



Navigating the Personal and Professional: Insights  
from Global Majority Family Systemic  
Psychotherapists

Dr Derek Nasser

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**Navigating the Personal and Professional:  
Insights from Global Majority  
Family Systemic Psychotherapists**

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A thesis submitted to the University of Bedfordshire, in fulfilment of the requirements for the degree: Professional Doctorate in Systemic Practice

University of Bedfordshire

Institute of Applied Social Research

February 2025

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I, Derek Nasser, declare that this thesis and the work presented in it are my own and has been generated by me as a result of my own original research.

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## Abstract

This thesis explores the journeys of Global Majority (GM) Family Systemic Psychotherapists as they navigate the interplay of personal and professional identities in the UK. By centring and co-constructing knowledge through their personal stories and lived experiences, this research asks: What can we learn from the journeys of Global Majority family systemic psychotherapists as they navigate their personal and professional identities within predominantly white contexts?

Employing a multi-methodological approach grounded in narrative inquiry, critical autoethnography, critical race theory, intersectionality, and storytelling, the study critically engages with participants' narratives. One paired interview and individual narrative interviews with six therapists, three of whom further contributed reflections on their interview transcripts, highlight systemic challenges such as racism, cultural marginalisation, and identity negotiation. While all participants were from the UK, limiting generalisability, the combination of narrative, autoethnographic, and storytelling methods provides rich, in-depth insights into their journeys, thereby illuminating an intricate tapestry of personal and professional identities that broadens the discourse on diversity and inclusivity in mental health practice.

Findings reveal the complex interplay between personal and professional selves, shaped by systemic biases, cultural heritage, and prevailing professional norms. Some themes that emerged include dual identity navigation, resilience afforded by cultural heritage, and ethical positioning, underscore the ways in which GM therapists adapt to institutional inequalities. Participants identified gaps in training and institutional support, calling for inclusive reforms that acknowledge and integrate the diverse lived realities of therapists from GM backgrounds.

This thesis provides original insights into how systemic therapy training and professional practice can evolve to become more inclusive, reflective, and responsive to previously under-acknowledged experiences. It emphasises the importance of integrating therapists' cultural identities into training and practice as assets that enhance therapeutic relationships and foster authenticity. Tailored supervision and peer networks emerge as strategies.

Through the transformative power of storytelling and the co-construction of knowledge, this thesis contributes meaningfully to Family Systemic Psychotherapy. It advocates for structural changes, encouraging professionals and institutions to incorporate the nuanced, culturally informed perspectives of GM therapists, enabling more equitable and inclusive therapeutic spaces, ultimately enriching the field of systemic practice.

## ACKNOWLEDGEMENTS

I have been inspired by many people on this doctoral journey. From the people that I have worked with over the years, clients, colleagues, organisations, peers on the doctorate, my supervisors, as well as family and friends.

My sincere appreciation to the participants who took part in this research. Their time and resources in generously sharing their incredible narratives for this thesis, which includes stories of family and culture embedded in who they are as people and professionals.

I want to acknowledge the support and encouragement from my supervisors. To Dr Julia Jude, you inspired and enhanced my knowledge, helping to create paths when I couldn't see past the trees. To Dr Liz Day, who stepped in as a supervisor for the last part of the journey, I am grateful for your support and wisdom. To Professor Emily Munro, thank you for all of your contributions and support, especially the key questions you have asked to get me to think about why I decided to do things the way I have. To Professor Ravi Kohli for your wisdom, rigour and kindness in your input towards the end of my doctoral journey. To Dr Gail Simon and the rest of the team who facilitated the programme, thank you all. I want to thank my cohort six colleagues, in particular Marilena and Mark, for their company during this journey, what a pleasure.

I want to thank my wonderful friends and incredible family for their support and encouragement. In particular, my sister Lernik, my dad and my good friend Cy. Hendrix, thank you for all of our conversations over the years that have influenced me personally and professionally. Mum, you are incredible, and you do not even know it. You are my hero, and I love you.

To my son Roman, you continue to inspire me, and at points when I have felt unmotivated, you have given me purpose, vision, and drive to keep going. This is for you.

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# Prologue

## My story

### *Refugee*

*“We came here to find refuge / They called us refugees / So we hid ourselves in their language / until we sounded just like them / Changed the way we dressed / to look just like them / Made this our home / until we lived just like them”.* (Bola, 2015).

“Time can’t be fixed. To address the past (and future), to speak with ghosts, is not to entertain or reconstruct some narrative of the way it was, but to respond, to be responsible, to take responsibility for that which we inherit (from the past and the future), for the entangled relationalities of inheritance that ‘we’ are, to acknowledge and be responsive to the non-contemporaneity of the present, to put oneself at risk, to risk oneself (which is never one or self), to open oneself up to indeterminacy in moving towards what is to come.” (Barad 2010; p. 264).

### *Who I am, who am I? What is becoming?*

In my journey, I've often grappled with the duality of my existence: the professional self and the authentic self. Do others also feel this dichotomy? This thesis delves into the intricate dance of 'belonging', even within the confines of a professional identity. Drawing from my encounters with alienation and difference, I also reflect upon the privileges my education and gender have bestowed on me, navigating a complex web of power dynamics. Throughout, I attempt to remain acutely aware of these factors' influence on my introspective journey, or, as Kotze et al. (2016) term it, 'self-in-relation'.

I will begin by discussing my personal story to situate the research and some of my experiences, followed by a background on the work context.

I am my family's 6th or 7th generation, born in Iran. I was born during the Iran and Iraq war to Armenian Christian parents. We are part of the worldwide diasporic community of Armenians. Armenia is a small, landlocked country in the Middle East, the first in the world to adopt Christianity as its state religion. It has historically been surrounded by hostility from neighbouring countries, including a genocide against the Armenians in the 20th century, with Armenians fighting to keep their rich culture alive. Just recently, these issues came up again in 2020 for Nagorno-Karabakh, historically occupied by ethnic Armenians. A war broke out between Armenia and Azerbaijan, with the eventual resolution that regions were conceded,

and many Armenians had to leave their homes and start their lives again, an experience that Armenians have had to live over and over in our long history.

The story in my family is that we (Armenians) were forced to move to Iran in mass; this was during the late 16th and early 17th centuries (Nercissians, 2014), long before the genocide in 1915 forced even more Armenians to flee for their lives. There is no paper trace of when my ancestors moved from Armenia to Iran; family memories do not stretch further than those born in Iran.

My parents and I were born in Tehran, the capital of Iran, but their parents had moved to the capital from smaller villages. My parents lived in Iran during the revolution and still speak fondly of life before the regime change, especially my father, or pap, as I call him. He had grown up in a family where his father had made a success of his business, and the family was, living comfortably.

After getting married, my parents decided to start a family and move to Europe as soon as possible. My father had previously spent a few years in the UK as a student and enjoyed his time there. By moving, they left behind a lot of familiarity, including both of their families, fleeing the Iran – Iraq war and fleeing a way of life that was so different from what they had become accustomed to in their youth. My family's story of Iran is that it can be a good life for Armenians if we know the boundaries, and as such, I still have many relatives living there. There were, however, some issues for my father, who had left Iran at a time when he was due to serve his mandatory military service.

We moved to Sweden as refugees when I was two, almost three. Somewhere along the line, my mother had a romanticised vision of what living in Europe would be like, a 'progressive', 'more accepting society' away from war towards peace, or so she hoped. Perhaps it also had something to do with the change in regime in Iran, meaning that the new stricter system focused on its values as an Islamic state, further marginalising the needs of people from different backgrounds.

When we moved to Sweden, we lived in the capital city of Stockholm for six or seven years until I was nine. It was not without its challenges, as we lived with family and friends for the first year and were there until we could rent our place. I had not even remembered this due to my age and the number of times we had moved, but my mother had reminded me in a recent conversation. I became fluent in Swedish, the third one I had to try to learn by this age. However, I had long forgotten the Farsi language as we only spoke Armenian at home.

Regarding learning new languages, the focus within the education systems I was part of was always on ensuring your spoken language was good enough to join mainstream education, with little or no attention given to supporting children to maintain their first language skills. This could have been done by being challenged with a more complex understanding of our first language to support good frameworks for developing language skills while learning new languages so that family culture, parent-child roles, family identity, and self-confidence could be preserved (Clifford et al., 2014). Though in Sweden, I did have occasional lessons in Armenian, separately from all the other children, there was some commitment to me continuing to further my language, which was a positive.

A few other Armenian families had moved to Sweden from Iran around the same time as us, so we had a small support network. My recollection of not fitting in Sweden is minimal, as are my memories of experiencing racism, apart from the occasional comments, for example, while using public transport and comments that would occasionally be made to my parents. The landscape and narratives for refugees differed in the 1980s and 1990s. In Sweden, from 1970 to 1985, immigration changed from labour to refuge (Nilsson, 2004).

My father had more negative experiences than the rest of us. It would be too simple to say that this was purely to do with how he felt he had been treated and the opportunities he had been afforded; there were other factors for him. As someone who had grown up with a comfortable lifestyle, I imagine that it would be hard to move to different countries and not have any money, with the means of making money being mainly from manual or cash-in-hand type jobs, with no scope for a 'professional job'. Nonetheless, he felt that we were no longer able to stay.

Though we had not become citizens, he decided and was somehow able to move us to Scotland, where his brother lived. There, in Glasgow, as a nine-year-old at an English as a Second Language (ESL) school, I learned the language I now write. In due course, I began to forget the previous language, Swedish, that I had become fluent in.

In Scotland, I attended a school where nobody else spoke the same language as me, and the similarity between children was that we did not speak a shared language. Again, there was no focus on the language that we already knew. In Sweden, my experience was different in that someone was commissioned to come in weekly to help me improve my Armenian. The community there was small, so it was, in fact, a family friend who facilitated this. Reflecting now, this small act in my schooling made a significant difference that I had enjoyed: that my otherness was valued in contrast to the experience of all of our differences while in school in

Scotland, where the focus was on becoming good enough speakers of English to move to a mainstream school.

In Glasgow, my father had been working in a fast food restaurant in the town centre for very little money, and at a time when all four of us were living out of a small room in his brother's house. I recollect this being a tough time for my family. After less than a year of struggling to settle well in Scotland, my parents moved us to London, hoping for better financial opportunities. During this time, we still had refugee status, with the hope that one day we could become European citizens.

When I first started school in London, it must have been quite unusual for the other children in this school to greet this little Iranian Armenian boy who had moved from Stockholm to Glasgow and was now in London with broken English spoken with a Glaswegian accent. Luckily, my school was very diverse, and I soon made friends. I had become quite good at that, having had to start over several times. I still have a couple of the same friends from that time. It was not always that straightforward, though. There were difficult times, and I would get picked on, and though, as a family, we had to be resilient through a lot of change, I was still a pretty sensitive child. I would often hold these feelings in. Life was not easy for any of my family members, and the last thing we would want to do was talk about how difficult things were for each of us. Perhaps this is precisely what we should have done, but talking through struggles was not how we dealt with things back then; we tried to manage by being together, thinking about each other, and eating together. As such, I had started to develop some coping mechanisms around managing difficult times, or rather, not managing them.

My parents had a tough time, and they dealt with things in very different ways. This left my sister and me trying to work out how to cope and deal with issues while trying to figure out how we could help. It was a tumultuous time in my life, where we were isolated and close-knit as a family unit in some ways but very isolated as individuals.

After two failed attempts, we were eventually granted indefinite leave to remain in the UK on the final appeal, and at the age of 18, I finally received my British passport. I have spent the time since living in London. These few paragraphs go some way, but they do not quite do justice to the emotion and experience of this plight, going through this process (Smith, 2016). It also only captures my experiences and recollections of my family's experiences. It doesn't capture the experiences of millions of other refugees and asylum seekers worldwide.

From the age of 18, I started travelling again, including three visits to Armenia and, a few years ago, a visit to Iran. I have experienced many transitions and important experiences, including moving home several times, changing jobs, and having my son Roman, who is now seven years old.

Of everything I recall about my childhood, the feeling of being an outsider stands out the most. My family moved frequently, so I felt I only had the chance to put down roots or establish long-term friendships later in life. As a child, I did not fully understand why we had to keep moving, but I knew it made me feel isolated and disconnected.

I tried my best to blend in to counteract this feeling of isolation. I did not want to stand out or draw attention to myself, so I made every effort to conform to the norms of my surroundings. I held back my opinions and thoughts; afraid they would cause conflict or make me seem different. I pushed back my wants and needs to the point that I did not recognise or could not name what these were, and they are still present in my life to some degree. A simple example is my mother's story about other children visiting us. They would play with my toys, and instead of playing with them or having an issue with them playing with my toys, I would sit there and watch them.

It was not just my thoughts and opinions that I suppressed, either. I often stifled my personality and quirks, hiding them away to avoid drawing attention to myself. I learned to observe the behaviour of those around me and to try to adapt my behaviour accordingly. It is only now, looking back on those years, that I can see how much effort I put into trying to fit in. While it helped me navigate some tricky social situations, it also affected my sense of self. Suppressing my thoughts and feelings made me feel invisible and insignificant.

My childhood experiences of moving frequently and feeling like an outsider not only had a significant impact on my personal development but also influenced my career path. Although my efforts to fit in helped me navigate those circumstances, they had long-lasting effects on my sense of self and my ability to express myself openly. Consequently, I developed a strong stance on social justice, driven by the desire to ensure that others did not feel invisible or insignificant. This passion for creating a more inclusive environment has been a driving force behind my work. However, despite my commitment to this cause, I still struggle with feeling free to be myself in certain situations, such as those where there may be certain expectations of me. This has sometimes made it difficult to feel comfortable in the workplace or academic studies. I continue to work on finding my voice and expressing myself more openly so that I

do not feel compelled to suppress thoughts or opinions, and that is precisely why I am on this journey and looking into who I am.

Growing up in a working-class family and living in social housing for most of my life, including a period in a homeless hostel, has given me a unique perspective on life. Unfortunately, society's negative portrayals of those in similar circumstances have led to feelings of inadequacy and invisibility. Television shows like *Benefits Britain* and *Benefits Street* are examples of what Jeremy Corbyn referred to as "*poverty porn*," which perpetuates negative stereotypes and contributes to these damaging narratives (Wagner, 2015, p. 243). As a result, I have often kept these aspects of my life separate from my professional identity. However, I recognise the importance of reframing these experiences to drive my ambition and fulfil my potential.

Throughout my journey as a professional doctorate student, I have encountered various challenges that have caused me to re-examine some of my deeply held beliefs. One such belief was the notion of giving more weight to the knowledge and experiences of others over my own or my family's. I used to think that the opinions and perspectives of others were more valuable and important than my own, and I often subordinated my voice in favour of others.

However, I realised the value of my experiences and insights during my studies. I recognised that my perspective was unique and worth sharing and that I was doing myself a disservice by suppressing my voice. This realisation was both empowering and liberating and has had a big impact on my life and my practice.

At the same time, I also came to appreciate the skills that I had developed from my tendency to prioritise the perspectives of others. Being attuned to others' needs and desires and adept at reading social cues has allowed me to navigate social situations more effectively. It has opened doors for me in certain contexts. For instance, I have found that this skill has been useful in my professional interactions with colleagues and clients and has helped me build strong relationships and establish trust.

While re-evaluating my tendency to privilege the opinions of others has been a challenging process, it has also been a valuable one. By recognising the importance of my perspective and the skills I have developed from considering others' viewpoints, I have become a more effective communicator and confident and self-assured individual.

All these experiences have provided me with a rich tapestry of lived experiences often undervalued in professional settings. While there may be subconscious thoughts that these aspects of my life are not good enough or associated with being a second-class citizen, I have realised that they can add tremendous value to my outlook, ethics, and morals. By deconstructing the negative elements of these experiences, I am working to reframe them positively and embrace them as part of my professional identity. Although challenging, I am committed to breaking down these barriers and expressing more of my whole self in all areas of my life.

This commitment to breaking down barriers and expressing oneself can be challenging when faced with the pressure to conform to a privileged professional identity. This pressure to conform can often result in renouncing some aspects of oneself to fit in or take on a privileged identity. Even when looking in the mirror and feeling like a 'professional', it can be challenging to reconcile this identity with one's true self. This struggle can lead to alienation and a loss of identity, as Fanon (1952) described in his work on identity and colonialism. However, acknowledging and embracing all aspects of one's identity makes it possible to find a sense of wholeness and authenticity in both personal and professional contexts.

This idea of 'professional' fits within biased perceptions of understanding other ways of doing things (Said, 1978). The sets of values that I have from my own story do not quite fit with the ideas that I have gathered about what a professional is, in the same way, that someone who is not familiar with the way my family do things could come to my house and feel they have to completely change what they are doing to fit what might be the expectation, which is much less likely to happen if that person thinks that their way of doing things should be privileged. The idea of 'professional' also fits in with the dominant imperialist ideas of class and achievement, which portray their values (Said, 1978) and can portray a condescending attitude toward other ways of being, something Said referred to as Orientalism.

By moving around to different countries and looking for acceptance into a different way of life, our family stories become alienated and diluted. This can also mean that the knowledge we might possess becomes subjugated. This had an impact on my life and the lives of my family. It influences many families, our experiences, and how we see ourselves. The repercussions of this did not just stop at personal levels; they have significantly shaped my journey as a professional, steering my research interests and influencing how I approach my work.



## Work Context

While starting the PDSP, I worked in a Child and Adolescent Mental Health Service (CAMHS) service in London. I moved my way around services and ended up in a neurodevelopmental team for the last year of that role. The team focused on a diagnosis-led pathway that involved assessing and, in some circumstances, diagnosing children with attention deficit hyperactivity disorder (ADHD) or autism spectrum condition (ASC).

Before this, I was working in the same service in the adolescent team with 15 to 18-year-olds presenting in a crisis, such as after an episode of deliberate self-harm or suicidal ideation. My work in the team included care-coordinating, assessing, and providing family therapy, all of which I tried to do through a systemic lens as much as possible. It was a challenge to navigate due to the dominance of the medical model within the organisation and the medicalisation of mental health (BPS, 2014; BPS, 2011; Conrad, 2007), preventing some of the needs of young people from being met might not meet the diagnostic criteria that are used. I felt a lack of hospitality towards those that I saw. Some colleagues can remain in services such as this, working to make a difference at different levels; I did not feel that I was making enough change to justify staying where I felt my way of working did not fit and was making a limited impact.

Since that time, I have held several different positions. I started a position as a senior clinical practitioner in children's social care, as well as Access and Intervention and Children with Disabilities services. My role involved managing some staff, contributing to direct pieces of work, and supporting social work teams. I then had a role as a Clinical Lead – Systemic Lead in another local authority parallel to working on other projects and in private practice. I returned to a fixed-term position in 2021 until January 2023 as a Clinical Service Manager covering three different service areas, and until January 2023 as the clinical lead for adults with multiple disadvantages across Partnership Southwark. Since then, I have worked in children's social care and private practice.

Before working in CAMHS, my main area of experience was within children's social care, working with many local authorities and county councils across various service areas such as children in need, child protection, looked after children, youth offending teams, and care leaver services. Most families that I worked with in children's social care were low-income households with limited social mobility, limited job opportunities, limited expectations from others, were marginalised, and very often lived in social housing. These were all things that I experienced growing up, so perhaps because I can empathise with some situations, it informs my approach, which has meant that the families with whom I have worked have fed back, not feeling judged and feeling supported with their issues, and have subsequently been quite

willing to work with me. It could also be that I can bring the personal and professional to co-constructing something that feels more authentic with clients.

In addition to the above roles, I have participated in various training events and conferences, including the University of Bedfordshire Professional Doctorate in Systemic Practice (PDSP) Spring School, which I attended in 2017 and 2018. I co-facilitated a workshop, 'An exploration of how we use our different selves,' with one of my doctorate peers.

# Chapter 1

## Introduction

Embarking on this doctoral journey, my investigation dives into the intricate intersection of personal and professional identities within the context of Global Majority (GM) family systemic psychotherapists. The amalgamation of my lived experiences, professional development, and commitment to representation and advocacy has sparked a profound inquiry into how we, as GM family systemic psychotherapists, navigate the ebb and flow of our diverse identities. This thesis seeks to illuminate the intricate dynamics, fostering greater understanding and dialogue within our professional community and beyond. The goal is to explore these dimensions and contribute to developing more inclusive practices. Let us journey together into our shared experiences and understandings, bridging the gap between the 'personal' and the 'professional'.

This exploration is situated within the broader context of systemic psychotherapy, which has evolved significantly over the decades. My research addresses a notable gap, as the narratives and experiences of GM family systemic psychotherapists are often overlooked in the existing literature. By shedding light on these untold stories, I aim to foster crucial professional conversations and advance more inclusive therapeutic practises and experiences for family systemic psychotherapists from GM backgrounds. The research is driven by the overarching question: What can we learn from the journeys of global majority family systemic psychotherapists as they navigate their personal and professional identities within predominantly white contexts?

Adopting a multi-method methodology, I engage in collaborative meaning-making with research participants. I privilege their stories and co-construct knowledge, allowing a multi-layered exploration of experiences.

This thesis illuminates marginalised experiences in the therapeutic realm. The narratives highlight the entanglement of personal, professional, and cultural identities for GM family systemic psychotherapists. By giving voice to these stories and engaging in critical self-reflexivity as a researcher with shared identities, I contribute uniquely to understanding and addressing knowledge, training, and practice gaps.

In the chapters ahead, I map the landscape of professional identity, contextualise the systemic field, delve into training and support, engage with theoretical perspectives, and present participant narratives. This layered exploration, grounded in cultural humility and ethical

engagement, aspires to engage dialogue and contribute to systemic psychotherapy becoming more inclusive of diverse experiences. By journeying into the intersection of personal and professional, this thesis seeks human connection, mutual understanding, and positive change.

I will begin by providing an overview of my multi-method approach, which will help the reader understand some of the theories and methods I use and how they are used.

## An overview of theoretical underpinnings, methodology and methods

### Theoretical Underpinnings

- Systemic Theory offers insights into the relational dynamics within families, therapeutic environments, and broader societal systems. It is also the field in which Family Systemic Psychotherapists train.
- Social Constructionism: Lays the groundwork for understanding identities and experiences as socially and culturally constructed.
- Intersectionality: Provides a lens for understanding the intricate interplay of multiple social identities, such as race, gender, and class.
- Embodiment: Addresses how cultural and social identities are physically lived and experienced, not just intellectually understood.
- Spatio-Temporal Relationalities: Explain how experiences are shaped by the interaction between space, time, and relationships.
- Rhizomatic Understandings: Enable a non-linear, interconnected approach to understanding knowledge and experience.
- Autoethnography/Critical Ethnography: This type of research allows for a deep, reflexive examination of one's own culture and experience, as well as that of the research participants. It brings a personal and critically reflective dimension to the research.
- Critical Race Theory: Essential for dissecting the systemic racial and ethnic biases within therapeutic practices.

### Methodology

1. Narrative Methodology: This methodology involves eliciting and interpreting participants' personal stories and experiences. It is anchored in storytelling and allows for capturing and interpreting complex experiences. By privileging participants' personal stories and lived experiences, it aims to co-construct knowledge.

2. Autoethnography/Critical Ethnography: Used to scrutinise the researcher's experiences and cultural background about the study, enhancing the critical lens through which the research is viewed.
3. Storytelling: A central pillar of the methodology, storytelling serves as both method and output. It is employed to elicit, interpret, and share GM family systemic psychotherapists' nuanced experiences and insights. This method allows for a holistic, authentic, and meaningful sharing of participants' experiences, making the research informative and transformative.

## Methods

1. Paired interviews: Employed to glean experiences and encourage dialogue among GM family systemic psychotherapists while considering vocabulary and initial ideas.
2. In-depth Narrative Interviews: Designed to capture individual stories, these interviews offer a detailed view of the participants' lived experiences.
3. Transcript Review/ Embodied experience: Allowed participants to provide feedback and reflections on transcripts with researchers' notes about embodied experience.
4. Reflective Analysis: This method serves as a tool for introspection and situates the collected narratives within the broader academic and socio-cultural landscape.

## Guiding Principles:

- Collaboration: Fostered participatory, mutually constructed knowledge.
- Embracing Subjectivity: Acknowledged the inherent subjectivity of qualitative research.
- Authentic Representation: Committed to accurately and holistically portraying participants' narratives.
- Reflexivity: Maintained critical self-awareness throughout the research process.
- Ethical Responsibility: Ensured research was conducted ethically with respect for participants.
- The principles for quality research for systemic practitioners.

## Additional Concepts:

- Otherwise Thinking: Ideas to help centre marginalised voices.
- Intra-action and Agential Realism (Barad): Highlighted the inseparability and mutual constitution of meaning-making.

Integrating these theoretical underpinnings, methodologies, methods, and guiding principles aims to provide a multi-layered, nuanced understanding of personal and professional identities in the practices of Global Majority (GM) family systemic psychotherapists. It especially highlights the transformative power of storytelling in both the method and the findings of the research, where the research question is:

What can we learn from the journeys of global majority Family Systemic Psychotherapists as they navigate their personal and professional identities within predominantly white contexts?

## Chapter 2

### Debates about the Terms 'BAME', 'Race', Culture, Racialisation and Whiteness

The terminology we use has profound implications for the discourses surrounding identity, diversity, and systemic practice. In my thesis, I have aimed to navigate these complex concepts, focusing mainly on the experiences of GM family systemic psychotherapists. This section delves into the debates and implications of terms such as Global Majority, BAME (Black, Asian, and Minority Ethnic), race, culture, racialisation, and whiteness, all of which are crucial to understanding the broader context of my research.

#### BAME: Controversies and Alternatives

Despite its inherent limitations, the term BAME has played a key role in bringing to light the structural and institutional biases these communities face (Bhopal, 2018). I wanted to ensure that my continued use of the chosen term was a reminder of the systemic inequalities persisting in our society, and BAME has been widely used in the UK to describe non-white populations. However, the term has faced significant criticism for several reasons. Critics argue that it homogenises diverse groups, masking the distinct experiences and needs of different ethnic communities. Additionally, the term often centres on whiteness as the norm, reinforcing the structures of exclusion it aims to address.

Though I considered using the term BAME, having discussed it in the paired interview and on the consent sheets for participants, I acknowledge that the term 'Global Majority' is more helpful and emphasises the numerical predominance of these ethnic groups worldwide, thereby shifting away from a Eurocentric perspective (Campbell-Stephens, 2021). While this term aims to empower, it is not without its challenges. Some argue that it can obscure the specific socio-political contexts and histories that shape the experiences of different groups within the UK. Nonetheless, due to its merits, I will be using it throughout the thesis in this context to shed light on the marginalised positions these ethnic groups occupy.

#### Race: A Social Construct

Race is a socially constructed concept with no biological basis (Omi and Winant, 2015) but significant social implications. It has been used historically to categorise and hierarchise human populations, often to justify discrimination and inequality. In my research, race is not just a descriptor but a central theme in understanding the lived experiences of Global Majority (GM) Family Systemic Psychotherapists. The social constructionist lens allows us to see race as fluid, shaped by social, economic, and political contexts rather than fixed or inherent traits.

### Racialisation: Processes and Implications

Racialisation refers to the processes through which certain groups are ascribed racial identities, often linked to social hierarchies and power dynamics. This concept is crucial in understanding how GM Family Systemic Psychotherapists navigate their professional identities. The process of racialisation can impact their interactions with clients, colleagues, and the broader professional field, often requiring them to manage and resist imposed identities.

### Culture: Beyond Static Definitions

Culture, often invoked in discussions of identity, can be equally problematic if understood in static or essentialist terms. In my research, I approach culture as a dynamic, socially constructed phenomenon. This perspective aligns with social constructionism, emphasising how cultural meanings are created and negotiated in interaction (Burr, 2015). For GM Family Systemic Psychotherapists, cultural competence involves more than awareness of different cultural backgrounds; it requires a critical understanding of how culture intersects with power and identity within therapeutic contexts.

### Whiteness: The Invisible Norm

Whiteness, often seen as the invisible norm against which all other identities are measured, plays a significant role in the systemic structures within which GM Family Systemic Psychotherapists operate. Critical Whiteness Studies (CWS) explore how whiteness maintains power and privilege, often unconsciously, through institutional practices and cultural norms (Frankenberg, 1993). In the context of family therapy, whiteness can shape professional standards, training curricula, and client expectations, often marginalising non-white ways of knowing and practising.

### Integrating Debates into Practice

The debates around these terms are not just academic but have practical implications for family therapy practice. For GM Family Systemic Psychotherapists, navigating these complex identities involves a constant balancing act. They must be culturally competent and aware of how race, culture, and racialisation impact their work while also challenging the dominant norms of whiteness that permeate their professional environments.

My thesis highlights the need for a more inclusive and reflective approach to systemic therapy training and practice. This includes not only recognising the diverse identities and experiences of GM therapists but also actively working to deconstruct and challenge the systemic biases that perpetuate inequality.



By engaging deeply with these debates, my research contributes to a broader understanding of how GM Family Systemic Psychotherapists navigate their professional and personal identities within predominantly white contexts. It underscores the importance of reflexivity, cultural humility, and an ongoing commitment to social justice in creating more inclusive therapeutic practices.

## Professional Identity

I will begin by looking at the development of professional roles and professional identity and mapping this alongside the development of systemic family therapy since the 1940s and '50s by exploring literature from this period onward. This will ensure that the historical context of the ideas is captured. The literature search will then be narrowed down to the last 5-10 years to ensure that it is current and relevant.

In this literature review, I used various databases. Please see the table below, which shows the multiple sources of information, the search terms, key findings, time and geographical scope, and the inclusion/exclusion criteria.

Table 2.1 – Databases used

Database/ Journal/ Books	Method Used for Searching	Key Findings Relevant to Study	Time Scope	Geographical Scope	Inclusion/Exclusion Criteria
British Library	Keyword Search: "BAME/ GM Family Systemic Psychotherapists", "Professional Identity", "Personal Identity", "PDSP", "systemic psychotherapy", "indigenous methodologies", "traditional methodologies".	Found studies that explored how GM Family Systemic Psychotherapists navigate dual identities; located historical accounts of systemic psychotherapy with a focus on representation; identified works on indigenous and traditional methodologies in therapy.	1977- 2022	Global	Included: Academic articles, books, theses; Excluded: Opinion articles, non-peer- reviewed publications
ETHOS	Advanced Search: Filters for "family therapy" and "ethnic minorities". Looked for other PhD thesis that had looked at navigating self in the professional.	Located several theses that specifically discuss the challenges and opportunities GM therapists face in navigating their personal and professional identities; highlighted studies that examine the impact of ethnic minority status on therapy outcomes.	2011- 2015	Global	Included: PhD theses; Excluded: master's theses, non-academic publications

Database/ Journal/ Books	Method Used for Searching	Key Findings Relevant to Study	Time Scope	Geographical Scope	Inclusion/Exclusion Criteria
Google Scholar	Search Terms: "BAME/GM therapists", "professional identity", "navigating personal and professional"	Unearthed articles exploring the complexities of personal and professional identities among GM therapists; found studies examining the impact of cultural background on therapeutic practice; highlighted articles that focus on the need for more inclusive practices in systemic psychotherapy.	1977- 2022	Global	Included: Peer- reviewed articles; Excluded: Non- peer-reviewed articles, conference papers
Journals	Search Terms: "BAME / GM therapists", "minority therapists", "identity in therapy"	Found articles that discuss the intricacies of identity negotiation among minority therapists within the family therapy context; located research that delves into the impact of personal identity on professional practice, with a focus on systemic perspectives.	1977- 2022	Global	Included: Peer- reviewed articles published in this specific journal. Non-peer- reviewed articles also included
Bedfordshire Electronic Library	Advanced Search: "BAME / GM Family Systemic Psychotherapists", "identity in therapy"	Located e-books and articles that specifically delve into how BAME Family Systemic Psychotherapists manage their personal and professional identities; identified works that explore the unique challenges and strengths that come with being a GM family systemic therapist.	1977- 2022	UK	Included: E- books, academic articles; Excluded: Non- academic e- books, non-peer- reviewed articles
Books (Various Publishers)	Search Terms: "BAME / GM therapists", "identity in therapy", "personal and professional identity"	Discovered books that provide in-depth explorations of the interplay between personal and professional identities, particularly focusing on the unique experiences, challenges, and opportunities that GM therapist's encounter; found publications that discuss the influence of storytelling and narrative techniques in therapy, which are particularly relevant to your methodology.	1927- 2018	Global	Included: Published books; Excluded: Self- published books, non-academic publications

To ensure that the key findings are representative of the literature rather than 'cherry-picked,' several measures were taken:

- **Comprehensive Search Strategy:** The search strategy was detailed, including a broad range of keywords and search terms relevant to the research questions. This ensures that the search is as comprehensive as possible.
- **Inclusion/Exclusion Criteria:** Clearly define the criteria for including or excluding studies. This was based on the study's methodology, the population studied, and the publication type.
- **Time Scope & Geographical Scope:** I specified my literature search's time frame and geographical scope. A balanced view often necessitates looking at studies from different times and places.
- **Multiple Sources:** Utilised multiple databases and types of sources, including peer-reviewed journals, theses, and books. This adds layers of perspective to the findings.

#### Professional identity: located in literature

Lawler (2008) suggested that the literature on professional identity has emerged recently and is becoming more relevant as personal and professional selves are increasingly distinguished with the shift to modern professional roles. As countries transitioned from production-based to service-based economies, there was an increasing emphasis on education and degree qualifications for securing professional jobs in the service sector (Schettkat & Yocarini, 2006). This shift has contributed to the growing prominence of professional identity.

There are numerous ways of understanding what professional identity means. Iannaccone (2006) defines it as "a concept of the self as a professional that has integrated the beliefs, values, attributes, motives and experiences of a profession" (p.303). Cheshire (2000) adds that the development of this identity occurs over time, involving changes in both the individual and the profession. Lay and Smith (2010) define professional identity as a person's image of themselves as a professional. However, none of these studies fully explore the mutual influence of personal identity on professional identity, particularly within the context of systemic therapists.

Gregg and Magilvy's (2001) study on the development of professional identity in nurses focused on the impact of professional identity on personal identity, concluding that professional identity is often integrated into personal identity. However, this research lacks a focus on the role of cultural identity, especially for nurses from global majority backgrounds, where culture might significantly shape this integration.

Research has shown that the cultural experiences of minorities living in Western societies can lead to issues with identity and identity conflict (Bell, 1990). This occurs when certain aspects of a person's identity are marginalised to fit into a dominant culture, such as in the workplace. For example, global majority professionals may feel pressure to adopt workplace cultural norms while maintaining their cultural identity, leading to potential conflicts. There has been a propensity to present some cultures as ahistorical and essentialised (Nathan, 2015; Zilliacus et al., 2017).

A study by Race for Opportunity (RfO, 2012) explored how cultural identity impacted the experiences of Global Majority women in senior business positions in the UK. The study found that "90% of GM women believed they needed to leave their culture behind to move forward in the workplace" (RfO, 2012, p.12). White women leaders, in contrast, did not perceive racial or ethnic identity as playing a significant role in leadership, showing a gap in awareness. Furthermore, "70% of Bangladeshi/Pakistani women believed they were discriminated against by both White and Asian people in their organisation, creating a dilemma between their own cultural beliefs and attempting to fit the company culture" (RfO, 2012, p.13).

This research underscores the significant cultural tensions Global Majority professionals face in navigating their identities in the workplace. The findings illustrate that while White professionals may be less conscious of identity-related challenges, Global Majority individuals often struggle with maintaining their cultural identity within professional settings.

There are frameworks that therapists from GM backgrounds can consider in their thinking about racial and ethnic identity development, such as those outlined by Shin (2015), which focuses on the unique identity development process resulting from oppression and marginalisation. However, many traditional models of identity development, such as those proposed by Cross (1971), Kim (1981), Ruiz (1990), and Phinney and Ong (2007), have been critiqued for being overly linear and for overgeneralising experiences (Constantine et al., 1998).

Lum (1999) suggests that culturally competent practice requires a focus on cultural awareness, knowledge acquisition, skill development, and inductive learning. He extends Freire's ideas of locating education in students' lived experiences (Nylund, 2006), proposing that focusing on lived experience is key to engaging in culturally competent practice.

Slay and Smith (2010), in their study on African American journalists, examined how 'stigmatised cultural identities' affect the negotiation of professional identity. They argue that individuals from stigmatised minority groups often have restricted views of their professional potential due to societal stereotypes (Nkomo, 1992). They conclude that "minority individuals may have a restricted view of whom they may become professionally" (Slay & Smith, 2010, p.4). This is a critical insight for understanding how GM therapists navigate professional and personal identities.

While these studies are essential in linking culture to identity, there has yet to be sufficient exploration using a systemic lens to examine the experiences of GM family systemic psychotherapists. My research seeks to address this gap by exploring how personal and professional identities are co-constructed in family systemic psychotherapy, applying a systemic lens to these intertwined identities.

#### Within the systemic field

Having discussed professional identity and the experiences of some minority groups, I will now turn to the literature on personal and professional identity within the systemic field. Family therapy has evolved through distinct phases, with different perspectives on the therapist-client relationship. Initially, therapists were positioned as experts tasked with disrupting dysfunctional family interactions. Over time, this role shifted, with therapists becoming more collaborative and co-constructing meaning with their clients, aligning with second-order and social constructionist ideas.

In the first phase of family therapy (1950s to mid-1970s), therapists adopted an expert stance, using models and techniques such as MRI Brief Therapy (Watzlawick et al., 1974; Fisch et al., 1982), Strategic Therapy (Haley, 1963; Madanes, 1991), and Structural Family Therapy (Minuchin, 1974; Colapinto, 1991). During this time, the therapist's personal identity was less significant. However, Murray Bowen (Kerr, 1984; Jensen, 2008) emphasised the importance of therapists understanding their family backgrounds to inform their practice.

In the second phase (mid-1970s to mid-1980s), the focus shifted from first-order to second-order cybernetics (Hoffman, 1981), with constructivism gaining popularity. Constructivism posits that reality and knowledge are personally and interpretively constructed (von Glasersfeld, 1984; Nel, 2003). This phase encouraged a collaborative therapist-client relationship, where meaning was co-created. Notably, the Milan team's work (Selvini-Palazzoli et al., 1978) exemplified this shift toward a more collaborative approach.

The third phase, beginning in the late 1980s, saw the rise of social constructionism (Gergen, 1985, 1994), which asserts that reality is shaped through social interactions and language (Burr, 2015). Social constructionism places importance on the role of discourse and cultural, historical, and political factors in shaping knowledge (Gergen, 1994; Burr, 2015). Kenneth Gergen (1991) argued that the self is a social construct constantly evolving through interpersonal relations. Other notable contributors include Michel Foucault (1972), who examined power relations in discourse, and Pierre Bourdieu (1986), who focused on the influence of social class and cultural capital.

Social constructionism moved away from viewing individuals as autonomous, instead focusing on how ideas are shaped within cultural and linguistic contexts. Nichols and Schwarz (1998) explored the notion that since both sides are not bringing truth to therapy, both therapist and client create new meaning together in a space where they “*share opinions and respect each other’s perspectives*” (p.324). The role and identity of the therapist are thus again being seen differently. Narrative therapy (White & Epston, 1989; White, 1989, 1995) and solution-focused therapy (de Shazer, 1982, 1985; Berg, 1994) emerged during this phase, emphasising storytelling and strength-building to create change. This period also saw increased attention to social justice, power, and privilege.

The Feminist critique of the 1980s prompted deeper integration of power, privilege, and social justice issues into family therapy (Nel, 2003). While these topics were initially covered in some training areas (Falicov, 1998), more recent efforts have worked toward full integration (Falicov, 1995, 1998; Wheeler, 1985; Schindler-Zimmerman, 2001). Greater cultural awareness became essential in addressing family dynamics (McGoldrick et al., 1982; Falicov, 1983).

Narrative therapy draws from post-structuralist thought, such as Foucault and Derrida, to situate personal stories within broader sociocultural and political contexts (White & Epston, 1990). This approach positions therapists as supporters of clients experiencing oppression due to systemic issues (Carr, 1998). Dickerson (2014) highlighted the complexity of context and social justice issues in contemporary family therapy, advocating for a more “complex understanding of context, of multiplicity and of social justice” and that “we introduce autoethnography as a research genre, wherein the process of writing, self and culture are brought into dialogue, asserting multiplicity” (p.30).

Just Therapy, developed in New Zealand, addresses cultural and justice issues, emphasising the importance of therapists’ cultural knowledge (Waldegrave, 2003). Craig’s (2003) review of Just Therapy, drawing on Foucault and Freire, stressed the importance of addressing cultural

and gender discrimination. In this model, therapists are encouraged to connect with clients' sacred stories, and cultural consultations ensure that therapists avoid imposing meanings that might have colonising effects.

Dr Kenneth Hardy introduced the term 'GEMM' as an acronym for 'Good Effective Mainstream Minority therapist', highlighting the therapist's role within the mainstream therapeutic domain while simultaneously recognising their minority status. This concept is particularly significant in the context of Hardy's critique presented in 'On Becoming a GEMM Therapist: Work Harder, Be Smarter, and Never Discuss Race' (Hardy, 2008). This paper dissects the prevailing attitude within therapy circles that tends to sideline discussions about race, suggesting an unspoken ethos of "work harder, do better and never talk about race." He states: "As trainees of colour, they can ill afford to focus on just learning the rudiments of family therapy theory, completing clinical hours, mastering therapy, or excelling academically and intellectually. They must also do the hard work of meeting the field's expectations to become a GEMM therapist" (Hardy, 2008, p.463).

Therapists must recognise the importance of these discussions in therapy, acknowledging each therapist's individual journey and the broader systemic challenges within the field. Dr. Hardy's GEMM framework presents a compelling case for integrating personal identity in therapeutic work, urging the therapeutic community to address its biases and blind spots.

Building on the foundation set by Hardy's influential work in multicultural competence, intersectionality, and the GEMM model, my research aims to explore areas that have been less illuminated in previous literature. While Hardy's work provides a nuanced understanding of the therapist's self-awareness and cultural identities, it does not specifically focus on the experiences of GM family systemic psychotherapists. This research, however, concentrates on how these therapists navigate and co-construct their personal and professional identities.

Family therapy has continued to evolve, with recent phases emphasising diversity, inclusivity, and collaborative approaches that recognise the power of language in shaping reality (Levin & Gil-Wilkerson, 2019). Earlier phases primarily addressed internal psychological processes, but the field has since expanded to consider cultural, societal, and systemic factors (Gurman & Fraenkel, 2002; Goldenberg & Goldenberg, 2017). Current trends emphasise cultural competence, acknowledging the importance of race, ethnicity, and other factors in shaping family dynamics (Becvar & Becvar, 2013).

Collaborative and dialogic approaches are gaining prominence in family therapy. These approaches focus on language and discourse as key elements in shaping reality. They encourage families to engage in conversations that create new possibilities and promote change. Rather than focusing on problems, these approaches focus on strengths and resources and aim to empower families to take control of their lives and make positive changes (de Shazer, 1985).

In the realm of family therapy, particularly when engaging with minority ethnic families, the importance of cultural and linguistic matching has been highlighted. For example, Singh and Clarke (2006) comprehensively explore these dynamics through their work. In an example of work with a Sikh family, they underscore the benefits and challenges inherent in such therapeutic approaches. Their case study illustrates the complexities of how therapists who share or differ in cultural backgrounds with clients can significantly enhance the therapeutic process by increasing curiosity, considering power differentials, building trust, reducing miscommunication, and validating the clients' cultural and social experiences.

Singh and Clarke's findings highlight that cultural matching facilitates the joining process, where therapists' and clients' shared experiences can lead to a deeper mutual understanding. However, they also caution against the potential pitfalls of over-reliance on cultural matching, such as the risk of assuming homogeneity within cultural groups and the possibility of bias or a lack of curiosity in exploring unique aspects of clients' experiences. This duality underscores the complexity of cultural competence in therapy, where the balance between understanding and over-generalisation must be carefully managed.

Furthermore, Shahnava (2022) expands on this concept by emphasising the critical role of linguistic matching in therapy. Her work highlights that providing therapy in a client's preferred language can enhance clarity and allow for more authentic emotional expression. Shahnava underscores the importance of linguistic matching in capturing cultural nuances and ensuring that the therapeutic process respects and incorporates the client's cultural context. This approach aligns with the broader systemic perspectives in family therapy, advocating for a holistic consideration of clients' cultural and linguistic identities.

The integration of these insights is particularly relevant to understanding the professional experiences and growth of therapists from the global majority. These therapists often navigate complex cultural and linguistic landscapes, both in their interactions with clients and within their professional environments. The emphasis on cultural competence and the need for continuous reflection on personal and cultural identities resonate with the professional



journeys of global majority therapists. Incorporating these perspectives into the broader discourse on family therapy underscores the importance of cultural and linguistic matching in enhancing therapeutic outcomes. It also highlights the significant role that global majority therapists play in promoting cultural competence and equity in the field. The insights from Singh and Clarke (2006) and Shahnava (2022) provide a valuable framework for understanding and supporting professional experiences.

### Impact of clinical training on personal and professional identity

The focus on methodologies and models in clinical training may unintentionally downplay the significance of therapists' personal and professional identities, potentially limiting therapeutic effectiveness. We need to incorporate therapists' individual identities into training to ensure we understand the profound impact these can have on therapeutic outcomes.

Family therapy has evolved considerably in recent decades, with the UK offering an increasing number of four-year part-time training programmes through postgraduate routes (Nel, 2003). However, these programmes often prioritise techniques and interventions over self-awareness and self-discovery for the therapist (Flaskas, 2005). While techniques are crucial, understanding the therapist's inner world and relational style is equally essential for building genuine therapeutic relationships.

Self-awareness and reflexivity are vital components of effective therapy (Levy, 2014). Reflective practice encourages therapists to examine their responses, identify underlying assumptions, and explore alternative perspectives (Hawkins & Shohet, 2012). By developing self-awareness, therapists can avoid imposing their values on clients and better tailor interventions to individual needs (Murdock, 2013).

Research supports the importance of the therapeutic alliance and the therapist's self in facilitating client outcomes (Sprenkle et al., 2009). Sanders (2016) argues that the aesthetic of engagement, which underpins the therapeutic alliance, is shaped more by interrelationships than by technique. Drawing on Levinas, Sanders (2016) suggests that relational perspectives on identity formation align with the co-creation of therapeutic spaces, moving beyond an egocentric approach.

During my training, I learned various models such as Structural, Narrative, Milan, Strategic, and Solution-Focused, but found little emphasis on exploring my personal experiences. As I gained experience, I began to integrate my background into my work, though I had to develop my frameworks for doing so, as these aspects were not covered in my formal training.

In my master's dissertation (Nasseri, 2014), I examined how trainee family systemic psychotherapists use their personal identities in practice. My findings revealed a focus on training on models and techniques, often at the expense of exploring the individual therapist's unique qualities. This suggests that incorporating personal identity into training could enrich therapeutic practice, fostering a more holistic and relational approach.

