm in the process of being an ‘insider’ researcher. One could argue that from the onset, participants were primed to think of harmful elements of their experience. However, there is no denying that harm was present in their experiences regardless.

The study materials explicitly mentioned the idea of harm. This may have acted as a deterrent for potential participants as they may not have wanted to revisit experiences of harm, which was a hesitation mentioned by a participant of the study. The use of purposive sampling may have attracted individuals that had experiences of harm during their doctoral thesis.

Another limitation may be the context in which participants were interviewed. They were interviewed in a professional capacity as researchers. This may have altered their retelling of their story to be more sanitised and less personal, potentially with less mention of harmful experiences.

The study is an example of rigorous qualitative research due to the use of a pilot study, reflective logs, bracketing interviews and member checks. As far as the

researcher is aware, this research is novel in exploring the experiences of harm felt by insider researchers in relation to racial identity, particularly within the DClinPsy context.

Implications and Recommendations

Qualitative research often prevents researchers from generalising their findings to a wider population, however, it would be unwise to suggest that certain recommendations should be disregarded due to the nature of the study and the number of participants.

Ultimately, the experience of conducting insider research for this group of racially minoritised trainees was harmful. Academic institutions have a paramount responsibility to safeguard these trainees from harm. Arguably this extends beyond the DClinPsy training experience and could encapsulate any and all racially minoritised researchers. Part of safeguarding researchers is active engagement in anti-racist and decolonial practice and continuing to dissect the contributions from academia to racism and discrimination. This is particularly important as academia acts as a vessel for the formation of knowledge. Multiple trainees spoke to the pedestalisation of Western knowledges and publication as the most important form of dissemination. This could be a way in which academia adapts to consider about what knowledge is privileged and diversifying knowledge and knowledge production. Institutions and supervisors should continue to consider what form of dissemination is prioritised and who it favours. Both clinical and research teaching should also uphold the idea of multiple knowledges to provide a more expansive outlook of knowledge production and would in turn, decentre white and Western knowledges.

Participants spoke of the unconsidered nature of insider research and that they lacked the words to describe the experience nor the understanding of what it would require. This demonstrates the need for more explicit conversations about what 'insider' research is to bolster the understanding of trainees and staff alike. In doing so, trainees could make better informed decisions on whether they want to conduct this type of research or not. This could be incorporated into research teachings for each university, particularly sessions tailored towards thesis work.

Participants spoke of the need for racially diverse supervisors that were well-versed in 'insider' research and were actively engaged in anti-racist work. This was aligned with the documented idea that a racially diverse workforce benefits all due to the increased cultural sensitivity (Luzon *et al.,* 2023) as well as the current state of low representation and rampant racism within academia (Ragaven, 2018). This would also increase the likelihood of quality race reflexivity as the existence of race is shown to impact research regardless of whether it is the primary focus (Boylorn, 2011). In the likelihood of being allocated a white supervisor, it may be essential that extra support is sought from racially minoritised and/or 'experts' in 'insider' research as mentioned in the results where participants spoke to needing a network and allies to survive. In some cases, this could be included in the research funding as these individuals should be paid for their support and contribution.

Multiple participants spoke of the idea of being silenced and shut down by their supervisors. This can be particularly challenging when supervisors belong to the core university staff and any other members of staff associated with separate avenues of support may hold personal relations to the supervisors in question. There is also no

guarantee that the external support is equipped to discuss and contain issues of ‘insider’ harm regardless of the particular facet of identity. It might be worth considering whether avenues of support for research could be closely linked to Equality, Diversity and Inclusion groups and committees to provide direct access to more suitable support.

For those that are considering undertaking ‘insider’ research, it is paramount to acknowledge the challenge and reward that comes with this work. Ensuring that you have a reliable and supportive network both personally and professionally is crucial to maintain yourself throughout this process. We must safeguard these researchers as we want to encourage and support further ‘insider’ research which can produce results that may be denied to ‘outsiders’. Participants spoke to the pride of carrying out this research and how their passions were reignited through their connectedness to the topics and people. Despite the harms that occur, ‘insider’ researcher is unlikely to lose any popularity and determined individuals should and will continue to further this work. This would hopefully lead us to a more comprehensive and nuanced understanding within psychology that is greatly needed.

Conclusion

This study aimed to explore the experiences of harm and how racially minoritised ‘insider’ researchers made sense of this whilst undertaking their doctoral research. It is evident that harm occurs, and had widespread impact on trainees, seeping from their professional to personal lives, leaving a longstanding emotional impact. It is of utmost important that trainees, supervisors, and wider institutions are aware of this

phenomenon and act to mitigate the harm and safeguard these individuals. This must be done to ensure the important work of the ‘insider’ research is sustainable and continues to contribute to the growing literature.

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Part 3: Critical Appraisal

Critical Appraisal

This paper will reflect on the process of completing the empirical study. This discussion will follow the entire research process, from idea generation to the completion of the study.

Conducting this research has mirrored and reenacted many of the processes that are live in the data. This is likely due to my identity as a racially minoritised trainee conducting 'insider' research. Whilst this benefitted the project, it meant that I was exposed to similar harms as the participants. As others had mentioned, institutional barriers were present in the setting up of this thesis. This will be explored in the recounting of the research journey.

Choosing a research topic

Through the combination of personal experiences and living through huge global events, I was becoming increasingly radicalised in my view of social justice, with views that opposed the white supremacist capitalist patriarchy. As a result, this meant that any research I engaged with would likely have a keen social justice angle. With my values and worldview, it made sense for me to adopt a social constructionist epistemological position. This was complemented by the choice of utilising Interpretative Phenomenological Analysis (IPA; Smith & Fieldsend, 2021) which concerns the way in which participants illustrate their story, to be interpreted by a researcher and be made into a useful narrative. This coproduction of knowledge reflects the social constructionist stance that knowledge is formed through social interaction and interpretation (Burr, 2015). This aligns with critical race theory (CRT; Crenshaw *et al.,* 1995; Delgado &

Stefancic, 2017) which conceptualises racialisation, race and racism as social constructs. Therefore, the use of IPA, from a social constructionist position, to give power to marginalised voices was befitting.

Being acutely aware that I was not well versed in research, I faced the dilemma of joining a pre-established study or creating my own. It is worth mentioning that the university guidance deters one from producing one's own independent study without a wealth of research experience. I felt that when I approached prospective supervisors with their intended studies, with my own social justice-led intention they were reluctant to do so and consequently showed preference towards other trainees.

After the realisation that I would not be joining a study that appealed to my interests I turned my attention to potential topic areas for a self-directed thesis. Given the need for research to respond to a gap or unaddressed issue in the current context of psychology, it made sense to observe the current problems that occurred during my clinical training experience. Therefore, the study was generated through attending a university seminar and witnessing fellow trainees struggling with their projects, particularly if they were racially minoritised and conducting insider research. Listening to these experiences ignited a fire in me to turn this anecdotal evidence into an empirical study.