Green and Kirby-Turner (1990) highlighted that for individuals with an established professional identity, entering family therapy training often requires them to jeopardise that identity and assume the role of a novice. Jensen (2008) noted that the identity of a scientific practitioner and the move towards 'evidence-based practice' has contributed to the limited attention paid to the relationship between personal and professional life in psychotherapy training. As Jensen pointed out, this may explain why so little research has been conducted in this area (Jensen, 2008, p.10).

In the UK, family therapy training, as outlined by the Association for Family Therapy (2015), includes Personal and Professional Development (PPD). The idea is that personal and professional growth are interrelated processes. In my training, we had monthly PPD sessions where participants could discuss personal and professional issues with a facilitator. However, the topics raised depended heavily on the participants' comfort levels in sharing sensitive or personal concerns. Some colleagues encountered resistance when attempting to raise delicate issues, compromising the sense of safety required for open exploration.

There is considerable support for integrating the therapist's knowledge and identity into training. Carpenter (1984) argued that training should prepare individuals to practise family therapy rather than focusing on developing distinct professional identities. Nel (2003) expanded on this by suggesting that if trainees could integrate new knowledge into their existing identity, they would no longer face the dilemma of choosing between professional and personal identities. This approach encourages a more holistic understanding of identity in training, integrating feminism, culture, gender, and ethnicity into the core of the curriculum rather than treating them as separate concerns.

Green and Kirby-Turner (1990) described family therapy training as an experience that involved "degradation and abrogation of any past competence to better inhabit a fresh, professional identity" (p.147). Simon (2006) supported that family therapy training should place the therapist's views at the centre to ensure congruency between their worldview and practice. Critics have argued that focusing too much on the therapist's worldview could hinder the exploration of the client's worldview. However, Simon maintained that therapists should

be capable of both/and thinking considering their worldview in a way that does not overshadow the client's.

A standard method for integrating personal perspectives into therapy is the 'use of self' or self-reflexivity. This can involve therapists sharing aspects of their personal experiences when it benefits the client. Roberts (2005) defined self-disclosure as the transparency in revealing methods, beliefs, values, and personal experiences that may influence therapy. Hill and Knox (2002) described it as when therapists share personal information with clients. Roberts (2005) added that this disclosure should be relevant to the therapeutic process and informed by the therapist's personal life.

Rober (1999) suggested that the self of the therapist is an experiential phenomenon that is not based on a fixed core identity. Beutler et al. (2004) called for more research into how therapist personality, well-being, personal values, and religious views impact therapy outcomes, noting that there needs to be more attention in this area (p.290).

Forming a professional identity involves navigating multiple challenges, including vulnerability in revealing one's personal self, negotiating a professional role, and handling ethical and moral dilemmas. Expectations of professionalism and the pressures to conform to a specific role can complicate this process.

Research has established that self-reflexivity can improve the therapeutic relationship when employed for the client's benefit. However, this approach contrasts with some psychoanalytic traditions, such as Freud's 'blank screen' technique, where therapists are encouraged to remain neutral and avoid revealing their personal selves in therapy.

Different training programmes address these issues in various ways. Winslade (2002), for instance, described the Waikato University team's efforts to transform their counsellor training programme by moving away from a focus on techniques and towards a more philosophical approach that incorporated narrative ideas and feminist theory. This shift allowed for a process of 'storying professional identity,' where the therapist's humanity and struggles were acknowledged. Winslade advocated for a more 'modest professional identity,' where the personal and professional selves are not entirely separate but interwoven into practice. His work focused on recognising personal experiences, particularly for therapists from Global Majority (GM) backgrounds, within the context of systemic therapy.

Winslade's (2002) work, set in the context of New Zealand, reflected the need to tailor training to the populations therapists work with. I hope to explore similar ideas in this inquiry, especially considering the complexities GM therapists face when working with diverse communities in the UK.

A study in Australia by Downing (2016) focused on 'non-traditional students' and their educational needs within traditional learning environments. This study proposed six principles to improve the learning experience:

1. Provide learning activities that connect theory and application in authentic contexts.
2. Recognise and incorporate the lived experience of the students.
3. Provide meaningful opportunities for the collaborative construction of knowledge within the learning community.
4. Encourage the development of a reflective, professional identity through collegial interactions in a variety of settings.
5. Provide flexible assessment tasks that reflect the requirements of authentic work settings; and,
6. Encourage an increasing level of student ownership of learning.

These principles align with the goals of this inquiry, particularly in encouraging greater collaboration between trainers and trainees in family therapy courses. They suggest a learning process that grants trainees more agency while fostering an inclusive environment.

### Personal Therapy

The debate over mandatory personal therapy in therapeutic training remains significant, especially in Family Systemic Psychotherapy, where it is not currently required. Key arguments for and against compulsory personal therapy focus on self-awareness, burnout prevention, professional development, autonomy, cost, and effectiveness.

Proponents argue that personal therapy fosters self-awareness and reflexivity, enabling therapists to understand their biases and emotional triggers better. This self-reflection is crucial for promoting authentic and effective therapeutic practices (Dryden & Thorne, 1991; Rønnestad & Skovholt, 2003). Additionally, therapy can serve as a preventive measure against burnout by providing a dedicated space to process emotional stress, which is particularly important for Global Majority Family Systemic Psychotherapists who may face unique challenges (Guy, 1987). Experiencing therapy as a client can also offer therapists valuable insights into the therapeutic process, enhancing their empathy and understanding and improving their effectiveness (Norcross, 2005).

Hedges and Lang (1993) propose that therapists can better understand the emotional and psychological journey their clients undergo if they access personal therapy themselves. This enhances their empathy and allows them to reflect on their biases, cultural sensitivities, and the power dynamics inherent in the therapist-client relationship. Such introspection can lead to greater authenticity in their practice and improve their ability to navigate complex interpersonal dynamics effectively.

Critics, however, argue that mandatory therapy may infringe upon therapists' autonomy. They believe therapists should have the choice to engage in therapy based on their own needs and preferences, as making it compulsory could be perceived as paternalistic (Daw & Joseph, 2007). The financial cost and accessibility of personal therapy are also concerns, as therapy can be expensive and finding a therapist familiar with systemic practice can be challenging (Orlinsky, Botermans & Rønnestad, 2001). Moreover, some question the empirical evidence supporting personal therapy's role in enhancing therapeutic effectiveness, with debate continuing about whether it directly improves client outcomes (Macran & Shapiro, 1998).

In Family Systemic Psychotherapy, personal therapy could align with systemic principles by helping therapists navigate the interconnectedness of their personal and professional identities (McGoldrick, 1998). A balanced approach might involve offering personal therapy as an optional component, respecting individual autonomy while acknowledging its potential benefits. Alternative pathways for growth, such as peer reflection, structured self-reflection exercises, and supervision that integrates personal and professional identities, could also support therapists in their development without requiring mandatory personal therapy.

## Chapter 3

### Unveiling Layers: Intersectionality and the Complexities of Identity in Family Therapy

The social GRAACCCEESS framework (Burnham and Harris, 2002; Burnham, 1992, 1993, 2012; Roper-Hall, 1998) is a prominent theory in the UK for examining differences within systemic therapy. It categorises factors like gender, race, ethnicity, and class on a single axis. However, Chantler (2005) critiques this approach as linear and individualistic, isolating these factors from one another.

Intersectionality (Crenshaw, 1989; Collins, 1990), on the other hand, is a valuable alternative. It addresses how social inequalities intersect regarding race and ethnicity. Patricia Hill Collins (1990) advanced this theory, arguing that race, class, and gender are interwoven and cannot be separated. Therefore, an intersectional approach enhances cultural sensitivity in therapy by revealing nuances in clients' experiences across their intersecting identities (Grzanka and Miles, 2014).

The Combahee River Collective (CRC), active from 1974 to 1980, was a Black feminist group influential in intersectional feminism. Their 1977 "Combahee River Collective Statement" articulated the need for intersectionality, even before the term existed, describing how Black women's oppression intertwined with race, sex, and class. This perspective illuminated complexities that were often ignored by both mainstream feminist and Civil Rights movements, which did not fully address Black women's experiences.

The CRC's focus on identity politics highlighted the importance of understanding intersecting oppressions to achieve liberation. While identity politics can be seen as divisive today, the Collective used it to advocate for alliances across identities. They aimed to make marginalised voices heard and understood, emphasising resilience and resistance in the context of social justice.

Feminist intersectionality has been further developed by scholars such as Kimberlé Crenshaw (1989), bell hooks (1990), and Patricia Hill Collins (1990, 2005). This theory centralises power and privilege and explores how oppressions do not occur in isolation (McGibbon and McPherson, 2011; McGibbon and Hallstrom, 2010). Some scholars see intersectionality as focusing solely on oppressed identities (Ferguson, 2000), while others view it as encompassing all identity positions (Nash, 2008). Originating from the effort to highlight women's experiences, intersectionality also helps us understand how marginalised individuals experience compounded prejudices.

Based on my practice experience, this composite case example illustrates the challenge that a parent from a GM background, a father with issues around immigration, might experience services through the lens of intersectionality:

When consulting on a matter where the family was from an African background, the parents were separated, and the mother was no longer able to care for the children. The father had issues with his leave to remain in the UK. Though a preliminary assessment by the social worker concluded that further evaluation of the father should be completed to see if he could care for the children, the decision was taken that this would not be viable. If we looked at it with a social GRAACCCEESS lens, we would consider some of the issues present to ensure that we were thinking about differences; these could have been the father's immigration status and his ethnicity.

If this were a middle-class white family, would we say or do the same thing? Bringing in a critical posture can help colleagues rethink their decisions. However, the application of intersectionality demands that we keep in mind how this man would experience us and how we would experience him as a black African man who is a first-time father with no immigration status, English as a second language, and no recourse to public funds. By applying intersectionality, it becomes clear that these factors cannot be separated.

Intersectionality offers therapists a valuable lens, revealing how multiple identities shape professional experiences and therapeutic approaches. By recognising overlapping systems of power and oppression, intersectionality helps illuminate the unique challenges faced by Global Majority (GM) therapists, particularly in a context rooted in "Black feminist thought" (Carastathis, 2014). By addressing the complexities of identity intersections, this perspective can improve training, supervision, and support for GM therapists (Chan et al., 2018).

For example, the gender pay gap often highlights disparities between men and women but fails to account for differences due to ethnicity, sexuality, and age. This underscores the importance of intersectionality in understanding broader inequalities, often rooted in Eurocentric, masculine structures that shape knowledge production, research, and educational paradigms.

As a researcher and professional, I am mindful of my privileges as a man and aim to elevate GM women's voices. During a workshop on moving beyond "Feminism versus

Multiculturalism” (The School of Law, King’s College London, 2006), identity was framed as a complex interplay of social practices, and culture was seen as a concept that, when misused, can deny agency by reducing individuals to their cultural identities.

Reflecting on my positionality as a researcher, father, and son, I have navigated professional and personal identities through a generative process informed by systemic ideas (McNamee, 2004). Tom Andersen’s reflecting team (Shotter, 2007) and concepts of reciprocal, participative thinking (Shotter, 2016) encourage a relational approach, engaging intuition and embodied experience in therapeutic practice (Payne, Levine, & Crane-Godreau, 2015).

Therapeutic fields have developed a body of literature on valuing differences, with contributions from John Shotter, Sheila McNamee, John Burnham, and David Cooperrider. Shotter (2012) advocates for “witness-thinking,” an engagement with the world as it is, while McNamee (2004) encourages embracing diverse perspectives in family therapy.

Appreciative Inquiry (Cooperrider & Whitney, 2005) takes a strengths-based approach, building on existing strengths to drive change rather than focusing on deficits.

Burnham (2012) also emphasises the importance of the invisible and unvoiced in practice, as reflected in Boghosian’s (2011) work, highlighting the positive impact of acknowledging cultural nuances in therapy for Middle Eastern clients.

These ideas resonate with my master's dissertation (Nasseri, 2014) on the therapist's use of self, where I explored integrating personal and professional identities. This reflection reinforces the importance of recognising one’s intersections to bring authenticity and connection to therapeutic work.

Simon (2006) echoes this idea by suggesting that a therapist’s modality can become an instrument for self-expression. He argues that when therapists integrate their personal identities into their professional frameworks, they activate a more profound sense of therapeutic effectiveness. This aligns with the systemic framework, where the therapist's self is essential to the therapeutic encounter.

Reflecting on these ideas, I have noticed that I need more authenticity when I fail to integrate my personal identity into my practice. This has inspired me to critically examine my writing and practice to remain authentic. I aim to incorporate these reflections into my work, training, and interactions.



Identity is a complex construct influenced by culture, socialisation, and personal values, which shape the therapeutic relationship. The therapist's use of self, which involves consciously integrating personal experiences and reactions, fosters authenticity and trust with clients (Geller & Greenberg, 2012). However, this approach requires self-awareness and ethical consideration (McLeod, 2011).

Achieving genuine self-expression within a therapy modality involves aligning with its theoretical framework and techniques, as well as personal identity and values (Simon, 2006). This mutual activation between therapist and modality can enhance therapeutic outcomes. However, it is also essential to recognise how personal biases and limitations may influence practice.

Integrating personal and professional identities is an ongoing journey that necessitates continuous self-reflection and ethical awareness. Using oneself in therapy enriches the process and enhances cultural sensitivity and authenticity. By applying these principles to practice and training, therapists can foster more meaningful and effective therapeutic experiences for clients.

## Chapter 4

### Beyond the Systemic Field: A Cross-Disciplinary Exploration

In exploring professional identity beyond systemic therapy, I reviewed literature from sociology, psychology, and philosophy to understand identity formation across disciplines. This interdisciplinary approach offers a broader perspective on the unique aspects of systemic therapy while highlighting professional identity development across therapeutic fields. Clinical training often prioritises techniques over self-discovery (Flaskas, 2005), leaving therapists like me to find authenticity and balance between personal and professional identities in practice.

Bucher and Sterling (1977) studied professional identity in medical socialisation, noting that professional training shapes an identity tied to the profession's standards and evidence base, influencing the professionalisation process. Similarly, Stapley (2014) explored identity in counselling psychology, finding that competence and authority were critical in constructing a professional self, often integrating professional aspects into the personal. However, these studies do not address how professional identity might enhance or hinder the integration of personal identity, particularly across diverse backgrounds.

Winslade (2002) argues for a modest professional identity that values the experiences of both therapist and client, a concept that resonates with Boghosian's (2011) findings. In her study on psychotherapy with Middle Eastern clients, Boghosian found that participants valued warmth and cultural sensitivity and criticised rigid professionalism that felt impersonal. This aligns with my thoughts on hospitality and warmth in therapy, as these qualities can foster a culturally appropriate therapeutic alliance, which participants found essential for positive therapy experiences.

Meta-analyses suggest that the therapeutic relationship impacts outcomes more significantly than the chosen modality, with alliance contributing 30-40%, external factors around 40%, and technique only 5-15% (Lambert, 1992; Shadish & Baldwin, 2002; Sprenkle et al., 2009). These findings underscore the importance of developing the therapist's self rather than focusing solely on techniques, suggesting that a strong alliance is crucial to effective therapy. While these aspects are acknowledged, they are not always emphasised in family therapy training, which could benefit from privileging the therapeutic relationship to improve client outcomes.

## Rationale

Throughout my journey, I have drawn on my ways of being and navigating experiences, including the approaches discussed earlier, such as the desire to fit in and belong. However, this has often occurred within the constraints of privileged Western models of thinking and medical models of practice, as highlighted by Timimi (2010), Jensen (2008), Levers (2006), and Dickens (2014).

In my experience working within the UK's National Health Service (NHS), particularly in Child and Adolescent Mental Health Services (CAMHS), I observed a strong focus on gathering risk-related data during assessments. This approach, centred on problem-saturated narratives, often overlooks areas of potential progress or "news of difference" (White, 2007), which could benefit the families involved. Consequently, it usually feels like the primary goal is risk management rather than fostering positive change or a comprehensive understanding.

Clients within the system often report feeling depersonalised, as though they are simply a number in a queue. They desire to understand better the therapist they are confiding in (Service User Group, CAMHS, 2018). With support from my family therapy team, I sought to challenge conventional approaches, avoiding prescribed methods where necessary. By leveraging my strengths, such as building a strong therapeutic alliance through hospitality, I created spaces where clients felt heard and understood, fostering more meaningful engagement and dialogue during assessments.

This professional doctorate has allowed me to reflect on my practice in ways that have made me feel more authentic. I have integrated my personal knowledge and family stories into my work. For example, the concept of hospitality has helped me make meaning and build relationships. I hope this inquiry encourages other practitioners to reflect on their own stories of becoming therapists, creating a space for them to reconsider the knowledge they privilege and whether it comes at the expense of other important aspects of their identity.

This exploration of the personal and professional experiences of GM family systemic therapists will likely interest practitioners considering integrating the diverse skills and stories they possess. By drawing from personal and professional identities, therapists can create a practice that embraces everyday interactions' ordinariness while highlighting strengths that may often go unnoticed or remain in the background.

As a therapist from a GM background, I feel a responsibility to address these issues, especially those related to social justice and political considerations. However, this process should be collaborative and not solely the responsibility of GM therapists. Support from organisations and training institutions is essential in this effort.

While there is increasing literature on professional identity construction in various fields, such as social work (Webb, 2015), there needs to be more focus on the co-construction of professional identities for GM family systemic psychotherapists (Nel, 2003; Jensen, 2008).

Current literature broadly addresses professional identity formation but often fails to examine the specific influence of racial, ethnic, and cultural identities. Marginalised groups face unique challenges in navigating professional identity, which should be explored more deeply. Studies like Gibson et al. (2010) take a broad approach to identity formation but must explore how race, ethnicity, and culture shape this process. While Sue and Sue (2016) provide a comprehensive view of cultural considerations in therapy, a significant gap remains in understanding how GM therapists navigate their professional identities in family therapy.

The systemic lens is essential in understanding the interplay between personal and professional identities for GM therapists, yet it is underutilised. Although some literature touches on systemic dynamics in therapy (McGoldrick, Giordano, & Garcia-Preto, 2005), a more focused exploration of GM therapists' experiences should be needed.

This study seeks to address these gaps by focusing on the professional identity experiences of GM family systemic therapists. Through specific narratives, I will explore how various identity factors influence their practice and their navigation of professional spaces. This work builds on previous research on the challenges faced by marginalised practitioners (Rudes & Guterman, 2007) but aims to go further by intertwining personal and professional aspects.

By exploring the relationship between personal and professional identities for GM family systemic psychotherapists, this research hopes to contribute to the growing body of literature that challenges dominant narratives about what therapists should be. It provides practitioners with a framework for further exploration of their identities. This inquiry may prompt practitioners to reflect on their training and development needs, areas that academic institutions may not adequately address. By bridging identity's personal and professional aspects, I hope to support practitioners in navigating their unique experiences, ultimately enhancing their professional growth (Cullen, 2013).

## Chapter 5

### In Search of Authenticity: Navigating Personal Narratives and Professional Realities as a GM Family Systemic Psychotherapist

My journey as a systemic psychotherapist

As a family systemic psychotherapist, my journey has been shaped by a deep curiosity about the human experience, healing, and societal transformation. My research focuses on the stories of family systemic psychotherapists from Global Majority (GM) backgrounds, which I believe are crucial to fostering inclusivity, diversity, and equity in systemic psychotherapy.

I've often found myself overly attuned to the expectations of others, which sometimes limits what I hope or expect for myself. Therefore, the concept of hospitality and fitting in has been a both/and process for me rather than a mutually exclusive one. I value the space between myself and the other, shaped by experiences of trying to fit in, and I wonder how this dynamic might shift if I stopped focusing so much on that need to fit in. Would it impact my ability to extend hospitality in my practice?

There is an ongoing challenge to use enough of my own identity in my professional work while recognising that "Clients and therapists are in an intimate paid relationship, not a personal one, but one with many personal aspects. Safeguards come with this contract, along with limitations. Therapists and clients have to create in each therapy a comfort with the personal within the professional relationship" (Roberts, 2005, p.62).

The therapeutic relationship involves two people coming together, and attempts to remain professional in this encounter can, at times, lead to alienation, both from us and from our clients (McNamee, 2004, p.14).

As I have grown in my practice, I've increasingly come to appreciate the differences I bring into professional spaces—my identity, background, and lived experiences. When I leave my home or community, I no longer need to change or conceal parts of my identity with an "identity cloak" (Butler, 2013). Instead, I now recognise the value of my family stories, ethnicity, upbringing, culture, and knowledge in shaping my practice.

Butler's (2013) concept of the identity "cloak" comes from her study on individuals with speech dysfluency, where a veil exists between self and society and within oneself. Applied to my practice, this metaphor resonates. Butler identified six purposes of this veil: (a) hiding space, (b) mental space for switching words, (c) social space as a prop cupboard, (d) bodily space,

(e) separate space for 'it', and (f) place to perform (Butler, 2013, p.1117). These ideas reflect how identity can be masked or managed in various spaces, including professional settings.

#### An Example from Practice

An experience from late 2018 illustrates these dynamics. During an initial appointment with a family, the mother remarked on how "normal" I appeared, referring to my appearance, speech, and attire. She expressed that this made her feel at ease, able to relate to me, and less fearful of being judged.

This comment prompted me to reflect on what "normal" meant in this context and how my identity, background, ethnicity, and appearance might influence clients' comfort levels. I wondered whether her perception of "normal" was shaped by dominant cultural norms and what this implied about our therapeutic relationship. Was I consciously or unconsciously aligning with specific expectations to make clients feel at ease? And how did this balance with my authenticity as a GM therapist?

This experience highlighted the tension between fitting in and being authentic. It raised important questions about how much of my identity I brought into the therapeutic space and how clients' expectations might shape this process. It reinforced the value of recognising the personal aspects of professional identity and their impact on therapeutic alliances.

We could interpret "normal" as simply meaning "nothing out of the ordinary," but using ideas from Miller's (2012) study, we can see something extraordinary in the ordinary when it's appreciated. As a curious practitioner, I explored this further by asking, "What different conversations might we have because of how 'normal' I seem to you? Do you think this will ever get in the way of discussing important things?"

These questions helped me understand the client's experience and expectations, opening a dialogue about how I might best support her family. It also allowed us to discuss broader perceptions of what a therapist should "look like" and how these perceptions influence therapeutic relationships.

### Shaping My Professional Identity Through Experience

In early 2018, I also began working as an associate lecturer at a university, teaching and supervising a systemic family practice course. This experience felt different from previous informal teaching roles. I had permitted myself to bring more of my own identity into my teaching and supervision, something I hadn't done as freely before starting my doctorate.

I no longer needed to speak or act differently to prove my worth in this role. Instead, I felt more authentic, realising how this process impacted my professional practice through a recursive loop. This shift reflects my ongoing journey of integrating my personal and professional selves between client, student, and colleague.

As I continue reflecting on my practice, I realise that many examples of how I present myself stem from how I look and dress. Some aspects of my identity are visible, while others remain unspoken (Burnham, 2012). For example, a senior social care manager once described me as "the guy who doesn't look like a therapist", a comment that prompted reflection on the intersection of appearance and professional identity.

When I started lecturing, I consciously challenged norms about how I should dress and speak in a university setting. I chose to wear more casual attire—jeans, a T-shirt, and trainers—similar to what I wore on home visits when working with children and families. While pushing these boundaries, I noticed how people reacted, such as being mistaken for a student in the lunch queue. This reinforced my belief that dressing authentically helped me feel more connected to my experiences and the knowledge I shared.

These examples are specific to me and by no means represent the experiences of other GM family systemic psychotherapists. However, they serve as a starting point for exploring how I position myself professionally. Early in my career, I wouldn't have felt comfortable taking these positions, but with experience and practice, I've become more confident in navigating this space between the personal and professional.



I used this picture to explore how my clothing constructs my identity. It is from a workshop I co-facilitated with a peer on the doctorate titled "An exploration of how we use our different selves." Inspired by Charlie Porter's book *What Artists Wear* (2021), where artists use clothing to extend their creative and personal identity, I recognised the profound impact attire can have on shaping perceptions and narratives. Like Porter's exploration, my attire in this image is a testament to my unique journey and identity, blending my inner self with the external world.

Winnicott's (1953) concept of the "transitional object" highlights the importance of material objects, like comfort blankets, in a child's development, helping them transition from dependence to independence. Applying this idea to my own experience, clothing functions as a transitional object, reinforcing a personal act of self-creation; through this process, I express a sense of self that becomes visible through my attire, which, in turn, helps me convey the identity I want to present to the world. Juliette Ash (1996) notes the emotional connection we have with clothes: "Clothes relate to our feelings more than perhaps any other designed artefacts... clothes, their smell and texture, remind the spectator of the past presence of the person to whom they belong" (p.65).

By wearing everyday textiles (Miller and Woodward, 2012), I bring attention to my lived experiences, which embody differences and influence my professional identity. Winnicott (1953) argues that self-creation through appearance requires courage and individualism. Tseelon (1995) suggests that this act of individuality reflects self-awareness, which aligns with my experiences of purposefully adopting a particular style to express my identity.



The role of textiles, as reflected in my choice of clothing, sets a relational context for engaging with the families I work with. It creates a connection between individuality and specificity (Miller and Woodward, 2012), allowing me to be "more personal and more global at the same time" (p.6). This resonates with the aim of this inquiry, which seeks to connect "the generalities of philosophy" with "the specificity of diversity in everyday life" (p.6) through open communication.

This relational aspect mirrors how I approach my professional practice. Instead of imparting knowledge through monologue, I increasingly experience the power of co-creating knowledge through shared experiences and stories. However, I still question how "the students" in my university teaching role perceive me. Do they position me as a lecturer in the traditional sense, or do they experience me as I wish to be seen, reflecting my authenticity? This recursive inquiry loop continues to shape my personal and professional identity (White, 2007).

We can create new possibilities by presenting ourselves as we wish to be seen, not as others define us. Several filmmakers have explored these ideas by challenging narrow portrayals of Black lives in mainstream cinema. Directors like Charles Burnett, Gordon Parks, and Spike Lee have used their art to expand the representation of Black people beyond the limiting roles traditionally imposed by white directors.

Spike Lee, for example, portrayed Black lives authentically in his film *Do the Right Thing* (1989), which explored racial tensions in New York with a diverse cast and crew (Lee and Jones, 1989). Laura Mulvey (1975, 1999) argued that Hollywood's power structure is based on the "male gaze" and the passive female object. bell hooks (1992, 2003) extended this critique, noting that the passive female object was primarily white women. Black women, hooks argued, were spectators who could resist dominant portrayals by holding a critical gaze. More recently, *Black Panther* (2018) made over a billion dollars at the box office, breaking stereotypes and inspiring Black people globally to embrace their cultural identities. As Victoria Beyai (2018) stated, the film's portrayal of Black culture encouraged many to wear traditional clothing, resisting the pressure to assimilate into dominant cultural norms. The long-term impact of *Black Panther* on the film industry, particularly in breaking stereotypes and fostering hope, vision, and resistance, will likely be seen in the future.

Representation matters, particularly for children, teenagers, and young adults who must see diverse images of success and identity on screen. Figures like Janelle Monáe, with her Afrofuturistic music and visuals, have further pushed these boundaries, offering new

narratives of Black identity, history, and future potential, as demonstrated in her album *Dirty Computer* (2018). In resisting dominant and confining identity models, we create space for hospitality in our professional relationships, inviting others to engage with us authentically.

Before reading on, I invite you to look at Appendix F to warm the context (Burnham, 2005) about hospitality through a 'Story about a trip to Armenia' (Lerwill, 2017).

A tradition of welcoming

Through reading, writing, and reflecting, I have identified an additional layer: the practice of welcoming. Hospitality has played a significant role in my work, bridging my culture with my professional practice. My hospitality experience is rooted in my family's stories and traditions, shaped by values passed down.

Hospitality can have many meanings, whether inviting someone into your home, welcoming a client as a therapist, or providing service within the food industry. For this reflection, I refer to hospitality as the space created between people, facilitated by a host and guest, where meaningful dialogue can occur. Marzec (2011), drawing on Derrida's (1998) work, explains two forms of hospitality. The first is *conditional hospitality*, where the host invites and welcomes the guest with an "acceptance of otherness" (p.20), with set parameters such as the length of stay and expectations the guest must follow. Marzec (2011) views questioning and interviewing as part of this process, allowing the host and guest to co-create the space. This form of hospitality, where warmth and care may be the focus, adapts depending on the specific needs of the interaction, moving beyond physical nurturing like food and drink to address emotional and relational needs.

The second form is *unconditional hospitality*, where the host remains open to the unknown and does not attempt to 'tame' the guest. Marzec (2011) describes this Derridean concept as welcoming the guest without placing expectations or constraints, allowing the guest to exist as a "nameless stranger on an uneasy ground." In my practice, however, I focus on conditional hospitality, where collaboration between host and guest allows for co-construction and meaning-making.

Within the clinical context, hospitality manifests where my therapeutic work unfolds, where different knowledge and skills are co-created. This is the intersection of my 'therapist self' and my 'human self.' As Anderson (2012) notes, hospitality in therapy involves "subtleties and nuances of greetings and meetings that shape the tone and quality of the relationship and conversation, and consequently their potential. The therapist is both a temporary host and

guest in the client's life" (p.15). This resonates deeply with me, as it highlights the importance of creating a welcoming, warm space that honours the values and beliefs of both parties.

Hospitality is an art, a ritual expressed through gestures, body language, and the balance of closeness and distance. Michel de Certeau, Luce Giard, and Pierre Mayol (1998) eloquently describe the aesthetic nature of hospitality:

I discovered bit by bit, not the pleasure of eating good meals... but that of manipulating raw material, of organising, combining, modifying, and inventing. I learned the tranquil joy of anticipated hospitality, when one prepares a meal to share with friends in the same way in which one composes a party tune or draws: with moving hands, careful fingers, the whole body inhabited with the rhythm of working (p.153).

Certeau, Giard, and Mayol (1998) studied the everyday practices of villagers in France, emphasising how behaviours, gestures, politeness, greetings, and social interactions define identity within a community. These researchers illustrate how seemingly mundane tasks hold deep cultural significance and offer a window into how identity and meaning are performed in everyday life.

However, Certeau et al. (1998) also highlight the struggles inherent in these practices. Finding the right words or actions to articulate these daily rituals can feel vague, repetitive, and messy. This mirrors my experience of attempting to translate the richness of daily practice into a coherent text. Often, these tasks can feel mundane or ordinary (Miller, 2012), making them difficult to express, yet they are fundamental to identity and meaning-making.

Shotter (2016) suggests that we must "talk from within our actual lives as we are living them, rather than from illusory places outside them" (p.38). It is from these unnoticed, taken-for-granted moments that we draw meaning. The aesthetic dimension of these everyday events (Saito, 2001) can influence our judgments of others and shape our relationships through simple, non-verbal cues like appearance.

Building on this, I aim to be mindful of the coordination of movements, sequences of actions, and gestures that accompany everyday therapeutic practice. These often-overlooked details play a critical role in meaning-making, how I relate to clients, and shaping my identity through hospitality. I hope to provide a richer, more appreciative account of my experiences and practice by attending to these nuances.

Through reading, writing, and reflecting, I have identified an additional layer: the practice of welcoming through being hospitable. Hospitality has played a significant role in my work, bridging my culture with my clinical practice. My hospitality experience is deeply rooted in my family's story and traditions, which reflect core values of kindness and connection.

Hospitality, as I understand it, has multiple dimensions. Whether inviting someone into a home, welcoming a client as a therapist, or extending service within the food industry, hospitality is about more than just politeness; it is about sensing the needs of others, not just through conversation but through human connection and body language. For example, in my family, hospitality starts with simple gestures, such as offering cold drinks and some refreshing and sweet watermelon on a hot day or a hot drink and blanket in the winter. Though seemingly ordinary, these actions are part of a larger tradition of caring that ensures guests feel comfortable and nurtured beyond just their physical needs. This idea of hospitality extends beyond my home to wherever the opportunity presents itself, creating a shared space of warmth and welcome.

Another story that reflects this sense of hospitality comes from my childhood. My mother used to fill my school blazer pockets with raisins, seeds, and nuts, ensuring we had snacks throughout the day. This simple care outside the home made me feel nurtured and looked after. I now carry this tradition forward, connecting my past to my present and reinforcing the notion that hospitality and care extend far beyond the walls of our homes.

A similar scenario plays out when I visit my mother's house. Despite my insistence that she does not make any food for me, she always prepares a meal, and the familiar smell of a traditional stew greets me as I arrive. These visits are more than just an exchange of food; they are imbued with layers of history, stories, and familial connections. My mother's care and the warmth of these interactions are deeply tied to her upbringing and experiences in Iran, where cultural traditions and family roles shaped hospitality. Each visit strengthens the continuity in our family's story and care tradition, with me as the guest in this situation.

From my perspective, hospitality is more than kindness or being a good host. It is about creating a space where people can feel seen and cared for meaningfully. Hospitality transcends the physical and moves into a shared experience of connection and warmth. Saito (2001) explains that hospitality involves "the harmony of the environment and togetherness," a space that embodies cultural practices and values.

Saito (2001) discusses the rituals and sacredness of this process and the significant choices embedded in our everyday aesthetics. Once examined, these seemingly simple gestures reveal layers of complexity. Practising hospitality allows me to connect with my family's traditions and stories while bringing these values into my professional life. It helps bridge the gap between the personal and professional, grounding my work in the ethics and care I hold dear, shaped by my family and heritage.

This sense of hospitality is crucial in my work as a therapist, where creating a welcoming space for clients is fundamental. It allows me to bring my family's values into the therapeutic context, reinforcing the connection between my personal identity and my professional practice. While hospitality is a significant theme, I understand it may not resonate as strongly with the individuals I interview. Nonetheless, I hope my narrative interview will encourage participants to explore and reflect on their own experiences, drawing parallels or identifying differences as we co-construct meaning.

### Summary

As a Family Systemic Psychotherapist from a Global Majority background, I have consistently grappled with questions surrounding my identity in both personal and professional spheres. Navigating these interconnected spaces requires balancing societal expectations, organisational contexts, and my clients' perceptions while authentically expressing my cultural heritage and individuality.

My curiosity lies in how identity is constructed in Western contexts and how therapists from GM backgrounds navigate this process. As such, I aim to create a theoretical context for exploring how family systemic psychotherapists from GM backgrounds balance the personal and professional. A key element will be examining how professional training impacts identity formation. By sharing my journey, I invite readers to reflect on their experiences and consider how they navigate their professional and personal identities.

My interest in this stems from personal and professional experiences where I have struggled with fitting in and have had to work towards a more authentic expression of myself. These moments have highlighted the importance of co-constructing identity in the social world (Lawler, 2014), moving away from static, Western notions of identity and embracing a more fluid, relational perspective.

## Chapter 6

### Methodology

#### Introduction

This study explores the lives and experiences of Global Majority Family Systemic Psychotherapists. It seeks to understand the complex interplay between personal and professional identities as these therapists navigate predominantly white contexts.

This chapter provides a comprehensive description of the methodology employed to address the research question. It explains the philosophical, theoretical, and methodological approaches that have shaped the research design. The chapter presents the rationale for adopting a qualitative approach and elaborates on the specific methods utilised for data collection and analysis. Additionally, it includes reflections on the methodological process, discussing challenges encountered and how they were addressed.

#### Research Question and Aims

##### Research Question:

- What can we learn from the journeys of Global Majority Family Systemic Psychotherapists as they navigate their personal and professional identities within predominantly white contexts?

##### The study aims to:

- Capture the journey and provide insights into the complex interplay between personal and professional identities of therapists navigating predominantly white contexts through co-constructing knowledge by privileging participants' personal stories and lived experiences.
- Critically engage with the narratives of Global Majority therapists to uncover systemic and intersectional challenges they face, including issues of racism, cultural marginalisation, and identity negotiation, to provide a multi-layered, nuanced understanding of personal and professional identities.
- Add to the knowledge base by contributing original insights into how systemic therapy training and professional practice can evolve to become more inclusive and reflective of diverse lived experiences that have been less illuminated.

## Research Design

### Data Sources

In the table below, I have described the sources used for this research.

Table 6.1 – Sources and Description

Source	Description
Paired interviews	From one paired interview discussion with two GM Family Systemic Psychotherapists
Narrative Interviews	From narrative interviews with six participants
Transcripts	Stories with my initial reflections and embodied experiences were sent to participants for consideration, clarification, and feedback
PDSP Course	Course material, discussions, and lecture notes from the Professional Doctorate in Systemic Practice (PDSP) course
PDSP Workshop	Workshop materials and notes from a specific workshop within the PDSP course
Papers	Published papers from journals, not specific to academic journals
Journals	Relevant journals for this topic
Books	Relevant books and published materials
Conversations	In-depth and passing conversations throughout my PDSP journey with tutors, peers, participants, and others, providing insights, perspectives, and narratives
Seeing	Visual encounters and direct observations, such as social interactions at work or at university, observing the Tate Modern with my cohort, providing visual data for interpretation
Embodied Experience	Personal and bodily engagement with the research context, including emotions, sensations, and tacit knowledge

### Philosophical Framework

When developing the research design of any study, it is essential to anchor it within a research paradigm that ensures the research questions are addressed effectively. The philosophical framework chosen for a research project not only guides the methodological choices but also shapes the interpretive lens through which the data is analysed (Hathcoat et al., 2019). In this study, the priority was to adopt a methodology that supported a participant-centred approach, allowing the voices and lived experiences of Global Majority Family Systemic

Psychotherapists to take precedence. Equally important was situating this study within an epistemological and ontological framework that acknowledges the co-construction of knowledge and the multiplicity of realities shaped by social, cultural, and systemic contexts.

### Choice of Qualitative Methodology

Research paradigms are often categorised as either quantitative or qualitative, with each reflecting distinct philosophical assumptions about reality and knowledge. Both approaches share a commitment to systematic and ethical enquiry but differ in their underlying premises about how knowledge is constructed and interpreted (Mason, 2017; Denzin, 2009). Quantitative research often privileges objectivity and numerical data, while qualitative research, as described by Braun and Clarke (2013), views language, stories, and lived experiences as data. The choice of qualitative methods in this study reflects the intention to delve deeply into the personal and professional narratives of therapists, recognising the richness of subjective experience and its relevance to the broader systemic field.

In qualitative research, context and meaning-making are central. Braun and Clarke (2013) emphasise that qualitative methods are particularly suited for understanding the local and situated meanings individuals ascribe to their experiences.

In this study, I explored and interpreted the complex interplay of identity, culture, and professional practice among Global Majority Family Systemic Psychotherapists. By adopting a qualitative approach, the research aimed to move beyond generalisations and illuminate the nuanced realities of participants, seeking patterns and divergences within their stories.

The following sections outline the philosophical positions underpinning this study, highlighting how a qualitative paradigm was selected to address the research questions effectively. The rationale for this choice will also be examined alongside the specific methodologies employed, demonstrating their alignment with the research aims and commitment to privileging participant voices. Through this design, the study contributes to a deeper understanding of systemic therapy's potential to embrace diversity and inclusivity within professional practice.

### Philosophical and Theoretical Framework

#### Epistemological Position

In this research, I establish 'un-methodology' as my epistemological position, drawing on Wilfred Carr's (2006) critique of conventional methodologies. Carr's concept resists rigid frameworks, supporting a reflective and adaptable approach that aligns with the fluid nature of my study.



This un-methodology invites critical examination of the assumptions and power dynamics embedded in research processes, allowing for an ethical engagement with participant narratives. It acknowledges research as a collaborative, reflexive journey in which researchers and participants actively shape the enquiry. This is crucial to my commitment to authentically presenting the experiences of Global Majority therapists within the context of 'Navigating the Personal and Professional.'

Inspired by Tim Ingold (2017), I prioritise relational and embodied approaches to knowledge. Ingold's work emphasises intuition, sensory experiences, and collaboration, breaking down hierarchical researcher-participant dynamics. Through this lens, knowledge emerges from intellectual analysis, shared experiences, intuition, and embodied interactions. This approach allows me to capture nuanced insights that go beyond traditional methods.

Ultimately, this un-methodological stance supports a responsive and ethically engaged research environment. By eschewing conventional methodological constraints, I foster a space that honours the complexity and diversity of the stories shared by Global Majority therapists. This approach provides the philosophical foundation for my research, creating a transformative and critically reflective space.

### Social Constructionism

Given the complexity of the narratives shared by the participants, I adopted a methodological approach rooted in social constructionism (Gergen, 1994). This approach emphasises that reality and knowledge are not objective or fixed but are shaped by social processes and interactions. In this framework, the development of professional identities is co-constructed through dialogue in relational research processes, which makes it an ideal fit for this enquiry. By engaging in conversations with participants, I aimed to reflect the collaborative nature of the enquiry. This collaboration was evident in the guided conversations and the narrative interviews that formed the core of this research.

### Key Scholars

Social constructionism is a theoretical framework that highlights the role of social interaction in shaping reality. It argues that meaning, knowledge, and identity are collectively constructed rather than being objective or universal truths (Burr, 2015). This framework challenges the assumption that knowledge is fixed and positions it as fluid, shaped by historical, cultural, and social processes.

To fully explore social constructionism, the works of key scholars were drawn upon:

- Gregory Bateson (1972): Explored communication and meaning-making in social systems, emphasising interconnectedness within social contexts. He introduced 'meta-communication', communication about communication, which shapes understanding and interaction.
- Ludwig Wittgenstein (1953, 1969): Examined the role of language in shaping understanding, arguing that meaning is socially and contextually constructed through language within specific "language games." His emphasis on language as a social practice aligns with social constructionism.
- Michel Foucault (1969, 1975): Linked power, knowledge, and discourse, arguing that knowledge is shaped by power dynamics embedded in social practices. His "power-knowledge nexus" is crucial for understanding how social realities are constructed and maintained within systems of power.
- John Shotter (1993): Focused on relational and dialogical aspects of meaning-making, asserting that understanding arises from collaborative exchanges in social contexts. This highlights the collective nature of meaning-making processes.
- Rom Harré (1986, 1998): Explored the social construction of identity, focusing on how language and social interactions shape self-conceptions. His positioning theory examines how individuals are positioned by others and themselves, influencing their sense of identity.
- Kenneth Gergen (1985, 2009), a key figure in social constructionism, argued that reality is constructed through social interactions and language. He emphasised language as a tool for creating and sharing meaning, shaping perceptions of the world.
- Vivien Burr (2015): Further developed these ideas in psychology, emphasising the role of language and social interaction in shaping reality. She challenges the notion of objective reality, suggesting that social norms and language profoundly influence understanding.

### Limitations of Social Constructionism

While social constructionism offers valuable insights into how language, communication, and power shape social realities, it has limitations in capturing the experiences of marginalised individuals. Social constructionism focuses on collective meanings and shared norms, which may overlook marginalised individuals' unique, subjective experiences navigating complex power dynamics (Crenshaw, 1991; Collins, 2000). Incorporating theories like Critical Race Theory (CRT) can address this gap by highlighting the role of power relations, historical legacies, and institutional structures in shaping racial disparities. Postcolonial theory and intersectionality are critical for understanding how race, gender, and other social categories

interact in complex ways. These additional frameworks ensure a more nuanced understanding of the power dynamics and systemic inequalities that influence identity construction and social reality.

### Supplementing with Intersectionality and Critical Race Theory

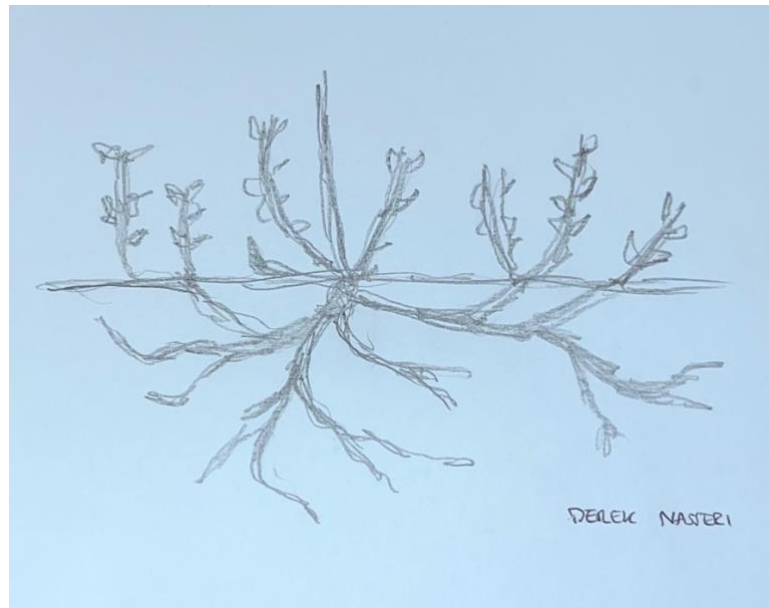
#### Supplementing Social Constructionism

Part of the challenge in focusing solely on social constructionism for this study was that many foundational authors were white men. While social constructionism provides a helpful framework, my study focuses on diverse experiences and contributions of different forms of knowledge, making it essential to include perspectives beyond traditional Eurocentric narratives. I was responsible for ensuring that these other forms of knowledge, especially from marginalised perspectives, were highlighted. In doing so, I incorporated additional frameworks that complemented social constructionism.

This study does not follow a traditional hierarchical research model, such as the "tree" metaphor of starting from the trunk and moving upwards to the leaves (Deleuze & Guattari, 1987). Instead, it aligns with the idea that "there is no middle, no trunk. It has no end, no leaves. It is always in the middle, always in process" (May 2005, p.133), which fits well with Intersectionality theory. Adopting an intersectional lens deepened the analysis, allowing me to explore how different aspects of identity—such as race, gender, class, and sexual orientation—intersect to shape experiences and opportunities. Intersectionality acknowledges the complexities of identity, enabling me to capture the interconnected elements already present in my embodied approach.

The concept of the Rhizome, as proposed by Deleuze and Guattari (1987), is a helpful metaphor for my methodology. Unlike traditional linear thinking, the Rhizome reflects an interconnected and non-hierarchical process that "takes us where it leads and where it goes" (Clarke & Parsons, 2013, p.37). Deleuze and Guattari distinguish between linear, circular thought and the organic, branching connections of nature linked to a Rhizome, which "has a more multiple, lateral, and circular system of ramification" (1987, p.5). This metaphor guided my approach, allowing the research to develop organically rather than through rigid structures, creating space for exploring the complexities of identity and experience.

Diagram - The Rhizome



However, there have been concerns about appropriating intersectionality, mainly when it is detached from its political roots and used superficially, such as in "diversity management" exercises (Puar, 2012, p.53). Intersectionality, initially rooted in the fight against marginalisation and oppression, can lose its potency if reduced to a checkbox approach. Rice et al. (2019) emphasise the need to "resist opportunistic uses of intersectionality in favour of developing ethical, politically grounded approaches to truly collaborative research and counter-hegemonic knowledge production" (p.9). This view aligns with the political and social justice-oriented nature of intersectionality, ensuring that its application remains true to its origins.