The challenge then turned to finding someone who was willing to invest in the study and to supervise it, without compensation and with passion alone to keep them motivated. On the journey to find a supervisor, I contacted several psychologists from the global majority. Although there was a keen interest in the project, many psychologists did not have the capacity to support and supervise the work. The project

was further developed through discussion with some of these individuals, who offered consultation in hopes of helping. This is likely a reflection of subtheme that mentions ‘forced positioning’ that even qualified psychologists of colour find themselves in, often pioneering challenging anti-racist work whilst impacted by racism from all facets of life. I was seeking a supervisor that had a deep understanding in anti-racist and decolonial practice that could fully engage with the topic area. I realised that this was due to be an essential component to the study, as the space to reflect and connect would be vital for seeing this through.

Getting the project running

Once the external supervisor, Dr. Fabienne Palmer, was found, the task of completing the research proposal came into focus. This was a task left to my external supervisor and I, as the university assured me that I would be assigned an internal supervisor as all trainees needed one. There was an immense difficulty in generating a novel study with literature that belonged to various disciplines. Finding relevant gaps in literature and producing a viable rationale required creative and determined work.

As mentioned, trainee-led projects were not encouraged or well supported. What this meant in practice, was that I was assigned an internal UCL supervisor *after* the submission of the research proposal. The supervisor in question also admitted that they did not have insight into the area and could only assist with deadlines and submissions. The rejection of the original research proposal was disheartening as the feedback from the reviewer stated that they did not see why the research needed to be done and advised that the project should not go ahead. There was no feedback that helped revise

the proposal and this was left to my supervisors and me. This was no surprise, as research that may criticise the very academic institutions that are approving this work, may have a negative response to said research. With the preconceived knowledge that this may happen, I was determined to not give up. As established in the empirical paper, anti-racist work is often dissuaded and viewed as disruptive, and I was glad to take up the mantle. Fortunately, my external supervisor was willing to continue to support the project and agreed to appeal the rejection. With the assignment of my internal supervisor, the appeal for the proposal was further supposed.

As the appeal process was unfamiliar and uncommon, this took a considerable amount of time. Additionally, it also had no structured timeline, meaning the appeal only progressed if I actioned anything. Re-writing the proposal induced a great deal of anxiety as I felt that I had one opportunity to appeal, and it had to be done right to achieve success. With the support of both of my supervisors, the revised proposal was a more punchy and coherent rationale for the study. Ultimately, this meant that when reviewed, the proposal was approved, and the study could commence.

Preparing the study

Once the proposal had been accepted, the mammoth task of completing the research was live. Preparing for the study involved endless conversations about the topic area as well as the practicalities of the study. My desire to ‘do it right’ and honour the research population encouraged me to work carefully and cautiously, which could also be explained as avoidance. I experienced waves of anxiety and self-doubt,

sometimes this would involve questioning whether I was the appropriate candidate to do this work and whether I even had the capability to do so.

Various discussions around epistemology and specific methodology ensured the topic and study itself were thought about deeply. This would sometimes lead to clashes of ideas, as the university may have prescribed different ideas for parts of the study such as sample size, which would vary to what was advised by my external supervisor and relevant methodological literature. Essentially, having to bridge the gaps between these ideas and valuing the ideas of all, I developed my sense of being able to make these research decisions with conviction and assert myself with confidence in my work.

Due to having to obtain ethical approval for a high-risk project, this extended the delays to the thesis. Eventually, when approval was obtained, this left around eight months for the entire project to be completed. Having spent a great deal of time preparing, this meant that when the research came to fruition, it could pass freely through the stages as most steps and nuances had been thought out already in reflective supervision spaces with my external supervisor.

At points, peers encouraged me to progress with the study as they had experiences that spoke to the topic area, or felt it needed to be translated into academic work for them to make use of. Whilst this was motivating, it was not devoid of pressure to do the work and to do it well.

Recruitment

Recruitment was slow and participant numbers fell short of the targeted eight. Although this was not stated, it is likely that this reflects both the low number of racially minoritised trainee clinical psychologists in general but also those that are embarking on insider research related to racial identity. Another hypothesis is, as mentioned before, that those who opt for what can be described as the anti-racist and decolonising work of insider research are over-stretched and fatigued by the process alongside the continual harms they face as practitioners. As shared in the data, some of the participants were still having to recover from the experience of conducting their research and others stated they were hesitant to take part in the research and revisit the experience again.

Data Collection

Prior to data collection, I attended a bracketing interview. This was incredibly helpful in orienting me to the work and helping address beliefs around my 'insider-outsider' status and the anxiety around data collection. Conducting the interviews was a complex affair. It was invigorating that the study was finally taking shape and the preparatory work was coming to fruition. However, this was a draining and burdensome part of the experience.

I was cautious about how my status as a 'partial' insider would be received. My presence in the interview was addressed in the introduction to the interview, where I shared my racial identity. This was also interrogated specifically with a question in the interview schedule. Although the participants may be acquiescing, many referred to the interview as a safe space and how the introduction and disclosure of my racial identity

helped to foster this. As mentioned in the discussion, participants mentioned the caution they may have held if they were being interviewed by a white researcher and how this may have impacted their disclosure of events and perceptions of safety within the interview. This reflects the complexity of the 'insider' researcher discourse that is addressed in the empirical paper and provides evidence for the existence of a 'partial' or 'insider-outsider' (Breen, 2007; Obasi, 2014; Bashir, 2023).

In my initial interviews, I was reluctant to engage in a conversation with participants and would be less likely to use prompts or encourage further discussion. This was particular evident in my pilot study, which was markedly shorter than the other interviews. With time, I became more comfortable with moving flexibly with the interview schedule and using prompts in more creative ways. This is demonstrated by the increase of both the volume and quality of data as the study progressed and I had more practice of my interviewing technique.

It was interesting that one interview in particular resonated with me as I had a shared racial identity with the participant. This was felt by the trainee as they would refer to this in the interview and although our ethnic origin differed, the experience of being mixed and existing between identities was shared.

I was saddened by the reality that all participants, even those with more supportive environments and supervisory teams, felt harmed during their research experience. More alarming stories came from trainees that were largely unsupported and were inevitably dealing with the repercussions of the work.

Similar to the participants, I also experienced feelings of self-doubt and isolated. This mirroring echoed participants voices that spoke of little or no support in completing their projects.

With every interview, I was left with thoughts and feelings that I was holding alone. I kept a reflective log to document some of these, which helped in offloading and making sense of what feelings were left with me. This also helped to continue bracketing off my own biases and keep a running commentary of the research process. As I identify as 'multiracial' with South Asian, European and White British heritage, I have often felt that I was a 'partial' insider as introduced in first paper (see paper 1). The interview schedule included the question 'Would your answers have been different if you were being interviewed by someone of the same gender or different race? (as applicable)'. This was chosen to investigate the impact of the researcher and perceived 'insider' status. To whom it was applicable, participants disregarded any differences in gender. In terms of 'insider' status by racial identity, multiple participants felt contained and safe enough to share their experiences, with many of them stating that they would have been more cautious and selective with their disclosures if the researcher had been an outsider. Some participants disclosed that matched racial identity may have meant they held more assumptions about what shared knowledge between us but not necessarily that they withheld anything as a result. This echoes the wider experiences of the trainees, as they often stated that having allies and those that were similar to themselves both in terms of a racially minoritised identity and anti-racist values was paramount.

Data Analysis

Following the interviews and the rich data that emerged from them, the thought of data analysis was daunting. As a novel IPA researcher, there was a sliver of doubt that I would be able to take the required steps and interpret the data as intended. There was also a pressure that the participants' own words were rich and illustrative alone that it felt like I had a little to offer. With this in mind, I had another bracketing interview. During this time, we teased out my avoidance towards analysis. I felt a sense of perfectionism and anxiety around getting analysis right and honouring participants. This gave rise to self-doubt about my academic ability and nervousness about undertaking IPA. Following the interview, I began to code the data.

Moving forwards and backwards across the data, from quotes through to the GETS was an arduous but helpful process. This ensured that the themes derived from the data closely aligned with the participants' own words. It took multiple re-structures of the GETS to form a coherent narrative. Initially, I felt the open guidance about this part of IPA overwhelming. The most helpful way to do this was to print out all the PETS for each transcript and have them cut up, ready to easily move and map out. A member check was completed at this point to see whether the current stage of analysis fairly represented those who were interviewed. This helpfully led to another re-structuring of the themes and a point of validation in how the analysis was conducted. There was a sense of pride in the work as things had come together, however, it was a reminder that despite the variety in the participants' experiences, racism was live in all of them. This presented a specific difficulty as most themes, statements and quotes can be

encompassed as racism. This provides a challenge in ensuring that themes were related but distinct enough that they form relevant parts of a whole of the analysis. Having read numerous articles and papers about harm, I was cautious that I may be harmed in the process and experience some form of toll. During the process of analysis, the physical toll that this work took on me was made evident. After having finished analysing single transcripts, I would notice that my jaw ached, and I had been holding tension in my jaw through the entire process. This was the only obvious physical toll that could be directly attributed to the work. However, it would be unwise to disregard the less direct impacts. Over the course of my doctoral training, I experienced some serious health difficulties, including physical injury and episodes of mental ill-health.

Results

Taking the wealth of data and converting it into a written account was an invigorating experience. The iterative process of analysis meant that due to the familiarisation with the data, the results came alive whilst writing. The way in which quotes, and individual words remained in my mind, enabled me to write with the participant voice at the centre. Writing up what is a bleak and dire narrative, whilst challenging felt extremely important as this data needs to be collected, made sense of, and shared widely.

Putting words to the themes and quotes felt like a gargantuan task as the terminology to describe the insidious nature of racism and all its many facets is complex and extensive. This is exacerbated by the fact that the write-up may be read by those

who are not well versed in the topic area and may express defensiveness in reaction to the theoretical explanation of how race and racism operates.

At this point, another member check was completed. Checking the narrative with participants led to another reshuffle of the themes and the narrative in which they were told. This was a mutually beneficial experience, as we both felt pride in how far the work had come and the near-finished product of the interviews.

Now what?

With how insular the experience has been, there is fear that only my supervisors have seen this work and how it will be received by the wider academic community. This is particularly potent given the subtheme ‘centering white emotions’ and how a participant’s viva fell victim to the upholding of whiteness and as a result, that trainee experienced great distress and a prolonged training experience.

As mentioned in the data, and particular in the theme ‘horrors of reality within academia’, participants spoke of the fear that those who are racially minoritised will be continually highlight the racial disparities in healthcare whilst change is stagnant or slow moving. Others mentioned how those that are racially minoritised are often exploited by research and left without substantive help. I have adopted this fear and would hope that my research has an impact that alters the experience of ‘insider’ researchers, particularly within the context of DClinPsy training.

Conclusion

The study highlighted the harmful experiences of racially minoritised trainee clinical psychologists when conducting ‘insider’ research. This was made possible through the personal endeavour of becoming an ‘insider’ to my own research and the bravery of the participants to shed light on what is often going unnoticed and ignored.

Completing this research has felt like a long and laborious process. I am indebted to the community of people, participants and otherwise, who have made this possible and helped bring an important piece of work to life all from an idea borne out of observing one of the many issues of DClinPsy training.

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Appendices

Appendix A: Study Advert

UCL

'Do No Harm': Exploring the experiences of racially minoritised trainee and qualified clinical psychologists when conducting 'insider' research

Why is this important?

Racism is a public health issue that affects the mental health of both service users and psychologists alike. Across other disciplines, the notion of harm to the researcher is a growing topic. 'Insider' researchers are those who are members of the group they are researching. Whilst effective, there is a risk of the researcher experiencing harm during the research process. The potential harm experienced by racially minoritized trainee and qualified clinical psychologists when posed as an 'insider' to their research is under-researched. Some forms of harm can be conceptualised as experiences of emotional distress or racism.

What will happen?

You will be sent a screening questionnaire and if you are eligible to take part, you will be invited to complete an interview for 60-90 minutes over Microsoft Teams where you will be asked for personal information (i.e. racial identity) as well as questions about your own experience as a researcher. Your participation is voluntary, and you can withdraw at any time

This information will be stored in strict accordance with the Data Protection Act (2018) and GDPR and will be anonymised. You will also be compensated with £10 or the same amount donated to a charity of your choice.

Who are we looking for?

- Trainee and qualified clinical psychologists who are currently enrolled or who have completed their Clinical Psychology Doctorate
- Those who identify themselves as someone who is racially minoritised
- Those who are conducting or have conducted 'insider' research which has explicitly involved or been about racial identity

Accessibility Statement
The research is committed to inclusion and accessibility. Adjustments will be put in place on an individual basis. This may include breaking the interview into smaller parts or regular breaks.