In this research, the significance of intersectionality lies in its ability to address how knowledge is constructed and controlled by Eurocentric, masculine structures. These structures dominate scholarly practices, literature, research, education, and paradigms, reinforcing dominant perspectives and impacting individuals' sense of identity. In this context, intersectionality is used not just to focus on the experiences of Black women, as it was initially developed, but to challenge and unpack the complexities of the participants' experiences, most of whom are from Black Caribbean or African backgrounds related to power and oppression.

It was essential to recognise that the participants' experiences were not shaped by a single identity, such as their minority status. Instead, their experiences were shaped by "the interaction of multiple identities and experiences of exclusion and subordination" (Davis, 2008,

p.67). This required a methodology to account for their identities' overlapping and intersecting aspects.

There have been critiques of intersectionality, such as those by Cho, Crenshaw, and McCall (2013), who note that some argue it can be divisive by emphasising differences between people. This critique frames intersectionality as a form of "identity politics." However, I agree more with Falcon (2012), who views intersectionality as a means to unite people in solidarity, using their differences as a foundation for collective action against oppression. Cho et al. (2013) also note that there sometimes needs to be more clarity about how intersectionality should be applied in research, leading to debates about its correct use.

Rice, Harrison, and Friedman (2019) provide a critical perspective on intersectionality in research. They highlight the importance of researchers "interrogating their own histories/positionalities while opening to and gaining fluency in others' histories/contemporary conditions of oppression and struggle" (p.12). They also emphasise the need to recognise power dynamics when undertaking critical intersectional methodologies, ensuring that research does not reproduce the power structures it seeks to critique.

Since identity is not linear or fixed, choosing a methodology that supported a dynamic and non-reductive approach was essential. Intersectionality helped make sense of the multiplicity of ideas and identities, providing a rich, generative way of examining participants' experiences.

Intersectionality's focus on amplifying the voices of marginalised groups (Crenshaw, 1989) is vital for this research, as it deepens our understanding of social justice issues. The recognition that individuals navigate the world through multiple identities, such as being male, a father, Armenian, Christian, academic, and more, creates opportunities for connection across identities. As a researcher deeply involved in this process, it became paramount to consider the relational elements of identity.

Viewing participants solely through one aspect of their identity, such as their race, would reduce the richness of their lived experiences to a single dimension. While intersectionality introduces complexity, this complexity is necessary to reflect the realities of lived experience. Therefore, the participants' stories must be told through this intersectional lens, capturing their multifaceted identities and the various power dynamics they navigate.

## Methodological Approach

### Autoethnography and Critical Ethnography

#### Research as Autoethnography or Critical Ethnography

Traditional ethnography often focuses on understanding social groups by examining their behaviours and ways of life from the group's perspective without attempting to influence them (Ross et al., 2016; Cunningham, 1993; Fetterman, 1998). However, since my research also involves my own story, I wanted to explore the connections between my experiences and those of the participants. Critical ethnography offers a compelling method because it aims to understand the social conditions that shape people's lives. However, I reflected on how this method could address the intersections of difference, particularly power dynamics related to race, culture, and identity.

Madison (2012) argues that researchers must consider their positionality, recognising how subjectivity influences their engagement with others. She emphasises that critical ethnography is not simply about the researcher's biography or personal experience but about "a meeting of multiple sides in an encounter" that fosters dialogue and creates meaning that can have a meaningful impact on the lives of others (Madison, 2012, p.10).

Using critical ethnography in this methodology allowed me to merge traditional ethnographic practices (Louis, 2016) with a "political purpose" (Thomas, 1993, p.4). This approach, aligned with intersectionality theory, helped identify and address social justice issues, particularly race and culture. Under a social constructionist paradigm, critical autoethnography became the method I would use to explore who we are, how we are seen, and how we interact with others. The intersectionality lens allowed me to delve into identity stories, where participants reflected on their professional identity, which inevitably linked back to family stories, traditions, and the influence of their cultural upbringing on their professional lives.

### Narrative Inquiry and Storytelling

#### Cultural Identity as a Lens to View My Research

My cultural identity and lived experiences, particularly as someone who identifies as being from a BAME Global Majority background, greatly inform my research. These experiences allow me to engage with participants from a place of understanding and shared experiences while navigating the ethical complexities of my dual role as a colleague, friend, and researcher. This balancing act brings about ethical complexities, which I manage through consistent reflexivity and adherence to ethical guidelines, including informed consent, confidentiality, and respect for the dignity and autonomy of my research participants (Etherington, 2007).

## The Role of Storytelling in My Research

Storytelling forms the foundation of my research methodology because it allows for a deeper exploration of the complex identities and experiences of Global Majority (GM) Family Systemic Psychotherapists as they navigate predominantly white professional spaces. By sharing and analysing their stories, I aim to understand how these therapists' personal and professional journeys intersect, providing nuanced insights into how they negotiate their identities and confront barriers (Riessman, 2008). Storytelling, therefore, aligns with the core aim of my research: to uncover the unique challenges and strengths of GM therapists within these contexts.

Narratives are powerful tools for human connection and empathy (Bruner, 1986). Through them, we explore different realities, experiences, and perspectives. In line with this, I adopted a narrative approach in my research, enabling my participants' stories to be shared in a holistic, authentic, and meaningful way (Banks-Wallace, 2002).

## Narrative Analysis and Its Impact

The narrative analysis approach used in this thesis provides a multifaceted exploration of the lived experiences of Global Majority therapists. It serves as a framework for understanding how their personal histories, cultural backgrounds, professional roles, and individual perspectives intersect (Bruner, 1991). Through this process, I aim to uncover how macrostructures influence micro-level experiences and reveal patterns of resilience, adaptation, and cultural navigation (Labov & Waletzky, 1997).

Ethical responsibility is central to this method, ensuring that the participants' stories are represented authentically while avoiding the imposition of my own biases or interpretations (Birch & Miller, 2002; Ellis & Bochner, 2006).

My personal experiences, background, and perspectives significantly shape the research process, guiding the questions I ask, the methodologies I adopt, and the interpretations I draw from the narratives (Pillow, 2003). The complex interplay of personal and professional identity adds depth to my research and allows for a nuanced understanding of how therapists from diverse backgrounds navigate their professional landscapes (Guba & Lincoln, 2005).

This thesis is a narrative in itself, reflecting the intertwined stories of the participants and my own personal journey. It weaves together shared and unique experiences into a tapestry that contributes to the broader conversation about diversity and inclusivity in psychotherapy (Etherington, 2007). By embracing the narrative metaphor (Clandinin & Connelly, 2000), this

thesis highlights the complex intersections of personal, professional, and cultural identities in systemic therapy.

One limitation of narrative inquiry is its focus on individual experiences, which can sometimes overlook broader social, cultural, and political contexts (Liversage, 2009; Phoenix, 2013). Issues such as racism and systemic discrimination may not be fully addressed through narrative inquiry alone, which could limit the understanding of how larger structures shape individual experiences (Riessman, 2008). To address this, I adopted a more comprehensive exploration of the social, cultural, and political factors influencing the experiences of GM therapists. This blended methodology provided a more robust and nuanced understanding, enabling me to highlight the broader systemic factors at play while also attending to the personal dimensions of each participant’s narrative.

### Guiding Principles

When considering applying all the ideas shared in the methodology, I wanted some core principles. I came across these eight principles that Gail Simon (2018) proposes for 'Quality in Systemic Practitioner Research,' which felt a better fit for the depth and complexity needed and considered in the methodology and wider research. The table below shows Simon’s principles, perspective, relevance to this enquiry, and how they can be applied.

Table 6.2. Simon’s (2018) Guiding Principles

Principle	Simon's Perspective	Understanding in this Inquiry	Application in Practice
Systemic Practice	Research should focus on and creatively use systemic theory and practice. Provide rich details of relational movements and inner/outer dialogue. Use professional judgement and account for improvisation.	Focused on GM Family Systemic Psychotherapists' experiences, using systemic and social constructionist lenses. Captured inner/outer dialogue through interviews. Accounted for improvisations in methodology.	Continue integrating systemic theory and ethical practice in research. Value professional judgement and improvisation.
Situatedness	Critically situate research in context - why this, why now?	Situated my positionality and rationale clearly.	Keep articulating clear rationales tied



Principle	Simon's Perspective	Understanding in this Inquiry	Application in Practice
	Illustrate with practice examples. Comprehensively review literature. Discuss knowledge claims.	Shared practice stories. Reviewed literature across disciplines. Discussed construction of knowledge.	to practice and context. Reference literature comprehensively. Maintain critical stance towards knowledge claims.
Methodology	Let methodology emerge from practice. Discuss philosophical assumptions. Provide substantial, critical discussion of approaches used. Be innovative yet rigorous. Identify evaluative criteria.	Used blended methodology tailored to the inquiry. Discussed social constructionist paradigm. Provided extensive methodology discussion. Was creative yet systematic. Proposed criteria.	Allow methodology to follow from practice focus. Unpack philosophical assumptions. Provide transparent, critical methodology discussions.
Relational Ethics	Research must be ethics-led. Address power relations carefully. Discuss ethical issues extensively. Ensure no harm to practice. Comply with governance. State social responsibility goals.	Prioritised ethical engagement with participants throughout. Addressed power dynamics. Complied with governance. Aimed for social change.	Keep ethics at the core always. Attend to power relations. Follow governance diligently. Articulate social responsibility.
Relational Aesthetics	Writing should have aesthetic merit, suit audience/purpose, integrate literature well, and provide reflexive space.	Aimed for accessible, resonant writing. Tailored for GM therapist audience. Integrated literature. Included reflective elements.	Aspire for artful writing. Consider audience and purpose. Blend literature smoothly. Craft reflexive spaces.
Reflexivity	Show reflexivity as an ethical way of being. Provide strong examples of critical self and relational reflexivity.	Practiced reflexivity extensively. Included reflective sections on positionality, choices.	Keep developing reflexive practice. Share examples. Articulate rationale

Principle	Simon's Perspective	Understanding in this Inquiry	Application in Practice
	Account for choices made. Allow transformation.	Experienced personal growth.	for choices. Value personal evolution.
Coherence	All aspects should align with systemic values and ethics. Research focus, ethics, outcomes should cohere.	Aligned systemic values throughout. Ensured coherence between focus, ethics, outcomes.	Uphold systemic values consistently. Seek coherence in all elements.
Contributions	Evidence original contributions - impactful, innovative, transformative. Take reader further in their relationship with the subject.	Foregrounded overlooked experiences. Provided implications for training, practice, regulation. Aimed for paradigm shift.	Aspire for originality and usefulness. Transform reader's relationship with the topic.

I have continued referring to these principles for academic rigour throughout the thesis. I have had them on a printed piece of paper while completing and proofreading each chapter to ensure my accountability in sticking to them. This position allowed me to consider what was emerging without claiming to know 'the answer' but rather to acknowledge the local and historical knowledge. This felt freeing and a shift away from a more finite, fixed, and linear way of doing things, which made the material feel dead, versus treating the material as something that is living, which Barad (2007), Deleuze, and Indigenous ways of working talk about.

The approach I moved towards treated the data as an encounter where I considered what I was sensing and experiencing and what participants were sensing and experiencing, making connections and then extending ideas like the rhizome. I felt like there was a strong feedback loop from people telling me their stories, my own story, and these profound ideas about how knowledge is created. It felt natural and close to the research question to continue presenting the findings through storytelling.

#### Influential Theoretical Perspectives

Several influential ideas and papers have shaped and supported the methodology I have developed in this thesis, forming a complex assemblage that informs my approach. Below, I summarise and connect some of these critical ideas:

- Barbara Christian's (1987) "Race for Theory" challenges the marginalisation of voices from minority backgrounds in academic discourse and literary theory. Christian calls for re-evaluating methodologies that have historically overlooked the narratives of

marginalised individuals. My research echoes this call, centring on the experiences and contributions of practitioners from diverse backgrounds, particularly minority ethnic communities. Christian's work resonates with my emphasis on reflexivity, storytelling, and exploring personal and professional identities to create a more inclusive and culturally sensitive practice.

- Scheurich and Young's (1997) "Colouring Epistemologies: Are Our Research Epistemologies Racially Biased?": Examines the racial biases in research methodologies, advocating for more inclusive approaches to knowledge production. This paper directly informs my thesis by challenging dominant frameworks that marginalise the voices of those from ethnic minorities. My methodology aligns with their call for inclusive approaches that prioritise the perspectives of marginalised individuals.
- Herva's (2009) "Living (with) Things: Relational Ontology and Material Culture in Early Modern Northern Finland" Explores relational ontology and the interconnectedness between people and material objects. This work contributes to my understanding of the complex web of relationships between individuals, their cultural backgrounds, and their professional practices. Like Herva's focus on context and materiality, my research acknowledges the significance of practitioners' unique backgrounds and contexts.
- Dillard's (2010) "The Substance of Things Hoped For Examining an Endarkened Feminist Epistemology in Educational Research and Leadership" Discusses the need for epistemologies that foreground the experiences and knowledge of marginalised individuals, particularly Black women. This endarkened feminist epistemology aligns closely with my methodology, as both approaches seek to challenge dominant Western frameworks and centre the narratives of marginalised individuals.
- Todd's (2016) "The New Materialisms and Indigenous Theories of Non-Human Agency" Calls for respectful, anti-colonial engagement between New Materialism and Indigenous theories of non-human agency. This work aligns with my research by challenging Eurocentric academic frameworks and advocating for the inclusion of marginalised perspectives, particularly Indigenous knowledge systems.
- Elizabeth St. Pierre's (2017) "Writing Post-Qualitative Enquiry" Explores post-qualitative research methods that question traditional qualitative research's foundational assumptions. Her work advocates for moving beyond conventional paradigms and encourages reflexivity and critical examination of power dynamics in research. This aligns with my approach, which challenges conventional methodologies and embraces more flexible, inclusive research methods.
- Ellingson's (2006) "Embodied Knowledge" Emphasises the importance of recognising the researcher's embodied knowledge in qualitative research. This paper supports my

methodology by highlighting the significance of reflexivity and acknowledging how my embodied experiences shape the research process.

- Linda Tuhiwai Smith’s (1999) "Decolonising Methodologies" Critically examines the colonial legacy of research and calls for decolonising research practices to include Indigenous knowledge systems. Smith’s work significantly influenced my methodology by encouraging me to consider non-traditional approaches and challenge colonial structures in research.

In summary, these works collectively support my methodology, contributing to a framework that challenges traditional epistemologies, values diverse perspectives, and prioritises reflexivity. By engaging with these texts, I have developed an approach that centres on the voices and experiences of marginalised practitioners and challenges the dominant frameworks that have historically shaped academic discourse.

## Methods

### Overview of Data Collection Methods

As outlined in Table 6.1, the research utilised multiple sources of data, including a paired interview, narrative interviews, transcripts with reflections, course materials, workshop notes, published papers, journals, books, conversations, visual observations, and embodied experiences.

### The Paired Interview

The below table shows some demographics of participants who were involved with the paired interview.

Table 6.3: The Paired Interview - Participant Demographics

Category	Description
Demographics	- Number of Participants: 2
	- Participant Background: GM (required for participation)
	- Occupation: Family systemic psychotherapists
	- Work Sectors: Diverse (Teaching, NHS, and private practice)
	- Gender: Both males
	- Ethnicity: One of Black African descent, one of Black Caribbean descent

## Recruitment and Sampling

After receiving ethical approval from the University of Bedfordshire Ethics Committee in September 2018 (Appendix E), the paired interview occurred on 16 January 2019. This date had been rearranged three times to accommodate potential participants' conflicting schedules.

Recruitment involved emailing known GM Family Systemic Psychotherapists and their networks, contacting the Black, African, and Asian Therapist Network (BAATN), and inviting expressions of interest. The inclusion criteria were for participants to be qualified Family Systemic Psychotherapists from GM backgrounds.

Though much interest was shown in what initially set out to be a focus group, many potential participants sent apologies due to scheduling and time constraints. Some of these participants did, however, express interest in taking part in individual interviews, which would be more flexible regarding time and venue. There were also some last-minute cancellations due to unforeseeable circumstances, which meant only two participants attended. While guidance suggests a focus group typically includes a minimum of four and a maximum of twelve participants (Stewart, Shamdasani, and Rook, 2007), I decided to proceed in the spirit of collaboration in the form of a paired interview.

## Interview Process

The decision to use paired interviews in my research was influenced by several important factors:

- **Exploring Terminology:** The richness that can come from exploring language within a multicultural and multilingual context was evident. In paired interviews, I could observe and analyse participants' unique terms and language patterns as they articulated their professional experiences, lending depth to my findings.
- **Identifying Interest:** Interacting with GM Family Systemic Psychotherapists helped me gauge their interest in the topic. This understanding was important for predicting how engaged they might be with the outcome of my research.
- **Generating Narratives:** By analysing the paired interview narratively, I could identify overarching stories that connected individual experiences to broader societal and professional contexts. This collective narrative provided a holistic understanding of how GM therapists navigate their identities within predominantly white spaces.
- **Identifying Needs and Challenges:** Paired interviews allowed me to understand possible unique needs and challenges faced by GM Family Systemic Psychotherapists.

- **Creating a Collaborative Environment:** The interactive nature of the paired interview created a collaborative environment, empowering participants and leading to more engaged and honest discussions.

#### Initial Use of Thematic Analysis

Initially, thematic analysis (Braun and Clarke, 2006) was used with the paired interview. There were some useful themes to consider; however, I also identified some limitations. The richness and depth of the dialogue were somewhat missing in the initial paired interview analysis. This led me to revisit the paired interview data with a renewed focus on the human stories. By applying the same narrative approach in the participants' one-on-one stories, I aimed to capture how the paired interview responded to my research question. Through this re-engagement, I could better understand the terminology, concepts, and lived experiences that emerged during the paired interview. The paired interview story has been placed after the individual stories.

#### Rationale for Using Narrative Analysis

As we will see in subsequent chapters, while the individual interviews delved into personal experiences, the paired interview served as a space where shared struggles and strategies for resilience emerged. These narrative forms, individual and dyadic, provided a more holistic picture of how GM therapists navigate their identities within predominantly white spaces, aligning with my research question.

The paired interview had limitations, notably the lack of gender diversity and the similar age group of both male participants. These factors may have influenced the dynamics of the narratives and the themes that emerged. To address this, future interviews were planned to use a purposive sampling strategy to ensure a mix of age, gender, ethnicity, and experience. This approach aimed to enhance representativeness, increase variation, enrich the narratives, and address potential biases.

The table below shows some of the terminology explored and some considerations for future improvements.

Table 6.4 – Paired Interview Overview

Category	Description
Terminology	<ul style="list-style-type: none"> <li>- Participants understood the terminology and study aims</li> <li>- Recognised the importance of appropriate use of terms like "culture"</li> <li>- Emphasised that culture should be understood fluidly</li> </ul>

	- Discussed the term "hospitality" and its accuracy
Considerations for Future Improvements	- Plan to use purposive sampling in future stages to ensure diversity in age, gender, ethnicity, and experience - Aim to enhance representativeness, increase variation, enhance validity and credibility, enrich stories, and address potential biases

### Recruitment and Sampling

Given the depth of the stories, I planned to conduct six to ten face-to-face interviews with GM Family Systemic Psychotherapists. This range aimed to balance the richness of information with a sufficient variety of experiences to enable meaningful cross-case analysis (Corbally, 2011). While Wengraf (1999) suggests that three cases can suffice for analysis, Corbally (2011) found that working with more than thirteen cases can be excessive.

Ultimately, I conducted six interviews over six months, meeting participants in various locations, two in their homes, three in their work environments, and one at a university. All participants received information and consent forms, and I provided further explanation at the start of the interviews, outlining the process and inviting feedback on the narrative drafts. This included annotations and reflections on my embodied experiences, with participants encouraged to correct or add details as needed.

The table below shows some information about the narrative interview participants.

Table 6.5: Narrative Interview - Participant Demographics

Category	Description
Demographics	- Number of Participants: 6
	- Participant Background: GM (required for participation)
	- Occupation: Family systemic psychotherapists
	- Work Sectors: Diverse (Teaching, NHS, and private practice)
	- Gender: two males, four females
	- Ethnicity: two Black African descent, three Black Caribbean descent, one South Asian descent.

### Interview Process

When planning the narrative interviews, I explored various methodological approaches, including the Biographical Narrative Interpretive Method (BNIM) (Breckner & Rupp, 2002; Wengraf, 2004). However, I determined that strict adherence to BNIM's manualised procedures might only partially capture the breadth of insights I aimed to uncover. Instead, I adapted key elements from BNIM, focusing primarily on privileging participants' narratives and

allowing their stories to lead the way. This approach enabled me to centre their voices, shaping the interview around a broad, open-ended question connected to my research focus.

The initial prompt I provided to participants was:

Tell me a story about your growing up/culture/background that you connect with where you are now as a Family Systemic Psychotherapist, why you are here, how you are here, where you are going, and what you hope for. Any of those that resonate.

While I could not predict the exact outcomes of each interview, it was crucial to craft a question that invited depth and complexity, avoiding what Holloway and Jefferson (2000) refer to as "poor data" that misrepresents participants' central concerns. I paid particular attention to the topics raised and the language used by participants. After they shared their stories, I posed follow-up questions to delve deeper into specific details. This approach allowed me to follow their lead, using their language to enrich the narratives further.

This method differed from traditional semi-structured interviews, as I avoided adhering strictly to pre-existing themes or questions (Roseneil, 2012). Instead, I allowed the interview to unfold organically, holding any preconceived themes lightly and letting the participant's narrative take precedence. Roseneil's (2012) work demonstrates that this approach often yields richer and more complex narratives, particularly across diverse backgrounds encompassing ethnicity, class, and gender.

## Data Analysis

### Collaboration in Narrative Construction

Collaborative research provides a unique platform for participants and researchers to co-create meaning, especially within qualitative studies. It promotes a democratic approach to the research process, enriching the understanding of the subject matter through shared experiences and reflections. This collaborative ethos was central to my work with Global Majority (GM) family systemic therapists, an enlightening and challenging process.

From the outset, I was committed to making the research as collaborative as possible. After the initial interviews, participants were invited through email, to review draft versions of their narratives. This step was essential, as it aligned with the principles of co-creation and shared ownership of the research findings. However, I felt a palpable tension when sharing these drafts, especially against the backdrop of heightened awareness around racial injustices, notably following the murder of George Floyd in May 2020. The responsibility of accurately representing the participants' experiences weighed heavily on me. Each narrative was not just



a personal account; together, they wove a tapestry of interconnected stories that resonated far beyond the individuals involved. This was to ensure that the meaning and essence of their stories were accurately captured. This process allowed for edits and adjustments, ensuring that the final narratives represented the participants' perspectives rather than solely my interpretations (Corbally, 2011). This iterative process respected the participants' ownership of their stories, reinforcing the collaborative spirit of the research.

### Challenges and Participant Responses

Despite giving participants ample time to provide feedback, only half responded to this collaborative invitation. One participant opted out after their transcript was completed, and two did not respond to the invitation to review their stories. The lack of response from the other three participants led me to reflect deeply. Were they hesitant because of the emotional weight of the topics discussed? Did they trust my ability to represent their experiences without further input? Or were there other, more personal reasons for their non-engagement? While these questions lingered, I remained appreciative of the time and energy they had already dedicated to the initial interviews. Their contributions have already enriched the research profoundly. However, three participants provided further reflections on their transcripts, which have been incorporated into this thesis.

### Final Approach to Analysis

#### Reader's Guide to the Presentation of Participants' Stories

In refining my approach, I drew on Tim Ingold's (2017) perspectives, emphasising reflexivity, collaboration, embodied knowledge, and storytelling. I challenged traditional methodologies and embraced alternative approaches, aiming to create a rich, immersive research experience that engages readers on both intellectual and emotional levels, mirroring the experiences shared by the participants and myself.

To arrive at the final presentation of the participants' stories, I underwent a comprehensive familiarisation process. I began by mapping the narratives emerging from the transcripts. Below is an outline of this process, exemplified by one participant's story.

#### The Process:

- Mapping Transcripts: I mapped out each transcript to visualise the flow of the narrative.
- Transforming to Stories: I began turning these mappings into coherent stories.
- Identifying Themes: I asked, "What are the themes here? What are the stories? How do they connect? What else do they connect with?"
- Collaborative Engagement: I considered how to make the process collaborative, involving participants in refining their narratives.

- Connecting to Research Focus: I mapped the narratives concerning my research title and question.

Using these guiding questions, I created a mind map for each participant. Below is a representation of this process for participant Afia, which I continue to use as an illustrative example of coherence.

Diagram 6.6 - Mapping the journey

Participant Afia (while also considering my own and other participants' experiences)



This mapping process became a significant part of my analysis. By carefully constructing these diagrams, I could trace the journey of each participant's story, noting the similarities and differences across narratives. Differences often pertained more to the sequence of experiences rather than the presence or absence of certain themes. Process maps for the paired interview and other participants are included after each story and collectively in Appendix Q.

Creating these diagrams highlighted specific experiences and provided context regarding time and process. For instance, with participant Afia, I could trace the connection between her

beliefs and values and their impact on herself and her practice, an imperative linkage when considering the research question.

Stories became the primary data source, with each narrative treated as a unique wellspring of insight. I sought to understand these narratives not just as individual accounts but as interconnected threads woven into the fabric of our collective experiences.

In Appendix P, I give an example of how the narratives would be presented if they were analysed solely using thematic analysis rather than the adopted multi-method analysis. This shows what the data might have looked like had I stuck with the thematic analysis I had originally used with the paired interview. In Appendix O, I compare using the multi-modal method and applying thematic analysis alone. I revisited the paired interview with this in mind and created the paired interview story.

Therefore, the participants' stories presented are the culmination of a collaborative and analytical process designed to authentically capture their lived experiences as Global Majority Family Systemic Psychotherapists navigating predominantly white contexts. These narratives are constructed from several key components:

1. Narrative Interviews: Each participant engaged in an in-depth narrative interview, sharing their personal and professional journeys. The open-ended nature of these interviews allowed participants to guide the conversation, ensuring that their voices and perspectives remained central.
2. Collaborative Feedback: Following the interviews, participants were invited to review and comment on the transcripts and the initial drafts of their stories. This collaborative step ensured that the narratives accurately reflected their experiences and allowed them to add further reflections or clarify points, reinforcing the co-constructive nature of the research.
3. Researcher's Analysis: My analytical insights are interwoven within the narratives, providing context, drawing thematic connections, and highlighting significant moments in the participants' stories. This integration of analysis aims to deepen the understanding of the complex interplay between their personal and professional identities.

The stories are presented in a narrative format that blends the participants' own words with my reflective commentary. This approach honours their voices while also engaging critically with the material to explore broader themes relevant to the research question.

For example, in Afia's Story, her experiences are recounted in a way that brings forth her cultural background, personal challenges, and professional development. My reflections and analyses are integrated to highlight how her journey exemplifies the themes of resilience, identity negotiation, and the impact of cultural values on therapeutic practice.

By presenting the stories in this manner, readers are invited to engage deeply with each participant's unique journey. The narratives serve not only as personal accounts but also as case studies that illuminate the systemic and intersectional challenges faced by Global Majority therapists. My analytical perspectives enrich the narratives, allowing for a nuanced exploration of the research aims.

### Reflections on Methodological Fit

Quite early on, I realised that grounded theory, phenomenology, and ethnography were not entirely suitable for my study. These methods rely on predetermined frameworks and often impose rigid structures, which can limit the depth of exploration and risk overlooking participants' lived realities. Given that my research aims to explore the complex intersections of identity, power, privilege, and culture, a more flexible approach was necessary. While I had initially experimented with thematic analysis, which identified several interesting and relevant themes, I quickly became concerned that this analytical approach did not do justice to the depth of my conversations with participants.

The thematic analysis felt too straightforward and "clean," failing to capture the complexities, nuances, and embodied nature of the stories that emerged in our discussions. As I reviewed the themes, I realised they needed to fully reflect the richness of the co-created narratives, and much of the embodied experience seemed lost. Feedback from my supervisors echoed these concerns, indicating that some of the most valuable aspects of the conversations had been diluted or overlooked.

Recognising these limitations, I revisited the transcripts and themes to forge more meaningful connections. I aimed for an embodied retelling of the stories to ensure they retained the depth and lived experience that characterised our discussions. It became increasingly clear that the original analysis did not adequately address the key issues I wanted to explore, particularly around power, politics, and ethics, critical dimensions that thematic analysis had not sufficiently highlighted.

To address these concerns, I adopted a multi-method approach. This revised methodology allowed me to engage more comprehensively with the data, capturing both the intellectual and

emotional elements of the conversations. By doing so, I could focus on the participants' embodied experiences and the intricate power dynamics that shaped their stories. This multi-method approach, rooted in collaboration and a justice-seeking ethos, aimed to honour the richness of the narratives and ensure the analysis aligned with values of inclusivity, ethics, and political awareness.

In the spirit of collaboration, the multi-method approach enabled me to integrate various flexible methods to capture the participants' experiences authentically. I recognised that a single methodological lens would not be sufficient to illuminate the complex intersections of identity, power, and lived experience that my research needed to illuminate. By blending different methods, I sought to create a more holistic and nuanced analysis that was true to the participants' narratives and the themes of my research.

This decision to adopt a multi-method approach was informed by my data analysis and insights from the literature. I felt a strong responsibility to ensure that the stories being told were presented in a way that was just and representative of the participants' realities.

## Ethical Considerations

### Participant Anonymity and Informed Consent

To protect participant anonymity, I offered participants the choice to select or be given a pseudonym. Specific details that could reveal their identity, such as dates or locations, were generalised to avoid easy identification while maintaining the integrity of their stories. Additionally, I revisited participants after transcribing the interviews to ensure they were comfortable with how their narratives were presented and to offer them a chance to amend any details.

Before interviews, participants received information and consent forms. They were informed of their rights, including the option to withdraw at any time without repercussions. Pseudonyms and generalisations of specific details protected anonymity.

### Managing Risk

In the unlikely event that a risk arose for me or the participants, the plan was to terminate the interview if required, though this need did not arise in either the paired interview or narrative interviews. In the event of a risk to reputation, as informed in the information sheet, participants could ask for their participation to be excluded up until two months after the interview. Beyond this point, it was explained that the conversations would be included within the working document and would not be possible to take out due to their impact on the ongoing work.

Potential participants were informed that their participation was voluntary and that they could withdraw from the study at any point before the interview. They could also have their interview removed from the study by contacting me up to two months after their interview. This would have allowed time for the removal of their contributions if needed. None of the participants decided to do so. Participants represented themselves rather than the organisations they may have worked for and were not interviewed within these organisations. Therefore, further ethical and organisational approval was not needed.

### Complexities of Insider Research

Positioning myself as an insider researcher (Naples, 2003), someone investigating their community brought unique ethical and methodological complexities. Insider research can be highly beneficial, offering familiarity with the community's norms, language, and practices, which fosters trust and rapport with participants. This insider status often leads to richer and more nuanced findings, as shared experiences can encourage open and honest dialogue. The cultural competence that comes with such familiarity can be complex for an outsider to achieve.

However, the advantages of insider research also present challenges. The blurred boundaries between personal and professional identities can cloud objectivity. As an insider, there is a risk of assuming a shared understanding, which might prevent deeper exploration of specific topics. The dual role of researcher and colleague, friend, or supervisor adds another layer of complexity, introducing potential power dynamics that may affect the research process.

I addressed these challenges by openly acknowledging my dual relationship with the participants. From the outset, I emphasised that my role was solely that of a researcher within the research context, distinct from any personal or professional relationships we might share. Establishing this distinction was crucial in managing expectations and setting the tone for our interactions.

Having honed my ability to maintain clear boundaries in therapy, I applied these skills to my research. As a psychotherapist, I am familiar with using parts of myself in therapy while keeping the focus on the client's needs. Similarly, I aimed to engage participants in my research without allowing my personal connections to interfere. This ensured I could listen carefully, probe thoughtfully, and avoid missing important details. Additionally, given that all participants were qualified Family Systemic Psychotherapists, they, too, were familiar with navigating boundaries in their practice, which added an extra layer of reflexivity to the process.

### Safeguarding the Research Process

To safeguard the integrity of the research, participants were fully informed of their rights, including the option to withdraw or decline participation at any time without adverse repercussions. I maintained professional boundaries, ensuring that research was only discussed in designated settings. This helped avoid any unintended influence on their responses or participation.

I also engaged in regular reflexive practice, keeping a reflexive journal to document my thoughts, emotions, and potential biases throughout the process. This reflective practice informed me of my influence on the research and provided a tool for self-correction.

### Interviews and Reflexivity

The narrative interviews were conducted with qualified Family Systemic Psychotherapists trained to be reflective, open, and transparent. During these interviews, I consistently checked in with participants to ensure they felt comfortable and encouraged them to share only as much as they wished. If any issues arose, participants were advised to seek supervision or therapy, and a therapist was on standby should they require additional support.

As a GM researcher, I was conscious not to make assumptions about participants' experiences. I approached each interview with an openness that allowed for rich dialogue. After conducting the interviews, I shared the transcripts with participants for their feedback to ensure my interpretations of their stories were accurate.

### Centring Voices and Collaborative Approach

The core of my research was to centre the lived experiences of GM Family Systemic Psychotherapists. After transcribing the interviews, I returned to the participants to verify the accuracy of my interpretations and allow for any necessary revisions. This iterative process was designed to ensure that participants' voices were accurately represented and that they felt ownership over their narratives.

### Navigating Oppression and Marginalisation

It was essential to consider the ethical implications of representing marginalised voices. I remained aware that while the participants shared their personal experiences, these accounts did not represent all individuals from minority groups. To maintain balance, I ensured diversity in gender representation, with four female and two male participants, and avoided essentialist or reductive views of culture.

### Data Protection and Storage

Throughout the research, data was securely stored to protect participants' anonymity. All physical data was kept in a secure, locked location, and electronic data was encrypted. Multiple copies were stored securely, with consent obtained from participants for the eventual publication of anonymised findings.

### Conclusion

This chapter has outlined the methodological framework and methods employed in this study, detailing the philosophical underpinnings, data collection and analysis processes, and ethical considerations. The multi-method approach, grounded in principles of social constructionism, intersectionality, narrative inquiry, storytelling, critical race theory, and un-methodology, enabled a rich exploration of Global Majority Family Systemic Psychotherapists' lived experiences.

By centring participants' voices and engaging in collaborative knowledge construction, the study offers valuable insights into how systemic therapy training and professional practice can evolve to become more inclusive and reflective of diverse lived experiences.



## Chapter 7

Rupi Kaur

Excerpt from "*Milk and Honey*" (2014)

*"Our backs tell stories no books have the spine to carry."*

Here, I will present the participants' stories, ensuring a comprehensive and nuanced representation. By adopting a relational approach, I aim to go beyond traditional research methods and honour the complexity and richness of the participants' experiences. This chapter highlights my commitment to providing a just and ethical portrayal of their narratives, considering their voices vital to the research process.

I aim to show the intricate layers of participants' experiences and the social constructions that shape their realities. The resultant transcript does not adhere to traditional linear formats. Instead, it offers a layered, multifaceted exploration that acknowledges the intricacies of human experience and interaction. This unorthodox structure underscores my commitment to the research principles.

By engaging in reflexive practises and embracing the inherent subjectivity of the researcher and participants, I aim to create a space for dialogue and the co-creation of knowledge. This approach emphasises the importance of recognising the multiple voices and perspectives in the research process, ensuring a more inclusive representation. By engaging in reflective analysis, I seek to create a space for authentic understanding and amplify their voices within the research process. Through this approach, I aspire to contribute to a more just and ethical representation of participants' stories, fostering a deeper appreciation for the complexities of their lived realities.

Throughout this chapter, I will provide a reflective analysis. By exploring the themes, nuances, and meaning-making embedded in their stories, I aim to capture the essence of the participants' experiences and present a comprehensive portrayal of their narratives. This chapter serves as a testament to the participants' courage, resilience, and insights and underscores the transformative potential of their stories for both personal and professional realms. It aims to be in dialogue with the question below. After each story, I have included a map that charts each participant's journey.

What can we learn from the journeys of global majority family systemic psychotherapists as they navigate their personal and professional identities within predominantly white contexts?
--

## Participant Stories

### Afia's story

I worked with Afia for around two years before the narrative interview and found her calm, considerate, just, and compassionate. The interview took place while we were still working together; however, this changed in the latter part of the collaborative process. Below is Afia's story.

In embarking on this journey with Afia, I heard a narrative of profound personal experiences, rich cultural insights, and thought-provoking reflections. Afia's life began with her upbringing in a West African community, her migration to the UK, and her current role as a systemic psychotherapist. As we navigated through her narrative, I experienced a strong connection with her journey, which I will try to articulate in the following passages.

Afia's narrative began to unfold under the shadow of the West African proverb, "*It takes a village to raise a child.*" This formed the cornerstone of her worldview, fostering a sense of shared responsibility and communal upbringing. As Afia shared during our conversation, "You can't do something by yourself, and there are different ways to learn things. The environment has got to be right if that makes sense." Her words echoed in my mind, painting a vivid picture of a community-bound childhood steeped in collective wisdom and shared experiences.

As Afia described her West African upbringing, I felt I was with her. I could almost hear the vibrant sounds of her village, sense the wisdom of her elders, and see the community she grew up in. Her story reminded me of my roots and the cultural context that has moulded my perspective on life. I reflected on the importance of community, support, and shared learning, which she emphasised was not only central to her philosophy but also constituted the core of her therapeutic approach. It was such a blessing to see this connection emerge through our dialogue.

Afia gave examples of how she had been able to apply her cultural foundations to her learning, which based learning on the environment being right and cultivating the right context:

I think from my parents, it will probably be the idea that it takes a village to raise a child.

I think that's where they would base it in that idea. Because I think everything for them is around family. You can't do something by yourself and there's different ways to learn things. The environment is got to be right, if that makes sense.

When you want someone to learn something and you want to show them something, you have to cultivate the right context in order for that learning to come about. Whether

that's blocked by fear, the person is scared or that just maybe they're lacking a little bit of confidence, whatever it is.

This is another example of the learning that Afia did through experience. She put it so beautifully here:

I think growing up, the thing that I remember the most really was about having time and having quality time'. "I just remember, one day, in particular, I don't know why. I think I was more scared. It must have been about seven. About six or seven, but I was more scared, I think, than I normally was. I put my hands in my pocket and my dad just came over and he said, "Are you okay?" I wasn't talking. He didn't say anything or what have you. Then he just took the bag of nuts, and then he went, and he sat on the ground. He just started feeding the squirrels. He didn't pressure me to come over. My sister was with him and then after a while, I thought, "Okay. Maybe it's not so bad." I walked over, and I sat down on the ground with him.

I was captivated by this story and was keen to hear where it was going. Afia continued:

I'd say that I recall that one because I think later on, what it taught me was just sort of culturally in the way that my parents and my aunts, and the people around me just tended to do something who was this idea where for, "Come, let me show you." When you don't know how to do something or you are scared of something that you have to do rather than sort of go and say, "You must do it. Or come on. Come on, you must do it. It was this. Okay, let's try this another way and come and let me show you.

In the second stage of the collaborative process, on reflecting on the transcript, Afia shared some further thoughts:

This reminds about the idea that I carry with me in practice that there are many ways to teach and thus many ways to learn... Education should not just teach work. It should teach life 'WEB Dubois'.

A significant contour in Afia's life narrative was her first-generation migration to the UK. This journey was not a mere geographical relocation but marked a profound shift in her cultural and social landscapes. As she navigated through the challenges of assimilation, a duality began to emerge in her existence, which she described as being a part of a new culture while still holding onto her roots. Her reflections on this phase of her life revealed the intricate dynamics of identity negotiation that migrants often grapple with; she shared:

It's about being there, but I think there's something about first-generation migrants...that they somehow hold onto culture a little bit more... That maybe would,

or maybe if you're in your country of origin, you don't have to hold on to the culture as much because it's already around and embedded.

Her statement left a lasting impression on me, underscoring cultural roots' enduring influence, even when immersed in a new environment. It is an incredible feeling when someone has a similar experience or understanding as you; it brings about a warmth and sense of belonging, and at this point, I noticed that I relaxed both physically and mentally, thinking, "Ah, it's not just me", and what a relief it was. I felt a familiar pang of emotion. I remember when I first stepped into a new school, a mix of excitement and trepidation, the challenge of straddling two cultures, being present here and yet holding onto my origins. It felt like Afia was speaking my own truth and struggle.

On reflecting on the transcript, Afia shared through a written reflective comment:

This now makes me think about having to find your way through unknown but somehow not unfamiliar territory – you have to rely on your instincts. 'Our mothers and grandmothers moving to music not yet written' Alice Walker – Spelman College (1953).'

Afia went on to discuss connections and learning beyond language. When I can't tell you that I will show you, is the best way that I would be able to describe it:

I don't know whether that was just my dad or culture. I find that in African culture, particularly in West African culture, there's the idea that you show. You use words, but sometimes, if you can't find the words, it's this sense of just, "We'll do it together."

Afia explained what her father's dedication to education had meant to her based on childhood lessons:

It was the little things like when we went to that preparation, and he was like, "Choose the pen that you want, whatever pen you want, but whatever pen you choose, that's the only pen that you're going to have." [laughs] He put that like, "You have your pencil. Can you show me the pencil and all your other bits, but you're only allowed to have one pen. I could never get it. It used to wind me up so I chose a fountain pen, "So you still want the fountain pen?" I was like, "But why?" He was like, "Because different pens change your handwriting, so you're not going to have good handwriting." he's like, "You need to be able to communicate. You need to be able to express yourself, and your handwriting needs to be legible," that simple.

Afia was able to give lots of examples of times where her dad's own experiences and challenges were used in how he parented his children through any racism, inequality, and hardships that they had to face. Even for someone who was from a privileged background with wealth and privately educated:

When he came over to the UK, he had a really hard time getting a job as a professor and experienced lots of racism. He was able to work as an accountant but then also worked as a minicab driver as well. I think for a man that who's highly educated-- my dad's side of the family was really wealthy. All of my dad's brothers and sisters all went to private schools. In those times, that was a hard thing to do. I think migrating to the UK and not being able to work in the way that he wanted to be able to work just made him probably think, "I don't want that for my children."

I think his whole thing was, "I don't want to doors to be closed for you for whatever reason. Anything that you can do to make sure that people see you for who you are, then do that thing." I think the thing particularly about education for him was, once you have that no one can take that away from you. It doesn't matter where you go, whether the opportunities are there or not; no one can take it away. Yes, I think that was his thing. I think that's what we grew up with, but it wasn't just about academics; it didn't really matter to him; it was about being the best that you can be. Whatever it is that you choose to do, you excel, if that makes sense.

A profound turning point in Afia's life came with the sudden passing of her father when she was in her early teens. As she recounted her experiences of raw grief and loneliness, her words resonated with a deep sense of loss: "*It was a really lonely time.*" I remember feeling a lump in my throat as she recounted the painful experience of her father's passing. It was as if her grief was tangible, reaching out to me from across the room. I felt a profound empathy for her; my heart ached with her as she navigated her loss. Amid this personal turmoil, a question emerged that would become a guiding light in Afia's professional journey: "*Who do people talk to when you're not okay?*" This question, born out of personal grief, led Afia towards her calling as a therapist. It served as a poignant reminder of the deeply personal and transformative potential of such life-altering experiences:

Yes, I think my professional journey from quite a young age, and I didn't know that I wanted to be a Family Systemic Psychotherapist. I didn't even know that such things even existed, but when I was 14, my dad died really suddenly. In that time, probably if you like, the two years because I was about 14, it was like I only had about two years left at school. I just became really aware or what it felt like to me was that in West African culture, it felt like there was no place to go.

There was no one to talk to at all. There was this idea that you pray and make things better, which makes sense. At 14, when you don't even really know yourself, the idea of God and faith is too far removed for you to be able to hold on to it or make any sense. I think it would have been different as an adult. Because as an adult, then you've got your networks, you've got your friends, you've got your people.

In her feedback later on, Afia added, “You have your village part inherited part constructed – but it is yours”.

Afia added:

You know a bit more about who you are, so you have those mechanisms, but I found that it was a really lonely time, so I never really had anybody to talk to. Then you're in your family, and you can't talk to your mum because she's upset and grieving her life partner. There's not that much difference between me and my sister; we're both in the same place. It just raised the question of, 'Who do people talk to when you're not okay?'

This poignant question, born from personal loss, marked a turning point in Afia's journey. It was not just about grief but about the lack of space to process that grief. The isolation she felt set the stage for her desire to become a source of support for others. I could feel the weight of her words and reflected on the shared experience of feeling alone in times of emotional crisis. The idea of struggling without having anyone to turn to struck me, and I could see how this moment of her life became foundational in her professional path.

She continued:

Then, that became the question I wanted to answer. It just started from there. I wanted to be the person who people then came to speak to, if that makes sense. When I was at school after that happened, it changed a lot of my friendships around because people don't really know what to do. I didn't really know what to say and stuff.

Afia's reflections on how her father's death affected her social life resonated with me deeply. It reminded me of how grief can ripple through one's entire life, altering not only personal relationships but also one's sense of self. Afia's recollection of the time after her father's passing felt vivid; I could sense the awkwardness, the shifts in friendships, and the silence that often surrounds grief in our social circles.

She explained further:

Then some people that I didn't even talk to then would just come and talk to me about random stuff. It was about six months after he died, so it was just a really weird time. The thing that I started to think to myself was that people often don't know what to do, whether it's an adult or if it's a child; people literally don't know how to speak to you.

I recognised this insight from Afia about the discomfort others feel around grief- in my own experiences. It reminded me how individuals and communities often lack the language or confidence to engage with loss. This experience of people not knowing how to address her pain only deepened Afia's commitment to creating spaces for others where these conversations could happen openly.

She added, "I didn't know it then, but looking back, I think that was probably the beginning of my professional, that's when I knew that I wanted to do something in this area, but I didn't really know what that was. Then it just went from there, really."

Afia's reflection on how this painful experience became the root of her professional journey touched me. It was a reminder of how personal challenges often become catalysts for our greatest commitments. I could see how her early life shaped her desire to work with others, guiding them through their emotional landscapes, much like she had to navigate her own.

Afia's early experiences within her community significantly shaped her therapeutic approach. She observed how problems were addressed not through formal counselling but through communal dialogues and the collective wisdom of the elders. "People would come in, and then you sit down, and then you talk about the problems," she recounted.

She explained:

I think that's the thing in West African culture. It's like you don't really have counsellors, but you have elders, and people go to elders to solve their problems. That's what I saw growing up in my house, that people would come, and then my mom and my dad would sit down.

Afia's recollection of the informal yet structured process of seeking advice from elders brought to life the community-based approach to problem-solving. I reflected on how this contrasted with Western therapy models' formal, often clinical approach. The centrality of family and elders in her upbringing and the idea of talking through issues as a shared activity struck me as a beautiful and culturally rich approach that deeply informed Afia's style as a therapist. Afia added:

Then it sounds really weird, but also everything was centred around food. Food just played such a big part of life, I think. Like I said, we don't really go to therapists; we don't really go to counsellors. I think if you need to see a counsellor, or if you need to

see a therapist, then there's the idea that someone is mad or they've got mental health problems. There's that kind of shame that's linked to it.

The use of food as a medium for healing and connection resonated with me, as I recognised food's universal role in bringing people together. It also reflected a different way of engaging with emotional distress, through creating warmth, time, and space rather than through professional intervention. Afia's point about the stigma around formal therapy in her culture highlighted the barriers that many people face when seeking help. Her narrative was a reminder of how deeply cultural norms shape our relationship to mental health care.

It happens in a different way. People would come in, and then you sit down, and then you talk about the problems, like, 'We'll help you.' Then afterwards, you just have a big meal. A big meal solves everything. [laughs] For me, I think the biggest thing would be about time. I think both my mom and my dad, they always had time, and they never said no to anyone. That's who I am as a person, and I'd like to think that's my biggest strength as a professional.

Afia's focus on time, giving it, making space for it, and allowing problems to be solved, felt central to her practice. I reflected on how often, in our fast-paced lives, we forget the importance of time in healing. Her dedication to never saying no and always making time for others stood out as a core value in her work. It was a reminder of the human element of therapy that goes beyond techniques and interventions.

I was interested in how Afia kept hold of these values and was able to use them in her work. She explained:

I think I just do it. Because I grew up seeing it, but also because of the way that I lost my dad, and it was so sudden. What that experience left me with was the sense that you can't take time for granted. You can say, 'Okay, I'll do it tomorrow,' or 'I'll come back,' but you don't know what the level of urgency is for someone else. That minute for you might be an hour for someone else. It might be too long.

Afia's reflection on the urgency of time, shaped by the sudden loss of her father, left a profound impression on me. Clearly, this personal experience shaped her outlook on life and influenced how she approached her work. Her words reminded me of the importance of being present in the moment, especially in therapeutic work, where a missed opportunity can sometimes have lasting consequences.

She continued,



I don't like things that are unresolved. That's probably my own stuff. I'd rather just know, or I'd be like, 'Okay, you need to come back,' or 'Let me know what it's about, and can it wait?' Because personally, I don't like the idea of unfinished business, and then you might not have time to get back to finish it because something might happen.

Afia's openness about her discomfort with unresolved issues was particularly relatable. As therapists, we often carry the weight of unresolved problems, not just in our clients' lives but sometimes in our own. Her reflection was a powerful reminder of the human side of therapy and the personal motivations that often influence our professional practices.

Afia's parents also instilled in her a strong sense of generosity and care for others. She described how her father would fix cars for free, regardless of the time or inconvenience. She said, "My dad used to fix cars for free. That's why my mom would get frustrated, saying, 'You're spending all this time fixing people's cars.' But my dad would say, 'You know, blah, blah, blah.' He literally would."

This image of her parents working together to help others late into the night resonated deeply. It encapsulated the values of care, service, and generosity that Afia's family held dear—which she carried into her therapeutic work. Her recollection of these moments revealed her deeply intertwined personal and professional identities.

Afia explained how her mother's care for others extended beyond their family, becoming the template for how she dealt with people. "Most people would say, 'Your mom was lovely; she never said no.' It wasn't just for us. It was the way she handled other people, and that became the template of, 'This is how you deal with people. This is how you look after people. I think just the idea of, if somebody needs your help, then you help them'".

Afia took some time to talk about her journey to becoming a therapist. She explained:

Then I was working on this unit, and on this unit there was a Family Systemic Psychotherapist. Because we work together, I just got the opportunity to watch how she worked. I think being able to see the difference that she was able to make and it was almost like the idea of the difference that makes the difference.

It was the thing that was different for these women who had just awful lives and had come to the point where they do really awful things to their bodies. They had had lots of one-to-one therapy. A lot of them have been through that route before and now they were in an inpatient unit and they were having multimodal way of working.

The bit that seemed to have the biggest impact on the patient was the family work. I think seeing that made me think, "What is this thing? Like, "What's this way of working that's different? Why is it this fit?" I think after a while, it just seemed to make sense that whatever problems that people had been through and whatever horrible histories that they had, somehow it always linked back to family or relationships, and not necessarily when they were younger. What happened if they've been with a partner? Or what happened when they were older? It just made such a difference. I don't know, I think for me, it was one of those few moments where I was like, "Oh my God, wow."

Afia shared that during her training, she often found herself the only Black student in her cohort.

For example, in my first degree, out of a cohort of probably about 300 plus, I was the only black student. Throughout my first degree, I was the only black student. When I started my training I think there were probably a handful, and I mean, a handful of black minority students. How can I say it? I was prepared to meet people who felt like their minds were open, but at the same time, you really don't have a clue, if I can say even that way. People think like they can tick off a few things of what they do or the colour of their friend (I have black friends)...Then that makes them open minded. When you want to put some real conversations on the table, I can't handle it. Yes, they can't handle it, because really talking about race, and culture, and ethnicity, and the difference, and the prejudice, and my lived experience of that, and your lived experience of that is two totally different things. When I have some real conversations, when I was going for my training, there was some sessions where people will get up and walk out.

This reality heightened her awareness of race and culture in her field, and it also intensified her sense of otherness. Despite these challenges, Afia chose to confront these issues head-on, advocating for authentic conversations about race, culture, and ethnicity. Her resilience and determination for authenticity, visibility, and inclusivity were inspiring. As she put it, "*When you want to put some real conversations on the table, they can't handle it.*" Whilst this revelation serves as a reminder of the crucial role that therapists play in challenging existing narratives and reshaping discourses in our field, it also shows how difficult this endeavour can be. About having to bring up or discuss issues of race and ethnicity, Afia added:

I think I probably switched off. Because I think there was a part of me that felt fed up of, why does it take the black woman or a student to have to raise these issues all the time? Whose responsibility is it? How can you have a course like this? I'm not saying

there wasn't space for it, but I think it's a very niche space. It's like that. It's like a little box and that's the space and this is how we're going to do it.

It feels so frustrating that you can-- [laughs] even intelligent people who you have a wealth of experience and are coming from a good place it is not it's coming from a horrible place. They still don't get it.

I don't feel that the responsibility should be on students, "I am coming here to learn, teach me something." Let it be a shared space. Yes, I'm coming to bring my ideas as well but let there be a space where I can challenge my own thinking about how I feel about and how I think about certain things. It's like you never got a first gear. That's how I feel. I think that's the best way to describe it. Every course that I've ever done, it feels like it never really gets out of first gear.

Further to this were the struggles of intersectionality that Afia shared without explicitly using the terminology and how, by being different, it always felt like you had further to go and more to do:

I think one of the ideas that we definitely grew up with that you knew that you were different. Knowing my dad in particular tried to teach us from a very, very early age of how you handle that. What you have to do in order to make it in a world almost that is not your own and it's not going to do you any favours. Nobody's going to hand you any gifts. No one's going to make your life easier... it's going to be harder by the virtue of the fact that you know of the colour of your skin, of your culture and maybe because you're a woman...

We had that pride in our culture but at the same time it was like you can't rest on your laurels, it's like everything that you do, it has to be better. That idea that if you work, you have to work harder... for example, when I started secondary school, my dad took me to WH Smith and he bought the entire school curriculum Math's, English and Science. He bought it up to year 11. When we get home from school, me and my sister, you'd have your homework to do, and you'd be like, "Okay, let me see this." He wasn't even really that interested in whatever the homework was, to be honest with you. He'd set a chapter from the math's book, the English book, and the science book. He'd just make up one of his own activities, and then he would work in the evening.

The awareness of a parent and children that they would have to go beyond to be able to achieve was such a hard thing to navigate whilst listening; from one perspective, the shame

and injustice of people having to experience this and, on the other hand, the resilience and strength that had come from it, it moved me.

Getting to the crux of what she felt was the barrier sometimes getting in the way, Afia explained:

If you walked into the school right about now, and you took a group of students and you gave them a topic to talk about, they would bang it out. They would flush out this topic and talk about it in the most realist of way, in the purest of language that everybody could understand. As grown folks, we can't manage it unless we've got it in some kind of framework.

Afia's commitment to authenticity in her practice deeply resonated with me. She underscored the importance of being her authentic self, both in her personal life and professional relationships. "Authenticity is really important to me in every context. That's what I strive for," she asserted. Her emphasis on authenticity was echoed in my reflections on the centrality of genuineness in building therapeutic relationships. It reminded me of the courage and vulnerability involved in showing up as one's authentic self and its transformative potential in therapeutic contexts.

Afia further described what she meant by authenticity in her practice:

Ultimately, if I can't be authentic in the room with my families or if I can't be authentic with my colleagues or if I can't be that, then I think for me that would feel like there was something really wrong in terms of how other people or the environment that I'm in influences that.

That's mainly to do with how you were allowed to manoeuvre in your relationships and having the space to have those little moments of, like, for example, one of the things that's important to me is being able to have that conversation in the corridor with people. It's about the work, but it's having-- I can't describe it's having time, it's having moments that are not just about I'm seeing this client, you know, that conversation in the corridor or in the kitchen or going down to the car park.

For me, that's also another way to maybe check out and see that people are okay if that makes sense, which is important because if people are okay and they live in the best versions of their life when I'm here with you, what we're doing together is going to be a lot easier for me if I've got no sense of-- I think I just got to know people because

having to know who I'm working with and I like to have a sense of the people around me not knowing that I don't--

Despite her years of experience in the field, Afia acknowledged the ongoing struggle with the complexities of culture and race in her practice. She confessed that she still lacks the words to express and unravel these complexities fully. Yet, it is in these struggles that Afia finds her strength and dedication, transforming her challenges into a source of strength and commitment to social justice. This resonated with our ongoing journey as therapists, continually learning, evolving, and refining our practice while resisting burnout.

Afia's narrative is a rich tapestry of personal experiences, cultural nuances, and professional development. It underscores the importance of acknowledging diversity, enhancing inclusivity, and fostering open conversations about race, culture, and ethnicity in therapeutic spaces. Her narrative is a powerful testament to resilience, authenticity, and dedication, offering valuable insights for systemic thinking and therapeutic practises.

After presenting Afia's rich narrative, I have included a chart that visually maps the key stages of her personal and professional development. This map serves as a visual representation of the processes and experiences that have shaped her journey as a Global Majority Family Systemic Psychotherapist.



## Bernard's Story

I have known Bernard for almost 15 years, though it was not until probably a couple of years in that I began to get to know him better, mainly through working together in a couple of local authorities and completing the training simultaneously, though at different institutes. His wisdom, generosity, and clear thread between how he would talk to colleagues, do training, and work with families were always lovely to see.

Bernard had captured his life experiences and ways of storying them through how you lived them out as well as within metaphors. He privileges stories and how to come together with people to be able to tell their stories, as well as being able to create how the story continues. Bernard explained:

I remember sitting on a veranda in the West Indies and exchanging stories. People told me stories about-- now that I think ahead, they were stories to keep me in order. Like, "Oh, there's supposed to be mermaids or creatures in the sea, so don't swim far out." I suppose I don't know whether they were fishermen stories but later on down the line, it got me thinking about stories that we live our lives by. During those times on the veranda, we were playing games and we were talking. My aunts, uncles, and cousins were exchanging stories, which moving forward now is quite interesting, because I'm in a talking profession. I spend a lot of time away from TV and media, if that makes sense, because, on the veranda, there was no TV, no electronics, just that power of stories to get a message across. I think it's still there. I suppose it has had an impact on how you see I practice today because I use quite a lot of metaphors and stories in my work.

Bernard began to explain how his personal experiences deeply connected with his therapeutic work:

It speaks to my practice by, I suppose, valuing difference. Difference could be anything from an accent to different dressing, so I don't see it just as gender, age, et cetera, but just going a bit deeper.

As I listened to Bernard articulate his views, I reflected on how his approach resonated with my own experiences of valuing difference. His perspective on difference was not limited to the obvious categories but expanded into more nuanced territories, such as accents or ways of dressing. Bernard's capacity to view difference as something far more complex than surface-level categories made me think about how we, as therapists, engage with the many layers of identity that our clients bring into the room.

He continued:

It has had an impact on my practice, on how I talk, how I think, liking the ideas of using metaphors and stories. Also being interested in inviting people to talk in their mother tongue. This idea that when something's translated through a Western tongue, sometimes there's a loss, whether that makes sense. Usually, I'll get people to describe what they're going through, their dilemma, in their mother tongue.

Bernard's awareness of how language can shape or limit a person's experience was profound. I was struck by how intentional he was in allowing clients to express themselves in their native language, acknowledging that translation often results in a loss of meaning. This insight reminded me how much is lost when we force people to communicate in ways that do not resonate with their cultural experiences. Bernard's approach encourages his clients to embrace their linguistic heritage, allowing for a richer, more authentic therapeutic exchange.

He explained further:

There's something that feels missed when it gets diluted through another language. There's things like that, I think, that have had an impact on me. Also, growing up in the West Indies, my grandfather used to talk to me while flying kites. It has had an impact on me, where I really like the idea of therapy being a process rather than within a set environment. I may go out kite flying, I may play games, cards, use paper folding because of those West Indian times, and me quite liking this idea of doing and talking at the same time. That's had an impact on how I practice.

Bernard's description of his grandfather flying kites with him as a child revealed how his upbringing in the West Indies shaped his view of therapy. His idea of blending activity with conversation struck me as a beautiful metaphor for the therapeutic process, where movement and engagement can create a different kind of space for healing:

No, it's not so much about the environment or being in a clinical room. I believe that I take people through a process, and that could be through washing up, through doing various things.

This holistic view of therapy, incorporating everyday activities into the process, reflected Bernard's understanding that healing is not confined to formal settings but can happen in the most mundane of tasks. It made me reflect on my own practice and how creating different kinds of spaces where clients feel more comfortable or engaged can be transformative.

Bernard went on to describe how he thought the families he supported might perceive this approach:

They might see me being more comfortable. There's a judgment in the statement; they may see me not hiding behind words. Yes, and me being able to talk about processes or therapy in a non-jargon way.

His awareness of how he is perceived by families and choosing not to hide behind professional jargon resonates with me. It made me think about how often therapists are tempted to use jargon or theory as a shield, distancing ourselves from clients. Bernard's commitment to transparency and speaking in ways clients can easily understand reflects a humility that I found inspiring.

He referenced Barry Mason, saying,

I suppose, like Barry [Mason] talks about accessing complexities, the idea of being able to talk about a word in a way that can make sense to a wide variety of people, giving them confidence not to hide behind a theory, to be able to use a language where people can make sense.

Bernard's ability to navigate complex ideas and explain them in accessible ways to his clients made me reflect on the importance of demystifying therapy. His approach reminded me that therapy is not just about working through theoretical models but about making those models understandable and meaningful to the people we work with.

He added:

That's not me saying that I need to simplify the language, but being able to have the confidence to respond to the people in front of me. Also, being able to use cultural stories, stories that I was raised on, but adapting to fit what makes sense and to be part of the work also.

He continued, "Rather than saying, 'No, these cultural stories, ' I was going to talk about knife and forks, and then the Western idea that that way is not good."

This simple statement encapsulated Bernard's tension between his cultural roots and the Western frameworks that often dominate therapeutic spaces. His choice to include cultural stories and metaphors instead of disregarding them was a powerful act of reclaiming his cultural identity within his practice.

As I journeyed through Bernard's narrative, I continued to be struck by his profound reflection on how culture and personal experiences influence his therapeutic practice. Bernard stated:



Rather than just depending on a Western way of thinking, and I put that under that umbrella of therapy done a certain way, now it can be opened up to include many things. The games, the talk.

This statement spoke volumes about Bernard's commitment to broadening the scope of therapy to include diverse approaches and practices. It resonated with my understanding of therapy as a flexible and adaptive process, where the therapist's openness to different methods can create richer, more meaningful connections with clients.

Bernard also talked about how he had become more comfortable over the years in discussing differences:

I think over the years, I've become more comfortable in the position, and that may come out in me being able to talk about difference and ask questions to myself about what it's like to be a therapist sitting in this chair, but also be quite curious about the impact of the clients, not just of myself, but of what they're bringing, of their difference, if that makes sense.

Bernard's growing comfort in discussing difference, both his and his clients', reflected his personal and professional growth. His curiosity about how difference impacts both the therapist and the client reminded me of the importance of self-reflection in our work. It's not just about understanding the client's experience but also about considering how our own identities intersect with theirs.

He added:

In the beginning, I suppose the idea of good enough, I remember doing a piece of work with a Guardian reporter and me feeling quite depowered because of the wordsmith of their job, and me feeling less powerful because of the way that they wanted to engage with me.

I found Bernard's vulnerability in acknowledging moments of feeling "less powerful" deeply relatable. It reminded me of how therapists often face moments where we feel inadequate or unsure, especially when interacting with people from different professions or backgrounds. Bernard's honesty about this experience highlighted the ongoing nature of personal growth in our therapist roles.

That doesn't make sense, so, yes, I think it's changed over the years, about me moving from 'Am I worthy?' to 'I deserve to be in this role.' Something about the community of not just difference, but communities needing different ways of doing therapy, but also different input.

Bernard's shift from questioning his worth to embracing his place in the role of therapist was powerful. His reflection on how communities need different therapeutic approaches and different perspectives resonated with me as I thought about the ongoing need to adapt and grow within our work. It reminded me of the importance of recognising our worth as individuals and as part of a larger, more diverse therapeutic community.

Bernard discussed his increasing confidence and empowerment in his non-traditional approaches, saying:

I suppose, I'm confident because I have got new stories or new narratives. I started to develop about the way that I work, people of difference working and just being able to do things, get positive outcomes, from doing it differently.

This remark evokes a sense of admiration in me. Bernard's strength and confidence in their unique approach, despite potential challenges and biases in the field, are truly inspiring. He goes on to explain:

That might be a question, that might be approach, that might be a structure, that might be a way of asking questions, using stories. It doesn't have to be like not just like cultural stories. It could be Western nursery rhymes or just being able to have confidence to take a different approach because of that idea of taking someone through a process rather than just having to follow a script. I don't know if that makes sense. Does that make sense?

Bernard later commented on this, saying:

Also, I think it is an ongoing process, responding to feedback but also feeling grounded by the theory which supports me in the making sense process, and where to next go in the exchanges, intervention, talk....

Bernard further delves into the intersection of personal and professional domains in their therapy sessions. He explains:

Professional and personal, I always got to gauge it because sometimes-- I feel like you're asking me, if I was French, like do I think for English-- do I think English or French? [chuckles] I think they morph. I think the personal and professional, they coexist together.

This statement underlines Bernard's understanding of the complex dynamics between personal experiences and professional identity. As an observer, I am moved by their

vulnerability and authenticity. I find my posture shifting, mirroring Bernard's openness, which would usually be the case externally. However, this is new territory, and I feel a strong connection developing around these topics.

Bernard's narrative is rich with personal anecdotes, professional experiences, and deep reflections. His words stimulate a strong embodied response within me, a silent affirmation of their experiences and our shared understanding. As I navigate through Bernard's narrative, I am not just an observer but an active participant in his journey, deeply touched by his reflections and experiences. When talking about who benefits from them bringing in their personal stories, Bernard says:

"Who is this for? What is this for? How can it be useful for the person in front of me", rather than me just wanting to share some... but also, I can't do that at personal because it's made me who I am. It keeps me human in a sense and why not? I feel like I would do the clients and professionals a disservice if I didn't bring the personal best.

Bernard's narrative reveals the intricacies of his training experiences and their journey to professional development. His reflections provide a candid view of the gaps they perceived in his training, especially when addressing pivotal themes. "With the training, I don't think they give it enough space," Bernard observes, recounting how crucial topics were often squeezed into short timeframes. I always feel like they fit it in. They made me give it like two hours to really nervous facilitators."

*Bernard* explained that he had to access support externally, which helped him feel sane within the complexity of his professional identity:

I used to be part of a black men's group, which I don't access anymore just because of the time and the day. I suppose I've got quite a strong peer group where, you see, we might do Skype talk. We might have telephone conversations about our experiences and that in a way, partly, it affirms me being part of a cohort, but also that I'm not going crazy. That these things are not just happening to me but are happening to other people.

An example would be I do quite a lot of training now, and most of the time, I may do it with a white or a white female or white male. Participants would come in and no matter what colour or where they're from they'll always go to the white facilitator although I'm leading, although I'm in charge. There is plenty of examples and the idea of power, the idea of, "Should I be in that position?", people surprised of my title and my knowledge

base, so its quite nice being part of the groups (e.g black mens groups). Otherwise, it would be, "This must be me."

However, Bernard's journey did not halt with the perceived limitations of his training and the limitations that were put on him. Instead, it was the beginning of a more profound, self-directed exploration. "It started when I finished the training, through knowledge gained via experience," Bernard explains, emphasising that true learning is an "on-going process, the skill is to be open to the learning."

Yet, even as Bernard ventured deeper into continuous professional development, he noticed a recurring pattern. Themes like 'Power and Difference' were often relegated to brief slots in a day-long training. This limited focus made Bernard aware of his position and identity in society, sometimes making him overly cautious in discussions. He said, "I feel that I've got to look after the other... I might start finding myself apologising." This vividly connected me with Ken Hardy's ideas in his GEMM therapist paper.

Bernard's reflections underscore the challenge of navigating sensitive subjects and the weight of societal expectations. He grapples with the balance of addressing these topics while also considering the feelings of others. He contemplates, "How do I push, how do I teach it, or how do I present it in a different way?"

Bernard reflected on how training courses could better support students and therapists in grappling with complex issues of identity and practice:

I think the training courses could be doing something different. Also, I don't know if it should be separate because I suppose it's what's having an impact. When you say I'm supervising stuff, I wonder what's having an impact on you and you providing the best service for our clients. I think it should be incorporated in the training but also be part of ongoing supervision.

As I listened to Bernard, I was struck by his desire for a more integrated approach in training, one that doesn't silo discussions of identity but incorporates them into both training and supervision. His reflection made me think about how much is left unsaid during these processes, particularly around how our personal identities impact our work as therapists. His words reminded me of the need for these conversations to be continuous, not just one-off moments in training or supervision.

He continued:

That could be race, gender, disabilities, abilities, it could be over a range of feelings but I wonder what has an impact on your identity, your practice as a psychotherapist. I think it should be an ongoing review in training. I think there should be an idea of, 'I wonder if we took risk as trainees or as trainers, facilitators on this subject. I wonder what we'd be doing different.'

Bernard's thoughts on taking risks in training resonated with me. He highlighted the importance of pushing boundaries in these conversations and not settling for sanitised versions that avoid discomfort. His call for risk-taking reminded me of how much growth happens when we step outside our comfort zones as trainees and trainers. His words made me reflect on the times I've hesitated to push these conversations further in my practice and how essential it is to engage with these risks to create meaningful change.

He added:

Just like feedback from participants as well. It just got me thinking because I've got to do some training like I said in a couple of days time. Even I am toying with some different ideas, 'Is that conflictual, is that too much, who is this for, how are people going to respond, how am I going to look after them?'

This reflection on the balance between challenging participants and looking after their emotional well-being made me think about the fine line we walk as therapists and trainers. Bernard's internal questioning about whether he should push further or hold back reflected the complexity of facilitating emotionally charged discussions, particularly around issues like race, identity, and privilege. He went on to describe his internal conflict about pushing these conversations:

Although I've got permission to push, I wonder if they really want me to push because that causes ripples. That causes people challenging their biases, and that will cause ripples within an organisation.

Bernard's reflection on the consequences of challenging biases, how they cause "ripples", was particularly insightful. It made me think about how these ripples extend beyond the training room, influencing the culture of an entire organisation. His awareness of how pushing too far could disrupt not just individuals but the structures they operate within resonated with my experiences of navigating the delicate balance between pushing for necessary change and managing the resistance that inevitably follows.

He connected this idea to the business side of organisations, saying:

That's also linked to, sorry, the business side, cost, people returning, et cetera. What they get and also their uncomfortabilities, and that might have an impact on them wanting to return. That has an impact on the financial side, et cetera.

This comment reminded me of the often-unspoken tension between organisational goals, such as retaining clients and maintaining financial stability, and the need for genuine, often uncomfortable conversations about bias and inequality. Bernard's reflection on this balance made me think about how organisations might prioritise comfort over challenge and how this can dilute the potential for growth and change within their systems. His metaphor of "not making the food too spicy" encapsulated this tension perfectly.

Bernard elaborated on this metaphor:

I can't make the food too spicy, I can't make it the original, how it's made, because I want to cater to a wider audience. I carry some extra spice, just in case. I want to give them a flavour, but also I want them to return, so I think it's that balance.

This metaphor for balancing the "spice" in training was insightful and humorous. It perfectly captured the complexity of challenging people's biases while ensuring they remain engaged. Bernard's words made me reflect on the times I've had to moderate my approach in therapy or training, adjusting my "spice" level depending on the audience. His approach of carrying "extra spice just in case" felt like a thoughtful way to push people far enough while remaining aware of their capacity to engage.

He explained further: "I may have to check out with them, 'Oh how' I think it will be a benefit that you taste some of this food with all the spice on it, but you let me know if it's too much."

This idea of checking in with participants about how far to push them resonated with me. It highlighted the importance of making the process collaborative, where participants feel involved in their learning and can give feedback on the pace and intensity of the conversation.

And how would I know that I can go the extra step? Once more, preparing, taking permission so it can be more of a collaborative journey but also confirming with the audience, 'Do you think this is going to be beneficial to you, do you want me to take you on a sanitised version or would you like to go throw it away?'

This moment of reflection, when Bernard considers the role of permission and collaboration in the process, struck me as vital. His approach to training, in which he actively seeks the audience's consent to push further, felt both respectful and thoughtful.

Bernard shared a powerful example of how this approach played out in practice:

It's interesting because I spoke to somebody yesterday. I'd done some genogram work with a cohort, and a person got up, ran out crying. It was interesting because that person, I spoke to them two weeks later, or I spoke to them on the day also briefly, two weeks later, and they apologised but also thanked me because they thought it was quite thought-provoking. It was too much for them, but they thanked me because they said it was rather that than what they'd done before.

It underscored the idea that sometimes, even when people are pushed to their emotional limits, they are grateful for the experience because it provokes more profound thought and reflection. He said: "That makes sense, so there are benefits to not looking after them and placing some of that responsibility on them. If that makes sense within this adult educational world, that being all right."

These introspections provide a window into Bernard's commitment to evolving as a therapist. He ensures that he approaches his practice with both knowledge and empathy, even in the face of training constraints.

Bernard's reflections on the structure and substance of training courses carry an undertone of contemplation, suggesting there's room for evolution. "I think the training courses could be doing something different," he proposes thoughtfully. Bernard envisions a blended approach where training is a standalone experience and an intertwined journey with continuous supervision. "When you see I'm supervising staff, I wonder what's having an impact on you," they muse, emphasising the ripple effect of effective training and its correlation to service quality.

Bernard's reflection goes deeper, touching on the multifaceted nature of identity. He considers how race, gender, abilities, disabilities, and a myriad of other factors shape one's identity and practice as a psychotherapist. This is not a static reflection but a call for ongoing review in training. "I wonder if we took risk as trainees or as trainers and facilitators on this subject. I wonder what we'd be doing different," he ponders, suggesting that risk-taking might pave the way for innovative training methods.

Yet, when diving into their experiences with supervision, Bernard uncovers a different layer of challenges. "I've sought out a certain type of supervision because I felt my supervision hasn't been good enough. Most of the time, I find myself looking after the supervisor," Bernard admits with amusement. This self-awareness highlights a unique dynamic where he often finds

himself in roles reversed, having to reassure and guide their supervisors rather than the other way around. Despite these challenges, Bernard's pursuit of an effective supervisor is based on something other than shared cultural backgrounds but on competence and the ability to challenge them. He emphasises, "I've sought out supervisors... from ones I feel confident in their supervisory role and are able to challenge so I don't feel I have to look after them."

With some upcoming training he has to deliver, Bernard's thoughts are full of potential strategies, each weighed against its implications. He questions, "Is that conflictual, is that too much, who is this for, how are people going to respond, how am I going to look after them?" In this process, he humorously notes a shift in his role, realising he has, on his journey, unexpectedly found himself in the shoes of a teacher.

Bernard also emphasises the importance of client autonomy in therapy. He says:

I think it's just about giving the people the power that I work with and say, 'You're the experts on your life. I'm here to help you facilitate some of the ideas and the problems that you might be having.

This statement resonates with me, highlighting the client-centred approach that underpins their practice. It also speaks to the heart of the research: People live their lives in different ways and with different narratives. If we allow them to be experts, we can better connect and bring these narratives to the centre, from which we can then build.

Bernard provided some insight into how his belief in himself as a therapist has grown and how this belief informs his practice. He connected this growth with the ways he collaborates with clients and draws from their strengths:

I suppose there's that Avatar film where they say, 'I see you.' So, I want to invite them to see me as a therapist and for me to see them, for us to make sense of each other. There's something about my intentionality. I want to create a space where I'm able to share my expertise within the collaboration of expertise, where you can share your expertise as a client and me, mine.

As I listened to Bernard, I was struck by his emphasis on mutual recognition, this idea of "seeing" each other. It was not just about him as a therapist imparting knowledge or solutions; it was about the client's expertise and lived experience being valued alongside his own. His words made me reflect on the importance of creating spaces where the therapist and client co-construct the journey. It felt like a reminder that therapy is not a hierarchical process but one of collaboration and mutual respect.



Bernard continued:

It's something about privileging the human or seeing the human person in front of me but also valuing the stumbles and the dilemmas as well, if that makes sense. There's something about empowerment as well. There's something about validating the client's experience in front of me.

This focus on valuing the “stumbles and dilemmas” resonated deeply with me. Bernard was not just interested in the clients' strengths; he saw value in their struggles as well. His reflection on empowerment reminded me of how crucial it is for clients to feel validated, not just in their successes but also in their challenges. It underscored the idea that therapy is about embracing the whole person rather than focusing solely on the parts that appear functional or successful.

He then used a powerful metaphor to describe his approach:

You know like where they're using the plants around them to heal the person. It's something about me seeing the solutions within the person in front of me and their surroundings, so when I'm talking about plants, the subsystems, the systems around them.

Bernard's metaphor of plants as a symbol for the resources and solutions within a person's environment was a beautiful reflection on systemic therapy. It made me think about how we, as therapists, are not “healers” in the traditional sense but facilitators who help clients draw upon the resources that already exist within and around them. His image of subsystems as plants growing around a person's life was a reminder that solutions are often closer than they seem, and it is the therapist's role to help clients cultivate and recognise these resources.

He continued:

There's something empowering about that, so it's not me making the changes. I'm just orchestrating or being part of orchestrating a space, a conversation, and a language in what you see me do, which is quite empowering.

This reflection on his role as an “orchestrator” rather than a fixer or problem-solver stood out to me. Bernard's approach reflected a deep respect for the client's autonomy and capacity for change. His use of “orchestrating” conveyed a sense of gentle guidance rather than control, which felt like an important distinction in understanding his therapeutic style. It reminded me that, as therapists, we are part of a process but not the drivers of change; our clients lead the way.

So there's something about, because I take that position, the person can go away and build on that without me. So, I find that quite empowering. My clients find it quite empowering also.

This was an essential point. Bernard's belief in creating an empowering space for his clients that extends beyond their time in therapy resonated deeply. It reminded me that therapy should always aim to give clients the tools to continue growing independently without becoming dependent on the therapist. His approach reinforced the idea that the most effective therapy fosters long-term resilience and independence in the client.

He added:

I think it's just, there's something about having the confidence also to do that because I don't want to make it sound like it's just like that. It's been like a struggle of, over the years, of building up and believing in what you see. Believing in a difference, believing in myself. Believing that there's another way because of what we've been fed because I believe in what I've been fed through the training organisation; they want to see in a certain way.

Bernard's acknowledgement of the struggle to reach this confidence level was powerful. He was not pretending that this process of self-belief came easily or overnight. His reflection on the tension between what he was "fed" through his training and how he now practices reminded me of my journey in challenging the traditional models we are often trained in. His words spoke to the courage to step outside established frameworks and trust in one's approach, even when it goes against the grain.

Bernard then shifted to how this approach fits within organisational settings, particularly when working with other professionals:

In the organisation, it takes someone to believe. It's interesting because I found myself in organisations where people know me, have worked with me or know of me. So, there's that confidence in, 'B, do what you do.' It's interesting because I get a lot of requests to, it's good; I say good and bad because I get a lot of requests from cases that people are stuck with, that people do not know what to do or stuck.

Bernard's reflection on how others in his organisation have come to trust him as a specialist in "stuck" cases was a testament to the confidence he has earned through his work. But his words also revealed the double-edged nature of this reputation. While it is empowering to be trusted, it also brings the burden of expectation, particularly when others look to him to solve what they cannot. This resonated with me as I reflected on the weight of being viewed as a

go-to person in difficult situations, knowing that it often means stepping into uncomfortable spaces where the path forward isn't always clear.

But also, I say it's double-edged. People are fearful because they're unsure of what I'm going to suggest. It's like I take professionals outside their comfort zone. There's that double-edged sword because professionals might be fearful because I might take them off script. I might take them outside of their comfort zone, and they might find it challenging.

Bernard's reflection on taking professionals "off script" was striking. His willingness to challenge the established ways of working, even when it creates discomfort, reminded me of the courage it takes to be a change agent within an organisation. His words made me think about the resistance we often encounter when we push people out of their comfort zones and how that resistance, while uncomfortable, is sometimes a necessary part of creating change.

He described the support he has received from some colleagues:

I've been in environments where you see people have said, 'It's okay, B, we trust, we have confidence in your' so rather than them saying, 'We need you to work in this way,' so in a way, I've positioned myself to promote what you see I do and how you see I do it.

The trust Bernard has earned from his colleagues, allowing him to work in ways that might not align with traditional practices, was a powerful reminder of the importance of building that trust over time. It was clear that Bernard's reputation was not just built on his skills as a therapist but also on his ability to navigate these organisational dynamics. His reflection reminded me of the delicate balance between innovation and maintaining professional relationships, of how important it is to earn the trust of colleagues when pushing for new ways of working.

Bernard spoke about racial understandings and the social construction of race as he saw it:

I remember my grandfather was a fisherman/ barber. I remember going out fishing, and his best friend being a white Australian guy, which was quite odd because there was a guy, a white Australian man with a West Indian accent, and he was my grandfather's best friend. They went out, they were.

It was quite oddity to me, why was this white guy in the West Indies with a West Indian accent. I thought about it again when I left with a West Indian accent and came to London. It's a bit funny, but it made it seemed a bit okay. Is that why I remembered it-

- but that idea of difference and me belonging just trying to not belong because of how you see, how you look, my accent.

In Bernard's reflection on the narrative, he commented on this point, saying:

Most of the conversation in regard to white people on the island were in the context of them seen as tourist. This guy was spoken and treated like a local person. We can start thinking about the social construct of race, and how this can have an impact of how you make sense of yourself and others in this world.

As I delve further into Bernard's narrative, the reflections on the impact of his cultural background on his therapeutic practice become apparent. He shares, "I think that's really important in terms of your own identities and what you bring into the room." Bernard's openness to exploring power dynamics and privilege in therapy sparks a sense of urgency and importance in me. His words, rich with cultural nuances, paint vivid images in my mind, leading to a visceral understanding of the complexities of their journey. Bernard powerfully explained part of this:

Yes, belonging and not belonging. I think that's being like a conflict, a struggle. When I qualified, it took me some time to sign my name with the family systemic psychotherapist because there's that idea, do I want to belong to a profession that at times I think wasn't made for me or didn't have any writers that came for my needs, or were thinking about difference? All the videos that I would see would be like white male. Predominantly, quite a lot of females, but yes, white males. I think that was a-- that struggle.

Bernard explained that this:

...changed over the years, about me moving from, "Am I worthy?" to, "I deserve to be in this role." Something about the community of, not just difference, but communities needed different ways of doing therapy, but also different input difference.

He later reflected on what he had said by writing a comment on the transcript that he had received of the narrative interview. He said:

Also do I want to be associated with a cohort that I experienced as creating a power dynamic, at times othering.... but I slowly moved to being part of the change from within, introducing a version of difference.

Bernard's journey is not just about his personal and professional growth; it also includes the dynamic flux inherent in becoming and being a therapist. His fluid approach to therapy, which

includes integrating diverse therapeutic modalities and adapting to meet the unique needs of each client, is evident when he says, "I think that there's not one way of working, and you have to work in a way that fits with the person that's in front of you."

The narrative of Bernard, while being a tale of his professional journey, also mirrors the embodied experience of the researcher. As I navigate through my embodied responses to his narrative, I realise how these experiences shape my understanding of his journey and, in turn, influence my approach as a researcher.

Reflecting on my dialogue with Bernard, I am left with a profound sense of humility and gratitude. Bernard's narrative was not just a recounting of his personal and professional journey but an invitation to understand the world through his lens. His story is a testament to the power of authenticity, vulnerability, and personal growth in shaping one's therapeutic practice. I am reminded of the delicate dance between personal experiences, cultural influences, professional growth, and the ongoing process of self-reflection and adaptation in our journey as therapists. As I sit back and absorb our conversation, I am inspired by Bernard's resilience, moved by their authenticity, and grateful for the opportunity to witness his narrative.

After presenting Bernard's rich narrative, I have included a chart that visually maps the key stages of his personal and professional development. This map serves as a visual representation of the processes and experiences that have shaped his journey as a Global Majority Family Systemic Psychotherapist.



## Camara's Story

I have known Camara for over ten years and worked with them in different capacities. His charisma, kindness, and knowledge base have been incredible to witness, combined with his ability to show their social justice and ethical position, permeating his being. This is something that I have admired and tried to adopt.

Camara's journey of cultural identity and communication began in his West African household, where he grew up as part of a black African family, born and raised in the UK. From an early age, Camara noticed that his family did not engage in a lot of talking. His parents' busy work schedules and the demands of daily life left little time or capacity for deep conversations about their relationships or personal feelings:

My family didn't do a lot of talking in my household growing up. We were a black African family, and I was born here. One of the things I noticed quite early on in my family is, it wasn't typical from what we saw on TV. What we saw on TV is lots of families. I think we would watch a lot of Eastenders, Coronation Street, Neighbours, Home and Away. They often showed white families functioning in some ways, and I would often wonder why was it completely different from my family.

... Not doing a lot of talking because my parents were often working or they didn't necessarily have the time or the capacity to talk about our relationship or to talk to us as siblings created a lot of curiosity in me. I became really curious. I was a very curious child. How I practised is I found a career and now I operate that being curious is a good thing. In my household up, being brought up, it wasn't seen as a good thing. It was seen as someone being too nosy and asking too many questions.

I take that with me now. That informs my practice and, how I am in the world, and how I would like to encourage other people in their families to be. Just modelling something that curiosity is a good thing, being interested in other people or what they're doing, because you get to meet people that way.

Instead, talking and asking questions were seen as being nosy or intrusive. "In my household up, being brought up, it wasn't seen as a good thing. It was seen as someone being too nosy and asking too many questions." Camara became curious about the world around him and how other families communicated and interacted. However, in his household, curiosity was not valued or encouraged. This attitude made Camara feel different from other families in the UK.

Camara's reflections on family communication and curiosity reminded me of my experiences and sparked a reflective process. I felt a small knot in my stomach as I empathised with his experiences of not feeling safe to express their feelings growing up. This physical response mirrored the complexities and challenges Camara had to navigate on his journey. It took me back to the lack of talking in my family, but for me, it was more about it not always feeling safe to talk about how we felt because it was not something we were used to or did not find helpful. I was interested in how Camara changed the narrative from what he had experienced in his early lives as children, where there was less control or less of a voice.

Camara recalled:

One of the things I noticed quite early on in my family is it wasn't typical from what we saw on TV. What we saw on TV is lots of families... I think we would watch a lot of EastEnders, Coronation Street, Neighbours, Home and Away. They often showed white families functioning in some ways, and I would often wonder why was it completely different from my family.

These experiences of feeling different from others and seeing cultural representations on TV that did not mirror his family dynamics sparked curiosity about cultural identity and communication in Camara. He began to question why his family was different and why certain cultural norms and communication patterns were absent in his household. I, too, wondered about how families I saw on TV and film functioned differently to mine, but perhaps for me, because I was trying so hard to fit in, it gave me some insight into how I could 'blend in'. Having had that experience, I think a lot about my beliefs and values and how I tentatively bring them into my practice. It made me think about dominant discourses in society and how otherness is perceived.

Of course, we do not grow up linearly, so there are always complexities in life and family and societal dynamics. Camara explained:

There was often criticism about who I was as a child growing up my household. It wasn't as a good enough or something. There's always a message that who I was wasn't good enough for either my parents or my siblings. There's always something I was missing. I found a profession where me being good enough is perfect in this profession and my use of self is something I love.

I was saddened by his experience growing up and wondered about why any child might grow up with this experience and what the intention might have been. Upon later reflection, Camara

said, "Reading this back, I was saddened by reading these words; I look back at this statement with different eyes as I do not see things the same way now".

As Camara grew older and pursued his path to becoming a therapist, he reflected on the values that were important to them and how their cultural background influenced their perspective on communication and relationships. He recognised that his childhood experiences had shaped his approach to communication and that these values informed his desire to work with families as a therapist.

Camara explained:

I bring a lot of who I am into my work with families and clients. It allows me to just be more me in that work. There's something else that I really value about our profession is: this idea about our experiences and our social graces, we carry that with us all the time. I'm allowed to think about other aspects of myself or my experiences for me in the here and now.

This reflective process led Camara to understand the importance of navigating his personal and professional identities. He recognised that their cultural background and early experiences had a profound impact on their approach to therapy. For Camara, being direct in communication was an integral part of his West African culture, and he brought this value into his therapeutic practice. He found that being direct with families in their work allowed for clearer communication and helped families feel understood and heard:

My culture, being West African and growing up in a West African household, there was something about directness around people. It was very clear how people saw things in my family... When I practice, I'm very clear. I try to be.

Camara's cultural identity also influenced how he related to clients and families from different backgrounds. He noticed certain patterns in communication and behaviour that resonated with his own cultural experiences. Camara realised that his cultural awareness allowed them to connect with clients on a deeper level and create a safe space for exploration and understanding.

Camara gave a very clear example of how one of the things he appreciated about his culture had directly translated into their practice, building on what he had already said about being clear and 'directness around people':

I think that's culturally very true. It's not about my family; it's just culturally about West Africans; they have to be very clear. When I practice, I'm very clear. I try to be. When



I think about models I've drawn to inform my structural practice, it's like Minuchin, him being a very direct practitioner who told the families his ideas. If he saw something, he'd name it. I think that was great, and that's something I bring in my work. I name it all the time. When I was training, I wasn't able to do that quite coherently. Now that I'm practising, people see that in my practice. Because I think, at the time, they were trying to teach you to be this all-rounder Family Systemic Psychotherapist who was drawing on all these different models. They don't say to you, "Do you want to focus on developing this particular way--?" On reflecting on their narrative, Camara later reflected "I don't want to just work in a direct way, I would hope that I can adapt my practice where possible to accommodate the clients.

As Camara continued to grow and develop as a therapist, he also grappled with challenges in their training and supervision. Feedback from supervisors during his training was not always clear, and he felt constrained in exploring their cultural identity and integrating it into his practice:

In my experience with my supervisors, they weren't very good at sharing with me, particularly my second supervisor, what areas I needed to kind of improve on. I don't think they were very coherent or clear. Me taking the risk and using a bit more of my culture to inform my practice felt like too much of a risk then.

Despite these challenges, Camara remained committed to his journey of cultural identity and communication in therapy. He found support in a post-qualified supervisor who encouraged him to explore their beliefs and experiences in depth:

I've specifically chosen a black supervisor and a male... I think what's been helpful about being supervised by this particular person is that it allows me to think about what I'm seeing from a different, not just perspective but theoretical orientation. That's been helpful in thinking like, 'Okay. You can look at it structurally, but if we're looking at it from an attachment lens or attachment narrative or psychodynamic ideas, could this also be happening here?' I think I'm playing around with these ideas.

Camara also spoke about how he aligned with himself as a professional more after he qualified, as there were a lot of theories and ideas that he explored in training, which proved hard to always embed; he explained:

It became overwhelming for me to do that then, but now I'm post-qualified and just what fits into my style, but it's just not my style professionally, but also personally. I can see the links between if I was working with a family and they were West African, they

would probably appreciate this approach. I think the families I work with really do appreciate the approach that I draw on to form my practice.

Camara's cultural identity and communication journey has been a transformative and empowering process. He continues to grow personally and professionally, striving to create a safe and open space for families to explore his challenges and experiences. Through reflective practice and the support of a culturally aware supervisor, Camara embraces his cultural identity and brings his unique perspective into his therapeutic work. His openness about the complexities of navigating two cultures resonated with me and sparked curiosity and empathy. His words painted a vivid picture in my mind, providing a more visceral understanding of their experiences.

As Camara's journey of cultural identity and communication continued, he found himself integrating his personal and professional identities in his work with families and clients. Camara realised that his own experiences and values were valuable resources that could enrich his practice as a therapist. He reflected:

I bring a lot of who I am into my work with families and clients. It allows me to just be more me in that work... I'm allowed to think about other aspects of myself or my experiences for me in the here and now.

This integration of personal and professional identities allowed Camara to connect with clients on a deeper level. He found that sharing their own experiences, when relevant and appropriate, created a more authentic and genuine therapeutic relationship:

I don't necessarily go into personal details with clients, but I do talk about experiences if they feel similar to what the client is going through, or I may be a bit more humorous. I may take a bit more risk with clients. With families, I might talk about a thing I'm noticing, which I couldn't be in my family. There's certain things I'm very good at, is noticing process and tracking things.

Camara's ability to notice patterns and engage in reflective practice allowed him to provide valuable insights to families and clients. He used their skills in tracking and identifying processes to help families gain a deeper understanding of their dynamics and relationships.

Though challenging, his experiences in his family of origin became valuable tools in his professional toolkit. Camara recognised that his confusion and lack of guidance during his upbringing motivated him to become a therapist who could offer support and guidance to others:

I'm less confused. I can make sense of things... I do ask a lot of questions because I never want to go back to that place where I was just always confused. I think my confusion led me to experience I shouldn't have experienced or acting in ways that I shouldn't have acted in to, but I had no other frame of reference.

Camara reflected on his adolescence and the confusion he experienced during that time, largely due to a lack of guidance from his family:

There was no guidance, and because of a lack of guidance, it was constantly perpetuated. That was a very sad place for me to be when I became an adolescent. The way that I managed that in some ways is, I know there's a bit of separation from your family when you're an adolescent, but I think that was my way of taking a bit of control back by separating myself from my family. If I was so confused by being around them, one of the ways of being less confused.

Listening to Camara, I could feel the weight of the confusion and isolation he must have experienced as a young person trying to make sense of the world without a clear guidance framework. His decision to separate himself from his family struck me as both a protective and empowering move, an attempt to regain some control over his own identity in a period of profound uncertainty. His words resonated with me, reminding me of how adolescents often seek to reclaim control when the structures around them feel destabilising or overwhelming.