Principal researcher: Dr Vaughan Bell

Department: Doctorate in Clinical Psychology, Research Dept of Clinical, Educational & Health Psychology

Contact details: vaughan.bell@ucl.ac.uk

Researcher: Jesse Masih

Department: Doctorate in Clinical Psychology, Research Dept of Clinical, Educational & Health Psychology

Contact details: jesse.masih.18@ucl.ac.uk

Ethical approval has been obtained through the UCL REC committee.
ID Number: 25873/001

For more info please contact: jesse.masih.18@ucl.ac.uk

MJ

Masih, Jesse

To: [redacted]

Mon 25/03/2024 16:18

Thesis Poster Updated.pptx
Saved to OneDrive

Participant Information Sheet...
58 KB

Consent Form.docx
64 KB

3 attachments (213 KB) Download all

Hi [redacted]

I hope you are well. I am Jesse, a third-year trainee clinical psychologist at UCL. I am researching the experiences of racially minoritised trainee/qualified clinical psychologists when conducting doctoral research as an 'insider'. [redacted] suggested that you would be a helpful person to contact to take part in the study.

Here is some further information:

I am looking at the experiences and potential harms towards racially minoritized trainee and qualified clinical psychologists when they are 'insiders' to their research. You would have conducted doctoral research that is explicitly about or involves a racial identity that you share with your participants. I am hoping to recruit between 6-8 participants for individual interviews. You will be compensated for participation with either a £10 payment or a donation to a charity organisation of your choice for the same amount. My project has received full ethical approval from the UCL REC committee, ID Number: 25873/001.

Please find the participant information sheet, consent form and study advertisement attached. If you are aware of anyone else that may be eligible for this study please pass on this information and my contact details.

Please let me know if you have any further questions and if you're happy to go ahead please send across your availability as well as the completed consent form. I am mainly looking to interview on Mondays, Thursdays and alternating Fridays, however, over the next two weeks I have more flexibility across the entire week.

Kind regards,

Jesse Masih (he/him)
Trainee Clinical Psychologist

Doctorate in Clinical Psychology (DClinPsy)
Research Department of Clinical, Educational and Health Psychology
University College London
1-19 Torrington Place
London, WC1E 6BT

Appendix B: Participant Information Sheet

Participant Information Sheet

Title of Study: ''Do No Harm': Exploring the experiences of racially minoritised trainee and qualified clinical psychologists when conducting 'insider' research

The study is being run by Jesse Masih (jesse.masih18@ucl.ac.uk).

Principal Investigator: Dr. Vaughan Bell (vaughan.bell@ucl.ac.uk).

External Supervisor: Dr. Fabienne Palmer (fabienne.palmer@gstt.nhs.uk).

1. **Our invitation**

You are being invited to take part in a thesis study exploring how the potential harm that 'insider' researchers from a racially minoritised background face when conducting research involving racial identity.

Before you decide it is important for you to understand why the research is being done and what participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

2. **What are the aims of the study and why is it important?**

The aim of the study is to explore the potential harm that 'insider' researchers from a racially minoritised background face when conducting research involving racial identity. This is important to consider the impact on the researcher and what learning can be taken from this.

3. **Who is invited to take part in the study?**

This section below will outline the inclusion and exclusion criteria.

To take part in the study you must either be currently enrolled in or have graduated from a London-based ClinPsyD programme. You must identify as someone with a racially minoritised identity who has been an 'insider' when conducting research that has explicitly involved or been about racial identity.

If you are interested in taking part you will be asked to complete a screening questionnaire, for the research team to ascertain inclusion criteria for the study.

The study will include between 10-20 participants.

4. **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form). You can withdraw at any time w

ithout giving a reason. If you decide to withdraw, you will be asked what you wish to happen to the data you have provided up to that point.

5. **What happens if I take part?**

If you are interested in taking part in the study, we will invite you to email the researcher, who will answer any questions you have. If you are still interested, the researcher will ask you to sign a consent form and email it back to them. The researcher will ask you to keep a copy of the signed consent form and this information sheet. Then the researcher will ask you to complete a screening questionnaire, which will help us to identify who will take part in the study, by asking about how much of your practice is informed by Narrative ideas. The researcher will ask you to keep a copy of the signed consent form and this information sheet. The researcher will arrange a time to talk with you on an online MS Teams meeting or face-to-face at an agreed location. The conversation should lastbetween 60-90 minutes and will be audio/video recorded and transcribed. After the interview, the researcher will let you know how you can be reimbursed for your time.

You will also have the choice about being contacted again, for part of the analysis review where we share initial study findings and ask for your views.

You will also have the choice to get a summary of the thesis findings via email, after the study is completed.

Please note: Four weeks after the interview, is the last point at which your data can be removed from the study.

6. **What other information about me would you collect?**

We will ask you for some personal information (your name, gender, ethnicity etc.). This is to help provide some background information about the people who take part. This information will be made anonymous and stored within a password protected file - it will be attached to a code so that nobody except the study researchers will be able to identify you from the data we keep.

7. **Will I be recorded and how will the recorded media be used?**

The interview will be recorded via MS Teams to make sure we get a good picture of your experience and do not miss anything important. The conversation will be transcribed using the UCL Microsoft Teams transcription and checked by the researchers and then the recording will be deleted. We will remove any personal information from the written conversation so that nobody reading it will be able to know it was you. No one else outside the study will be allowed access to the recordings. No other use will be made of the recordings without your written permission.

8. **What are the benefits of the study?**

This study will hopefully shed some light on the harms that institutions may not be addressing when facilitating 'insider' research. You may also experience a benefit from being able to discuss your experience in a 'safe enough' and confidential manner.

You will also receive £10 or the same amount donated to a charity of your choosing.

9. What are the risks of the study?

You may experience discomfort or upset when discussing distressing and/or personal topics.

If you wish to raise a complaint, then please contact the Principal Researcher, Dr Vaughan Bell at vaughan.bell@ucl.ac.uk. If you feel that your complaint has not been handled to your satisfaction, you can contact the Chair of the UCL Research Ethics Committee at ethics@ucl.ac.uk.

If something happens to you during or following your participation in the project that you think may be linked to taking part, please contact Jesse, Vaughan or Fabienne.

10. What happens to the information you collect about me and what I say in the study?

All the information you give will be treated as confidential and stored securely (see Data Protection Privacy Notice below). Confidentiality may be limited by the researcher's duty of care to report to the relevant authorities possible harm/danger to the participant or others. Your anonymised and pseudonymised research data may be used by others for future research.

11. Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any ensuing reports, publications, media sources.

12. Limits to confidentiality

Please note that assurances of confidentiality will be maintained as far as it is possible, unless during our conversation I hear anything which makes me worried that someone might be in danger of harm or indicates evidence of wrongdoing. If this was the case, we would inform you of any decisions that might limit your confidentiality.
The researcher and University has a duty of care to report to the relevant agencies possible harm to the participant/others. Please note that confidentiality may not be guaranteed; due to the limited size of the participant sample.