Camara then shared a pivotal experience from his youth, an early indicator of his desire to engage in talking and therapy:

I don't know if I've ever mentioned this to you, though, but I set up a counselling service when I was 14, at secondary school, with my drama teacher. We all got training in counselling. There was a counsellor that came in to do a half-day training on talking to people, and we had a service called Speak Easy.

His story about setting up a counselling service at such a young age was both inspiring and revealing. It showed how, even as a teenager, Camara recognised the importance of having a space to talk. It made me reflect on how early many of us are drawn to the idea of therapy, not necessarily for professional reasons but from a deep personal need. Camara's initiative in creating that space for others, despite the limited resources available, was a testament to his early awareness of the power of conversation and support.

Camara's reflection on needing that space for himself, even as he created it for others, resonated deeply with me. It highlighted how personal experiences of absence, whether of

support, guidance, or understanding, often motivate us to fill those gaps for others. His recognition that his need drove his desire to help others was both vulnerable and profoundly insightful.

Now that I'm an adult and how I've got into the profession is, I probably have realised that, because I didn't have it, it made a real huge difference to my life.

Camara's realisation, looking back as an adult, that the absence of this kind of space shaped him significantly was a powerful reflection. It made me think about how the experiences we do not have growing up, the gaps in support or understanding, can have just as profound an impact as what we receive. His words reminded me how absence can fuel a deep commitment to creating change and ensuring that others do not have to experience the same lack of support.

If I can provide something that other people didn't have as a professional, it will hopefully make a huge difference to how young people live their life, a huge difference to how families have a way of having conversations of doing family which feels a lot easier for everyone.

It was a reminder of how our personal histories shape our professional commitments and how the gaps we've experienced can become the very things we work to fill for others. Camara's vision of making family life and communication "a lot easier for everyone" was a personal and professional mission that felt deeply rooted in his own story of absence and growth.

Through his personal journey of making sense of their past, Camara created a clear and coherent sense of self in his professional role as a therapist. He saw the importance of continuous reflection and learning to ensure he provided the best support possible to families and clients.

Reflective practice and supervision played a significant role in Camara's professional development. He valued the guidance and support of their supervisor, who challenged him to think critically and consider multiple theoretical perspectives in his work. Camara shared:

My current supervisor is very good at sharing his experiences, using theory... That's been helpful in thinking like, 'Okay. You can look at it structurally, but if we're looking at it from an attachment lens or attachment narrative or psychodynamic ideas, could this also be happening here?' I think I'm playing around with these ideas.

Camara's supervisor allowed them to explore his beliefs and values while encouraging him to consider alternative perspectives. This process of integrative thinking enriched his therapeutic

approach, making it more versatile and adaptable to the diverse needs of his clients and families.

As he continued to explore his cultural identity and communication patterns, Camara also grappled with the challenges of balancing preparation and constraints in his practice. He recognised that training provided ample time for preparation and reflection, but the realities of a busy practice often necessitated making on-the-spot decisions:

That's one of the things I miss about training, is that you really did think about the families prior to seeing them. It's usually about hypothesis; you might often read something, so you're really well-prepared.

Camara's journey of embracing personal and professional integration allowed him to become a more confident and skilled therapist. He saw the value in bringing his authentic self into his work and using his unique experiences to connect with clients and families. Through reflective practice and ongoing professional development, Camara sought to continually grow and evolve as a therapist, positively impacting the lives of those he served.

As Camara delved deeper into his cultural identity and communication patterns, he became increasingly aware of the challenges he faced as a black therapist working in a predominantly white profession. He noticed differences in communication styles and found that certain cultural aspects were not always acknowledged or understood by his white colleagues. Camara shared:

There's something about age. I did a piece of work with this family that I see. There's a new family I'm seeing and the young boy, he's 22. He describes his parents as going from 0 to 100 real quick. He said that in the family session. I said, 'I referenced that using a Drake reference.' There was a connection there. There was something about joining him. I could connect with him on that.

Camara later reflected that:

(It) makes me think about use of self and how that is always an important component of my practice. However, got me to consider how people might experience me joining with a member of the family as aligning myself. Got me thinking about the complexity of engaging different members.

Camara recognised the importance of cultural awareness and sensitivity in his work. He understood that his cultural background allowed them to connect with certain clients in unique

ways, such as by using references from popular culture that resonated with the younger generation.

However, Camara also noticed the challenges that arose when working with colleagues from different cultural backgrounds. He felt that some white colleagues were hesitant to engage in open and transparent communication about cultural differences, possibly out of fear of offending or being disrespectful:

I struggle sometimes finding some white people transparent. I think they're so preoccupied of offending or being disrespectful, 'I'll get it wrong' that they don't say anything. I'd rather then go, 'Well, it's just frustrating if people aren't saying what they're seeing or noticing.

I felt myself take a deep breath. I thought to myself, 'Wow', how brave to say something like that out loud! I was briefly transported back to earlier in my life, where I would blend into the background and not have strong opinions to avoid being in the spotlight. Just as quickly as I was taken there, I came back to the room. Camara's experience highlighted the need for open and honest dialogue about cultural differences in family therapy. He believed embracing cultural awareness and communication could lead to more effective and inclusive therapeutic practices.

I often get told by colleagues, 'You often say things that people would like to say they just don't.' There's a narrative around me doing that. I think it often gives me permission to do that. I think there can be a lot of people that can be... Just people knowing that I can do that and I do that well. I think I've then become the voice for a group or a voice for people, or voice of the things that aren't being talked about.

Camara's willingness to advocate for important but often overlooked topics demonstrated his commitment to creating a more inclusive and culturally competent therapeutic environment.

Camara's experiences as a black therapist also led him to appreciate the importance of clarity and understanding in his work. He recognised that clear communication was essential for building trust and establishing a safe space for families and clients:

Clarity is really important to me. If I get clarity, I'm good. I feel settled, I feel contained, I feel comfortable. If things really are unclear, and when you are training, things can be unclear because it's sometimes not the language that you might use... If it's a setting where the particular systems and the way they work, that can feel confusing because it's like, 'I need to get my head around this.

In his practice, Camara valued creating an environment where families and clients could express themselves freely and openly. He understood the importance of clarifying their therapeutic interventions and explanations to foster a sense of safety and trust in the therapeutic process.

As Camara navigated the challenges of cultural awareness and communication in his profession, he continued to draw strength from his clients' cultural identities and experiences. He recognised the power of using their unique cultural perspectives as a resource in his work with families and clients.

Camara's journey of cultural identity and communication in family therapy was one of growth, reflection, and advocacy. Through his commitment to personal and professional integration, he strived to create a more inclusive and culturally competent therapeutic practice, positively impacting the lives of those he supports.

After presenting Camara's rich narrative, I have included a chart that visually maps the key stages of his personal and professional development. This map serves as a visual representation of the processes and experiences that have shaped his journey as a Global Majority Family Systemic Psychotherapist.



## Dionne's Story

I had known Dionne for about 5-6 years and had done some training together. Given that I had shared part of that journey, I was interested in her experiences. I also knew that she was extremely family-oriented and held beliefs rooted in her faith and religion. At least, this had been my experience, so I was keen to remain curious.

Dionne began to think about how family life and cultural performances or rituals connected with who she felt she was as a Family Systemic Psychotherapist. Delving into Dionne's narrative, I was immediately drawn to a world of warmth and cultural richness, with her starting by telling me about a tradition she had:

Christmas is a time that we all come together, and we do big cook up. My tradition was always to go to church with my gran. Not everyone did. Because I was partly raised by my gran, I always done that. Every Christmas, we go to church, then we'll have a particular breakfast. A West Indian breakfast.

Dionne's family were close and would make a lot of effort to stay connected, particularly around holidays:

I think she set up what she had from back home (Caribbean) around Christmas time, where there's food, there's music. Back in that time, when I was born, on a Christmas day, people would just be passing for your house. It's not like that now, but then, make sure you have enough food because you know you're going to get visitors because people lived close enough.

Dionne's journey unfolded like this, with tales of her upbringing in London, shaped by her Caribbean heritage. Dionne went on to explain:

Food is like joy. Food is like what connects. Even if you're not talking to your auntie, you know you're going to feed them. Do you know what I mean? I think food is very healing, it shows love, it's very welcoming, so I think food is important.

Dionne explained that, over time, things had changed somewhat:

I think it's changed over the years, the way it's done has changed over the years. Nowadays, not everyone is rocking up on Christmas day. People live too far away for that now. Communities are less together, but in your little nuclear family, so to speak, with your little extended family, your grandparents and your few cousins, you're still doing a cook up, you still have the music. It's just not so wide now.



People moved away, doing different things. I think black people, in general, had different ideas about how to live. Now, it doesn't always have to be the same and in the same communities, if that make sense.

Her words stirred a sense of nostalgia within me, a shared resonance with my own cultural heritage and family traditions. As she shared her experiences and reflections on becoming a Family Systemic psychotherapist, I could not help but feel a sense of familiarity and resonance with her stories. Her cultural roots and family traditions evoked a deep sense of connection within me as I recalled my heritage and upbringing:

You do lose the authenticity of it, the real richness of it. I think you lose some of it. I wasn't born in the West Indies, so there's only so much that my son will see of the Caribbean. Whereas I saw the Caribbean from my great gran and my gran. Now that we've moved away, he's not seeing so much of that. I haven't got that community; he's not living in that community. Do you know what I mean?

Listening to Dionne's experiences of balancing identities and acknowledging cultural dilution, I felt a pang of recognition. Her words echoed my own experiences of cultural negotiation, and I could feel a sense of tension in my body, reflecting her struggle to navigate the complexities of cultural identity. Dionne explained:

I think the recognition of difference speaks to my practice wanting to understand other people's difference in terms of being a black woman, recognising that. When you fill out a form, I might say I'm Black British, Afro Caribbean or Caribbean, but I don't know totally know what true British is even though I'm born here if that makes sense, and I don't know what true Caribbean is because I'm not born there. I've got a mishmash of the two. In my practice, I recognise that things aren't part and parcel when you see someone in the room. How they see their culture and how they see their ethnicity will constantly be different for them, and how they may describe it.

Dionne began by reflecting on how her beliefs and background inform her work as a therapist and how she strives to understand the complexity of her clients' experiences:

I think that comes into my work as a therapist, wanting to understand people for who they are but also the umbrella above them of where they got certain parts of who they are and the way they do things. Does that make any sense?

This initial reflection by Dionne resonated deeply with me. It spoke to the heart of systemic practice, the idea that we must understand individuals and the cultural and familial systems that shape them. Her metaphor of the "umbrella" above people's identities was a powerful

reminder of the layers of influences that inform our clients' behaviours, beliefs, and ways of being. As therapists, our role is to uncover these layers, not just to see the person before us but to understand the broader contexts that have moulded their lives.

She continued, discussing how different roles in her professional life have influenced her experiences with clashes and conflicts:

I think I've made it fit, I suppose. I don't know if I see clashes as a Family Systemic Psychotherapist. I think I felt more clashes as a social worker if that is meaningful to this. I think that's because of the law, if that makes sense. As a social worker, you are, as a Family Systemic Psychotherapist, there's a code of ethics. There's safeguard and there's ethics as a way to protect people, but I think you're more in that domain of trying to understand, trying to be real with the family that you're with, being authentic to them and watch what's fit for them.

This distinction between her role as a Family Systemic Psychotherapist and her previous role as a social worker struck me as a critical reflection. Dionne highlighted how, as a Family Systemic Psychotherapist, she felt more able to be more curious about families compared to the role she held as a social worker. Her observation about the constant balancing act in social work between statutory obligations and relational work was significant. It made me think about how different professional roles either restrict or allow for a more genuine connection with clients and how systemic therapy provides a space where the complexities of family life can be navigated with more flexibility.

Dionne then explored how her Christian beliefs intersect with her practice as a therapist:

I'm a Christian, and being a Christian comes with certain beliefs. There's times when those beliefs don't fit, I think, with the way of the world, if that makes sense? As a Family Systemic Psychotherapist, I've got to think about how I'm practising in a way that is not judgmental, not discriminatory, and not oppressive. Sometimes that's tricky. There's a clash there with my belief system and with the belief system of people that are coming to see you.

Her candidness about the challenges of integrating her Christian beliefs with her professional responsibilities was particularly poignant. Dionne's reflection on the tension between her faith and the belief systems of her clients resonated with me as I considered the complexity of bringing our whole selves into the therapeutic space. Her commitment to practising in a way that is non-judgmental and non-oppressive, despite these potential clashes, highlighted the

delicate balance therapists must maintain between their values and their professional obligations.

She continued:

You're going to be a Family Systemic Psychotherapist, don't change yourself, and I held on to that. I've held on to that a lot. I guess that's part of this journey for me is how do you not change yourself but fit? Or how do you bring both together to co-construct it, if you like?

Dionne's struggle to reconcile her personal beliefs with her professional identity is something I found deeply relatable. The idea of "not changing yourself" but still finding a way to fit into the professional role struck me as a central challenge in therapy work, especially for those of us who come from minority backgrounds or hold strong personal values. Dionne's use of the term "co-construct" was a powerful reminder that therapy is a collaborative process and that bringing our full selves into the space without compromising who we are is not only possible but necessary for genuine therapeutic engagement.

She then shared her thoughts on how her beliefs and values influence her practice:

What is it that I will bring to my work to make sure that my beliefs and values because when I was thinking about this interview with you, I did think about your faith being a strong factor, and I wondered how to differentiate that between culture or not.

This reflection highlighted the importance of introspection in the therapeutic process. Dionne's consideration of how her faith informs her practice and how to navigate the boundaries between faith and culture reminded me of the nuanced thought that goes into ethically integrating personal beliefs into professional work. Her reflection made me think about my own values, how they manifest in my practice, and how essential it is to continually reflect on these intersections.

Dionne then moved on to discuss her experiences as a second or third-generation Black Caribbean woman in the profession:

I guess I'm more talking about as a second or third generation, black Caribbean woman in a profession, sort of middle class, quiet white, how those two things come together for you? Have there been hurdles or is it because of whatever's around you that you haven't felt that? Does that make any sense?

Her reflection on her identity as a Black Caribbean woman in a predominantly white, middle-class profession was particularly insightful. It raised whether her experience in the profession has been shaped more by external hurdles or by her resilience and adaptation. This resonated with me as I considered how we, as minority therapists, navigate predominantly white professional spaces sometimes seamlessly and at other times with difficulty. She continued by sharing her personal experiences with privilege and colourism:

It will come together somehow in terms of I don't think I've experienced racism in a way or prejudice in a way because of my colour. I don't think. I haven't felt it, but as I was growing up, my mom always used to say, 'You have to work hard.' She also used to say, because my skin is fairer, that doesn't mean I'm better than a darker person. My mom's darker than me.

Dionne's reflection on colourism within her own family added a complex layer to the discussion of race and privilege. Her mother's emphasis on fairness of skin not equating to superiority spoke to how colourism operates within communities of colour, sometimes complicating the broader narrative of racism. Dionne's experience of not feeling overt racism, coupled with the privilege that came with her lighter skin, highlighted the subtle yet significant ways that skin tone can shape one's experience of race in society.

She added:

From a young age, I've always known and have stories about fair-skinned people, or light skin complexion people probably get a bit more up the ladder. I don't know if that has constituted to where I am today. I think I've been very privileged in my. The organisation I've worked with pay for all of my courses, to become a Family Systemic Psychotherapist. I've worked and well-supported in the workplace. I've never felt that. I've never felt that.

Dionne's acknowledgement of her privilege within the profession, having her courses funded and being well-supported, was a critical reflection on institutional support's role in career advancement. It reminded me of how privilege operates on multiple levels, not just in terms of race but also in access to resources and opportunities. Dionne's recognition of her privilege, particularly in the context of colourism, added nuance to the conversation about race and success in therapy.

She reflected on her experiences within the family therapy profession:

I think I've received that from the Family Systemic Psychotherapists that have come before me that encouraged me into this role. I haven't felt that. But I suppose it is still

important in my life now is that, is it okay to be who you are, with your beliefs and your way of being and still practice with others, still see other people see.

Dionne's reflection on the inclusivity she experienced within the family therapy profession, contrasted with her ongoing question about whether it's truly okay to "be who you are," encapsulated a central tension in therapeutic work. Her words reminded me of the balance we strive for, being true to ourselves while also meeting the needs of others in a profession that demands openness and adaptability.

She shared a powerful reflection on the dangers of imposed change:

Because it's about being confident in yourself, really, I think lacking life at the moment, everything leads down to some kind of -ism, racism, sexism, and sometimes we're just people finding our way, if that makes sense? And it's okay to have your set of ways of doing things with still with the insight of learning about other people's way, and maybe if we learn about other people's way you may change, but that's your choice to change. I think that's the difference when people tell you to you have to do it like this, be like that. That's when it goes wrong. It's got to be second order, yeah. It's got to be from your own belief system that allows you to change with integrity and genuineness rather than something that's false and put on.

Dionne's reflection on integrity and the need for change to come from within rather than being imposed was a fitting conclusion. It spoke to the importance of authenticity in both personal and professional growth of how we, as therapists, must hold on to our core beliefs while remaining open to the possibility of change. Her words were a reminder that genuine transformation in practice comes not from external pressures but from an internal alignment with our values and the insights we gain from others.

As Dionne shared her journey of acknowledging and understanding differences in practice, I felt a sense of respect and admiration for her courage and commitment. Her reflections on exploring conflicts between personal beliefs and professional practice ignited a sense of curiosity and introspection, leading me to reflect on my practices and beliefs.

Dionne discussed the importance of being confident in one's identity and beliefs, especially in her role as a Family Systemic Psychotherapist. She reflects on her experiences of understanding and empathising with others' intentions while also being mindful of her own beliefs and biases:

People that don't know you will make judgments. People that hear your story and see your intention. Because I think people at the moment often look at the outcome, not always understanding people's intention, and that connects with me as a person.

Dionne acknowledged the tendency for others to judge based on superficial factors and emphasised the significance of understanding people's intentions and stories. This awareness is crucial in her work as a Family Systemic Psychotherapist, where a non-judgmental attitude is essential for fostering trust and connection with clients:

I think I've been supported by people in the family therapy position who've gotten to know me, I suppose. People that don't know you will make judgments. People that hear your story and see your intention. Because I think people at the moment, often look at the outcome, not always understanding people's intention, and that connects with me as a person understanding people's intentions is really important.

Drawing from their experiences in family therapy, Dionne highlighted the value of supportive relationships with colleagues who truly understand and appreciate her intentions as a therapist. These connections contribute to her confidence and growth in her professional identity. Dionne's introspective nature is evident as she contemplates how her experiences and beliefs may differ from those of her clients. She strives to balance her perspective while honouring the unique experiences of the families she works with:

In comparison to other people's lives, I'm thinking of my husband in the workplace. There's lots of discrimination being a black guy in Kent. Do you know what I mean? It's not that-- But I haven't, that I know of.

I think all the qualities of a person of, being kind, being considerate, being non-judgmental, all those kind of positive attributes are there and they go in and out of my professional being. Actually, that's what creates me being a professional, that's what creates me being a Family Systemic Psychotherapist. When I go into the room, is to offer that kindness, that mercy, that non-judgmental attitude.

Dionne reflects on her husband's experiences as a black man facing discrimination in the workplace, prompting her to consider her position of privilege and the importance of being fair to others who may face different challenges:

I think I want to be fair to people that-- this sounds silly, maybe, but people are darker than me, I want to be fair to them. I feel that it's my right to do that. There's always a recognition that, okay, could I be doing better because of the colour of my skin? So, I

could be more aware of that, not trying to push myself above them, but just be on an equal with them, recognising them as my equal? Do you know what I mean?

Dionne confronts the complexities of race and privilege, acknowledging her responsibility to treat all individuals with fairness and equality. She is determined to be conscious of her biases and strive for greater awareness and understanding:

My son's dark skin, and I'm trying to teach him to recognise you got to work hard. Yes, you got to work hard, but recognising that he's darker skin so, what does that bring? How will people judge him by the hoodies when they're going to wear, the trainers he's going to wear, the way his got his hair? Especially being in Kent in more of a white area.

Dionne, as a parent, shared her deep awareness of the challenges her son might face due to his skin colour. She described her efforts to instil a strong work ethic in him while also preparing him for potential biases in society:

I think they fit from a constructed way, for a narrative perspective or social constructionism, where you're creating something with another to understand a story, to understand a person's being.

As I listened to Dionne, it was clear that her parenting was influenced by her understanding of narrative and social constructionist perspectives. She spoke about creating meaning with her son, helping him shape his understanding of the world in a way that would equip him for the challenges he might face. This reflection made me think about how our professional frameworks often overlap with our personal lives, shaping how we approach therapy and engage with the people we love. Dionne's focus on co-constructing identity and meaning with her son reminded me of the importance of narrative in helping young people understand who they are within a society that might not always treat them fairly.

She continued, connecting this to broader reflections on identity and culture:

I think they do connect. I feel they connect because they make you who you are, if that makes sense, coming to those earlier stuff I was talking about culture and traditions. They've become a part of my identity regardless of it changing over a period of time. It becomes that's the things I remember, that's the things I connect with, and I'm guessing other people that I work with will have the same experiences about the talking about it, and the understanding of it, that you recognise who you are, if that makes sense. From that social constructive perspective, I think it is important and I guess you have

a chance to understand yourself and your situation, and to make changes too if it needs to be.

Dionne's words highlighted the fluid nature of identity, shaped by culture and tradition yet evolving. Her reflection on identity being something we "remember" and "connect with" spoke to the deep, often subconscious ways our backgrounds influence us, even as we grow and change. Her belief that these experiences form the basis for understanding oneself and making changes felt particularly significant, reminding me of how, in therapy, we often encourage clients to explore their roots to navigate their present and future.

She then reflected on how her personal beliefs and professional role intersect, particularly about her Christian faith:

In terms of my beliefs and certain things like my Christian belief or certain things about my culture, and how things I would want to be done in my household and not in anybody else's household, I might leave at the door sometimes being aware of it and not to leave it at the door.

Dionne's awareness of when to bring her personal beliefs into the room and when to set them aside demonstrated a deep commitment to professional boundaries. Her ability to recognise when her personal values might clash with those of her clients and her choice to "leave them at the door" when necessary reminded us of the delicate balance we must strike as therapists.

She continued, expanding on this idea of "suspending" one's beliefs:

I remember someone saying, 'Suspend your beliefs when somebody else has got different beliefs to you, so you can get to know their beliefs and understand it for them, to not put your judgment upon that person and how they should do things.' You know what I mean?

This idea of suspending beliefs, not abandoning them but temporarily setting them aside, felt crucial in family therapy. Dionne's reflection made me think about the importance of holding space for clients' beliefs without imposing our own. Her approach emphasised the need for flexibility and openness in therapy, allowing clients to express themselves fully without feeling judged or constrained by the therapist's own worldview.

She added:

I think that's important to suspend your belief. You're not leaving it. You're not saying you can't believe these things, what you're doing is just holding it down, parking it because actually what's important is that family or that person who you're with in the room. It's about their life. You understand what I mean?



Dionne's clarification that suspending beliefs doesn't mean abandoning them but rather "parking" them temporarily was a powerful reminder of the therapist's role in centering the client's experience. Her focus on ensuring that the session is about the client's life, not the therapist's, felt like an essential tenet of ethical practice. This reflection encouraged me to think more deeply about how I manage my beliefs in the room and how I can ensure that the focus remains on the client, even when our values may differ.

Dionne then reflected on broader aspects of identity, including class, and how this has shaped her understanding as a therapist and a parent:

I was just thinking about things about class, and class isn't something I think I was raised up with understanding. I was always the right person while talking about culture and class. We were just who we were, if that makes sense. Now I've gotten older and I think what I want my children to think people say that I'm middle class because I've got my own house, I own a car and everything. I don't feel like it. I feel like I'm working hard like I'm always working. Do you know what I mean?

Dionne's reflection on class was particularly insightful. It reminded me of how class identity can feel ambiguous, especially for those who didn't grow up with a clear sense of class distinctions. Her admission that, despite being perceived as middle class, she still feels like she is constantly working hard to maintain that position resonated with the tension many people feel around class identity. It made me think about how these dynamics play out in therapy, particularly when working with clients from different socioeconomic backgrounds.

She reflects on how these aspects of identity, class, race, and culture, can sometimes clash in the therapy room:

Those are the things that maybe I'm more aware of now and might have an impact on my judgment, sometimes in thinking about children because of where I am in my life as a parent and what I want for my children. And being in the room with somebody else and thinking about how they describe their children, what they want for their children. If that makes sense. I think sometimes there is a clash. I think sometimes there is a clash because when you are in the room, sometimes you have the idea that other parents might want the same as you for their children, and they might not, and not to fall into that.

Dionne's reflection on the potential clashes between her expectations as a parent and those of other parents in therapy was an important reminder of the need for awareness and humility. Her acknowledgement that not all parents share the same hopes or values for their children and that this can sometimes challenge her assumptions resonated with me as a key ethical

consideration in family therapy. It reminded me of the importance of continually checking our assumptions and being open to the various parenting styles and values we encounter in our work.

Dionne draws connections between their theoretical understanding of family therapy and their personal experiences, highlighting how narrative perspectives and social constructionism have shaped her approach to therapy:

I think it also connects with the idea of-- I really do like Bowen's idea of trans-generational issues, thinking about doing genograms and looking at the patterns in your family and identifying them, and recognising why certain things were the way they were.

Dionne shares her appreciation for Bowen's theory of trans-generational issues and the use of genograms to explore family patterns and dynamics. She sees this as a valuable tool in understanding her family history and guiding her work as a Family Systemic Psychotherapist.

It's a shaping of where you're coming from, a shaping of understanding where you are, and thinking about what you want to create for the future. I think even from a structural perspective thinking about-- I'm often thinking about where I am as a person, as well as being the parent of a 11-year-old and a nearly a two-year-old and constantly thinking about the hierarchical stuff and I just think that is needed in my opinion.

In society there needs to be hierarchy. There needs to be a recognition of boundaries and how close and how distant people are. As my son is 11, he's going to be going into more of a teenager with him having a bit more autonomy. I can talk about it from where I am at the moment, but I think how can I not raise my children without thinking about how I was raised and how my grandma was raised?

Dionne's journey to becoming a Family Systemic Psychotherapist has provided her with valuable insights into the importance of understanding intentions, acknowledging privilege, and recognising the impact of race and cultural identity. Her experiences as a parent and their appreciation for different theoretical perspectives have contributed to her empathetic and culturally sensitive approach to family therapy.

Dionne delves into the journey of becoming a Family Systemic Psychotherapist, reflecting on the various stages and experiences that led her to her current role. She initially aspired to be an actress, but her desire to help people led them to explore different avenues of support and

therapeutic work. Dionne shares her realisation that working solely with children was not helping enough, as she felt the need to connect with families as a whole:

I remember when I was really-- I really wanted to be an actress, but I didn't really fit when I started going through secondary school. I wanted to help people, and I've just gone through the levels of helping, so I went from social work and realising it wasn't really what I wanted to do; it wasn't the help I wanted to give. Then I went into therapeutic work with children, and that wasn't hitting it either because I've seen children on their own. I wasn't really connecting it back to their families.

Finding her passion in working with families, Dionne feels fortunate and privileged to hear people's stories. She views each person's story as a precious gift, acknowledging the responsibility that comes with being entrusted with someone's life experiences:

People's stories are privileges for someone to hear their story. I need to hold it like a gift because I think about my story of my mum, my dad, and just the different things we've been through and what I've experienced. I don't want to share that with everybody. That story, that part of my life.

Dionne emphasises the importance of maintaining a non-judgmental stance in her work, even when faced with challenging situations. She recalls working with a young man who had been to prison for domestic violence but chose to see beyond his actions, seeking to understand the underlying reasons behind his behaviour:

You got to hold on to that non-judgmental way of being and just be with people in the room and begin to understand them, even if you're with the worst person in the room. It's funny because I remember this guy, so young guy when I was a social worker, and he went to prison for hitting his girlfriend. I started working with him, and I just had this want to work with him. I didn't see him as this guy who had beaten up his wife and hurt his child. I thought that it must have been something else in there, in him that has created this, and I wanted to know what it was about.

Dionne explained when discussing this work in supervision, she had concluded that she had to be careful about what she shared at times:

I've realised I've got to make safe choices for me. Who's sharing? You can't just share everything, and I was naive in the beginning of my training thinking that actually, as a Family Systemic Psychotherapist, you need to go to be open and talk to your peers about all sorts of things.

Dionne spoke about her experiences growing up with her father, who had not treated her mother well. These experiences shaped her worldview, allowing her to recognise how the people around you can have such an impact. This struck me as a vivid illustration of how systemic thinking often originates from our lived experiences long before it is formalised through professional training.

She continued by recalling another early memory from her childhood that informed her systemic outlook:

I remember being in secondary school and a girl that I call my cousin. We're not cousins, not blood-related, but we're friends now. We've both got children now, and I remember her mom used to beat her, her mum used to beat where you're thinking about physical abuse. I constantly thought about her and her mum and how they were together, but I don't think I ever blamed her mum, is always a recognition that I must have been in a bad place for her to do that to her daughter. I think that is systemic way of thinking, that connecting and wanting to understand what's going on between someone in another, do you know what I mean?

Dionne's recounting of her friend's situation as a child illuminated the development of her empathetic, systemic perspective. Instead of seeing the mother's actions in isolation, she instinctively considered the mother's emotional and psychological state, recognising that her abusive behaviour was likely rooted in her struggles.

Dionne then reflected on her journey as a therapist, touching on the intersections of culture, belief systems, and identity. She spoke about the need to be specific about what aspects of identity or belief are most important at any given moment:

It's not only about cultural, that culture is about being a black person. I suppose it is whatever belief I suppose. From a Christian perspective, you might go to a Christian counsellor because that fits with that belief system rather than suppose you could be a Christian, a black Christian, but you're going to not go to a black therapist; you might go to a Christian therapist. I suppose it's what trumps within that moment, I suppose, of what you're looking for, what's most important in terms of your belief system of what you need and who you need it from. Do you know what I mean?

Dionne reflected on the intersections between cultural identity, faith, and therapy. It highlighted the complexity of identity and how, in different moments, different aspects of us may take precedence. For Dionne, whether one seeks support based on race or religion or some other factor entirely depends on what feels most salient at that moment. This reflection resonated

with me, as it pointed to the fluidity of identity and how we might prioritise certain aspects of our identities differently depending on the context and our current needs. It also reminded me of the importance of recognising the diversity of needs clients bring into therapy and the multiple layers of identity that can shape those needs.

Dionne acknowledged the impact of her training and supervision on shaping her therapeutic approach. She appreciates the insights gained from lecturers like Ken Hardy, who explored the intersectionality of race and culture in therapy. While theory and models are important, Dionne believes that true learning occurs in the practical application of therapeutic principles and connecting with clients:

I think that was one of the lecturers did a lot of that kind of work. He's an American Family Systemic Psychotherapist, isn't he? He spoke a lot about race, and that helps you think about who you are and, your identity and how you are in the room with somebody. I like theory, but I think it's more about the connection with being in a room with a family as well, that helps you, or it helped me learn lots of things being in the supervision grid.

Dionne recognises the significance of cultural perspectives and the importance of providing therapy that aligns with the client's belief systems. She notes that therapy may not have historically been accessible or culturally relevant for some marginalised communities, but she sees a positive shift with more individuals seeking therapy and embracing their unique backgrounds:

I think if you can actually connect with somebody from where they're coming from and from their level, you might get enough of them to be able to trust you to talk about stuff. I don't think therapy was very... for the black community. I think for some of the black community, they would have used church and the pastor for that. Sometimes it's not always going to the people that you know or that you think because sometimes that can be too much of the same, and maybe not always the right same.

By the end of our dialogue, I felt a profound sense of connection and admiration for Dionne's journey. Her narrative not only vividly portrayed their experiences but also evoked a range of embodied responses within me, shaping my understanding of their journey and influencing my approach as a researcher.

After presenting Dionne's rich narrative, I have included a chart that visually maps the key stages of her personal and professional development. This map serves as a visual

representation of the processes and experiences that have shaped her journey as a Global Majority Family Systemic Psychotherapist.



## Elina' Story

I had known Elina for around 7-8 years, Though I did not know her well. On the interview day, I had been running late after a long drive across the city and was struggling to find parking. I had been texting Elina to update her and had tried to be as apologetic as possible. I had run a distance between where I had parked and her office, so I started to sweat as soon as I arrived. After my apologies, Elina offered me a drink, and I remember looking around the office and noticing personal touches, which made me smile. We got straight to it.

Elina's transition to England was, in many ways, a journey through contrasts and adaptations. As she stepped into this new world, the cold and grey canvas of the English spring left a mark on their memories. *"My first memory was how cold and grey and dark it was,"* Elina's words painted a vivid picture of that initial encounter. But even amid the unfamiliarity, there was warmth. At Paddington, two elderly ladies extended a gesture that would stay with her for years to come:

These two old ladies, quite elderly ladies, I mean, we just thought of them as old; I remember them with their berets or hats on and everything, and they gave us each a tube of Rollo and welcomed us to England. That's a memory that remains with me.

This new land brought linguistic nuances and cultural intricacies. Elina often found herself navigating the subtleties of the English language, recalling moments of humour and learning:

I remember getting told off for not talking like I should do here... 'You don't say the rain's falling; you say it's raining.'" These adjustments weren't just about language; they reflected a larger journey, one of merging with a new culture, also referring to the way that their parents would encourage them to adjust. "I think there were probably little things like that, but as a young child, you did, and then your parents said, "You're here now-".

At the heart of Elina's narrative were the traditions that connected her to her roots. The familiar aroma of West Indian cooking often floated through her home in England, a comforting reminder:

We carried on things like all the cooking and the food, definitely West Indian." Summer afternoons were often spent with a cricket bat in hand, the game serving as a bridge between two worlds. And then there were the family dinners, moments of togetherness that underscored the importance of family bonding, "We always had dinner time together." Which they still carry on to this day: "Mum comes home. She cooks the dinner. We'd all eat together. That was the usual way of doing things. That's something I carry on even now.

Elina continued:

Dinner time is when everyone gets together and sit down and eat. No meals in front of the TV and stuff like that. You sit down at the dinner table. The other thing we continued from home is- I'm talking about dad doing the cricket, but also family things, doing things together as a family.

But it was not just traditions that kept Elina anchored; it was also the deep sense of community she had experienced in the West Indies. Her memories painted a picture of a close-knit village forged in the West Indies that continued to be a guiding force in England. Despite the geographical distance, the bonds with family and friends remained strong, reinforcing the idea that true connections transcend borders. For Elina, whether in the West Indies or England, there was always "*a sense of belonging*". Elina described further:

I think it was familiarity. We came from a small village, and everyone knew each other. When I went back, people see me even if I wasn't with a parent and knew who I belong to and would say so. My mum and dad came from different villages. Even now, if I go to the village my dad was born and grew up, and he took us around, nearly everyone's related and people know you straight away. I think it was bringing that familiarity, that you need to have a community. It's that sense of community. That was important to them. That community was made up of friends from the village and family.

This deep-rooted sense of belonging, nurtured in the West Indies, found its expression even in England. Friends and family became lifelines, reinforcing the idea that true connections forged in the heart remain unbroken by distance or time. For Elina, belonging was clear; it was about roots, connections, and the shared stories that bind us all.

These stories, while deeply personal, also pointed towards patterns and recurring motifs that seemed to transcend individual experiences. Within these patterns, Elina discerned a calling, almost as if the threads of her lineage were guiding them towards their destiny. The inevitability of becoming a Family Systemic Psychotherapist was not just a career choice; it felt like a culmination of generations of stories, experiences, and lessons. At first, Elina said, "I didn't plan to be a Family Systemic Psychotherapist. It just happened, but I can see why it would happen. It makes sense to me."

She then explained further:

It makes sense because you always got involved if people invited you into their stories. They always see me as the one that's sharing and bringing things together. That's gone through on all the way through, and still is. I think, "Well, maybe I was supposed



to be a Family Systemic Psychotherapist, but I didn't know it." My mum's the same way. When she talks about my grandmother and my great grandmother, it's a very similar thing.

The narrative threads of Elina's life did not merely span her own experiences; they reached back into generations past. Family stories passed down became cornerstones in Elina's understanding of herself and her identity. Each story, whether of resilience, love, or adventure, carried the weight of lessons learned and wisdom gained. Elina explained:

It's generational. As I said, it's not something I actually thought about, but if I sit back now and you ask me the question, I can trace it back to my grandmother and mother in the stories my mum used to tell about her great-grandmother, how she was with her great-grandmother, and how I am with my granddaughter and my son without being their therapist.

In the therapeutic space, Elina's approach was characterised by profound authenticity. Rather than creating barriers between her personal and professional lives, Elina chose to weave them together. She recalled:

Yes, and I'm really quite open about it. There are times when I bring my granddaughter into the room or I'll bring my father or my mother when I'm working with clients. I'm thinking, just the other day, I'm working with a particular family who are having huge difficulty with their son. I'm trying to help them think about how children might have memories from when they're very very young, and that we don't recognise it. I'm sharing with them, my son saying to me in his 20s about a memory he had of how I was with him when he was maybe about six months old or something, which totally surprised me.

It came out of him coming round and we sit around for dinner. I had a busy role at that time, and therefore, I was on the phone doing things, and dinner couldn't be served. He said, "I remember when I was little, and I was waiting for my bottle, and you'd do that. You'd be talking with other people, and I'm waiting for my bottle." I thought, "Oh."

These moments, where Elina incorporated elements of her personal life into therapy sessions, transformed the dynamics of the therapeutic relationship. Clients weren't just interacting with a therapist but engaging with a fellow human, rich with stories, experiences, and emotions. By sharing personal anecdotes and memories, Elina became more than just a practitioner; she became a testament to the healing power of shared narratives and authentic human

connections. Elina also recognised the impact of her work on her own family by sharing the story of her conversation with her son.

When Elina had been training in a different prior profession, she had a different experience with a supervisor who did not want these barriers, personal and professional, to be crossed, while for Elina, privileging the human-to-human connection was the highest context:

I remember, even when I wasn't training, I was doing my social work training, I was in a Child and Family Consultation Service. I went to my supervisor, and I said-- I was having a conversation with the people as I came along because I had to do the process recording. I wrote what I'd been doing and saying. It wasn't anything major. It was just kind of finding out what their weekend was, and then they'd ask and you answer. She got really quite cross. She says, "You don't do that. You just walk along with them because you don't want to detract from what they're thinking." I thought, "Okay, I just might tell you." When I did my process recording, I just didn't say because, for me, it was about being human with my client.

Elina's beliefs and values were not just theoretical constructs but living principles that breathed life into her therapeutic practice. Rooted in her personal experiences and guided by the wisdom of generations past, her approach to therapy was a blend of tradition and innovation. She embraced her personal beliefs, ensuring they resonated in every session and every interaction. Yet, Elina was not one to shy away from challenging the norms. She reflected on the evolving landscape of therapy, questioning traditional approaches and advocating for a more transparent, authentic practice. "*One of the things about my training institute that I really liked... they would take anyone,*" Elina reminisced, pointing towards their belief in inclusivity and the richness of diverse perspectives. For Elina, therapy was not just about healing but about connection, authenticity, and the courage to challenge, innovate, and inspire.

Elina had very positive experiences with some training and explained:

I think you'll find lots of stories from people who trained- there was always an emphasis on, "We will join you where you are, and then help you on, and explore with you what you wanted to be, and who you wanted to be"... It feels like it's part of the philosophy or was part of the philosophy because we were treated as-- It felt like you were going into a family. The training was family therapy, but you were also part of a family. That's how it felt.

Elina described a beautiful example of when she had shared some of herself with a client:

I was bringing my way of thinking into that, so it wasn't about disclosure. I remember when I was training. I must've been in fourth year, I had a young woman who was very- - She was South American, Colombian or something. I can't remember. She was telling me about what she was doing. She got quite upset. I thought, "I cannot just sit here and do nothing." I said, "Do you mind if I give you a hug?" Before the words could leave my mouth, she was up, and we hugged. I thought, "Oh-oh," because I've got to go back beyond the screen and my team and my supervisor behind the screen. I went back behind the screen, and my supervisor said to me, "What took you so long?" I thought, "Oh, okay. I've got permission to do it." Very slowly, there was this encouragement to be who you were. My team, I remember I had a conversation with someone in my team, and he said, "When you did that, we went- [sighs]." I said, "Oh, I didn't get that," simply because my supervisor didn't treat it as something I shouldn't do. As a supervisor, I'm also mindful of what things are happening, but also encourage my supervisees to be who they are and to be transparent about it because I think it's important.

Elina reflected on her experiences during her training to become a therapist and the unique environment of the training institute she attended. She recalled the supportive ethos that shaped her journey:

I think you'll find lots of stories from people who trained there was always an emphasis on, 'We will join you where you are, and then help you on, and explore with you what you wanted to be, and who you wanted to be.'

Elina's description of this nurturing approach resonated deeply with me. It spoke to the importance of meeting therapists in training where they are. It reminded me of the value of a personalised approach to learning, one that supports each individual's growth based on their unique journey.

Elina also spoke about how this approach was not necessarily universal in training institutions, hinting at the unique culture of her institute:

I don't think it necessarily does. I think you can find it, it depends on the supervisors on where they've trained. It feels like it's part of the philosophy or was part of the philosophy of where I trained because we were treated as it felt like you were going into a family. The training was family therapy, but you were also part of a family. That's how it felt.

The metaphor of training as joining a family struck me as particularly powerful. Elina's reflection underscored the sense of belonging often fostered in the most effective training environments, where students are not just learners but also valued members of a community. This sense of connection within her training shaped how she experienced her professional development, making it feel like a shared journey rather than a solitary one. Elina reflected:

One of the things that I think it did quite a lot is alongside the training, they'd bring in lots of people and they'd invite us to come along. Different people would come along from different places, especially when I was being a supervisor. As a supervisor, when these people came, you got to just sit with them and ask questions, and listen to them and so on. There was that.

Elina's exposure to different voices and experiences during her training and supervision significantly shaped her practice. Her ability to engage with diverse perspectives, ask questions, and dialogue with visiting professionals created a learning environment rich in real-world relevance. This reinforced the idea that training should be a dynamic process, where learning is not confined to textbooks but extends to lived experiences and practical insights from others in the field.

Her connection to CMM, a theory of communication, was profound and had a lasting influence on her approach to therapy:

I don't know how I can explain it. I do CMM because it speaks to me, in a way, it's a theory but it's a practical theory. It doesn't leave out race or, culture, or religion, or anything. It invites all of that in. For me, that's a basis of how I work because I know I can bring in all of those stories in many different ways.

Elina's connection to CMM as a practical and inclusive theory resonated with me. It was clear that CMM's emphasis on including race, culture, religion, and other facets of identity in therapeutic practice aligned with her core values as a therapist. This theory's ability to accommodate complex and diverse stories made it a natural fit for her, and it became the foundation upon which she built her therapeutic practice. It was refreshing to hear how a theoretical framework could seamlessly integrate with real-world practice, creating space for clients to bring their whole selves into therapy.

Elina then shared a practical tool she developed in connection with CMM, which became an integral part of her work:

I developed a tool which I use with clients. I use it with supervisees, and supervisees come back and tell me, 'I've used the tool with my clients, and this and this and this.' I

keep thinking, I want to write about it, but again, it's coming out of CMM, the ideas of CMM and adapting it because, as I said, it's practical theory. Adapting it in a way so people can use it with people who know nothing about therapy. Then they're able to bring their different selves into the room, their gender, their race, their class, their religion, everything into the room.

Elina created this powerful, practical tool to help clients and supervisees explore their identities. By inviting people to visualise and reflect on different aspects of their identity, race, gender, class, religion, Elina was offering a way to bring these often-complicated topics into the therapeutic space in a tangible way. Using such a tool highlights her commitment to creating an inclusive therapeutic environment where clients feel empowered to explore their whole selves. Her comment about the absence of certain identities in the room inviting questions was thought-provoking. It reminded me of the subtle dynamics in therapy, where certain aspects of identity may be left unspoken, and the therapist's role in gently bringing them into awareness.

Elina reflected, emphasising the value of inclusivity and the magic of diverse perspectives. For Elina, the essence of connection was not just in the grand narratives but in the often-overlooked moments. She believed in paying attention to the mundane and the ordinary, understanding that sometimes, the most profound insights emerge from the simplest interactions. Ensuring comfort and safety in these spaces was paramount. Elina's approach was not just about intellectual engagement; it was about creating environments where individuals felt seen, heard, and valued:

Oh, those are terrific boots. Where did you get them?" and having a conversation about the boots, I think that my idea of paying attention to the mundane and after that comes beautiful conversations... I think Barbara Dale talks about it as sparkling moments and says, "Sometimes sparkling moments carry you away. Be aware that it's not about the sparkling moments. It's about the ordinariness.

Yet, Elina's journey was not devoid of challenges. She often found herself at a crossroads, navigating institutional obstacles that sometimes felt limiting. These challenges, while daunting, also become catalysts for change. Elina's decision to move into private practice was a testament to their quest for autonomy and a desire to carve out a space that resonated with their beliefs and values. Her mission was also about amplifying voices that often went unheard. She became a pillar of support for therapists from underrepresented backgrounds, understanding their unique challenges and championing their cause.

For Elina, overcoming barriers was not just a personal endeavour; it was a collective movement towards a more inclusive, equitable therapeutic landscape:

One of the things I was noticing was a number of black families that were being referred to us. The fact that either they came maybe once and didn't come again and they felt all sorts of things or they didn't come at all, I thought to myself, "There are different ways we can deal with this." One of the ways I did it was to go into schools and say, "Can I set up here? Because you're sending us all these families, and they don't come." It was also about me beginning to think outside the institution because I thought the institution was confining in the way it is doing it.

Elina continued to explain what she had done from there:

I remember going to a workshop, and it was kind of thinking, "This place is really getting me down. People are putting lots of obstacles in my way," and stuff like that. I think they challenged us in that workshop. "If that's happening, what do you want to do about it? Don't just sit and moan. Do something. What're you going to do?" One of the things they asked is, "If that was your agency or your- not institution, but if that was your practice, your work, how would you manage it in a way that will be different?" I went on home and thought about it. I thought, "Do you know what? I can do something about this." I started doing that. Whenever I went into schools, I'd do leaflets about how I work and how we could do things and so on because I thought,

"This is me acting as though I'm self-employed or the one in the agency." I began practising to be self-employed while I was employed. Much of that came out of my experience of working in the Child and Family Consultation Service, where it was very clear they didn't want a black person in there. There were lots of things that were happening, and I thought, "I don't have to stay in here to work. I can go outside in the community." "I hadn't set out to be self-employed, let me say. I thought, "Okay, I'll work here," and stuff like that. Because of what was happening and the way I thought my spirit was being crushed, I thought, "There are other people that will value what you're doing. Why are you working here? You need to be able to find places where you're valued.