13. Privacy Notice

The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk

This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our 'general' privacy notice:

For participants in health and care research studies, click here

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the 'local' and 'general' privacy notices.

The lawful basis that will be used to process your personal data is: 'public task' and 'research purposes' will be the lawful basis for processing special category data.

Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at data-protection@ucl.ac.uk

14. Who is organising and funding the research?

The study is part of the researcher's doctoral clinical psychology studies at University College London.

15. Contact for further information

If you require any further information or have any queries about this study, please contact the:

Researcher: Jesse Masih

Email: jesse.masih.18@ucl.ac.uk

Principal Researcher: Dr Vaughan Bell

Email: vaughan.bell@ucl.ac.uk

Address: Research Dept of Clinical, Educational and Health Psychology, University College London, 1-19 Torrington Place, London WC1E 7HB

Tel: 020 7679 1897

Thank you for reading this information sheet and for considering to take part in this research study.

Appendix C: Participant Consent Form

RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY

Consent Form

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: 'Do No Harm': Experiences of racially minoritized researchers of conducting 'insider' research
Department: Research Department of Clinical, Educational and Health Psychology & Institute of Cognitive Neuroscience
Name and Contact Details of the Researcher(s): Jesse Masih, jesse.masih18@ucl.ac.uk
Name and Contact Details of the Principal Researcher: Dr. Vaughan Bell, vaughan.bell@ucl.ac.uk
Name and Contact Details of the UCL Data Protection Officer: Alexandra Potts, data-protection@ucl.ac.uk
This study has been approved by the UCL Research Ethics Committee: Project ID number: 25873/001

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

		Tick Box
1.	I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction and would like to take part in **an individual interview.**	
2.	I understand that I will be able to withdraw my data up to 4 weeks after the interview.	
3.	I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified. I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications. I understand that confidentiality will be maintained as far as possible, and the limitations to confidentiality outlined in the information sheet. I understand the researcher may have to inform relevant agencies based on risk to self and/or others.	

Doctoral Programme in Clinical Psychology
University College London Gower Street London WC1E 6BT
General Enquiries Tel: +44 (0)20 7679 1897
http://www.ucl.ac.uk/clinical-psychology

4.	I consent to participate in the study. I understand that my personal information *(contact details, age, gender)* will be used for the purposes explained to me.	
5.	I understand that my special category data (ethnicity, race) will be used for the purposes explained to me. I understand that according to data protection legislation, 'public task' will be the lawful basis for processing.	
6.	I understand that my information may be subject to review by responsible individuals from the University (to include sponsors and funders) for monitoring and audit purposes.	
7.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise.	
8.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
9.	I understand the direct/indirect benefits of participating.	
10.	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.	
11.	I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future.	
12.	I understand that I will be fully compensated for participating and will receive £10 or the same amount given to a charity of my choosing.	
13.	I understand that the information I have submitted will be published as a doctoral thesis and I wish to receive a copy of it. Yes/No	
14.	I consent to my interview being audio/video recorded and understand that the recordings will be destroyed immediately following transcription.	
15.	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
16.	I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
	I agree to being contacted after the data analysis is completed to participate in member checks as explained to me in the information sheet.	
17.	I am aware of who I should contact if I wish to lodge a complaint.	
18.	I voluntarily agree to take part in this study.	

If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.

	Yes, I would be happy to be contacted in this way	
	No, I would not like to be contacted	

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature

Appendix D: Interview Schedule

Topic Guide

Please see below an example of how the researcher will set the scene of the interview.

Thank you for taking the time to meet me today to have a conversation about your experience as an 'insider' researcher in relation to your racial identity. Our interview should last between 60-90 minutes.

Before we begin, I believe it would be important for me to share my own identity as I will be asking about yours. In terms of race, I am multiracial, with both White British/European and South Asian heritage. As we will be referring to your racial identity and your personal experience as an 'insider' researcher, this conversation may feel personal and emotive. I wanted to remind you that we can take a break at any point and please know you can terminate the interview and withdraw from the study at any time. As a reminder, you will be compensated for your participation through either a £10 payment or a donation of the same amount to a charity organization of your choice.

Do you have any questions before we begin?

Setting the scene

Can you tell me about your racial identity?

What is your relationship with your racialized identity?

(Prompts: Has this changed over time?)

What is your understanding of the 'insider' researcher?

Exploring the experience of an 'insider'

Can you briefly describe your research to me?

(Prompts: How did you approach the finding of your research project? Can you tell me about your decision to conduct 'insider' research? Can you tell me what the response from your university was like?)

Can you describe what it is like to be an 'insider' researcher?

(Prompts: Can you reflect on the process of data collection as an 'insider'? Can you reflect on your analysis as an 'insider'? Did your racial identity impact the write-up of your study? Can you reflect on the outcomes and dissemination of your study as an 'insider'?)

What do you think is the impact of your 'insider' status in your research?

(Prompts: Were there benefits to being an 'insider' researcher? Were there any disadvantages?)

Has your 'insider' status exposed you to harm or distress during the research process?

What is/was your experience of supervision during this process?

(Prompts: Do/did you feel support by your research team? Do you think your 'insider' status was considered by your research team? Were any of the research team also 'insiders' to the research and did this have an impact? Were there any other sources of support?)

Future Research

Can you tell me whether this experience has changed the way you view future research?

(Prompts: What do you think can be done to improve the experience of 'insider' researchers when it comes to racial identity? What role do institutions such as universities have in this?)

Would your answers have been different if you were being interviewed by someone of the same gender and/or the same race? (as applicable)

Is there anything you feel that we have missed or have not been able to speak about in detail?

Any further comments/thoughts before we finish?

That now brings us to the end of the interview. Thank you for your participation.

Appendix E: Ethical Approval and Subsequent Amendment

RESEARCH AND INNOVATION SERVICES

UCL

Dr Vaughan Bell
Clinical, Educational and Health Psychology
UCL

Cc: Jesse Masih

16 November 2023

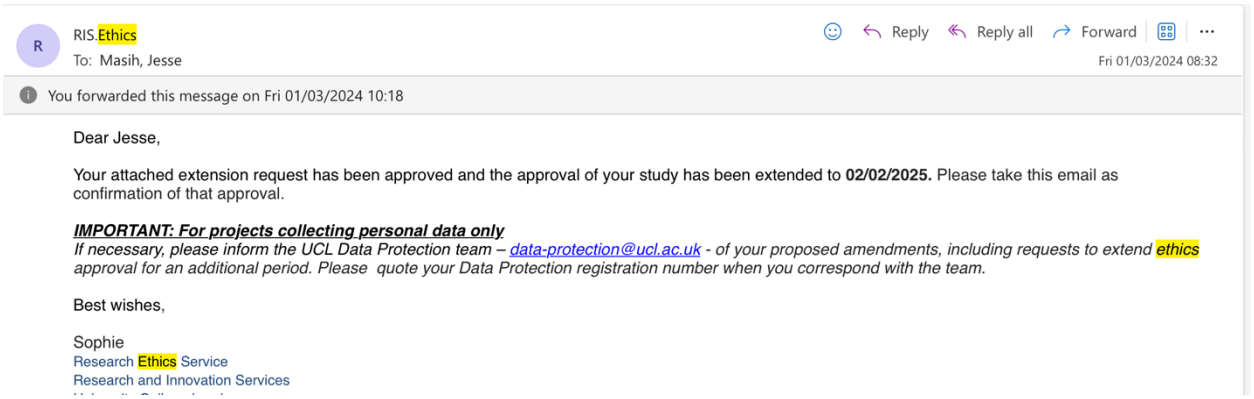
Dear Dr Bell

Notification of Ethical Approval

Project ID/Title: 25873/001 'Do No Harm': Exploring the experiences of racially minoritised trainee and qualified clinical psychologists when conducting 'insider' research

Thank you for submitting the above high-risk research ethics application for review by the UCL Research Ethics Committee (UCL REC).

Further to your satisfactory responses to the review feedback, I am pleased to confirm in my capacity as Chair of UCL REC that your study has been approved until **2 February 2024**.



R RIS.Ethics
To: Masih, Jesse
Reply Reply all Forward
Fri 01/03/2024 08:32

You forwarded this message on Fri 01/03/2024 10:18

Dear Jesse,

Your attached extension request has been approved and the approval of your study has been extended to **02/02/2025.** Please take this email as confirmation of that approval.

IMPORTANT: For projects collecting personal data only
If necessary, please inform the UCL Data Protection team – data-protection@ucl.ac.uk - of your proposed amendments, including requests to extend ethics approval for an additional period. Please quote your Data Protection registration number when you correspond with the team.

Best wishes,

Sophie
Research Ethics Service
Research and Innovation Services

Appendix F: Debrief Sheet

Debrief Sheet

Thank you for taking part in the study. We are grateful for your contribution, and we hope you have found value in your participation.

If you have consented to this, you may be contacted again, for part of the analysis review where we share initial study findings and ask for your views. You will also have the choice to get a summary of the thesis findings via email, after the study is completed. We remind that you are still free to withdraw from the study. (Please note: Four weeks after the interview, is the last point at which your data can be removed from the study.)

If you have found the experience distressing or would like to feedback to the research team, you can also contact a member of the team:

Researcher:	Principal Researcher:	External Supervisor:
Jesse Masih	Dr. Vaughan Bell	Dr. Fabienne Palmer
Jesse.masih.18@ucl.ac.uk	vaughan.bell@ucl.ac.uk	fabienne.palmer@gstt.nhs.uk

If you need further support, you can contact the organisations below for support or further signposting.

NHS Staff Support
Telephone: 0300 131 7000 (available from 7am – 11pm every day, or text FRONTLINE to 85258)
Website: https://www.nhsemployers.org/health-and-wellbeing

SaneLine
SANEline is a national out-of-hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental illness, including family, friends and carers
Telephone: 0300 304 7000

Mind
We're Mind, the mental health charity. We're here to make sure no one has to face a mental health problem alone.
Website: https://www.mind.org.uk/information-support/guides-to-support-and-services/
Infoline: 0300 123 3393

Samaritans
For a listening ear or just someone to talk to the Samaritans are open 24 hours a day, 7 days a week. You can call them on 116 123 (Freephone) or email jo@samaritans.org

If you feel like you might try to end your life, or may have seriously harmed yourself, you need urgent medical help. Please:

- Call 999 for an ambulance
- Go straight to A&E, if you can
- Call your local crisis team - if you don't already have their number, you can find an urgent mental health helpline on the NHS website (https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline)

Appendix G: Example coding

0:52:11.835 --> 0:52:19.435
Winston
So the harm I think came from just being exposed to that and the harsh reality of it.

0:52:28.605 --> 0:52:28.925
Masih, Jesse
Yeah.

0:52:19.515 --> 0:52:33.755
Winston
And apart from documenting it in my diary or speaking to my supervisors, but even then, supervisors we have like an hour meeting or it's hour and a half. It's not like they have a day with me to sit down and be like, can we really talk about?

0:52:34.425 --> 0:52:40.665
Winston
There was still, when I'm thinking about now, there's still aspects of it that stayed with me that I didn't get to really talk about or.

0:52:42.385 --> 0:52:59.185
Winston
Or they won't live it, like people couldn't see what it was like living with, doing this research. So I think as well as managing a health condition alongside of it that was getting, like, triggered by this and triggered by juggling all the things I was struggling in training. So that bit of it, I think of the harm.

0:53:1.445 --> 0:53:8.205
Winston
Yeah, because it it just knocked a lot of my energy and my feelings about training and about.

0:53:9.525 --> 0:53:30.245
Winston
Even just trying to like, even because I think as I was working, finished training, and then was working and doing my thesis alongside of it, there was an aspect of it that I was like, I'm still holding, that I'm not really sharing what it's like to still be even doing this bit of it, like working alongside having to still look at this data. So I think the harm just came from the.

0:53:30.865 --> 0:53:32.105
Winston
Emotional toll.