Reflections on teaching and training showed Elina's deep-seated commitment to nurturing the next generation. She cherished the intimacy of small classes, where each student became more than just a face in the crowd. "*Helping students stand in their own shoes*" became Elina's guiding principle, emphasising the importance of personal agency and self-awareness in the learning journey. She believed in the transformative power of authenticity in teaching. Elina

did not just impart knowledge; she brought her whole self into the teaching space, weaving personal anecdotes, experiences, and lessons into the fabric of their sessions. For Elina, teaching was a two-way street, a dance of sharing and receiving where both teacher and student embarked on a journey of mutual growth and discovery.

As Elina navigates the complexities of their identity and therapeutic practice, she also bears witness to a shifting landscape in the therapy world. An increased presence of diverse voices, particularly Black therapists, marks a transformative phase in therapeutic practises. Elina observes:

What's nice is I'm noticing a lot more black therapists are feeling able to do that. Whether it's because there's more of us, I know there's still only a few of us, but I think there are-- I speak to people who're doing drama therapy, art therapy and so on, they're more able to do that without thinking, 'I've got to work for this institution and do it the way they say I should do it.' BAATN's (Black, African and Asian Therapists Network) thriving because of that. I think people were just waiting for a BAATN to come along.

This observation underscores a hopeful trajectory where therapists of diverse backgrounds feel empowered to practice authentically, challenging institutional norms and enriching the field with their unique perspectives:

I have lots of different spaces. I have BAATN; we have a Systemic Supervisors Group. I do a peer group, as well as supervision. I find myself in different places to get that support, of course, workshops as well. I do create or look for spaces where I can.

After presenting Elina's rich narrative, I have included a chart that visually maps the key stages of her personal and professional development. This map serves as a visual representation of the processes and experiences that have shaped her journey as a Global Majority Family Systemic Psychotherapist.





## Farah's Story

Farah's narrative profoundly explores her journey as a South Asian Family Systemic Psychotherapist, shedding light on the complexities of identity, belonging, and cultural integration. Her experience as a second-generation South Asian in the UK shaped her personal and professional life, influencing her therapeutic approach and advocacy for diversity in family therapy.

I recalled a significant moment of connection through hospitality and food as Farah offered to prepare a meal for the interview. This fit with some of the ideas around hospitality that I had during my own story, and here we were, starting the process even before the interview had taken place. This gesture aligned with my understanding of food as an expression of hospitality, particularly within my cultural context. The experience of sharing a meal with Farah allowed me to delve into her local knowledge and connect on a deeper level within the interview framework.

Family has always been a cornerstone in Farah's life. Born as a second-generation South Asian in the UK, she described the complexities of her upbringing, saying,

I'm South Asian, second generation, and... it was a difficult childhood. "She elaborated on the generational dissonance she experienced, revealing, "My parents came from South Asia, not having an understanding of the kind of experiences teenagers have here."

This challenging childhood landscape became a defining factor in Farah's professional trajectory as she found herself constantly working "between generations, between parents and their children, really trying to find a mutual middle ground."

I think difference for me is the big thing that I brought for my own childhood, I was different. I was different at home, and I was different in the community, and how I don't want families to go through those experiences.

Farah's cultural identity deeply influenced her approach as a Family Systemic Psychotherapist. Drawing from personal experiences, she remarked, "I see a big difference in the way that I work with families as a Family Systemic Psychotherapist (in comparison to social work)." Her methodology places significant emphasis on introspection. "Slowing down and thinking about why we feel the way we do, why we think the way we do, and putting names to emotions," Farah shared, hinting at the depth of her sessions.

Farah shared her experiences of often being positioned as the one to bring conversations about race and diversity to the forefront in professional settings. She reflected on the burden this placed on her as a Global Majority therapist:

I'm learning because you don't always just want to be that one that's always fighting the banner. What's hard for me is even though a while ago, I've sort of in the last year really got back on it, and I'm going to training programs and you're still the one that's flying this flag of difference.

This reflection resonated deeply with me, underscoring the emotional and professional toll that often falls on Global Majority therapists. Farah's words captured the frustration of being repeatedly called upon to represent diversity, as though the responsibility to address race and difference is solely on her shoulders. It made me think about the weight that many therapists of colour carry, not only in terms of their work but in constantly having to challenge dominant narratives in predominantly white professional spaces. Her comment about "flying the flag of difference" spoke to the exhausting nature of always advocating for the inclusion of minority perspectives.

Farah was also acutely aware of the lack of representation within her professional sphere. She shared a poignant observation highlighting this gap, "My supervisors were all white." This brief but powerful statement illuminated the systemic lack of diversity in leadership and supervision roles. Farah's experience with an all-white supervisory team mirrored a common reality in many therapeutic and training environments, where representation of Global Majority therapists remains minimal. Her comment made me reflect on the significance of representation in supervision and leadership roles, not only for providing culturally competent support but also for creating a sense of belonging and validation for therapists from minority backgrounds. The absence of diversity in these roles perpetuates a cycle where Global Majority therapists, like Farah, are left without mentors who can fully understand and validate their cultural experiences.

Farah then recounted a specific instance from her training that illustrated the reluctance of some colleagues to engage with the experiences of minority communities:

For example, I went on a training around trauma, and a colleague was talking about the experience of trauma for certain communities. Immediately after, D, you get a white person saying, 'Well, yes, I understand that, but well, we can't be thinking about the minority group.' It's like having to re-balance the dominant story, and I've had that in a couple of training programs.

This example revealed the subtle but pervasive resistance to acknowledging the experiences of minority communities, even in training programs designed to address issues like trauma. Farah's frustration with the dismissive response, where a white colleague essentially downplayed the relevance of minority experiences was palpable. It spoke to the challenge of constantly having to "re-balance the dominant story," as she put it, in spaces where the experiences of Global Majority individuals are often marginalised or minimised. This resistance to engaging with minority perspectives not only reinforces the dominance of the white, middle-class narrative in family therapy but also silences voices that need to be heard in order to create a more inclusive and effective practice.

Farah's reflection continued, touching on the reluctance of trainers themselves to address these critical issues:

Do you know what's interesting? The trainers do not go there, so I'm kind of like, 'We need to go there next time that happens,' and I just... Yes, yes, so I've just-- This dominant white middle-class typical, we could say stereotype of family therapy, they existed in my training. My supervisors were all white.

This insight into trainers' inaction was particularly troubling. Farah's experience suggested that even those in positions of power and influence, trainers and supervisors, were not willing to "go there" when it came to addressing the realities of race and cultural difference in therapy. Her comment about the persistence of the "dominant white middle-class typical stereotype of family therapy" highlighted how entrenched these narratives are in professional spaces.

Farah's reflections encapsulated the dual challenge of navigating a lack of representation while also advocating for change within a system that is resistant to it. Her experience illustrated the emotional and professional burden placed on Global Majority therapists who are not only doing the work of therapy but also shouldering the responsibility of challenging the dominant narratives that marginalise their communities.

The rich tapestry of South Asian culture, with its unique norms and practises, is something Farah feels deeply connected to and incorporates seamlessly into her therapeutic approach. "Culture in terms of what we eat, how we dress, how we speak... that's my starting point," she said, emphasising the significance of cultural norms in her practice. Mealtimes, especially, hold a cherished place in Farah's heart and practice. She recollected, "Mealtimes were probably the only times we sat around the table... it was probably the only time that I saw my dad." These memories not only shape Farah's personal identity but also actively influence her therapeutic approach:

I've realised that I big that up with South Asian families who feel that they're not spending time together... mealtimes were central to my family life, and I try to bring that out in other families.

Farah opened up about how her culture and her identity influence how she comes across in her work. She reflected on her past experiences, particularly as a social worker, and the internal balancing act she often found herself performing:

I'm very loud, and you know what? You've hit a constant; that is really important because in my social work career, I worked in a certain part of London, and I knew I was very different. We're talking 15, 20 years ago, hip girl, what I consider it was a hip. I went in and there was obviously some unresolved stuff that I ended up working with the community that I was from. But I kept part of working there as someone who felt different to some of the people from my community. I had to keep the difference at the door.

Farah's words immediately struck me as an illustration of the tension many Global Majority professionals face when they find themselves navigating their personal identities within a predominantly white professional sphere. Her comment about "keeping the difference at the door" spoke to the complicated balancing act of adapting to professional environments while holding onto one's cultural heritage. Farah's experiences working within her community while still feeling like an outsider echoed the duality many therapists of colour experience in their careers.

She elaborated on how, despite her cultural connections, she felt the need to suppress certain aspects of her identity to fit into her professional environment:

Yes, I could participate when people talked about certain foods or Ramadan. I was different on that spectrum. I kept that very much. I would say my more Britishness came out and respect for South Asians. I remember people used to laugh when I tried to speak my language, which then shut me down. From our own community, not only the dominant but for my own community feeling, I didn't fit in.

The idea of "shutting down" when laughed at for attempting to speak her language was particularly poignant. It revealed how, even within her community, Farah struggled with a sense of belonging. This reflection highlighted how painful it can be to feel out of place, even in spaces that should offer cultural familiarity and support. Her comment about her "Britishness" coming out reflected how, in professional settings, Farah felt the need to

downplay certain aspects of her identity to be taken seriously, even by those from her background.

Farah went on to describe how her experiences evolved as she transitioned into family therapy:

I had back spins that when I became a Family Therapist, I think I've gone the other way, D, and I don't know if it's age maybe or a kind of the sense of we need to speak up that as a Family Therapist, I will probably be working for a social enterprise which is based outside of London. We read from people from there. I am the one that's lived in on trying to do diversity including workshops. I am the one that sits there when we're doing family therapy consultations, that thinks about, okay, interpreters, how we work with interpreters.

Her shift from suppressing her cultural identity in earlier roles to actively advocating for diversity and inclusion in her current position spoke to her growing sense of agency and empowerment. As she navigated the complexities of her professional identity, Farah began to embrace the responsibility of bringing cultural conversations into family therapy practice. Her reflection on how she now finds herself leading discussions on diversity, particularly around the use of interpreters, demonstrated a conscious effort to ensure that issues of culture and language are not overlooked in therapy.

However, Farah was also keenly aware of the fine line she walked in her efforts to promote diversity without being pigeonholed:

Maybe there is a different way of looking at that issue which would more often than not come from a cultural or religious perspective that maybe we need to think. I have to be smart about how I do it. I don't want to be the race person playing the culture card, and then there is a sense of having to stand on your-- sort of, be better.

This reflection captured the delicate balancing act Farah continues to navigate, advocating for cultural awareness while avoiding being reduced to "the race person." Her awareness of how she might be perceived when raising issues of diversity revealed the constant self-monitoring that therapists of colour often engage in.

Farah then shared how she found support and solidarity in a "BME psychotherapy group", which had a transformative impact on her approach:

I reflect a lot. I'm part of this fantastic BME psychotherapy group, and that has really changed my world in the sense of being more politicised. Because we share various

whatever theme that is going on, or I will have had that experience with the training, I will put it up there rather than empty it out. People will come back that have had similar experiences, and they will be more-- It's encouraging in terms of your right to recognise this, the support.

Finding a space where her experiences were validated and echoed by others who shared her background was significant for Farah. Her involvement in the BME psychotherapy group offered her the support and validation often lacking in her professional training. The group was a safe space for reflection and empowered her to challenge dominant narratives within her field more confidently.

Reflecting on the broader field of family therapy, Farah was candid about the challenges that remain in addressing diversity within the profession:

I never ever have experienced that (in family therapy training). I'm still working through it because it's not out there to separate yourself in such a way. That's the new thing, and I think that's how I partly cope with having to sort of shake the organisation from a different lens really. I'm passionate about it. It doesn't feel like it's a chore. But it's not that it still needs to be done. Yes, I think Family Systemic Psychotherapists were way way behind I think social work around working with diversity.

Farah's frustration with the slow progress in family therapy around diversity was evident, and her comparison to social work's more advanced approach to these issues highlighted the gaps within the field. Despite her passion for advocating for diversity, it was clear that the burden of pushing for change weighed on her. Yet, her determination to "shake the organisation from a different lens" reflected a deep commitment to creating a more inclusive and equitable field. Her ability to maintain passion for this work, despite resistance, spoke to her resilience and dedication.

Farah's activism extended beyond her immediate work, as she also became involved with the Association for Family Therapy's (AFT) Diversity and Ethics Committee:

I've just joined the association AFT's diversity and ethics committee. Again, rooted in kind of what we're talking about today and just, predominantly they're white. I'm not saying-- I don't feel that much... itself feels, am I being racist? But the consequences of that is conversations are very dry and roundabout and not the point and not kind of, 'All right, how are we going to-- If we are part of this subcommittee, how do we bring diversity? How do we encourage people like yourself to do research or do more workshops.' It is all still dominated. There is no diversity yet, I'm seeing.

This reflection highlighted the challenges of working within committees and organisations that are predominantly white and how that lack of diversity impacts the depth and direction of conversations about race. Farah's frustration with the "dry and roundabout" nature of these discussions suggested that there is often a lack of meaningful action, even in spaces explicitly dedicated to diversity. However, her involvement in this committee demonstrated her continued commitment to pushing for systemic change, even when faced with resistance or slow progress.

Farah shared how her personal experiences informed her approach to supporting families in her work:

Because I don't think me and my family had that support when professionals were involved, I think maybe at times I would have liked professionals to have been involved and intervened, and I guess that I'm now in a role that I can intervene. Fairness, something about equality for me as well, people having the same right to family life, but you have to be sensitive to what their family life looks like for them. The equality is that families get equal rights services. The equality is for families.

This reflection tied Farah's personal experiences with her professional ethos. Her desire to ensure that all families receive the support and services they need while remaining sensitive to cultural and individual differences was rooted in her experiences of feeling unsupported. Her focus on equality and fairness reflected a deeply held value that guides her work as a Family Systemic Psychotherapist, ensuring that each family's unique needs are met with understanding and respect.

Navigating the duality of her identities was a recurrent theme in Farah's narrative. "Parents wanted me to wear traditional kameez", she recounted. "I had a spare secret stash of English clothes". This duality extended to her professional life, with Farah often finding herself challenging the dominant narratives in family therapy. "If we're politicising the dominant discourse of how people should be, but we don't all fit... I was different at home, and I was different in the community", she said.

This narrative vividly describes Farah's journey. Navigating the intersections of her cultural identity and professional role, her story is one of resilience, introspection, and a deep commitment to authentic therapeutic practice.

Farah's experiences as a minority therapist also played a pivotal role in shaping her professional journey. She emphasised the importance of acknowledging and embracing differences, reflecting on her feelings of being different at home and in the community. This empathy drove Farah's passion for empowering families to navigate similar experiences. However, she grappled with advocating for diversity without being pigeonholed as the "*race person*" playing the "*culture card*". Striving for a balanced approach, Farah sought to bring about change and inclusion in family therapy.

Finding a sense of belonging and support became crucial for Farah's journey to becoming a Family Systemic Psychotherapist. She highlighted the transformative impact of being part of a BME psychotherapy group, emphasising the need for spaces where therapists could reflect on personal and professional experiences. This sense of community empowered her to confidently lead discussions on diversity and inclusion in her work environment.

Farah's narrative offers a powerful window into the complexities of navigating a "double life" as a South Asian woman living in the UK. Her experiences have been shaped by the interplay between her cultural heritage and her British identity, and she reflected deeply on how this tension has influenced her personal and professional life. As she described, her upbringing and cultural background played a significant role in her understanding of belonging and how she presents herself in different contexts.

As the only South Asian girl in an all-girls school, Farah was acutely aware of the differences between her peers and her peers. This sense of otherness led her to develop a "double life," in which she felt the need to conform to cultural expectations at home while simultaneously striving to fit in with her British friends outside of her family. She vividly described the emotional tension of trying to navigate these two worlds, a challenge that continued well into her adulthood:

I think the Britishness, and it was okay to want to be able to dress, but there was always a sense that I didn't fit in. I think that's carried through this outsider because I could go out every weekend or whatever. I could dress the way-- I did look different. I could have conversations with people that get it or didn't get it but was going through it, so there was very much a double life. A double life at home and out.

Farah's words spoke to the intricate balancing act she felt compelled to perform, juggling cultural expectations with her desire to fit in with her British friends. The notion of a "double life" encapsulated the sense of living between two worlds, where she felt both a part of and apart from each environment. This struggle is not unique to Farah, as many individuals from



minority backgrounds experience the need to shift between cultural identities depending on the context. However, what struck me most about her narrative was how deeply ingrained this duality had become in her sense of self, continuing to affect her well into adulthood.

Farah reflected on how this sense of living a double life persisted even into her 20s and 30s. She described how she had learned to compartmentalise aspects of her identity, drawing clear distinctions between her personal and professional lives. However, as she has grown older and more comfortable with herself, she has begun to bridge these two worlds more openly, bringing elements of her cultural identity into her professional work as a Family Systemic Psychotherapist:

I think the double life, it took a long time. It took me through my 20s and 30s. I'm still probably leading a double life but I'm trying to be more me in work. In this new post, like I say, I for the last training day, but then I went out in the evening, English clothes and something to drink. I'm more comfortable out here and I'm less questioning it, whereas before there was always.

This passage reveals a shift in Farah's approach to her identity. While she acknowledges that elements of the double life remain, she has become more confident in embracing her cultural and professional selves. The "English clothes" and "something to drink" are metaphors for how she navigates these spaces, marking the external ways she expresses herself depending on the context. However, as Farah has grown more comfortable in her professional role, she has begun to integrate her personal experiences into her work more naturally, bringing her authentic self into the therapeutic space.

Farah's narrative also touches on the importance of family and cultural heritage in her work as a Family Systemic Psychotherapist. She noted how, in this role, she feels more able to draw on her own upbringing and cultural background to connect with the families she works with, something she had previously found more difficult in her role as a social worker:

The shift between what you put into professional life. I'm more honest now. I'll speak those experiences maybe to families more so, to kids. I do use my family upbringing more as a Family Systemic Psychotherapist than I did as a social worker. I pick and choose it's because, at the end of the day, but it is quite powerful when people kind of get you, 'Yes, your parents came or I'm a parent now trying to instil my culture as well as Britishness,' it's carrying on but I'm still probably doing it, that double life.

Her reflection highlights the significance of cultural connection in her work. Farah has found that sharing aspects of her own family history and cultural experiences with clients can be a

powerful way of building rapport and fostering trust. Her ability to relate to clients who are also navigating the complexities of balancing cultural heritage with life in the UK allows her to create a deeper, more empathetic therapeutic connection. This willingness to bring her cultural background into her practice represents a key shift in Farah's professional identity as she moves away from compartmentalising her cultural self and begins to weave it into her therapeutic work.

However, even as Farah becomes more comfortable integrating her personal and professional identities, she recognises that the process of navigating a double life continues. Her reflection on being a "South Asian family woman" at home and a confident professional in her work illustrates the ongoing negotiation between these identities:

I almost sort of did that part where I was saying. On a personal, a South Asian family woman, as a professional you know I would say I was quite confident and about the love of families, strength in families. That's kind of how I've separated it.

This reflection encapsulates the core of Farah's narrative, her journey of learning to embrace and integrate the different aspects of her identity. While she continues to navigate the complexities of her dual identities, both as a South Asian woman and as a professional working in a predominantly white field, she has found ways to honour both parts of herself. Her story is a testament to the strength and resilience required to maintain cultural authenticity while thriving in a professional environment that often demands assimilation.

Farah's experiences of disconnection with their cultural heritage were further compounded when she became a Family Systemic Psychotherapist as she navigated the shift from social work to family therapy. Farah described how her professional journey involved becoming more present with families and holding different perspectives, highlighting the importance of cultural competence and sensitivity. She recognised the power of incorporating personal experiences as a Family Systemic Psychotherapist, using her family upbringing to inform her practice and connect with clients.

A pivotal moment in Farah's journey was when she had her child, and her parents disowned her due to her decision to marry outside her cultural community. This event underscored the dissonance between Farah's personal and professional life. It led Farah to embrace her South Asian identity while celebrating her Britishness, seeking a harmonious integration of both aspects of her identity. This integration allowed Farah to use her personal experiences more effectively as a Family Systemic Psychotherapist, providing meaningful connections with families and children.

Farah's narrative touched on her work's importance of self-reflectivity and supervision. She highlighted the need for spaces where therapists could explore their personal and professional selves without fear of judgment. Farah recalled an African colleague who provided a safe space for discussing personal identity during supervision.

Where I can bring into training supervision my personal and professional self, I don't know if it would be safe enough to bring it in. Or has it been so far?

I remember when I was doing some training, she would always be the one when I had supervision in that short time, that would bring my personal identity to the dilemma that I was facing. She's the only one. It's interesting when you made me realise that I had to go out and search for it. Or claim it in the supervision that I had.

Farah's reflections offer a profound insight into her journey as a professional, particularly in the context of supervision and training. Her experiences highlight a crucial gap in the opportunities provided for self-reflection, especially concerning her identity as a South Asian woman and how it intersects with her professional development. The struggle for a space where she could reflect on the duality of her experiences, both personal and professional, was a theme that surfaced repeatedly in her narrative.

Farah expressed frustration with the lack of opportunity to self-reflect about her identity and experiences in her work supervision. She explained how this gap in reflective space left her feeling that important parts of her journey were being ignored:

I think the opportunity to reflect on that, me doing this, I'm thinking, 'Where do I have the opportunity to reflect on that?' Actually, my supervisor in my work, very-- 'This is not what we talk about. That self-reflectivity is definitely missing.'

This quote captures Farah's sense of being constrained by a supervision process that did not leave room for discussions of identity or the complexities of navigating professional life as a woman of colour. Her description of the supervisory environment as "not what we talk about" highlights the implicit barriers that exist in such spaces, where the focus often remains on the technical aspects of clinical work rather than the personal and reflective. Farah's comment underscores the need for supervisors and training institutions to acknowledge and engage with the diverse personal experiences of therapists, especially those from minority backgrounds.

Farah's reflection continues as she speaks about her family therapy training and how, in the initial stages, she experienced some meaningful opportunities for cultural exploration and reflection. However, as she progressed, this focus became more diluted, leaving her craving a more integrated approach that included cultural awareness throughout her professional development:

I would say in the first year and the first couple of years (on the family therapy training course), actually, the theory and some of the-- Like powerful thing like doing a cultural day. It was so powerful, I still carry it on. In the clinical work, probably less so. In the group supervisions probably less so.

This quote reveals a stark contrast between Farah's early experiences in her training, where deliberate efforts were made to include cultural awareness, and the later stages, where that focus diminished. The "cultural day" stands out in her memory as a pivotal moment in her development, something she continues to carry with her, but she notes that similar opportunities were not woven into the fabric of the training or supervision process.

She went on to describe how her training primarily focused on communication within families, which, while valuable, did not always create the space she needed to reflect on her own experiences or identity:

I think when I was training, it was more about learning the art more deeply about communication, and communication between family members, and what that looks like and how we do that. I think it was more about a professional development of taking the step from social work which is more generic in comparison to actually being really present with families and holding different perspectives and moving around in conversation with them.

Farah's words reflect her recognition of the importance of communication and the value of the skills she gained during her training, yet something is missing. The shift from social work to family therapy focused more on communication and presence.

In reflecting on Farah's narrative, it becomes clear that her journey has been shaped by both the opportunities and the gaps in her training and supervision. While she gained valuable skills in communication and learned to be present with families, she continues to feel that the space to reflect on her own identity and the duality of her personal and professional self needs to be improved. This tension is significant, as it speaks to a broader issue within the field, how training and supervision often focus on technical competence while leaving little room for the exploration of personal identity, especially for therapists from minority backgrounds. Farah's

experiences highlight the need for more holistic approaches in training, where therapists are encouraged to bring their whole selves, culturally, personally, and professionally, into the learning and supervisory space.

Farah's reflections offer a powerful critique of the gaps in supervision and training for providing space for self-reflection and cultural exploration. Her narrative underscores the importance of integrating personal identity and cultural awareness into the core of therapeutic exercise, ensuring that therapists can reflect on how their personal experiences shape their professional practice. Farah's story reminds us of the ongoing need to create spaces where therapists can explore and reconcile the dualities of their lives, allowing them to bring their full selves into their work with clients.

In her therapeutic sessions with White, middle-class families, Farah candidly shared her challenges. She remarked, "My experience working with White, small, middle-class families, I've struggled with... I don't know if it's a class issue; I'm still figuring that out." Farah is introspective about these experiences, wondering if the struggles arise from the class dynamics or her contributions. "I don't know if it's what I bring to it", she pondered, signifying the depth of her introspection.

These challenges have not gone unnoticed by Farah, who noted, "I've felt belittled in sessions with families". Yet, despite these difficulties, she remains committed to professional growth and self-awareness. Farah mentioned, "I'm always mindful of my sort of process", emphasising the significance of reflecting on personal reactions and biases. Recognising the need for external support, she highlighted the role of supervision, saying, "There's the supervision experience in that and I wanted to stop my own clinical work that I've got to get a supervisor that will work through those." For Farah, these challenges are not merely obstacles but opportunities for growth and deeper understanding, ensuring they remain on her developmental agenda. Farah reflected on her needs for supervision:

As we get more experience, we need to own our supervision. Sometimes, people just, "I'm going to go to the supervisor about my workload, I'll bring up what's important to me because this is what we need to get for it, but won't say, 'Is there something that you--'" I will come across a few people that have said, "I haven't had enough thinking about my culture or ethnicity in supervision." They'll do different things. Either get a different supervisor that's a minority or ask that person if they're able to try and do some of that.

Farah's journey exemplifies integrating personal and professional knowledge as she reads books on culture and family therapy to enrich her practice. Farah highlighted the significance of incorporating South Asian references and metaphors into her work, recognising the power of these cultural elements in therapy. This commitment to inclusive and culturally sensitive practices underpins Farah's advocacy for diversity and representation within the field of family therapy.

Farah's narrative encapsulates the complexities of navigating double lives, and identity struggles as a South Asian Family Systemic Psychotherapist. Her journey showcases the power of embracing one's cultural heritage while integrating personal experiences to connect with clients authentically. Farah's reflections on self-awareness, cultural competence, and supervision underscore the importance of ongoing growth and learning in the therapeutic profession. Her story is a testament to the need for diverse perspectives and experiences to shape a more inclusive and empathetic therapeutic landscape.

Farah's narrative highlights her role as an advocate for cultural diversity in therapy. Throughout their journey, Farah has actively sought opportunities to challenge dominant narratives, create inclusive spaces, and promote culturally sensitive practices in family therapy. Her commitment to creating change and fostering dialogue is evident in her participation in the GM psychotherapy group and her efforts to engage in workshops and discussions centred around diversity.

Farah's experiences of feeling marginalised and unrepresented in family therapy motivated her to act. She reflected on the lack of South Asian references and cultural perspectives in family therapy books, which led her to recognise the need for more inclusive and diverse resources. Farah emphasised the power of representation in shaping therapeutic approaches that resonate with clients from different backgrounds.

One of the challenges Farah encountered was resistance to addressing cultural diversity in therapy. She described instances where her colleagues dismissed the importance of considering the experiences of minority communities in therapeutic settings. Undeterred, she persevered in her advocacy efforts, seeking to bring attention to the unique needs and experiences of families from diverse backgrounds.

Farah acknowledged the importance of understanding cultural norms and traditions in her work with diverse families. She highlighted mealtimes as a significant aspect of South Asian culture and emphasised the value of recognising these customs in therapy. By drawing on her

own experiences, Farah fostered a deeper understanding of her client's family dynamics and provided meaningful interventions aligned with her cultural practices.

In her commitment to advocacy, Farah recognised the necessity of providing spaces for self-reflection and dialogue. She acknowledged the significance of the research project they were participating in, as it allowed her to explore her own experiences and engage in dialogue with others who shared similar backgrounds. Farah's reflections on the power of research to shed light on underrepresented perspectives underscored her dedication to creating a more inclusive and empowering therapeutic landscape.

Farah's narrative also touched on the complexities of being a therapist from a minority background. She shared their experiences as the only one to challenge dominant narratives during training and consultations. Farah acknowledged the need for greater diversity within the field of family therapy and the importance of supporting therapists from marginalised communities.

Throughout their journey, Farah has embraced her unique perspective as a South Asian Family Systemic Psychotherapist and used it to inform her practice. She highlighted the value of slowing down and exploring the "why" behind emotions and behaviours, incorporating cultural knowledge into therapeutic interventions.

In conclusion, Farah's narrative exemplifies her commitment to advocacy and cultural diversity in therapy. Her experiences of marginalisation and the lack of representation in the field have driven them to challenge dominant narratives and advocate for change. Farah's journey demonstrates the power of embracing one's cultural heritage and using personal experiences to connect with clients authentically. As an advocate for diversity and inclusion, Farah's contributions to the field of family therapy highlight the importance of diverse perspectives in creating a more empathetic and culturally sensitive therapeutic environment.

After presenting Farah's rich narrative, I have included a chart that visually maps the key stages of her personal and professional development. This map serves as a visual representation of the processes and experiences that have shaped her journey as a Global Majority Family Systemic Psychotherapist.





## Collaboration

In this section, I will share the poem that Afia was moved to write as part of further collaboration following the transcript being sent to her and the connections she made as part of this study.

### **Home is where your heart is**

Afia, (December 2020)

Home is where your heart is...or so that's what they say  
But what if your heart has broken in so many different ways  
The pieces are so many with jagged edges and all  
With pain so insurmountable you can but only fall.  
Confusion all around with three thousand shades of grey  
So many different sounds but you can't hear what they say  
And now the smallest act of kindness comes at such a cost  
And so there you still stand in the valley of the lost  
You are in a sea of emotions yet you can't find one feeling  
Or just lying on the floor looking up at the ceiling  
What next. Where to? To get from sand to stone  
What next where to? To find that place called home?

That bowl of chicken soup or hot chocolate with two scoops is that home?  
That extra tight hug wrapped up in love.. is that home?  
That blanket that always smelled of biscuits is that home?  
Shades of red purple gold or blue?  
I don't know but I'm sure that you do.

#### Themes and Connection to the Thesis

**Identity Struggles:** The poem begins with a reflection on the concept of home, juxtaposing the idealised notion of home with the reality of a broken heart and fragmented identity: "Home is where your heart is...or so that's what they say. But what if your heart has broken in so many different ways."

This resonates with my exploration of the complexities and challenges that global majority Family Systemic Psychotherapists face in navigating their identities. Just as the heart in the poem is broken and fragmented, the identities of these therapists are also fragmented due to the pressures and experiences within predominantly white contexts.

**Navigating Pain and Confusion:** The poem addresses the pain, confusion, and overwhelming emotions associated with these fragmented identities: "Confusion all around with three thousand shades of grey. So many different sounds, but you can't hear what they say."

This mirrors the emotional and psychological struggles that global majority therapists experience as they navigate their professional roles. My thesis highlights how these therapists

must manage their personal and professional selves, often amidst systemic biases and microaggressions, leading to a similar sense of confusion and isolation.

Searching for Belonging: A significant part of the poem is the search for a place called home, a metaphor for belonging and identity: "What next? Where to? To get from sand to stone, What next where to? To find that place called home?"

This search for belonging is central to my research. The therapists I interviewed also searched for a professional and personal space where they could feel at home and authentic. This aligns with my findings about the need for inclusive and supportive environments that recognise and value their cultural identities.

Acts of Kindness and Cost: The poem mentions how even small acts of kindness come at a significant emotional cost: "And now the smallest act of kindness comes at such a cost And so there you still stand in the valley of the lost".

This reflects the additional emotional labour that global majority therapists must perform. My thesis discusses how these therapists often go above and beyond to provide culturally sensitive care, drawing from their personal experiences. However, this comes with its emotional costs and challenges as they strive to maintain their professional and personal integrity.

Cultural Symbols and Memories: Towards the end, the poem evokes comforting symbols of home and culture: "That bowl of chicken soup or hot chocolate with two scoops is that home? That extra tight hug wrapped up in love.. is that home? That blanket that always smelled of biscuits, is that home?"

These symbols highlight the importance of cultural identity and memories in providing a sense of belonging. My thesis also emphasises the role of cultural background and personal history in shaping therapeutic practice. The poem's imagery underscores the significance of these cultural touchstones in the lives of global majority therapists, who draw strength and identity from their cultural roots.

#### Integration into the Thesis

The poem "Home is Where Your Heart Is" poignantly reflects the emotional and psychological landscapes navigated by global majority Family Systemic Psychotherapists. It encapsulates

the themes of fragmentation, the search for belonging, and the emotional costs of navigating professional and personal identities within predominantly white contexts.

Incorporating this poem into my thesis enriches the narrative by providing a visceral, emotional counterpart to the academic analysis. It offers a vivid illustration of the lived experiences of my participants, echoing the stories and themes that emerge from my research. The poem can serve as a narrative tool to bridge my study's theoretical and personal aspects, making the findings more relatable and impactful for the reader.

With regards to further collaboration, Appendix R includes the emails that participants sent about giving feedback. Also, in Appendix S, I have highlighted the specific comments that participants had made with this further collaboration, on the transcripts, and I have also included these in the participants' stories in the thesis.

### Paired interview story

In embarking on this journey with Jordan and Ade, this encounter turned out to be an enlightening experience, rich with profound insights and personal reflections that directly speak to the question: What can we learn from the journeys of Global Majority Family Systemic Psychotherapists as they navigate their personal and professional identities within predominantly white contexts?

We met in central London, having arranged a free space through colleagues. As we settled in with some snacks, I felt the spotlight on me, uneasy about sharing insights into my research and unsure of their reactions. While colleagues from global majority backgrounds had given positive feedback before, this was the first in-depth focus on it. My doctoral cohort was primarily White European, though supportive, were limited in how they connected with the research for this reason. This setting underscored the themes of isolation and underrepresentation that often accompany our professional journeys.

I set the context for the interview, discussing aligning the practitioner's authentic self with the professional self. I helped them connect with the ideas using examples, and we began. As we delved into the conversation, I felt excitement and apprehension, wondering how our dialogue would unfold and what revelations might emerge about navigating our identities in these contexts.

Jordan began by sharing his journey into therapy:

It took me some time to train as a therapist, although I'd worked in therapeutic environments and saw myself doing therapy even before qualification. That might be due to images I saw constructed identities from stories, films, or how people treated me and my parents when they came to this country. There was this idea of not being good enough, feeling on the outside. I might have had a conscious or unconscious idea that there's no one like me in the profession. Maybe this is inherited from my family, the idea of not feeling pushed enough to change from within, to join a profession to create change, based on stories from my family.

His words resonated deeply with me, echoing my feelings of navigating a space where representation was scarce. The notion of feeling on the outside highlighted the emotional and psychological barriers that global majority therapists often face in predominantly white professional environments. Jordan's journey exemplified the internal struggle of pursuing a path where he did not see himself reflected.

I felt somewhat relieved; someone else had gone through their journey in this space, a journey of their upbringing, family, and culture and how that connected to a profession where "there is no one like me." His reflections shed light on the shared experiences of underrepresentation and its impact on one's professional identity and confidence.

He continued:

Not just about therapy but other things like playing golf or riding motorbikes, things my family didn't do or Black people didn't do, according to stories I was told. When I joined the psychotherapy world, some things my parents said came true, the language used, the ideas, it wasn't inclusive. Looking back at the historical context, written by a certain cohort of society, therapy work was done in different societies, but because of who was in power, the writers, the authors, it's been written in a certain way. So when I joined, it wasn't inclusive.

Jordan's reflection on the historical context of psychotherapy illuminated how the profession's foundations were built without considering the diverse cultural practices and perspectives of global majority communities. This lack of inclusivity in both psychotherapy's language and theoretical underpinnings creates an additional challenge for practitioners like Jordan and myself.

He went on to make a powerful connection about how he felt disconnected from his professional psychotherapist self because he felt disloyal to his beliefs and values. His struggle reminded me of my challenges reconciling personal identity with professional expectations, especially within frameworks that may not acknowledge or value our cultural backgrounds.

Jordan expressed feeling disconnected from his professional identity due to feeling disloyal to his beliefs and values:

I struggled with calling myself a family and systemic psychotherapist. I felt like I was being disloyal. For years, I went back and forth. There was conflict within me about positioning myself in a profession that I believed wasn't inclusive. It's ongoing, but the part of me that wins says, 'I need to make a difference, be part of change.' What resonated for me was the use of self, how do we mix the personal and the professional? It's a way of being genuine. There are things I can't not show when I'm with clients. I become a better therapist by listening to myself. At the beginning of training, I believe I was conditioned not to, but that's another conversation. When you're training, you're vulnerable; you don't know enough, so you must listen. That was

my experience, you must lead but also don't try too many things. I found myself going in different directions.

As he spoke, I felt a kinship with his journey. His determination to make a difference within the profession resonated with my own aspirations. The internal conflict he described between authenticity and professional conformity was all too familiar. This struggle symbolises the broader challenges faced by global majority therapists in predominantly white contexts: navigating the tension between staying true to oneself and adapting to professional norms that may not align with one's values.

Ade connected with these ideas, reflecting on how his stories brought him to the helping profession and aligning with his ethics amid marginalisation:

Maybe that's the point: we can't not go in lots of different directions because it involves our professional and personal journeys. Training, family of origin stories. What informs the decisions we make to bring us to training? I connected with what's been said about considering the stories that define us. For me, what were the stories in my family about the helping profession? I've joined it in some way. My mum was very much a carer, and I was aware of that. I don't know if I held onto some implicit stories about what we do in our families to look after others. My mum did a lot of looking after others, even as a migrant woman of colour who experienced a lot of racism. She continued to help others despite it all. She didn't allow that to stop her from doing what she wanted and needed to do. She was quite religious, a Christian.

In the same vein, I think I carried that with me; I don't allow my race or racism to stop or define what options are available to me to care for or help others.

Thinking about that in terms of my personal life, where does that fit into my professional life? In private practice, it's about how do I not make things too expensive so people can access it? I'm not just seeing people who are vulnerable and can afford it but also those who can't necessarily afford it. I left the NHS because I didn't think we were working ethically. It goes back to values I carry about how I want to position myself ethically as I work and where they're coming from. As I've developed as a therapist, I'm becoming more true or authentic to myself, asking how I can work in a more authentic way. If I can't work for an organisation that has particular values, then it doesn't fit.

Listening to Ade, I was moved by his commitment to accessibility and ethical practice. His mother's influence was palpable, a testament to the enduring impact of family values on professional choices. Ade's journey highlighted how personal experiences of marginalisation and witnessing resilience can shape one's professional ethos, particularly in striving to make therapy accessible to those who might otherwise be excluded.

I was intrigued by how they chose to work authentically, connecting authenticity to one's culture and values in contexts where these may be marginalised. We explored where they developed these ideas. The inquiry into the roots of their professional values struck a chord; it was evident that experiences from their upbringing profoundly impacted their professional identities. This exploration directly relates to understanding how global majority therapists navigate their identities within predominantly white contexts.

I asked Jordan and Ade what helped them reconnect with their values from growing up, which seemed to influence their current professional lives. I was curious about their processes for becoming more authentic in their work based on values and ethics beyond formal training.

Jordan responded:

I wouldn't say it's CPD (continuing professional development). When Ade spoke about his mum, it reminded me of the drive I get from my parents. They came here and although treated badly, they pushed through. So when I face difficulties, I remember that and think, 'This is nothing.' My parents did this with less privilege, and that keeps me pushing through. I don't know if that was their intention, but it's something I've taken, and I believe they got it from their parents, too.

Jordan reflected on the resilience inherited from his parents, a drive that persisted despite challenges. This resilience has become a foundational aspect of his professional journey. His acknowledgement of his parents' struggles and perseverance illustrates how personal histories inform professional resilience, a critical insight into how the global majority therapists sustain themselves within challenging contexts.

He reflected on his professional journey:

There's something about the profession I feel I've got a right to do what I want to do. Sometimes it pisses me off, but if I'm going to be a Family Systemic Psychotherapist, I have a right to that. No one's going to take that away from me.

Jordan's assertion of his right to his professional identity highlighted the inner conflict and determination to claim his space in the field. This determination is a powerful example of how

global majority therapists assert their presence and challenge exclusionary practices within predominantly white professions.

I asked where that determination came from.

He continued:

I think I've developed it over the years, becoming more comfortable in that position. There was back-and-forth about whether I wanted to be part of this profession, ethically. Like Ade mentioned about organisations, do I want to belong to a cohort that might have excluded me? But when I think about it, it's family. Growing up here and partly in the West Indies, being teased for how I spoke which comes up in the profession too. But my parents reminded me to push through. I've learned from the strengths of those before me.

The theme of family emerged, illustrating how Jordan's professional identity was deeply intertwined with his personal history and the cultural values instilled in him. His reflections reminded me of the importance of acknowledging and embracing one's roots in professional development. This connection between personal and professional identity is a crucial learning point in understanding how global majority therapists navigate their identities.

He emphasised learning from various sources:

I've been to fantastic lectures and trainings, but I learn a lot from clients, family, even Uber drivers (laughs). I've learned from the systemic gurus and readings, but I need to see and do. It's something I've inherited from family dealing with adversity, pushing through. They wanted better for me, so even when I struggle, I try to stay loyal to my family. There's that back-and-forth being loyal means joining this profession, but there's conflict.

The conversation turned towards the various sources of learning and inspiration. Jordan emphasised the significant role his clients, family, and even everyday interactions played in shaping his professional approach. His humility and openness to learning from all walks of life resonated with me. This highlights the importance of lived experiences and informal learning in shaping practice, especially when formal training may only partially address the needs of global majority therapists.



Ade added:

I started to think about what I've learned from my family and what I carry with me the invisible myths or expectations on my shoulders. I might not consciously think about them, but they help me get through. Accessing BAATN has been part of my journey, having a space with other BME therapists, men who have had similar experiences and can validate mine. It's like kinship, allowing me to feel I belong and explore things that might be difficult to discuss elsewhere. I've been thinking lately: am I a Black psychotherapist or a psychotherapist who's Black? What comes first, and how does that inform how I orient myself? I don't have the answer, but it's something my current supervisor, who is also Black and whom I've chosen intentionally, has helped me explore.

Ade's reflection added another layer to the discussion, highlighting the complex interplay between personal and professional identities and the support systems that help navigate these dynamics. His involvement with BAATN (Black, African, and Asian Therapy Network) underscores the importance of community and shared spaces in affirming and exploring identity within the profession:

I'm intentionally not choosing white people to be the only ones I learn from. That's helping me feel more confident in my position as a therapist and being more myself, more authentic.

Jordan appreciated this: (Laughs) "I like that one."

Their camaraderie and mutual understanding were evident, showing the strength found in this shared experience. I felt a sense of solidarity in the room, a mutual recognition of shared struggles and aspirations. This moment illustrated how peer support among global majority therapists can be a vital resource in navigating predominantly white contexts.

Jordan continued:

Having conversations with other Black therapists confirms it's not just me. I remember in one training institute, there was a section on race that lasted maybe 20 minutes, privilege, race, gender. It felt really short; I'm living it 24/7. There was no understanding. So being able to talk to colleagues with shared experiences has been helpful. Having a range of stories to go back to, the great experiences that's always nice. Having photos of times that help me through daily struggles. Even now, when I turn up to do a presentation, they think I'm here to take out the bins (laughs) or ask me silly questions.

His anecdote about being mistaken for someone who "takes out the bins" despite being a professional was a stark reminder of the persistent stereotypes and biases we face. It fuelled my own reflections on microaggressions in professional spaces. Jordan's experience exemplifies the everyday challenges that global majority therapists must navigate, reinforcing the importance of support networks.

Ade added:

What's helped me is being in a position of power. I can really see how people treat me differently now that I have authority. How students respond to me is very different than if I were in their cohort or a colleague. People are aware that I'm the course chair, and that comes with power. It informs me that I've got power here. That's not something I've been consciously aware of before in training or working in CAMHS, where it's hierarchical. Stepping into that power enables me to become more confident with my voice, ideas, and the privileges it affords me. Even tutors respond differently they might try to challenge, but I can give them one look, and it shuts it down. The power informs what's permissible in relationships, giving me a better sense of being more confident as a psychotherapist because I feel like I've got more of a voice than ever, and people listen.

Ade's insights into the dynamics of power and authority in professional settings underscored the importance of these elements in shaping interactions and boosting confidence. His experience highlighted how positions of leadership can serve as platforms for change and validation. This suggests that occupying roles of authority can be a strategy for global majority therapists to navigate and influence predominantly white contexts.

I observed: So that's what you're talking about in terms of change from within? You can change from within at different levels, can't you?

Ade agreed:

If you get into positions that enable you to have more of a voice or your voice gets validated, it changes how you feel about yourself and your interactions with others.

I wanted to understand if family practices or knowledge influenced their work.

Ade shared:

In my family, my mum showed love through cooking, that's how she expressed affection. She cared for people in the community and at work, but I didn't experience

a lot of emotional care at home. She didn't sit with us to read bedtime stories or ask about our day. Now, I'm good at cooking for my sister, but those softer moments, I don't necessarily do well. But actually, clinically, professionally, I care for people all the time, and I'm aware I'm carrying that into my experiences today, being a therapist in a caring profession.

I noted that this might inform his ethical stance. Ade's account highlighted how personal and professional caring practices can be interwoven, shaping both his approach to therapy and his ethical stance. This connection underscores how cultural expressions of care within families inform professional practices, an important insight into how personal identity influences professional identity.

Ade agreed.

I added an example from my own experience:

For me, I made connections with nurturing the body rather than the mind. I call it hospitality, which is important in my practice. It's about treating people as guests and ensuring they're comfortable.

Jordan connected with this:

There was also food in my family, but what stuck with me was getting to know people sitting down and talking. In the West Indies and England, people would pass by the veranda, and we'd invite them in to talk and play games. That importance of developing relationships comes out in my practice. I can have conversations about books, TV programs, different subjects to build rapport. It's intimate getting to know someone. My family expressed emotions through food, music, dancing, not so much hugging or holding hands. This influences the activities, interventions, language, and the amount of time I spend on developing relationships in my practice. I've gained the skill of developing the therapeutic relationship quickly, giving it loads of value, possibly more than the model itself.

He laughed: "I'm going to need a copy of this (laughs)."

Jordan's reflections on the importance of developing relationships and his family's cultural practices showcased how personal experiences and family traditions could profoundly influence professional practice. His emphasis on relational depth over strict adherence to models is a valuable lesson in integrating personal identity into professional work.

I then wanted to discuss the language we used, including terms like professional identity, personal identity, family stories, culture, and tradition. I asked if any of the language didn't sit right or could be more meaningful.

Jordan said:

I've tried to use language that does justice to how I feel. Social, professional identity could have layers. I'm happy with the language. When you first started, I thought you were going to ask if I'm happy with the systemic jargon. I go back and forth, but you weren't asking that. What were you asking?

I clarified:

I wasn't asking about systemic jargon. I was thinking about words like identity, BAME, and whether there are terms that are important for you in this inquiry. For example, I used BME in my information sheets, and people preferred BAME. Are there words we might not have used that are important?

Ade reflected:

It's like you want us to comment on the language we've used and whether we feel we should be using it or if there are alternatives. The way we talk about our professional and personal identities here is partly informed by our identities as systemic psychotherapists. There are certain words we'd use here that we wouldn't use in other settings with different backgrounds or training. It makes me think about how we adapt our language depending on the setting. I don't know if I would change any language used today because they best describe my experience, but I would change the words if I were with other people talking about the same subject.