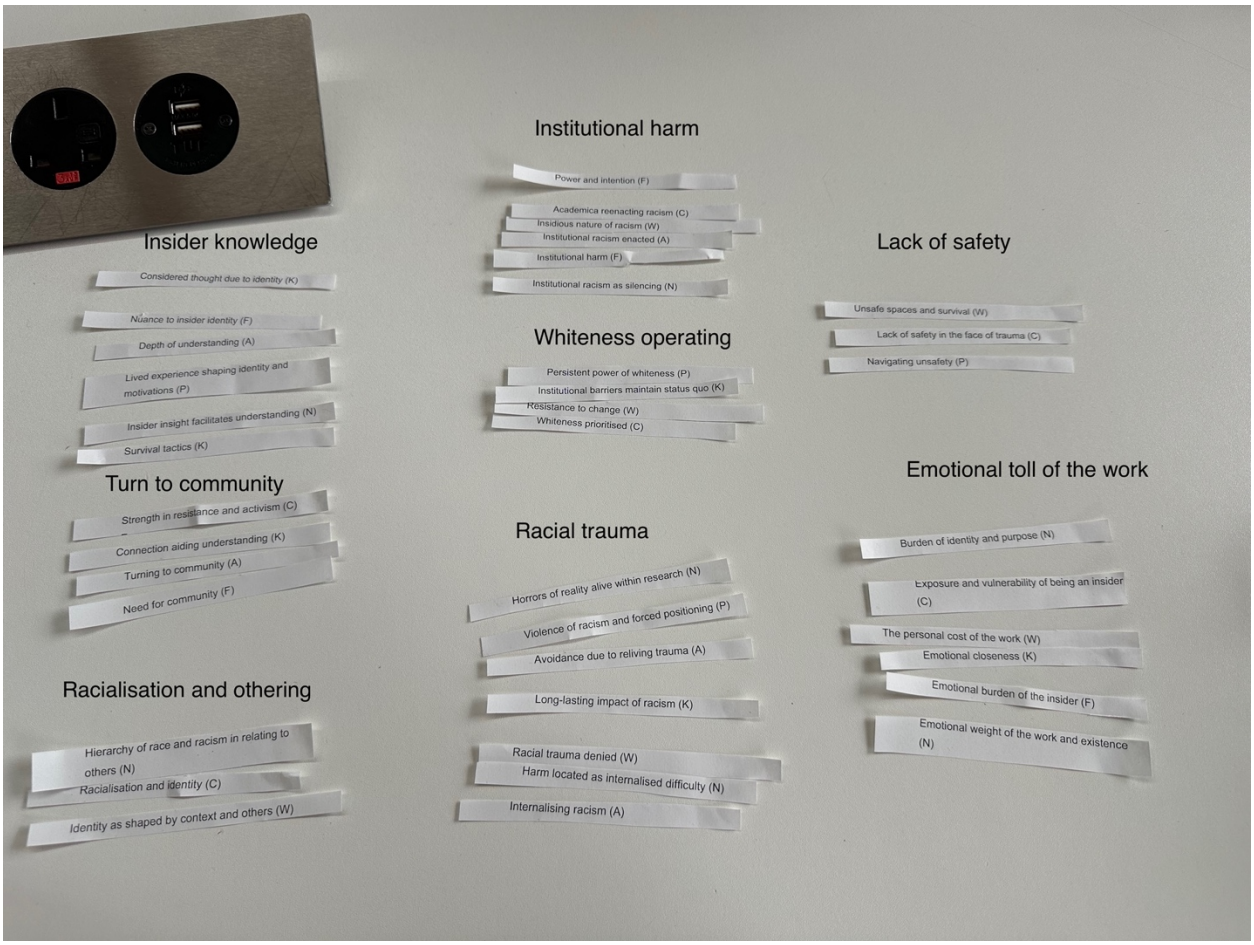
0:53:40.325 --> 0:53:40.525
Masih, Jesse
Mm hmm.

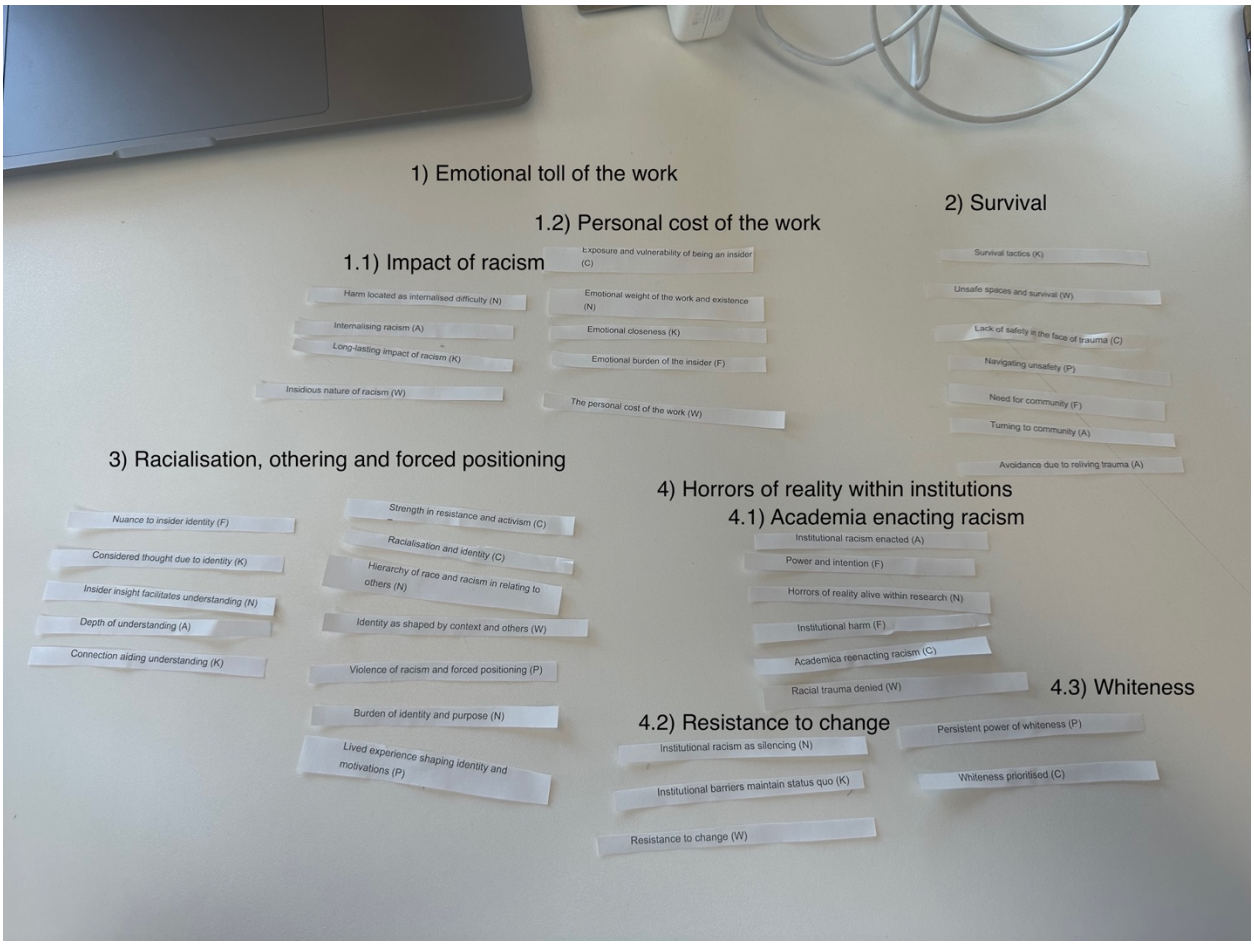
0:53:33.545 --> 0:53:54.505
Winston
And not, not having much spaces to receive support from that, but thankfully I did have

Appendix H: Personal Experiential Theme

Chinwe's Personal Experiential Themes		
Experiential theme	Experiential Statement	Quotes
Lack of safety in face of trauma	Overwhelm of emotion with no safety nor outlet	"Detrimental for me, like I'm feeling the impact of doing this research I'm feeling exhausted I'm feeling overwhelmed and not just from a like because I'm doing a thesis or because I'm doing a project because I'm black and the people that I'm speaking to are black and the questions that I'm asking them about their racial identity and I'm absorbing it all and taking it in and not really having a place to put it." (p28)
	Unethical practice means protection absent in terms of racial identity	"Being a racial insider and how that was like considered to be a very good thing in order to get the project done like part of the uhm..The call out for the the project was that you needed to be black or have a black parent. Umm....So there's like an understanding that blackness aids conversations, but no understanding of like where protection should therefore be afforded in those conversations, whether that's for participants or yourself as the researcher." (p57)
	Cycle of seeking support, being denied and being left to fend for self	I just end up in the same experience of needing help, not getting help, attempting to tell my supervisor it getting shut down and then being like, oh, I'll just do what I want then because that's their protocol. (p47)
Exposure and vulnerability of being an 'insider'	Trauma of shared stories and desire to avoid pain	Get to the point that I'm at now because I was like ohh can't read that transcript It's like I'm on edge, I'm anxious, Overwhelmed. (p29)
	Exposure to pain due to oversight of what it takes to be an insider	As I was just saying, like this idea, so I'd like requested extra support based on the fact that, like I knew that this topic would be distressing because I'm an insider to it and then I didn't get that support. So like, I tried to mitigate against how that painful it would feel to do this research and then didn't get support that I needed. (p27)
	The complexity of witnessing experiences, the sadness and discomfort	also talking about another layer where your mental health is like impacting all these other kind of relationships to self, including your own blackness..So many different layers of witnessing and then so many different layers of like Sadness and being uncomfortable because it's such a strange And privileged position. (p17)
Whiteness prioritised	Whiteness protected by policing speech in spite of the marginalised	But like about the tone of what I'm writing or the way that I'm writing and who like Not who could be offended, but like who Like the worry is about how that positions people based on how I'm writing. So I think I don't know if this counts as red tape, but there's some There's been this sense of, like, maybe don't say it in this way.Say it in this way, because this is more palatable or this is less offensive when I'm like, well, I don't really care of the research is offensive or not because it's speaking to The experiences of the people that I spoke to, so it's not really my problem (p26)

Appendix I: Group Experiential Theme Process


Insider knowledge
Considered thought due to identity (K)
Nuance to insider identity (F)
Depth of understanding (A)
Lived experience shaping identity and motivations (P)
Insider insight facilitates understanding (N)
Survival tactics (K)
Turn to community
Strength in resistance and activism (C)
Connection aiding understanding (K)
Turning to community (A)
Need for community (F)
Racialisation and othering
Hierarchy of race and racism in relating to others (N)
Racialisation and identity (C)
Identity as shaped by context and others (W)
Institutional harm
Power and intention (F)
Academica reenacting racism (C)
Insidious nature of racism (W)
Institutional racism enacted (A)
Institutional harm (F)
Institutional racism as silencing (N)
Whiteness operating
Persistent power of whiteness (P)
Institutional barriers maintain status quo (K)
Resistance to change (W)
Whiteness prioritised (C)
Racial trauma
Horrors of reality alive within research (N)
Violence of racism and forced positioning (P)
Avoidance due to reliving trauma (A)
Long-lasting impact of racism (K)
Racial trauma denied (W)
Harm located as internalised difficulty (N)
Internalising racism (A)
Lack of safety
Unsafe spaces and survival (W)
Lack of safety in the face of trauma (C)
Navigating unsafety (P)
Emotional toll of the work
Burden of identity and purpose (N)
Exposure and vulnerability of being an insider (C)
The personal cost of the work (W)
Emotional closeness (K)
Emotional burden of the insider (F)
Emotional weight of the work and existence (N)


1) Emotional toll of the work
1.2) Personal cost of the work
1.1) Impact of racism
Exposure and vulnerability of being an insider (C)
Harm located as internalised difficulty (N)
Emotional weight of the work and existence (N)
Internalising racism (A)
Emotional closeness (K)
Long-lasting impact of racism (K)
Emotional burden of the insider (F)
Insidious nature of racism (W)
The personal cost of the work (W)
2) Survival
Survival tactics (K)
Unsafe spaces and survival (W)
Lack of safety in the face of trauma (C)
Navigating unsafety (P)
Need for community (F)
Turning to community (A)
Avoidance due to reliving trauma (A)
3) Racialisation, othering and forced positioning
Nuance to insider identity (F)
Strength in resistance and activism (C)
Considered thought due to identity (K)
Racialisation and identity (C)
Hierarchy of race and racism in relating to others (N)
Insider insight facilitates understanding (N)
Depth of understanding (A)
Identity as shaped by context and others (W)
Connection aiding understanding (K)
Violence of racism and forced positioning (P)
Burden of identity and purpose (N)
Lived experience shaping identity and motivations (P)
4) Horrors of reality within institutions
4.1) Academia enacting racism
Institutional racism enacted (A)
Power and intention (F)
Horrors of reality alive within research (N)
Institutional harm (F)
Academica reenacting racism (C)
Racial trauma denied (W)
4.3) Whiteness
4.2) Resistance to change
Persistent power of whiteness (P)
Institutional racism as silencing (N)
Whiteness prioritised (C)
Institutional barriers maintain status quo (K)
Resistance to change (W)

Appendix J: Reflective Journal Extract

25/01/24

- I was highly nervous prior to the pilot study as I did not know how this very novel project would be received and what would be the outcome. It feels daunting to be creating a project from scratch. However, I felt the pilot went very well, the questions seemed well received and produced answers that were in line with what was desired/expected. I reflected that I could have asked for more elaboration and produced more data as the interview was shorter than anticipated but this can be rectified for the main data collection. I was nervous that the open questions of the interview schedule would leave my research question unanswered, however, I was proven wrong. I felt proud and energised by this and it was motivating to continue on with the work.

Appendix K: Bracketing Interview Reflection

21/12/23 – Reflections post-bracketing interview

- I felt nervous about actually going ahead with the research. I worry that I will not do justice to people's stories and experiences.
- It reiterated the importance of clarifying my positionality in the research, to ensure the participants know why I am doing it and being more transparent. Changes from this mean I will add the self-disclosure of my racial identity to the start of the interview. I was anxious about not centring myself to the point I was erasing the impact of my identity and self in my own perception of the study. This meant I had the assumption that I would not be harmed in this process and I would be experience-distant from my participants which could have been a major oversight
- I was reminded through the discussion that I am an insider to my research and this could mirror processes that I have encountered, I had previously been disconnecting from this but this could be detrimental when it comes to collecting data and analysing it. It would be more important that I hold this in mind throughout the process.