Ade's observation about language adaptation depending on the audience brought to light the importance of context in professional dialogue and how different settings might require different terminologies. This adaptability is part of navigating predominantly white contexts, where language can either include or exclude.

Jordan playfully added:

Now, because of my playfulness, I want to pretend we're somewhere else—not therapists. That profession is just damn... You know what I mean? Ade has influenced me to think about how we'd talk in a different context, with different identities. Personally, with both of you, I can flip back and forth between personal and

professional, depending on how you respond to me. Professional and personal banter that's really good. He's just given me a good presentation exercise.

I asked about their experiences of training and supervision in bringing their personal identity into work.

Ade shared:

Towards the end of my training, more so through BAATN, I had a space to explore this as a BME person. On the course, it didn't feel safe to do so. Power and difference groups were challenging, they struggled to manage people's discomfort when touching on certain subjects. Being a Black person and looking after white people's feelings is a reality. We're often mindful of what we say, how we say it, who we say it to, and what's appropriate. We're programmed from a young age to navigate systems to manage and just manage.

His account emphasised the unique challenges faced by global majority professionals in their educational journeys. The need to manage others' discomfort while suppressing one's own experiences is a significant burden, highlighting systemic issues within training environments.

Jordan reflected:

What Ade was talking about made me think about training. Maybe it would be better if they had made-up dialogues where people could take risks and say anything without looking after white people. I felt the training wasn't containing enough or safe enough. I remember saying, 'I'm living this kind of life; I'm a Black person 24/7,' but even saying that, I felt it was taken as aggressive by tutors. From there, I retreated because I didn't feel safe enough to share my lived experience.

Jordan's experiences highlighted the lack of safe spaces within training environments for honest discussions about race and identity. His retreat into silence was a powerful indicator of systemic issues. This reinforces the need for more inclusive and supportive educational spaces that acknowledge and address the experiences of global majority therapists.

Jordan continued:

Outside of training, when I talk about race, gender, or sex, I try to invite conversation and challenge, creating a space where it can be contained. I have a network of friends, peers, and other therapists. For me, it's ongoing conversations—sharing information,

pictures, books, articles. The best training has been outside the family therapy training organisations.

I paused there and asked them to reflect on several questions:

- "What's your understanding of personal identity?"
- "What's the relationship between personal and professional identity?"
- "How much influence does your culture, family stories, or traditions have on your professional identity?"
- "What are your experiences of training and supervision in bringing in or being mindful of your personal identity in your work?"
- "What theory, if any, do you draw on when using your personal identity?"
- "What influence do clients' social and cultural identities have on this?"
- "What influence do your colleagues' or workplace's social and cultural identities have on this? Would this be different in private practice?"
- "If you've drawn on parts of your personal identity in your work, what impact has this had on clients? Can you think of examples?"
- "Does hospitality have any resonance when you think about your work?"

These questions were aimed at delving deeper into how they navigate their identities within their professional roles, seeking to learn from their journeys.

Jordan responded:

When I hear hospitality, I think about how I welcome my clients into the space. That can be done in many different ways. The cultural workplace I don't know if we've touched on that before.

"No, I don't think we have," I acknowledged.

"It's an interesting question," Jordan noted.

I added:

The institutions and systems we're part of lay a foreground. If you're working in a racist environment...

Jordan interjected:

Some places have promoted my thinking and way of working; others made me want to run out. It does have an impact.

Ade commented:

I thought those were all really good questions. Hospitality every time I hear it, I think of catering. I can't get away from that (laughs). I think it's great you make that connection, but there's dominance around that language. You're trying to reconstitute the word in a particular frame? That needs to be clearer you can elaborate on what you mean by hospitality.

I agreed to clarify.

Ade continued:

In literature, it needs to be clear, otherwise, people think you're just feeding them.

I explained:

It's about the aesthetics of hospitality. Saito, a Japanese writer, talks about the art of providing tea. As you were talking about hospitality, I thought about how we engage people the engagement process.

Ade connected:

It reminds me of the therapeutic relationship. There's lots of writing on that.

I interjected:

We're talking about inviting people into the veranda and building relationships, which we can call therapeutic without solely relying on established literature. Hospitality is my attempt at connecting my own self rather than using language from books bringing together personal and professional aspects.

Jordan reflected:

It's interesting, the language bit. How do we make sense of it? I remember asking a client if they wanted water, and my supervisor questioned why. For me, if people came to our house, we'd offer them a drink. So that idea...

I questioned:

But to just call that a therapeutic relationship, is that too simple?

Ade asked:

*Too simple?*

I elaborated:

Would everyone practice the same way? It's about meeting someone's needs, which informs the therapeutic relationship and comes from a place where you look after people. It doesn't necessarily need to be called hospitality that's my word, so I need to be aware of that.

Jordan queried:

Are you talking about the same thing or something different? Is the hospitality from the person about how I was brought up and feel comfortable, and this is how I was brought up and a ritual that needs to be in place and I will feel better? Or are you talking about development of relationship mixture of part of personal and professional? Because straight away I linked it, I didn't ask.

This discussion about hospitality and the intertwining of personal cultural practices with professional roles highlighted how global majority therapists navigate their identities. It underscored the importance of authenticity and the incorporation of personal values and traditions into professional practice.

I concluded: On that note, thank you both so much, but our time has come to an end.

This last discussion about hospitality and my own process left me with much to consider. Was I simply talking about the therapeutic relationship, or was it about how the therapeutic relationship is enacted through culture and authenticity? I was left with a lot to think about.

As I reflected on our conversation, I felt a profound appreciation for Jordan and Ade's openness and willingness to share their journeys. Their narratives illuminated the complexities of navigating personal and professional identities within predominantly white contexts. It had been an enlightening process learning from the journeys of global majority Family Systemic Psychotherapists as they navigate their personal and professional identities within predominantly white contexts.

Their stories reinforced the importance of authenticity, resilience, and the influence of cultural heritage in our professional lives. From Jordan's struggle with feeling disloyal to his values to Ade's intentional choices to surround himself with supportive networks, both highlighted strategies for maintaining one's identity while working within systems that may not fully embrace diversity.



We can learn that navigating these contexts involves a continuous balancing act between adapting to professional norms and staying true to one's cultural and personal values. It requires building supportive communities, seeking positions that amplify one's voice, and integrating personal experiences into professional practice.

This experience deepened my understanding and commitment to fostering spaces where such vital conversations can continue. By sharing and reflecting on our journeys, we not only support each other but also contribute to the ongoing transformation of our profession into one that truly values and reflects the diversity of those it serves.

After presenting the paired interview story, I have included a chart that visually maps the key stages of personal and professional development. This map serves as a visual representation of the processes and experiences that have shaped their journey as a Global Majority Family Systemic Psychotherapist.



## Chapter 8

### Thinking with Stories

#### Introduction

As I embark on this stage of thinking about the participants' stories, I am filled with excitement and a profound sense of responsibility. The participants have generously shared their personal and professional experiences, and now it is my role to consider their narratives thoughtfully. This is not about dissecting data but understanding and honouring their stories. These narratives encompass the challenges they have faced, the triumphs they have achieved, and how their personal values have shaped their professional lives.

I aim to weave together their narratives from both the individual narrative interviews and the paired interview, creating an integrated tapestry that reflects the richness and complexity of their journeys. By bringing together these stories, I aim to highlight the shared experiences and unique perspectives that address my research question:

What can we learn from the journeys of Global Majority Family Systemic Psychotherapists as they navigate their personal and professional identities within predominantly white contexts?

#### Bringing Together Stories

While initially treated as separate from the personal stories, the paired interview discussion echoed many of the same themes of identity, belonging, and professional tension that emerged in the one-on-one conversations. Revisiting these stories enabled a richer understanding of the dynamics and how shared experiences shaped their sense of self within predominantly white professional landscapes.

The idea of navigating dual identities in the paired interview resonates throughout the individual interviews. The participants openly discussed integrating their personal and cultural identities within their professional roles, often having to reconcile their authentic selves with the expectations of these environments. This integration allows for a more nuanced understanding, highlighting cross-cutting themes that illuminate the multifaceted challenges and strengths they possess.

#### Method of Analysis

In analysing the participants' stories, I employed a multi-method approach that allowed for a comprehensive exploration of the narratives discussed in the methodology chapter. I began by immersing myself in the transcripts from both the individual and paired interviews, identifying recurring themes and unique insights. This process involved mapping out the

narratives to visualise the flow of each participant's story and the connections between different themes.

I created mind maps and diagrams for each participant, which helped me trace the journey of their stories, noting similarities and differences across narratives. This method enabled me to capture the shared experiences and the unique aspects of each therapist's journey. Integrating participant feedback during the collaborative inquiry process ensured that the interpretations remained true to their lived experiences.

#### Collaborative Inquiry – Participants' Feedback

For those who did respond, the feedback was invaluable. One participant, Afia, was particularly moved by the process and expressed her feelings through poetry. Her poem, which has been included on page 152, added a profound emotional depth to the research. This poetic contribution underscored the significance of her experience and illustrated the power of collaborative inquiry, where participants' voices were heard and shaped the final presentation of their narratives.

The varying levels of engagement in the feedback process had implications for the analysis. The participants who provided feedback allowed me to refine and deepen the understanding of their narratives, ensuring that their voices were accurately represented. For those who did not respond, I carefully considered their stories, aware of the responsibility to interpret their experiences respectfully and authentically. This dynamic highlighted the complexities inherent in collaborative research, where varying degrees of participation can influence the richness and depth of the analysis.

#### Presentation of Themes

##### Cross-Cutting Themes

By critically analysing the themes from both individual and paired interviews, several insights emerge:

**Interconnectedness of Themes:** Many themes are inherently interconnected, such as how navigating dual identities relates to addressing systemic biases and seeking recognition. This interconnectedness is evident in both interview types, reinforcing the complexity of GM therapists' experiences.

**Depth Through Interaction:** The paired interview provided a relational context that enriched the understanding of shared challenges and collective resilience. Themes like power

dynamics and hospitality gained depth through the interactive dialogue between Jordan and Ade, illustrating how these concepts play out in real-time professional interactions.

Unique Contributions from Individual Interviews: Individual interviews offered nuanced perspectives on how cultural heritage and family influence shape therapeutic practices uniquely for each therapist. Themes like strength derived from cultural backgrounds and the educative role highlight personal strategies and contributions that enhance the collective narrative.

Therefore, the analysis revealed several cross-cutting themes prominently featured in individual and paired interviews. These themes reflect shared experiences and common challenges among Global Majority (GM) therapists. The table below shows these themes.

#### Visual Representation: Cross-Cutting and Unique Themes

The following table categorises the themes based on their prevalence in individual and paired interviews.

Table 8.1 All themes

<b>Theme</b>	<b>Cross-Cutting</b>	<b>Paired Interview-Leaning</b>	<b>Individual Interview-Leaning</b>
Navigating Dual Identities	✓		
Addressing Systemic Biases	✓		
Journey of Growth	✓		
Value of Training, Support, and Supervision	✓		
Seeking Recognition and Representation	✓		
Power Dynamics and Authority		✓	
Hospitality and Therapeutic Practice		✓	
Collective Resilience and Mutual Support		✓	
Ethical Dilemmas and Personal Values		✓	

Theme	Cross-Cutting	Paired Interview-Leaning	Individual Interview-Leaning
Strength Derived from Cultural Background			✓
Educative Role and Building Bridges through Therapy			✓

The below table shows the cross-cutting themes in more detail.

Table 8.2 Cross-Cutting Themes Across Data Sources

Theme	Description
Navigating Dual Identities	Both individual and paired interviews reveal the struggle of balancing cultural heritage with professional roles. Therapists grapple with integrating their personal and cultural identities within predominantly white professional environments, leading to internal conflicts and a continuous process of self-negotiation. Participants grappled with themes of belonging, fitting in, and privilege, often finding that their growth in confidence, through connecting with like-minded individuals, was a way to combat feelings of exclusion.
Addressing Systemic Biases	Participants across both interview types discuss experiences of racism, exclusion, and subtle biases within their professional settings. This theme encompasses the emotional and professional labour involved in navigating environments that may not fully embrace their cultural backgrounds. The narratives highlight how systemic biases manifest in everyday professional interactions, shaping both personal and professional identities.
Journey of Growth	The evolution of personal and professional identities is a shared narrative. GM therapists describe their growth as intertwined with overcoming systemic challenges and integrating their cultural heritage into their therapeutic practices, leading to increased resilience and confidence. Their stories are deeply interwoven with their cultural and personal histories, suggesting that their growth as professionals is tied to their growth as individuals.
Value of Training, Support, and Supervision	Both individual and paired interviews emphasise the critical role of supportive networks, culturally competent supervision, and informal support systems in shaping professional identities. Participants

Theme	Description
	highlight the importance of both formal training and peer support in fostering their growth and navigating professional challenges. They underscore the need for supportive environments that acknowledge and address the unique challenges faced by GM therapists.
Seeking Recognition and Representation	A common pursuit among participants is the desire for greater visibility and representation within the therapeutic field. Both interview types illustrate efforts to assert professional identities, advocate for diversity, and reshape institutional practices to be more inclusive and culturally competent. Their efforts to increase visibility and reshape paradigms align with a collective push for systemic change within the profession.

### Paired Interview-Leaning Themes

These themes emerged more prominently or exclusively in the paired interview, which provided more profound insights into participants' collective experiences and interactions.

Table 8.3 Paired interview leaning themes

Theme	Description
<b>Power Dynamics and Authority</b>	The paired interview highlighted how stepping into positions of authority influences professional identities and interactions. Ade discussed how holding a leadership role (e.g., course chair) empowered him to assert his voice and challenge existing norms, enhancing his confidence and professional standing.
<b>Hospitality and Therapeutic Practice</b>	Hospitality was discussed as a metaphor for creating welcoming and authentic therapeutic environments. In the paired interview, Jordan and Ade connected cultural hospitality practices with their therapeutic approaches, emphasising relationship-building and client comfort as integral to effective therapy.
<b>Collective Resilience and Mutual Support</b>	The paired interview provided a platform for shared reflection, illustrating how collective resilience and peer support among GM therapists help navigate systemic exclusion. Jordan and Ade discussed the importance of validating each other's experiences and the strength derived from communal support, which was less emphasised in individual interviews.

Theme	Description
<b>Ethical Dilemmas and Personal Values</b>	The paired interview delved deeper into how personal and cultural values create ethical dilemmas. Jordan and Ade reflected on integrating their ethics into professional practice, highlighting the tensions between institutional norms and personal beliefs in a more interactive dialogue.

#### Individual Interview-Leaning Themes

These themes were more prominent or exclusively featured in the individual interviews, offering unique perspectives that were less emphasised in the paired interview.

Table 8.4 Unique themes in individual stories

Theme	Description
<b>Strength Derived from Cultural Background</b>	Individual interviews, particularly those of Camara and Afia, emphasised how cultural backgrounds provide a rich well of experiences that enhance therapeutic practice. Camara discussed integrating West African communication styles, while Afia highlighted community-driven approaches, showcasing unique cultural strengths in therapy.
<b>Educative Role and Building Bridges through Therapy</b>	Some individual interviews, notably Bernard's, focused on the therapists' roles as educators and bridge-builders. Bernard emphasised using metaphors and storytelling to foster understanding and inclusion, highlighting a unique aspect of their professional contribution that was not as prominently discussed in the paired interview.

The table below shows more specific information about how the themes showed themselves in each participant's story in the individual interviews.

Table 8.5 Themes in Individual Stories

Participant /Themes	Navigating Dual Identities	Addressing Systemic Biases	Journey of Growth	Value of Training and Support	Seeking Recognition and Representation	Unique Themes
Farah	X	X	X	X	X	
Camara	X	X	X	X	X	Strength Derived from Cultural Background,
Elina	X	X	X	X	X	

Participant /Themes	Navigating Dual Identities	Addressing Systemic Biases	Journey of Growth	Value of Training and Support	Seeking Recognition and Representation	Unique Themes
Bernard	X	X	X	X	X	Educative Role, Building Bridges through Therapy
Dionne	X	X	X	X	X	
Afia	X	X	X	X	X	

**Key:**

X: Indicates that the theme was prominently featured in the respective interview.

Unique Themes: This column captures the unique perspectives that were not predominant across all interviews but emerged distinctly in specific ones.

### Detailed Analysis of Cross-Cutting Themes

#### Navigating Dual Identities

A prominent and recurrent theme across the narratives is the complexity of navigating dual or multiple identities. Global Majority (GM) therapists often find their cultural and ethnic origins contrasting sharply with the dominant therapeutic, academic, or organisational cultures in which they work. This tension is not merely theoretical; it is a lived, everyday experience that can leave them feeling marginalised or unwelcome.

#### From the Paired Interview:

In the paired interview, both Jordan and Ade grappled with balancing their cultural heritage and professional roles within a profession they perceive as non-inclusive.

Jordan expressed his internal conflict:

I've always had this conflict within me about how I position myself in a profession that I believe at the time wasn't inclusive. I still go back and forth, but I need to be part of change taking place.

Ade questioned his professional identity, "Who am I? Am I a Black psychotherapist? Or am I a therapist who's Black? You know, it's just like... what comes first? And how does that inform how you orientate yourself?"

These reflections highlight the ongoing negotiation of identity and the challenge of asserting one's authentic self in spaces that may not fully embrace their cultural backgrounds.

From the Individual Interviews.



Elina shared her experience of feeling unwelcome in her workplace, "Much of that came out of my experience of working in the Child and Family Consultation Service, where it was very clear they didn't want a Black person in there." She further recounted how her attempts to bring a more human and culturally aligned approach to client interactions were met with resistance:

I went to my supervisor... I was having a conversation... just finding out what their weekend was, and then they'd ask, and you answer. She got really quite cross. She says, 'You don't do that... you don't want to detract from what they're thinking.'

Bernard reflected on his struggle with belonging within a profession he felt was not designed for him:

When I qualified, it took me some time to sign my name with 'Family Systemic Psychotherapist' because... do I want to belong to a profession that... wasn't made for me or didn't have any writers that came for my needs?

Farah shared her experience navigating cultural dichotomies, "(My) parents wanted me to wear traditional kameez... I had a spare secret stash of English clothes." All participants described the tension they experienced between the expectations of their cultural backgrounds and those of the therapeutic profession. Bernard spoke about the challenges of balancing systemic thinking with his cultural perspective:

Where does it fit in with systemic thinking? I think about the graces... I was going to say multi-verse or multiple truths... But... privilege could be limited because of how I talk, how I look, where I'm from.

Yet, alongside these challenges, participants acknowledged the unique strengths that arise from their intersection of identities. Their cultural perspectives enriched their therapeutic practice, offering them a more holistic, diverse approach. As one participant noted:

"It speaks to my practice by valuing difference... not just gender, age... but going deeper."

Participants often reflected on how their personal histories shaped their professional identities. One participant mentioned that "it takes a village to raise a child," connecting it to non-Western child-rearing practices. This resonated with my own experiences, particularly the idea of hospitality. The participants did not explicitly use the term "hospitality" but spoke about bringing authenticity into their work and how their culture influenced their practice.

Each participant had a way of incorporating their cultural background into their therapeutic style:

- Bernard used metaphors and storytelling to set boundaries.

- Afia emphasised community-driven approaches to raising children.
- Camara adopted a direct and transparent communication style.
- Dionne and Farah expressed love and care through food and communal gatherings.

These personal influences made their therapeutic approach richer and more authentic, blending cultural insight with professional practice. However, not all experiences were positive. Farah expressed frustration at being expected to raise issues of diversity during her training, "It's like having to re-balance the dominant story."

The interplay between their ethnic roots and the dominant professional culture presented challenges and advantages. Participants described this dynamic as a constant dance that shaped their practice and unique contributions to the field. Camara, for instance, reflected on how his direct communication style, influenced by his West African upbringing, aligned with the Structural Family Therapy model (Minuchin, 1974), saying, "When I practice, I'm very clear. I try to be."

This blending of personal and professional identities was further highlighted by Bernard, who explained: "I think they morph... personal and professional, they coexist together."

This sentiment echoed Hall's (1996) discussions on identity complexity in multicultural contexts. However, not all experiences were positive.

Afia reflected on the burden placed on minority students:

Why does it take the Black woman or a student to have to raise these issues all the time?

Participants discussed the importance of authenticity in their practice. One participant stated, "If I can't be authentic in the room with my families... or with my colleagues... that would feel like something was really wrong." This experience aligns with Berry's (2005) work on acculturation processes, highlighting the tension many participants felt between their private cultural identities and public expectations.

Farah shared her experience of navigating cultural dichotomies:

(My) parents wanted me to wear traditional kameez... I had a spare secret stash of English clothes.

Beyond linguistic differences, participants also discussed the deeper cultural nuances that influenced their communication styles and therapeutic methods. Bernard explained how storytelling and metaphors were integral to his upbringing and how this now shapes his therapeutic work.

The narratives demonstrated how participants' cultural knowledge informed their clinical approach, from assessments to interventions. One participant spoke about the cultural importance of food, saying, "Food is like joy. Food is like what connects." This cultural understanding translated into their therapeutic approach, emphasising connection and shared experience.

However, participants faced challenges integrating their cultural identities within the dominant professional culture. Afia reflected on the added pressure of navigating a system not designed with her in mind:

Nobody's going to make your life easier... it's going to be harder by virtue of your skin colour, your culture, and maybe because you're a woman.

Farah echoed this sentiment, describing her early training experience:

I was probably the only South Asian there... I was prepared to meet people who felt like their minds were open but at the same time... don't have a clue.

These accounts highlight the additional emotional and intellectual labour required of GM therapists, who must navigate the demands of their profession and its biases and blind spots. As a result, the participants' narratives were shaped by multiple intersecting identities, including race, gender, and class.

Integration with Literature:

The theme of "Navigating Dual Identities" reflects the experiences of GM therapists who operate between their cultural heritage and the predominantly Westernised professional environment of systemic family therapy. This tension resonates with Berry's (2005) research on acculturation, exploring how individuals from minority backgrounds adapt to dominant cultural environments, often feeling estranged from their heritage.

Berry's (2005) acculturation framework and Hall's (1996) conceptualisation of identity as fluid and evolving provide useful starting points for understanding the experiences of GM therapists. However, the participants' stories also bring to light tensions and nuances that neither framework fully anticipates. My findings suggest a more dynamic, reciprocal

engagement. Participants are not simply integrating into pre-existing norms but actively reshaping the professional landscape. While Berry's framework accounts for the stresses of navigating majority cultures, it does not fully capture how GM therapists exert agency to expand and redefine professional norms.

Similarly, although Hall's (1996) notion of fluid identities highlights the adaptive nature of cultural belonging, the participants' experiences reveal that professional identities are not only shifting but also generative. They show how cultural identities do not just adapt to but transform therapeutic practices. In other words, my data expands Hall's theory by demonstrating that identity fluidity can prompt structural and theoretical changes within the profession itself, challenging static or top-down conceptualisations of professional cultures.

Burck's (2005) work on multilingualism provides a useful lens through which to understand how GM therapists traverse multiple cultural landscapes. Although Burck focuses on language, her metaphor of navigating across languages applies to how GM therapists move between different cultural frameworks in their professional lives. My study extends this conversation by showing that GM therapists do more than navigate these dual identities—they transform the tension between them into a unique therapeutic resource.

For instance, Bernard's reflections show how his cultural background actively informs his therapeutic approach, allowing him to offer a deeper, more culturally nuanced connection with his clients. This goes beyond simply managing the conflict between different identities; it involves actively integrating his cultural heritage into his practice. My findings align with Sue and Sue's (2016) work, highlighting the challenges of maintaining multiple identities in professional environments. Yet, my research adds a new dimension by demonstrating that, while these identities may at times conflict, they can also provide unique strengths in practice.

In my study, GM therapists do not treat their cultural identity as separate from their professional role but as integral to their therapeutic work. This fluid integration of personal and professional identities offers a richer perspective on how dual identities can enhance therapeutic practice, allowing GM therapists to provide more inclusive and reflective care.

By using culturally specific metaphors and drawing on their own experiences, therapists like Bernard can bridge cultural gaps and offer clients a more relatable and grounded therapeutic experience. This contributes to a more nuanced understanding of dual identities, not as a form of internal conflict but as a valuable resource within therapy. My findings extend

the current literature by showing how dual identities can be leveraged to deepen the therapeutic process, enriching both the therapist's practice and the client's experience.

While Berry's and Hall's frameworks provide a useful vocabulary for understanding cultural adaptation and identity negotiation, the narratives presented here challenge the notion that GM therapists must 'accommodate' or 'assimilate' into existing professional cultures. Instead, they show that GM therapists actively redefine and expand the parameters of systemic therapy practice. Drawing on their cultural backgrounds through storytelling metaphors, community-driven approaches, or hospitality-infused therapeutic engagements, they introduce new epistemologies that push beyond conventional Western models. This extends current theoretical understandings by illustrating that cultural identity does not simply influence therapeutic style; it is a driving force that can transform theory, practice, and the profession itself. Hence, the data supports established theories on identity and culture and charts new intellectual territory, suggesting that systemic therapy can and should evolve by including multiple cultural frameworks.

#### Conclusion:

In conclusion, the tension between cultural origins and dominant therapeutic norms emerged as a central theme. These intersections of identity presented challenges and strengths, enriching their practice with profound cultural sensitivity and insight. Their personal and professional dimensions were inseparably intertwined, demonstrating why a multi-method approach was necessary to capture the full richness of their experiences.

The examples from participants like Bernard and Farah show that moving between multiple cultural frames is not merely a challenge but a process through which GM therapists develop a distinctive therapeutic sensibility. This dual positioning enables them to adopt flexible, culturally attuned approaches that enhance their therapeutic work. Rather than viewing cultural differences as an obstacle, these narratives suggest that GM therapists transform their lived experience into a therapeutic asset. In this way, their journeys illuminate how systemic therapy can be enriched, conceptually and practically, by recognising and valuing the multiplicity of cultural perspectives.

#### Addressing Systemic Biases

Another prominent theme is the pervasive nature of systemic biases in the therapeutic domain. These biases, ranging from overt discrimination to subtle assumptions, present formidable challenges and influence GM therapists' professional narratives and lived experiences.

From the Paired Interview:

Ade spoke about the realities of emotional labour:

Being a Black person and looking after white people's feelings is a reality... We're always having to think about that. When we enter into a profession like this, you're having to be more mindful about what you say and how you say it.

Jordan expressed frustration with the profession's lack of inclusivity: "When I joined the psychotherapy world, the language, the ideas, it wasn't inclusive. The historical context was written by a certain cohort of society." These insights shed light on how systemic biases manifest in everyday professional interactions, shaping both personal and professional identities.

From the Individual Interviews, Farah described feeling like the "one that's always fighting the banner" in training programmes, consistently needing to champion diversity amidst resistance. She gave a poignant example of the subtle biases she faced, noting that community members laughed at her attempts to speak her language, "I remember people used to laugh when I tried to speak, which then shut me down."

Bernard frequently encountered assumptions that positioned him as an outsider:

When I do quite a lot of training now, and most of the time, I may do it with a white female or white male. Participants would come in, and no matter what colour or where they're from, they'll always go to the white facilitator although I'm leading, although I'm in charge.

Camara, Elina, and Afia emphasised the lack of diversity in their professional settings, highlighting systemic biases that favour dominant narratives over diverse perspectives.

These accounts underscore the additional emotional and intellectual labour required of GM therapists, who must navigate professional demands alongside biases and blind spots. The theme of systemic bias demands a broader re-evaluation of therapeutic curricula and practices. There's an urgent call for inclusivity, a curriculum that integrates diverse perspectives and actively challenges and dismantles dominant, often exclusionary, paradigms.

Addressing systemic biases emerges as a pivotal area for enhancing inclusion and diversity in the therapeutic field. By highlighting the lived experiences of marginalisation, the narratives present a compelling case for reforming exclusionary systems and structures because, at the moment, therapists from GM backgrounds that were interviewed are seeking out this support

externally from other GM support systems, which, of course, is a positive thing in itself, but it should not be the only thing available.

#### Integration with Literature:

The "Addressing Systemic Biases" theme aligns with Constantine and Sue's (2005) exploration of the exclusionary nature of therapeutic training programmes for minority therapists. Their work highlights how systemic barriers, often embedded in predominantly white institutions, marginalise GM therapists and restrict their access to professional opportunities. My findings reaffirm these concerns, with participants like Farah and Camara sharing experiences of feeling isolated, overlooked, or misunderstood within their professional environments.

However, my study adds originality by showing that systemic bias not only shapes external professional experiences but also profoundly impacts the internal development of GM therapists. Elina's narrative exemplifies how systemic discrimination, rather than simply hindering her progress, ultimately fostered her professional resilience and confidence. Despite significant obstacles, these challenges pushed her to become more assertive, reflective, and innovative in her therapeutic practice.

This finding builds on Falicov's (2009) work on cultural resilience, discussing how individuals from marginalised backgrounds develop adaptive strategies to cope with cultural and systemic adversity. My research extends this by showing that systemic bias can paradoxically become a catalyst for personal growth and professional transformation for GM therapists.

Where Falicov (2009) focused primarily on cultural resilience in terms of coping mechanisms, my findings highlight a more dynamic process where GM therapists actively transform systemic challenges into opportunities for professional development. This deepens the existing literature by illustrating how systemic biases do not merely obstruct progress but can also trigger a reflective process that leads to more authentic, self-aware professional identities. In this way, systemic bias acts as both a barrier and a crucible for growth, as GM therapists like Elina harness their experiences of marginalisation to build stronger, more resilient professional identities. This shift in perspective contributes to a more complex understanding of how systemic bias influences the professional trajectories of minority therapists, moving beyond the narrative of mere survival to one of transformation and empowerment.

Moreover, my findings add complexity to Hardy and Laszloffy's (1995) discussion on the impact of systemic bias on professional practice. While they acknowledged how systemic racism affects the career progression of minority therapists, my research explores the adaptive strategies GM therapists employ in response to these biases. Elina's resilience illustrates how

GM therapists develop what can be described as "double awareness", an acute sensitivity to both explicit and implicit biases within their professional environments, coupled with strategic approaches to navigate and overcome these challenges.

My research contributes to this feedback loop between external systemic bias and internal identity formation. By demonstrating how GM therapists like Farah and Elina use their experiences of marginalisation to develop new strategies for professional growth, my findings offer a dynamic understanding of the intersection between systemic bias and identity formation.

Conclusion:

Addressing systemic biases emerges as pivotal for enhancing inclusion and diversity in the therapeutic field. By highlighting the lived experiences of marginalisation, the narratives present a compelling case for reforming exclusionary systems and structures. Currently, therapists from GM backgrounds are seeking external support from other GM support systems, which, while positive, should not be the only option available. The profession must strive to create inclusive environments that recognise and value the contributions of GM therapists.

These insights directly inform the central research question, demonstrating that the journeys of GM therapists in predominantly white professional contexts involve encountering systemic biases and evolving strategies to confront and navigate them. In so doing, they reshape the professional landscape, highlighting the necessity for systemic therapy training and practice to address unconscious bias, institutional barriers, and the cultural assumptions embedded in traditional therapeutic frameworks. Their experiences make it clear that progress depends not solely on the presence of GM therapists but on structural changes that acknowledge and dismantle institutional inequities.

Journey of Growth

Across all participants, there is a clear narrative of personal and professional evolution. The path from their early experiences, familial expectations, and personal challenges to their current roles as Family Systemic Psychotherapists has been marked by significant transformation. Their stories are deeply interwoven with their cultural and personal histories, suggesting that their professional growth is tied to their individual development. This signifies the importance of research like this in highlighting this.



From the Paired Interview:

Jordan drew strength from his heritage, "Sometimes when I have difficulties, I just remember... my parents done this with less... That keeps me pushing through the difficulties." He asserted his right to his professional identity, "I've got a right to do what I want to do. And if it means that I'm going to be a Family Systemic Psychotherapist, then I've got a right to that."

Ade reflected on gaining confidence:

It's stepping into that power in a way that isn't abusive but enables you to become more confident with your voice, with your ideas... I feel like I've got more of a voice than I've ever had, and people listen.

Their narratives illustrate resilience and determination to overcome systemic challenges.

From the Individual Interviews. Farah's story exemplifies this theme. She recounted her childhood, where she felt "different" at home and in the community. This instilled in her a determination to ensure other families do not have to go through the same struggles with identity and belonging that she did:

I think it's about fairness. Because I don't think me and my family had that support when professionals were involved, I think maybe at times I would have liked professionals to have been involved and intervened, and I guess that I'm now in a role that I can intervene. Fairness, something about equality for me as well, people having the same right to family life, but you have to be sensitive to what their family life looks like for them.

Farah explored "fitting in" and how it influenced her early years and later professional choices. As a young South Asian woman, she grappled with expectations from her cultural community and a desire to embrace her British identity. This sparked a lifelong negotiation of identity:

I was probably the only South Asian there. I was the only South Asian in there... I think the Britishness, and it was okay to want to be able to dress, but there was always a sense that I didn't fit in.

Elina and Bernard hinted at a journey of coming into their own professionally, finding their voice, and using it to effect change in their fields. Bernard emphasised "believing in myself" as the key to gaining confidence in his unique approach. Bernard reflected on his struggle with belonging within a profession he felt was not designed for him:

When I qualified, it took me some time to sign my name with 'Family Systemic Psychotherapist' because... do I want to belong to a profession that... wasn't made for me or didn't have any writers that came for my needs?

He emphasised, "I think they morph... personal and professional, they coexist together." This sentiment echoed Hall's (1996) discussions on identity complexity in multicultural contexts.

Camara shared, "When I practice, I'm very clear. I try to be." He connected his direct communication style to his West African upbringing and aligned it with the Structural Family Therapy model (Minuchin, 1974).

Integration with Literature:

The theme of "Journey of Growth" in my research aligns with Rønnestad and Skovholt's (2003) influential work on therapist development, which explores the stages of personal and professional growth. According to them, therapists evolve through various developmental stages, where personal experiences deeply influence their professional identity and practice. My findings confirm this, particularly through participants like Farah, whose early experiences of cultural differences shaped her career path and therapeutic approach. This demonstrates how personal identity plays a crucial role in professional decisions, reflecting the established literature on therapist growth.

However, my research extends these discussions by showing that, for Global Majority (GM) therapists, the growth journey is not just an individual process but one profoundly shaped by their cultural backgrounds. For GM therapists like Bernard, cultural heritage is not viewed as an obstacle to overcome but as a key component in their professional development. Bernard's use of metaphors and cultural narratives within his therapeutic practice illustrates how cultural identity actively informs his approach, allowing him to offer a deeper, more culturally nuanced connection with his clients. This perspective adds an original dimension to the literature, which often focuses on growth as an individual and linear process (Rønnestad & Skovholt, 2003).

Rønnestad and Skovholt's (2003) stage-based model of therapist development provides a valuable framework for understanding the professional growth of therapists over time. However, my participants' narratives indicate that for GM therapists, this journey is not a linear progression through predefined stages. Instead, their growth appears to be a dynamic interplay of personal, cultural, and professional dimensions that shifts according to the demands of predominantly white contexts. Where Rønnestad and Skovholt imply a somewhat universal trajectory, my data suggests that GM therapists often self-author development pathways incorporating cultural storytelling, ancestral knowledge, and community-based understandings of healing. These elements do more than 'fit' into existing developmental

stages; they reshape what 'development' means in systemic therapy. By foregrounding cultural heritage and collective resilience, these therapists expand the conceptual vocabulary of professional growth, showing that development can be a culturally responsive, context-dependent process rather than a neutral, one-size-fits-all progression.

This relational view of growth aligns with Hall's (1996) theory of identity as fluid and constantly evolving. Hall argues that identity is not fixed but is shaped by an ongoing interaction between the individual and their social and cultural context. My research deepens this understanding by demonstrating that growth for GM therapists is not solely about reaching professional milestones but about a continuous process of reclaiming and integrating their cultural identity into their therapeutic practice. For these therapists, growth involves not just the acquisition of new skills or knowledge but the incorporation of cultural narratives and experiences into their work.

Additionally, the growth of GM therapists in my study demonstrates how reclaiming one's cultural identity can be a powerful tool in fostering resilience and confidence within the professional space. This builds on Rønnestad and Skovholt's (2003) discussion of the role of self-reflection in therapist development but goes further by showing that for GM therapists, self-reflection also involves cultural reflection. By continuously integrating their cultural identity into their therapeutic practice, GM therapists are not only developing professionally but are also engaging in a process of personal affirmation and cultural pride. This adds a new layer to the existing literature by illustrating how cultural identity is not just something that therapists manage in their professional growth but is actively used as a resource for enriching their practice.

#### Conclusion:

In conclusion, the theme of ongoing individual and professional growth recurs across narratives. By tracing their evolution, the stories offer inspiration and insights into the deep entanglement of personal and professional identities. For GM therapists, growth involves not only professional milestones but also the continuous integration of cultural heritage into their practice, adding complexity to the traditional understanding of therapist development.

#### Value of Training, Support, and Supervision

The narratives underscore the critical role of training, supervision, and informal support systems in shaping the participants' professional identities. While training provided them with the tools and techniques to qualify and some space to reflect, the support from peers,

supervisors, mentors, and communities seemed to nourish their spirits, keep them grounded, and be integral to meaningful growth.

From the Paired Interview:

Ade discussed seeking support from similar others, "I've been accessing BAATN (Black, African and Asian Therapy Network)... having a space where I've encountered other BME therapists... It's allowed me to say, 'Yeah, I do belong.'"

Jordan emphasised learning from various sources:

I learn a lot from the clients, and from my family, and from... Uber drivers (laughs)... I've learnt also from... the systemic gurus... But it's something I've inherited from my family members.

These reflections underscore the need for supportive environments that acknowledge and address GM therapists' unique challenges. From the Individual Interviews, Afia emphasised, "You can't do something by yourself... the environment has got to be right." Her sentiments mirror the African proverb that "it takes a village to raise a child," reflecting a cultural emphasis on communal support and wisdom.

Afia reflected on learning through demonstrative means in her West African household:

"When you want someone to learn something and you want to show them something, you have to cultivate the right context in order for that learning to come about." This sentiment reveals how knowledge is best imparted in supportive contexts.

Farah highlighted the transformative role of supportive communities, particularly her BME psychotherapy group, "I reflect a lot. I'm part of this fantastic BME psychotherapy group, and that has really changed my world in the sense of being more politicised." Farah's experience resonated with my journey, where I found a connection with peers instrumental in navigating complex personal and professional dynamics (Chapter 1). Her narrative aligns with research emphasising shared experiences as crucial for marginalised professionals (Rudes and Guterma, 2007).

Camara emphasised the role of peer groups in affirming shared experiences. His emphasis on choosing a supervisor who creates space for open exploration of beliefs highlights the significance of tailored support, "I had to find a supervisor who understood my background and allowed me to bring all of myself into supervision." His experience aligns with literature

emphasising supervision as an avenue for critical reflection and identity integration for minority therapists (Sue & Sue, 2016).

Elina cherished the intimacy of smaller classes where deep bonds could form between lecturers and students, "We also give a lot of ourselves, so the tutors and... I remember saying, 'We won't ask you to do anything we won't do ourselves.'" Her preference for relational learning spaces connects to ideas of harnessing local knowledge through communal dialogues, as discussed in my methodology (Chapter 6). Elina's approach also considers the value of collective experiences and sharing wisdom in learning and development (Chilisa, 2012).

One incredible piece of feedback that Elina received from a student who had attended an unsuccessful interview and was going to another was, "Do you know what? I realised that what I'd learned here was not about what to say or to do, but I had to stand in my own shoes."

Bernard shared that his professional confidence grew by "believing in myself," hinting at the self-efficacy that comes from inner conviction and supportive systems. Believing in myself was key to gaining confidence in my unique approach." Scholars like Bandura (1977) underscore self-efficacy as the key to professional actualisation, enabled through experiences and mindset. However, this is only part of the process and doesn't touch on societal determinants, such as how one might be treated and ideas of power and privilege.

#### Integration with Literature:

The importance of culturally competent supervision and training is well-documented in the literature, with Hardy and Laszloffy (1995) stressing how essential it is for minority therapists to have supervision that understands and respects their cultural backgrounds. My findings confirm this, particularly through participants like Camara, who emphasised how culturally aware supervisors helped them feel more secure in their professional development and gave them the space to explore their identities within a supportive framework. This aligns with Hardy and Laszloffy's (1995) focus on the critical role of culturally competent supervision in validating and understanding therapists from marginalised backgrounds.

However, my research adds originality by highlighting that formal supervision, even when culturally competent, is often insufficient for GM therapists. Many participants relied more heavily on informal support systems, such as peer networks, to meet their professional and cultural needs. For instance, Afia explained how her peer group of other GM therapists provided more culturally relevant feedback and emotional support than formal supervision, especially when navigating predominantly white professional environments. This finding

deepens the existing literature by demonstrating that GM therapists frequently supplement or replace formal supervision with informal networks, often more attuned to their unique cultural experiences and challenges.

While Hardy and Laszloffy (1995) underscore the necessity for culturally competent supervision, my participants' experiences challenge the assumption that cultural competence is a discrete skill set that supervisors can simply 'acquire.' Instead, GM therapists illustrate that confronting systemic biases demands ongoing relational negotiations and the co-creation of supervisory contexts that attend not only to race and ethnicity but also to power imbalances, historical injustices, and institutional invisibility. Participants effectively bypass traditional supervisory hierarchies by engaging in peer-led groups and seeking mentors who share their cultural backgrounds. This move not only refines our understanding of cultural competence showing it to be iterative, relational, and context-sensitive, but also offers a blueprint for rethinking supervision structures. Thus, rather than reinforcing existing models of supervision, GM therapists' strategies point towards a re-envisioned supervisory paradigm in systemic therapy that is responsive, power-conscious, and collectively nurtured.

While the literature on supervision often focuses on the importance of cultural competence within formal training environments (Hardy & Laszloffy, 1995; Falicov, 2009), my research contributes a new perspective by demonstrating that culturally competent supervision, while necessary, may only sometimes be sufficient. GM therapists often need additional forms of support, particularly from those who share similar cultural backgrounds and experiences. This adds complexity to the understanding of supervision and support for GM therapists by showing that formal training alone cannot meet all their needs. Instead, informal peer support systems play a critical role in helping them navigate the professional isolation and cultural disconnect they frequently experience in predominantly white professional environments.

This insight also connects with Wenger's (1998) concept of "community of practice," which describes how informal groups of individuals come together to learn from each other and share knowledge in ways that are often more meaningful than structured, formal settings. My findings extend Wenger's theory by showing that for GM therapists, these informal communities of practice are not just valuable but often essential for their professional growth.

Moreover, my research highlights the resilience and resourcefulness of GM therapists in creating alternative structures of support when formal systems fail to provide adequate cultural understanding. Participants like Afia and Camara did not passively accept the limitations of

their formal supervision but actively sought out peer networks that could provide the cultural competence and emotional support they needed.

#### Conclusion:

In summary, while formal training equips therapists with technical skills and some aspects of personal reflection, the narratives reveal that informal support systems are integral to nurturing confidence in one's identity and approach. Training programmes would benefit from integrating this ethos of support and community building as part of the main fabric of training rather than as an add-on, as has been the experience of some participants. Recognising the value of informal peer support systems is crucial for the professional and personal development of GM therapists, offering culturally relevant guidance that formal structures often lack.

#### Seeking Recognition and Representation

In the therapeutic landscape, the voices of GM therapists are often submerged beneath the weight of dominant discourses. The interviews have illuminated a shared journey, a collective experience of constantly pushing against the tide to find space and recognition among systemic barriers.

In the Paired Interview, Jordan asserted his professional identity and right to be part of the profession, "I've got a right to do what I want to do... No one's going to take that away from me."

Ade reflected on the impact of authority:

I can really see how people treat me differently now that I have authority... It's given me a better sense of being more confident as a psychotherapist because I feel like I've got more of a voice than I've ever had, and people listen."

Their efforts to increase visibility and reshape paradigms align with a collective push for systemic change.

From the Individual Interviews, Farah's journey symbolises many therapists' experiences. Her candid reflections about being the "one flying this flag of difference" during her training highlight a broader, systemic issue. Her narratives underscore the solitude of being a singular voice, championing a cause that should ideally be a collective endeavour. The weight of this responsibility and the need to persistently assert one's identity and professional capability become recurring themes, "It's like having to re-balance the dominant story."

Bernard's perspective provides another layer to this tapestry of experiences. His concerns about the underrepresentation in family therapy do not merely point to numbers; it is a call to recognise the richness of diverse voices and the unique therapeutic perspectives they bring: "Do I want to belong to a profession that... wasn't made for me or didn't have any writers that came for my needs?" His narrative reminds us that representation is not about quotas but holistic inclusion that moves beyond quotas to integrate diverse worldviews. His stance connects with arguments against tokenism, emphasising that meaningful inclusion involves embracing alternative epistemologies and ways of practice (Kumas-Tan et al., 2007)

Elina's story further amplifies this theme. Her consistent efforts to inject diverse perspectives into her practice often met resistance. The challenges she faced were not just external; they were internalised, manifesting as self-doubt and constant questioning of her place in the therapeutic community, something that minority professionals can often face (Hall et al., 2022). Yet, her resilience in continuing to voice these perspectives despite the barriers is a testament to her commitment to her profession and to disrupting oppressive systems, and in hindsight, it created a lot of growth for her as a person and professional.

#### Integration with Literature:

The "Seeking Recognition and Representation" theme is closely linked to broader scholarship on diversity, equity, and inclusion in the helping professions. For example, Sue and Sue's (2016) work illustrates how GM therapists are frequently marginalised within predominantly white professional environments, a reality Bernard's experience of being overlooked for leadership roles painfully confirms. Scholars have critiqued the hegemony of Eurocentric paradigms in psychotherapy and the exclusion of non-Western knowledge systems (Gone, 2019). The narratives presented in this thesis provide evidence of this persistent marginalisation that has been touched on so heavily in this thesis, but this time through the participants' narratives. Fernando (2017) underscores the underrepresentation of minority therapists, calling attention to entrenched systemic barriers. While these accounts validate existing concerns, the participants in my study deepen this discourse by challenging the notion that representation is merely a matter of increasing numbers.

Participants' narratives show that recognition involves reconfiguring the terms under which GM therapists enter and shape professional spaces. Rather than fitting GM therapists into pre-existing frameworks, these stories reveal a call for foundational change: GM therapists do not only seek to occupy spaces long dominated by white professionals, but they also aspire to redefine them. In doing so, they extend the conversation beyond tokenistic inclusion, instead



advocating for a structural and ideological shift. Their efforts evoke a radical reconceptualisation of representation that envisions GM therapists as architects, not just occupants, of systemic therapy's future.

This evolution resonates with social justice frameworks in therapy outlined by Toporek et al. (2006), which emphasise the ethical imperative for therapists to engage in advocacy. In line with these frameworks, the GM therapists in this study are proactive: Bernard and others are not content to remain passive subjects of marginalisation; they actively push for institutional changes that will dismantle barriers, embed cultural knowledge into training curricula, diversify leadership hierarchies, and reshape definitions of competency.

Singh and Clarke's (2006) work on cultural and linguistic matching provides further insight. While their work suggests that shared backgrounds between therapists and clients can deepen trust, the experiences of GM therapists in this study extend this principle institutionally. By advocating for recognition, GM therapists highlight that their cultural and linguistic competencies have value in direct client work and at an organisational level. Their leadership, pedagogical input, and policy advocacy show that cultural matching can inform systemic improvements, moving from isolated therapeutic encounters to broader structural reform.

An intersectional perspective (Crenshaw, 1989) can deepen our understanding of these efforts. GM therapists who for example are also women, LGBTQ+, or from lower socioeconomic backgrounds navigate even more complex barriers. The drive for recognition is thus multifaceted, responding to intersecting forms of exclusion. Their advocacy addresses not only racial or ethnic underrepresentation but also how overlapping identities compound invisibility and disadvantage. By asserting their presence and cultural frameworks, GM therapists do more than claim space for themselves; they generate templates for inclusivity that accommodate multiple axes of identity.

In this sense, the participants' work is not a footnote to the existing literature on representation, it actively reframes it. Their insistence on shaping professional practices and policies highlights that representation must be transformative, recalibrating what it means to excel, lead, and belong in systemic therapy. They demonstrate that recognising GM therapists involves embedding their voices, values, and worldviews into the profession's very fabric, thereby enlarging systemic therapy's conceptual and institutional boundaries.

## Conclusion:

In essence, the quest for recognition and representation is more than a call for visibility. The narratives emphasise the need to radically reimagine a more pluralistic, egalitarian therapeutic field. It is about reshaping the therapeutic landscape, making it more reflective of the diverse societies it serves. By engaging in advocacy and leadership, GM therapists are not only seeking personal recognition but also advocating for systemic changes that promote greater inclusion and cultural competence across systemic family therapy. This shift from passive marginalisation to active leadership offers a more dynamic and empowering view of how GM therapists navigate and transform systemic barriers in their professional contexts.

## Unique Themes

### Strength Derived from Cultural Background

Amid the rich narratives and experiences shared by the participants, unique themes emerge, casting fresh light on the intricacies of their professional journeys as Global Majority (GM) therapists. One such theme is the strength derived from their cultural backgrounds—a rich well of experiences that profoundly influence their therapeutic practice.

From the Individual Interviews, Farah delves deep into her memories of childhood, a time when feelings of 'otherness' were palpable. Instead of letting these memories cast a shadow, she uses them as a source of strength. Her intimate understanding of being 'different' allows her to empathise deeply with families, ensuring they do not feel the alienation she once felt:

I think it's about fairness. Because I don't think me and my family had that support when professionals were involved... I'm now in a role that I can intervene... people having the same right to family life, but you have to be sensitive to what their family life looks like for them.

Farah's narrative offers a beautiful dance between her British and South Asian identities. This duality, rather than confusing, now endows her with a unique strength. It is as if she draws from the best of both worlds and the experiences of not belonging to either to enrich her therapeutic practice.

Camara and Afia also describe their cultural experiences not as mere anecdotes but as foundational elements of their professional personas. Their narratives are peppered with instances where their cultural backgrounds provide them with a distinctive, empathetic, and insightful lens.

Afia recalled learning through demonstrative means rather than verbal explanation alone in her West African household, "It was this. Okay, let's try this another way, and come and let me show you." She drew clear parallels between this cultural pedagogy and her preference for experiential learning in her therapy practice. Afia's narrative points to the potential of integrating African cultural wisdom into family therapy training, such as through an emphasis on experiential and communal learning.

Camara explained how clarity in communication was highly valued in his West African background. He connected this to his affinity for Minuchin's (1974) Structural Family Therapy model, which has a direct communication style, "When I practice, I'm very clear. I try to be." Camara's experience highlights the potential for GM therapists to leverage their cultural insight to develop approaches that resonate with their backgrounds and enhance client engagement.

From the paired interview, Jordan connected cultural practices to his therapeutic approach: "People used to pass the veranda, and we used to invite them in, and we used to sit down and talk... That importance to develop a relationship... it kind of comes out in my practice."

Ade shared how family practices influenced his professional identity: "My mum was very caring around food—that's how she showed love and affection... Clinically, professionally, I care for people all the time, and I can do that quite clearly out there."

#### Integration with Literature:

This theme aligns with research highlighting the role of cultural socialisation in shaping therapeutic approaches. Sue and Sue (2016) discuss how therapists' cultural backgrounds influence their worldview and interaction styles, which can be assets in therapy when appropriately integrated.

Falicov (2009) emphasises the importance of cultural sensitivity and incorporating clients' cultural values into therapy. By drawing on their cultural experiences, GM therapists like Farah, Camara, and Afia can create more culturally attuned therapeutic interventions, enhancing the therapeutic alliance and effectiveness.

#### Conclusion:

The therapists' cultural roots are active, vibrant components of their present, deeply influencing their therapeutic interventions. Drawing strength from their cultural backgrounds, they harness the lessons, values, and experiences embedded within their personal histories.

Their diverse backgrounds give them the strength to shape a rich, in-depth, and insightful therapeutic approach.

#### Educative Role and Building Bridges through Therapy

Another unique theme that emerged is the educative role GM therapists play and their efforts to build bridges through therapy. In their hands, therapy becomes more than a tool for healing, it becomes a bridge, a conduit for understanding. The therapists do not just heal; they educate and elucidate.

From the Individual Interviews, Farah's involvement in training programmes is more than just a professional obligation. It is a mission and a passion. She sees these platforms as opportunities to bring diverse perspectives to the fore and to educate her peers about the richness of different cultural narratives. "I reflect a lot. I'm part of this fantastic BME psychotherapy group, and that has really changed my world in the sense of being more politicised."

Bernard's reflections are a call for greater diversity in family therapy. By introducing diverse narratives and broadening horizons, therapists like Bernard are essentially educating families and colleagues about the myriad ways of life, fostering understanding, and building bridges. "I think they morph... personal and professional, they coexist together."

#### Integration with Literature:

This theme resonates with the concept of therapists as cultural brokers, a term discussed by Lee (2013), where therapists facilitate understanding between clients from different cultural backgrounds and the dominant culture. By educating their peers and clients, GM therapists help to dismantle stereotypes and promote cultural competence within the profession.

#### Conclusion:

Their experiences compel us to envision a landscape where diverse identities are welcomed. Such representation holds incredible potential for scholarship and practice. The therapists' roles as educators and bridge-builders highlight their contribution to fostering inclusivity and understanding within the therapeutic field.

## Paired Interview-Leaning Themes

### Power Dynamics and Authority

The theme of "Power Dynamics and Authority" illuminates how assuming leadership positions influences the professional identities and interactions of GM therapists within predominantly white professional environments.

From the Paired Interview, Ade's discussion of his role as course chair exemplifies how authority can empower GM therapists to assert their voices and challenge entrenched norms, thereby enhancing their confidence and professional standing:

I can really see how people treat me differently now that I have authority... It's given me a better sense of being more confident as a psychotherapist because I feel like I've got more of a voice than I've ever had, and people listen.

Similarly, individual interviewees like Bernard highlighted how leadership roles allowed them to advocate for diversity and reshape institutional practices.

### Integration with Literature:

This theme resonates with Foucault's (1972) theories on power relations, which posit that power is not merely hierarchical but also relational and pervasive within social structures. Ade's experience as a course chair illustrates Foucault's notion of power being exercised through everyday interactions and institutional roles.

The literature on organisational behaviour and leadership within minority groups supports these findings. Sue and Sue (2016) discuss how minority professionals must often navigate power dynamics carefully to assert their authority without reinforcing stereotypes. Ade's ability to use his authority effectively demonstrates the effective use of positional power to influence and lead, aligning with transformative leadership theories that advocate for leaders to challenge and change existing systems (Bass & Riggio, 2006).

While participants' narratives highlight the significance of race and ethnicity in shaping their professional journeys, these identities do not operate in isolation. An intersectional lens (Crenshaw, 1989) invites us to consider how gender, sexuality, age, religion, class, and migration histories interact with racial and ethnic identities. Some participants, for example, hinted at how their experiences as women of colour in leadership roles added another layer of complexity, simultaneously challenging gendered expectations and racialised assumptions. Others implied that socioeconomic background or faith traditions informed how they accessed professional networks, navigated client relationships, or were perceived by colleagues.

Recognising this intersectionality complicates the notion of a singular 'global majority' perspective. Instead, it reveals a multifaceted array of identities and experiences that intersect, collide, and inform one another. By bringing intersectionality to the forefront, we gain a richer, more granular understanding of the constraints and possibilities participants face. This deepens our appreciation of their resilience and innovation and underscores that future research and training must consider multiple overlapping identity categories to fully capture the complexity of GM therapists' professional lives.

Crenshaw's (1989) intersectionality framework provides a lens to understand how Ade's identity as a Black therapist intersects with his professional role, affecting his interactions and authority. This intersectionality highlights the unique challenges and strengths that GM therapists bring to leadership positions.

#### Conclusion:

The theme underscores the importance of leadership roles in empowering GM therapists to influence and transform professional environments. It highlights how authority can be leveraged to challenge systemic norms and foster inclusive practices, enhancing personal and professional growth.

#### Hospitality and Therapeutic Practice

The theme of "Hospitality and Therapeutic Practice" explores how cultural hospitality practices are integrated into therapeutic settings to create welcoming and authentic environments. In the paired interview, the emphasis was on relationship-building and client comfort as fundamental to effective therapy. Similarly, individual interviewees like Farah and Camara incorporated culturally specific practices into their therapeutic methods to enhance client engagement and trust.

From the Paired Interview, Jordan connected cultural practices to his therapeutic approach: "People used to pass the veranda, and we used to invite them in, and we used to sit down and talk... That importance to develop a relationship... it kind of comes out in my practice."

Ade shared how family practices influenced his professional identity:

My mum was very caring around food that's how she showed love and affection... Clinically, professionally, I care for people all the time, and I can do that quite clearly out there.

### Integration with Literature:

This theme resonates with therapeutic models that emphasise the therapeutic relationship as crucial for successful outcomes. Carl Rogers' (1961) person-centred approach, for instance, emphasises empathy, unconditional positive regard, and nonjudgmental acceptance. While these principles mirror the concept of hospitality described by Jordan and Ade, the participants' integration of culturally anchored practices goes beyond Rogers' original formulation.

By weaving hospitality into their therapeutic work, GM therapists engage with cultural competence, as defined by Sue and Sue (1999), the capacity to understand and interact effectively across cultural differences. However, these therapists do not merely acknowledge cultural variance; they draw on specific traditions such as welcoming guests, sharing food, or nurturing relational closeness to create deeply resonant therapeutic spaces. Rather than interpreting hospitality as simply a parallel to empathy, these culturally grounded gestures recalibrate what therapeutic warmth and acceptance can look like. In doing so, they refine person-centred therapy, showing that relational depth can be an intercultural co-creation shaped by lived practices and values that vary across societies and communities.

This perspective invites a more nuanced understanding of systemic therapy's 'effective' therapeutic presence. Hospitality, as performed by GM therapists, demonstrates that universal principles of warmth and acceptance gain greater richness and resonance when informed by diverse cultural grammars of care. Instead of viewing person-centred ideals as static, these findings encourage us to see them as evolving constructs enriched through dialogue with the cultural wisdom GM therapists bring to their work.

Adopting an intersectional lens (Crenshaw, 1989) further highlights that hospitality is not a one-size-fits-all intervention. A Christian therapist, for example, may adopt hospitality norms differently when engaging with clients from different belief communities or those facing socio-economic hardship. In these moments, hospitality becomes an intersectionally sensitive practice, fluid, context-specific, and attuned to the interplay of race, religion, gender, class, and sexuality. This underscores that culturally informed hospitality can dynamically respond to multiple identity markers, fostering relational depth that is culturally relevant and inclusively responsive to the full complexity of clients' lives.

By illuminating hospitality as a culturally situated, intersectionally adaptable practice, the participants' experiences contribute to a more expansive and nuanced theoretical landscape

of therapeutic engagement. In this landscape, empathetic warmth is valued and reimaged through diverse cultural narratives and relational traditions.

#### Conclusion:

The theme underscores the pivotal role of culturally informed practices in creating effective therapeutic environments. By integrating hospitality into their therapeutic approaches, GM therapists foster stronger therapeutic alliances, enhance cultural competence, and facilitate more meaningful and culturally resonant therapeutic experiences.

However, the findings go further than confirming the importance of cultural competence. GM therapists in this study do not merely 'adapt' to a dominant model; they actively recreate the therapeutic landscape. Their approaches, whether Afia's incorporation of experiential, community-driven learning or Camara's alignment of West African directness with structural therapy, indicate that the field itself can be reframed. Rather than cultural competence being a matter of integrating diverse techniques into a set Western model, these therapists model a new paradigm in which multiple cultural perspectives co-exist, interact, and inform clinical work. In this way, our findings extend Sue and Sue's emphasis on cultural competence by highlighting that competence can be reciprocal and transformative, challenging existing norms and leading to more inclusive and contextually relevant systemic therapy practices.

#### Collective Resilience and Mutual Support

The theme of "Collective Resilience and Mutual Support" highlights how shared reflection and peer support among GM therapists can help them navigate systemic exclusion.

From the Paired Interview, Jordan and Ade discussed the importance of validating each other's experiences and the strength derived from communal support, which was less emphasised in individual interviews.

Ade said, "It's been really helpful to have this conversation. It's allowed me to say, 'Yeah, I do belong.'" Similarly, individual interviewees like Elina and Afia underscored the value of peer networks and community support in fostering resilience and professional growth.

#### Integration with Literature:

This theme is deeply rooted in the concept of "collective resilience," which refers to the ability of a group to recover from adversity through mutual support and shared resources (Ungar, 2008). Collective resilience is particularly pertinent for GM therapists who face systemic barriers and discrimination within their professional environments.



The literature on social support emphasises its critical role in mitigating the negative effects of workplace stress and discrimination. Cohen and Wills (1985) argue that social support can buffer individuals against the adverse effects of stress, promoting psychological well-being. The concept of "communities of practice" (Wenger, 1998) is relevant to understanding the dynamics of collective resilience and mutual support. The paired interview between Jordan and Ade can be seen as an informal community of practice where shared experiences and dialogue facilitate collective learning.

In addition, the notion of "peer mentorship" within minority professional groups supports the findings of collective resilience. According to Alvarez et al. (2009), peer mentorship provides a platform for minority professionals to share experiences, offer guidance, and support each other's professional growth. Jordan and Ade's interactions reflect the benefits of peer mentorship, where mutual validation and shared strategies enhance their ability to navigate professional challenges.

The theme also aligns with the principles of "solidarity" in professional settings, emphasising unity and collective action in the face of shared adversities (Kanter, 1977). Jordan and Ade's solidarity in discussing and validating their experiences reinforces their collective strength, enabling them to challenge systemic barriers more effectively than they might individually.

#### Conclusion:

The theme underscores the importance of peer support networks in enhancing the resilience of GM therapists. Through shared reflection and mutual validation, GM therapists can collectively navigate systemic exclusion, fostering a sense of community and shared strength that is crucial for their professional and personal well-being.

#### Ethical Dilemmas and Personal Values

The theme of "Ethical Dilemmas and Personal Values" delves into how personal and cultural values shape ethical decision-making within professional practice.

From the Paired Interview, Jordan and Ade explored the tensions between their personal beliefs and institutional norms, highlighting the ethical challenges of integrating their cultural identities into their therapeutic roles.

Jordan expressed, "I've always had this conflict within me about how I position myself in a profession that I believe at the time wasn't inclusive." Ade contemplated his role within the organisational power structures.

From the Individual Interviews, participants like Farah and Bernard reflected on how their cultural backgrounds influence their ethical frameworks and professional conduct.

Farah shared, "It's about fairness... people having the same right to family life, but you have to be sensitive to what their family life looks like for them."

Integration with Literature:

Reamer's (2006) concept of ethical pluralism underscores that diverse cultural contexts necessitate adaptable moral frameworks, acknowledging that no single set of principles can fully encompass all professional dilemmas. While this perspective aligns with participants' experiences, their narratives also challenge the assumption that adapting to an existing standard is the end goal. Rather than treating cultural diversity as a supplementary factor, GM therapists forge ethical orientations prioritising relational accountability, community well-being, and attentiveness to historical and structural oppressions. This suggests that ethical pluralism might be expanded into a process of ethical co-production, where multiple cultural and epistemic traditions work together to shape ethical stances anew.

Moreover, the literature on "culturally informed ethics" (Williams, 2003) supports integrating cultural values into ethical frameworks. Williams argues that ethical practice in therapy must consider the cultural context of both the therapist and the client, advocating for a culturally sensitive and professionally accountable ethical stance. Jordan and Ade's efforts to incorporate their cultural values into their practice reflect this culturally informed ethical approach, ensuring that their therapeutic interventions are ethically sound and culturally resonant.

Adopting an intersectional lens (Crenshaw, 1989) further enriches this understanding. It reveals that ethical tensions do not unfold uniformly, even among GM therapists. A second-generation migrant practitioner, for instance, may experience familial loyalty and professional confidentiality differently when these values intersect with faith, gender roles, or sexual orientation. These layered identities produce complex ethical landscapes where moral choices emerge not from generic principles but from lived, situated negotiations.

Such complexity resonates with Jameton's (1984) notion of "moral distress," wherein professionals feel constrained by institutional policies and systemic barriers that prevent them

from acting in accordance with their ethical beliefs. Jordan and Ade's struggles exemplify how certain norms, rooted in predominantly white institutional cultures, can restrict the ethical agency of GM therapists. In navigating these constraints, the participants do not merely comply with or reject existing standards; they consciously reshape how ethical dialogue can occur in therapeutic settings. Jordan's struggle with feeling disloyal to his professional identity and Ade's contemplation of his role within the organisational power structures illustrate experiences of moral distress, where their personal values clash with institutional expectations.

Finlay's (2002) idea of "ethical reflexivity" is therefore crucial. It involves ongoing self-reflection and critical analysis of one's ethical positions in light of personal, cultural, and professional contexts. The participants' practices, infusing therapeutic work with cultural knowledge, questioning monolithic standards, and seeking collective strategies for ethical decision-making, demonstrate that ethics in systemic therapy is dynamic and co-constructed. By incorporating intersectional considerations, embracing moral distress as part of the ethical landscape, and continually reflecting on one's stance, GM therapists highlight that cultural difference can be more than a challenge; it can serve as a vital engine for ethical innovation, reorienting the profession towards more relationally and contextually grounded standards of care.

Additionally, "ethical leadership" (Brown & Treviño, 2006) is pertinent to this theme. Ethical leadership involves guiding others based on ethical principles and values and fostering an environment of integrity and accountability. Ade's leadership role exemplifies ethical leadership. He integrates his personal and cultural values into his professional conduct, setting a precedent for ethical practice within his organisation.

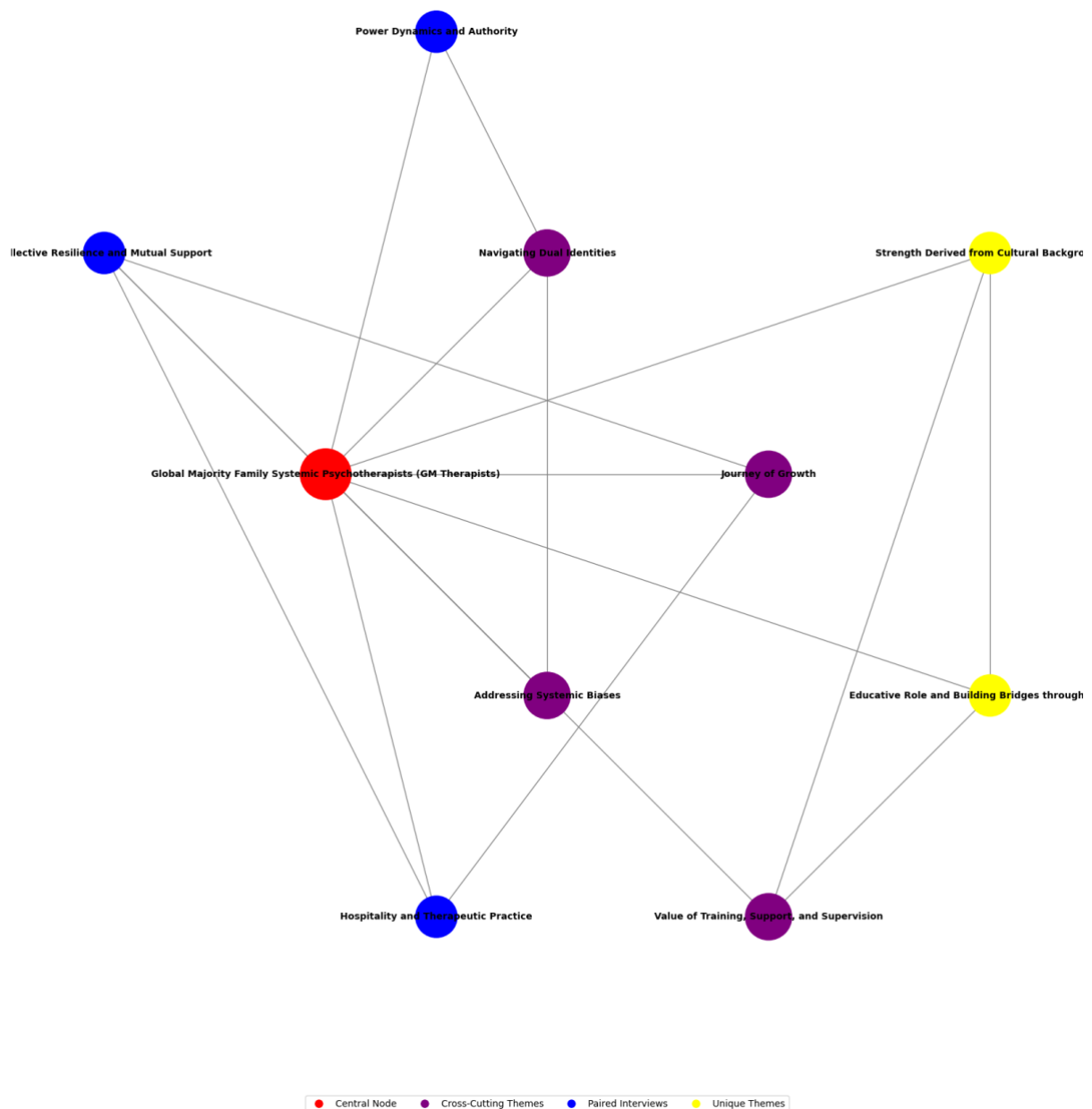
Conclusion:

The theme underscores the complex interplay between personal ethics and institutional norms in the professional lives of GM therapists. By navigating ethical dilemmas through ethical reflexivity and leadership, GM therapists demonstrate how personal and cultural values can be harmoniously integrated into professional roles, enhancing ethical integrity and cultural competence.

## Paired and individual interview relationship

Diagram 8.6: Eco-Map

This diagram presents an eco-map that visually represents the relationships between themes that emerged from the paired interviews and the individual interviews with Global Majority family systemic psychotherapists. The central node, "Global Majority Family Systemic Psychotherapists," anchors the diagram, indicating that all themes, regardless of origin, are interconnected and part of the therapists' overarching experience.



### Key Components and Their Relationships:

1. Cross-Cutting Themes (Purple Nodes):
  - The themes of Navigating Dual Identities, Addressing Systemic Biases, Journeying through Growth, and the Value of Training, Support, and Supervision are foundational. They reflect shared experiences across paired and individual interviews and encapsulate the core challenges of navigating cultural heritage in predominantly white professional contexts, addressing systemic discrimination, and striving for recognition and inclusion.
  - Their central positioning and strong connections to other nodes highlight their overarching influence. For example, Navigating Dual Identities closely relates to Addressing Systemic Biases, symbolising the intersection of cultural identity with structural inequities. Similarly, Journey of Growth connects to both individual and collective themes, illustrating its role in personal and professional development.
  
2. Paired Interview-Leaning Themes (Blue Nodes):
  - Themes like Power Dynamics and Authority, Hospitality and Therapeutic Practice, and Collective Resilience and Mutual Support are highlighted in blue and represent themes that emerged more prominently during the paired interviews. These discussions provided insight into how participant interactions enabled reflections on collective resilience, peer support, and stepping into authority.
  - The proximity of blue nodes to purple nodes demonstrates their collaborative relationship. For instance, Collective Resilience and Mutual Support are closely linked to the Journey of Growth, indicating how shared support systems enable individual and collective advancement.
  
3. Individual Interview-Leaning Themes (Yellow Nodes):
  - Strength Derived from Cultural Background and Educative Role and Building Bridges through Therapy are unique themes emphasised in individual interviews. These themes reflect the distinct personal journeys of the therapists, where individual narratives allow for a deeper exploration of personal strengths and unique contributions that each therapist brings to their practice.
  - The relationships between these themes and the cross-cutting themes (Value of Training, Support, and Supervision) suggest that these individual narratives add depth to understanding how cultural identity and experiences contribute to professional development and the overall therapeutic approach. The linkages

between these nodes and cross-cutting themes like Navigating Dual Identities further reveal how personal strengths are interwoven with systemic challenges.

4. Interconnectedness:

- The eco-map highlights the interdependence of the themes. Collective Resilience and Mutual Support are strategically placed near Journey of Growth and Addressing Systemic Biases, reflecting their role as a connecting point between individual resilience and systemic challenges. Additionally, Hospitality and Therapeutic Practice overlap with Journey of Growth and Navigating Dual Identities, showcasing how cultural authenticity informs relational practices in therapy.
- The interconnected placement of themes visually emphasises how experiences discussed in paired interviews reinforce and deepen the personal narratives shared in individual interviews, creating a holistic understanding of GM therapists' journeys.

5. Central Insights:

- The relationships depicted in the eco-map underscore the interplay between individual and collective experiences. They highlight how the relational context of the paired interviews and the more introspective nature of the individual interviews contribute to a holistic understanding of the experiences of GM therapists.
- The visualisation shows that while certain themes may emerge more prominently in paired or individual interviews, the shared, cross-cutting themes link these experiences, providing continuity and demonstrating the complexity of navigating personal and professional identities in systemic therapy contexts.

The paired interview provided an essential relational context that enhanced our understanding of how GM therapists navigate systemic biases not in isolation but through community and peer support. This method revealed the collective resilience that emerges when therapists engage in dialogue about shared challenges, an insight that was less visible in the individual interviews. The overarching themes identified in the participants' individual stories align closely with the insights gained from the paired interview discussions. While the paired interview offered a collective reflection on shared struggles, identity negotiation, and systemic exclusion, the individual stories allowed us to dive deeper into the personal journeys of each therapist.

## Integration with Research Question

By critically analysing the themes from both individual and paired interviews, several insights emerge that I have shared in this chapter. The below are the key insights summarised.

### Key Insights:

- **Complexity of Navigating Dual Identities:** GM therapists continuously negotiate their personal and professional identities, integrating their cultural heritage with their professional roles. This process enriches their therapeutic practice and presents challenges within predominantly white contexts.
- **Impact of Systemic Biases:** Systemic biases manifest in both overt and subtle ways, affecting GM therapists' professional experiences and personal well-being. These biases require them to develop resilience and adaptive strategies to navigate their professional environments.
- **Role of Collective Resilience and Support:** Community support, peer networks, and shared experiences play a crucial role in fostering resilience among GM therapists. These support systems provide validation and empowerment, helping them to overcome systemic challenges.
- **Integration of Cultural Heritage into Professional Practice:** GM therapists draw strength from their cultural backgrounds, incorporating cultural values, practices, and perspectives into their therapeutic work. This integration enhances cultural competence and effectiveness in therapy.
- **Advocacy for Recognition and Representation:** GM therapists actively seek recognition and advocate for systemic changes within their profession. Their efforts aim to increase diversity, inclusivity, and cultural competence within therapeutic environments.
- **Ethical Positioning and Authenticity:** Aligning personal values with professional ethics is essential for GM therapists. They strive to maintain authenticity in their practice, navigating ethical dilemmas that arise from cultural and institutional tensions.

### Conclusion:

The journeys of GM therapists reveal a multifaceted experience of navigating personal and professional identities within predominantly white contexts. Their stories highlight the challenges posed by systemic biases but also showcase their resilience, adaptability, and the unique contributions they bring to the therapeutic field. By integrating their cultural heritage into their practice and advocating for systemic change, GM therapists enrich the profession and enhance its capacity to serve diverse populations effectively.

This chapter has woven together the narratives of Global Majority Family Systemic Psychotherapists, integrating insights from both individual and paired interviews.

The cross-cutting themes, navigating dual identities, addressing systemic biases, journey of growth, value of training, support and supervision, and seeking recognition and representation, reveal the multifaceted challenges and strengths of these therapists. The unique themes further illuminate how their cultural backgrounds and experiences enrich their professional practice.

#### Key Takeaways:

- GM therapists face significant challenges due to systemic biases and the need to navigate dual identities. However, these challenges also foster personal and professional growth, resilience, and innovation in therapeutic practice.
- The integration of cultural heritage into professional roles enhances the effectiveness of therapy, promotes cultural competence, and enriches the therapeutic landscape.
- Support systems, both formal and informal, are crucial for the development and well-being of GM therapists. These include culturally competent supervision, peer networks, and community support.
- GM therapists play an essential role in advocating for diversity, inclusivity, and systemic change within the profession. Their efforts contribute to reshaping therapeutic education and practice to be more representative of diverse societies.

#### Implications for the Profession:

- **Training and Education:** There is a need to incorporate diverse cultural perspectives into therapeutic training programmes. This includes integrating cultural competencies, addressing systemic biases, and fostering environments where GM therapists feel valued and supported.
- **Supervision and Support:** Organisations should provide culturally competent supervision and recognise the importance of informal support networks. Encouraging communities of practice can enhance professional development and well-being.
- **Policy and Advocacy:** The profession must actively work towards dismantling systemic barriers that hinder the recognition and representation of GM therapists. This involves revisiting institutional policies, promoting diversity in leadership positions, and advocating for inclusive practices.
- **Research and Scholarship:** Further research is needed to explore the experiences of GM therapists, contributing to the literature and informing practice. Emphasising diverse voices in scholarship enriches the profession's knowledge base.



The participants' narratives have provided invaluable insights into the lived experiences of GM therapists. Their stories are testaments to their resilience, dedication, and significant contributions to the field of systemic family therapy. By embracing and valuing their perspectives, the profession can move towards a more inclusive, equitable, and culturally competent practice that benefits therapists and clients alike.

## Chapter 9

### Making Meaning from Stories Lived and Told

In this research, I aimed to illuminate the intricate experiences of Global Majority (GM) family systemic psychotherapists as they navigate the complex interplay between their personal and professional identities within predominantly white contexts. Central to this exploration was the research question:

What can we learn from the journeys of Global Majority family systemic psychotherapists as they navigate their personal and professional identities within predominantly white contexts?

By focusing on the voices of six GM participants in addition to the paired interview, I sought to unveil the profound role of cultural heritage, traditions, and lived experiences in shaping their therapeutic philosophy and practice. Through their stories, I aimed to understand not just the challenges they faced but also the wisdom and insights they offer to the field of systemic family therapy.

In the introduction to this thesis, I indicated that culture and my familial ways of knowing and doing were very specific to me, and more specifically, the links between my personal and professional identities were potentially different from those of the majority of British Family Systemic Psychotherapists and Western academia as a result of my Armenian heritage. I would have struggled at that stage to explain what those differences might have been. As a result of completing this thesis, I have a better idea of those differences. Part of this difference is the connection that I have with my culture and the value I attach to privileging these ideas, such as the idea of hospitality.

Though from very different backgrounds than myself, the participants' experiences in this study resonated with me and impacted my embodied experience of their stories. I began this journey by thinking about how I could be more authentic in my practice and attempting to understand how other Family Systemic Psychotherapists navigated this process for themselves. This personal reflection is integral to answering the research question, as it highlights the shared challenges and insights that emerge from navigating personal and professional identities within predominantly white contexts.

The thesis suggests that Family Systemic Psychotherapists from GM backgrounds place great value on cultural identity, which is difficult to describe in terms of culture and ethnicity. Cultural identity is often defined by the intersections of these different identities, with each individual placing a different emphasis on any individual or combined category.

The narratives that emerged provided multi-layered insights into their journeys. Participants spoke of childhoods steeped in cultural rituals, familial bonds, and communal wisdom that continued to guide their approach as therapists. They shared experiences of otherness, racism, and marginalisation that influenced their advocacy and activism. Ongoing reflection, learning, and evolution were central to their quest for authentic integration of their personal and professional selves, as illustrated in participant Afia's mind map. Each narrative illustrated the deeply personal process of continuously negotiating identity.

Several resonant patterns also emerged across narratives. Cultural and familial influences imparted lasting lessons that participants actively integrated into their practice. The lack of diversity and inclusion in the field was a collective challenge. Seeking community with other GM therapists provided validation and strengthened their sense of belonging. Authenticity in aligning personal values and professional practice was crucial for meaningful work. Advocacy for diversity and equity became a shared mission.

The study makes several contributions to literature and practice. First, it centres on voices and perspectives that should be considered in existing scholarship. Applying a systemic lens provides unique insights into the reciprocal shaping of personal and professional identities. It firmly establishes culture as an indispensable resource that enriches therapeutic practice. Diversity, inclusion, and representation emerge as pivotal focal points for the field. The study adds to ongoing efforts for equity by highlighting the need for greater support for marginalised therapists.

As I transition from the 'Thinking with Stories' chapter, which examines the participants' narratives, I must weave together the threads of individual experiences and insights to form a broader understanding. I aim to highlight the themes, connections and contrasts from the participants' stories.

This section examines the complex interplay between the participants' personal values, lived experiences, and professional practices, highlighting both shared experiences and unique perspectives. Analysing key themes will allow me to revisit the research question and assess how the findings contribute to a deeper understanding of GM family systemic therapists' journeys within predominantly white contexts.

In positioning this study within the academic landscape, I will explore how the research aligns with, diverges from, and adds to existing literature on diversity and identity in therapeutic practice. This comparison will underscore the relevance and implications of these findings for

future scholarship, recognising the study's role in advancing the discourse on the intersections of culture, identity, and professional practice.

New research avenues emerge from this analysis, underlining the importance of continual learning and critical engagement with this field. These pathways aim to inform both academic perspectives and the practical dimensions of therapeutic work, enhancing understanding for researchers and practitioners alike.

Finally, I will critically evaluate the study by addressing its limitations and discussing their implications for the findings, contributing a balanced perspective on the research. This reflective process is essential to reinforcing the study's reliability and validity while framing the conclusions as part of a larger, ongoing conversation.

As I navigate this discussion, I acknowledge that the interpretations offered here represent a snapshot within the evolving journey of understanding therapists' experiences. Rather than final truths, they are intended as reflections that honour the diverse voices and insights shared by the participants, contributing to a broader, dynamic dialogue on the complexities of therapeutic practice.

#### Contextualising the study

Understanding the professional experiences of GM family systemic psychotherapists contributes to the broader discourse on diversity and cultural competence within the field of family therapy (Hardy & Laszloffy, 1995; Falicov, 2009). By contextualising the study within the UK setting, we gain insights into the specific challenges and opportunities these therapists encounter as they navigate their identities in predominantly white contexts.

The participants provided rich and complex narratives of personal and professional experiences in which their cultural identity was intertwined with their therapeutic practice. Their journeys directly addressed the research question by revealing what we can learn about integrating cultural heritage into professional roles.

The study underscores the crucial importance of acknowledging and understanding the influence of therapists' cultural backgrounds on their clinical work. This represents a significant shift from a colour-blind approach to a more culturally responsive practice in family therapy (McGoldrick, Giordano, & Garcia-Preto, 2005), informed by the lessons learned from the participants' experiences.

## Reflexivity

Reflexivity, crucial in qualitative research, played a significant role in the study. Reflexivity refers to the researcher continually reflecting on their assumptions, biases, and relationship to the research subject (Finlay, 2002). In this study, reflexivity was nurtured by creating space for self-exploration and self-awareness, which was accomplished by engaging in ongoing dialogues with colleagues and supervisors and being open to scrutiny and critique. This approach encouraged continuous reflection, interpretation, and personal assumptions, ensuring that the stories accurately represented the participants' experiences rather than being distorted by my biases. By applying reflexivity in the research process, I was able to navigate the dual roles of being an insider (being a GM family systemic psychotherapist, the same as all of the participants) and an outsider (being a researcher), thus enhancing the credibility and authenticity of the findings (D'cruz, Gillingham & Melendez, 2007).

## Deep Dive into Lived Experience

Key findings from the study revolved around the profound influence of participants' cultural identities on their therapeutic practices. The therapists' narratives illuminated the complex interplay between their cultural identities and their professional roles, revealing the challenges they faced in navigating predominantly white spaces in the UK.

In this context, they found themselves mediating between their clients' cultures, their own, and the dominant culture within their profession. Their stories bear the tensions, dilemmas, and resilience inherent in this process and highlight the need for systemic changes to address issues of power, privilege, and representation in family therapy. By exploring these experiences, we learn about the strategies they employ to navigate their identities and the insights they offer for fostering inclusivity and cultural competence.

Furthermore, their experiences emphasised the importance of integrating cultural identities into therapeutic work, echoing the argument for culturally competent therapeutic practices (Sue & Sue, 2012). This directly informs what we can learn from their journeys about the value of cultural heritage in enriching professional practice.

## Embracing multiple methods.

As part of this journey, the methodology has evolved as it has travelled with me. As I initially attempted to apply more traditional ideas parallel to more reading and a better understanding of where the research was headed, I had to consider additional methodologies and theoretical underpinnings. Each of these has a purpose, complementing the other ideas used. For

example, Intersectionality theory has been extremely helpful in considering issues of power and privilege within the narrative analysis.

Incorporating Ingold's ideas into the research methodology allowed for a more relational and experiential approach to the study. According to Ingold (2000), understanding is not a purely cognitive process but involves embodied experiences and interactions with the surrounding environment. Therefore, I did not merely observe or interpret the participants' experiences from an external perspective but became actively involved in the process of knowledge creation. This involved an open dialogue with the participants, where both parties learned from each other, fostering a more collaborative research process. Moreover, this approach allowed a more nuanced understanding of the participants' experiences, as I could better interpret non-verbal cues, emotions, and interpersonal dynamics that might otherwise have been overlooked. Ingold's approach emphasises the importance of being attuned to one's sensory experiences and intuition, thus expanding the scope of understanding beyond rational-cognitive processes.

My commitment to ethically and justly presenting the participants' narratives involved various research methods, including Narrative Inquiry, the Social Constructionist Approach, and Critical Autoethnography. By weaving together these diverse methods, I captured the participants' rich, multi-layered, and complex narratives, thus doing justice to their experiences.

#### Narrative Methodology

Weaving substantial excerpts and passages directly from these interviews into the analytical narratives preserves the authentic voices of the participants. The narratives do not adhere to a linear structure but rather capture the complexity and richness of the lived experiences shared through storytelling. This aligns with narrative methodology's focus on eliciting and honouring the intricacies of personal narratives.

#### Autoethnography

Engaging in reflexive analysis and critical self-reflection to uncover my assumptions and positionality about the narratives while presenting the participants' stories and paired interview. This autoethnographic lens enriches my interpretation and representation of the stories by adding a layer of transparency regarding my subjectivity as the researcher. For instance, I transparently articulate my embodied reactions during the interviews, elucidating how this shapes my analytical process.

## Storytelling

The interviews allow the participants to share their stories and experiences through an authentic storytelling process. As the researcher, I aim to preserve and amplify these stories in the narratives presented. This honours the methodology's emphasis on storytelling as a means to authentically understand and represent lived experiences. The narratives aim to resonate emotionally and capture the complexity of the stories based on storytelling principles. In addition, I have continued to use the theoretical underpinnings and guiding principles in co-creating the narratives.

## Embracing Intersectionality and the Rhizomatic Approach

Intersectionality theory, developed by Crenshaw (1989), also played a significant role in the study. Intersectionality refers to the interconnected nature of social categorisations, such as race, class, and gender, which create overlapping and interdependent systems of discrimination or disadvantage. In the study context, this theory enabled a more nuanced understanding of the participants' experiences. It acknowledged that their experiences as GM family systemic psychotherapists cannot be reduced to separate aspects of their identity (e.g., race or profession) but are shaped by the intersections of these various aspects. This intersectional approach brought to light the multiple layers of marginalisation experienced by the participants. It highlighted the need for systemic changes to address these intersecting forms of discrimination in the field of family therapy.

By embracing Barad's (2007) practises of knowing, I was able to challenge traditional research boundaries. Barad argues that knowledge is not a product of detached observation but is created by being a part of the observed phenomenon. This approach fostered a more holistic understanding of the participants' experiences as it allowed me to move beyond the observer-observed dichotomy and to immerse myself in the research process. This immersion enhanced the depth and authenticity of the findings as it enabled me to access subtler aspects of the participants' experiences that may not have been captured through more distant observation.

The study was influenced by Deleuze and Guattari's (1987) concept of rhizomes, which envisages knowledge as a non-hierarchical and constantly changing network of connections. This concept resonated with my commitment to acknowledging the fluid and complex nature of human experiences. It challenged the linear, cause-and-effect understanding of experiences and offered a more flexible and multifaceted perspective, allowing for the multiplicity of participants' narratives. This rhizomatic approach and other theoretical perspectives significantly enriched the study's methodology and provided a more

comprehensive and nuanced understanding of the experiences of GM family systemic psychotherapists.

### Advocacy for Reforms

Push for Systemic Changes: The narratives of GM therapists underscore the profound necessity for systemic changes within the therapeutic domain, especially in the UK. These voices are not isolated in their experiences but form a collective resonance that echoes across their shared stories, shedding light on their broader structural challenges.

The narratives illuminate crucial gaps in how family therapy training programmes support BAME trainees in navigating the complex integration of their personal and professional selves. The findings reveal feelings of cultural isolation, a lack of representation in training content, and identity struggles for GM trainees (Helms and Cook (1999), Constantine and Sue (2005)).

As the participants often highlight, systemic changes start with training and education. Participants frequently reference the Eurocentric models and frameworks that dominate their training curriculum. While these models have their merits, the absence or marginal representation of non-Western therapeutic modalities and perspectives often leaves GM therapists feeling unseen and unacknowledged.

The participants articulate the need for a curriculum overhaul integrating diverse therapeutic traditions and methodologies encompassing a global perspective. By doing so, training institutions can equip all therapists, regardless of their background, with a comprehensive toolkit to serve an increasingly multicultural clientele.

Institutional policies also emerge as a significant area of concern. The narratives reveal encounters with subtle and overt biases, from hiring practices to promotional opportunities. Several participants discuss the 'glass ceilings' they encounter, feeling that their upward mobility within institutions is restricted due to their racial or ethnic identities. Elina explains,

I remember going to a workshop, and it was kind of thinking, "This place is really getting me down. People are putting lots of obstacles in my way," and stuff like that. I think they challenged us in that workshop. "If that's happening, what do you want to do about it? Don't just sit and moan. Do something. What're you going to do?" One of the things they asked is, "If that was your agency or your- not institution, but if that was your practice, your work, how would you manage it in a way that will be different?" I went on home and thought about it. I thought, "Do you know what? I can do something about this."



This highlights the need for institutions to critically examine and rectify these biases, allowing equitable opportunities for all. This includes implementing anti-discrimination policies, creating an inclusive work environment, and offering regular diversity and inclusion training for all staff.

Elina reflected:

Much of that came out of my experience of working in the Child and Family Consultation Service, where it was very clear they didn't want a black person in there.

Representation in leadership roles is another pivotal aspect that the narratives emphasise. While many institutions may pride themselves on diversity at entry and mid-level positions, this diversity often needs to improve at senior leadership levels. Participants express that seeing individuals who reflect their backgrounds in leadership roles serves as both inspiration and affirmation. It powerfully conveys that their professional aspirations are achievable and their voices matter. More than symbolic, GM leaders bring diverse perspectives, experiences, and insights that can steer institutions towards more innovative and inclusive directions.

Participants also highlighted the importance of mentorship programmes within institutions. They desire mentorship initiatives that pair GM therapists with senior GM professionals, fostering a supportive environment where they can discuss unique challenges and share experiences.

The narratives underline the need for institutions to actively engage with GM therapists, seeking their feedback, involving them in decision-making processes, and genuinely considering their perspectives when formulating policies or strategies. This engagement is not just a tokenistic nod to diversity but a genuine acknowledgement of the value and insights these therapists bring.

In summary, the push for systemic changes is not a mere request but an urgent requirement. For the therapeutic domain in the UK to truly serve its diverse population and for GM therapists to realise their full potential, these systemic changes are not just beneficial; they are imperative.

**Seeking Validation and Representation:** In the intricate dance of personal identity and professional practice, the narratives underscore a profound yearning: the desire for validation and representation. While deeply personal, this desire resonates within a larger societal context, where GM therapists often navigate spaces where their experiences and identities are underrepresented or misunderstood (Helms and Cook 1999).

**Internal Validation:** Many participants express an intrinsic need for internal validation. This involves recognising and affirming their worth, skills, and unique experiences. Such validation is crucial for any professional, but it takes on heightened significance for GM therapists who might grapple with imposter syndrome or feelings of inadequacy, particularly in environments where their cultural or ethnic backgrounds are in the minority. Internal validation acts as a protective mechanism, a shield against self-doubt, and a reminder of their unique value in the therapeutic space (Thompson and Neville 1999).

**External Validation:** The external side of validation is evident when participants speak of the affirmation they seek from peers, supervisors, clients, and the broader therapeutic community. Such validation can manifest in positive feedback, recognition of their unique insights, or being seen and heard without prejudice (Sue and Sue 2012). It acts as a crucial reinforcement, bridging the gap between internal self-worth and external acknowledgement (Ridley, Mendoza and Kanitz, 1994).

**Representation in Professional Spaces:** A significant aspect of external validation is the desire for representation. Participants frequently allude to the importance of seeing therapists with similar backgrounds in leadership roles, training programmes, and therapeutic literature. Representation is more than just a numbers game; it is a powerful affirmation that individuals from diverse backgrounds can excel and make meaningful contributions to the field (Atkinson, Morten and Sue, 1998).

Practical implications include actively recruiting more GM trainees and faculty to enhance representation and reduce feelings of otherness. Training programmes should incorporate case examples, therapeutic models, and assigned texts that reflect diverse cultural contexts to augment relevance for GM trainees (Hardy & Laszloffy, 1995).

**Impact on Confidence and Practice:** The ripple effects of validation and representation are diverse. Participants narrate how validation boosts their confidence, allowing them to advocate for their clients more effectively, challenge systemic biases, and continually evolve in their therapeutic practice.

**The Broader Context:** The theme of seeking validation and representation cannot be removed from the broader societal context. The therapeutic space is not immune to this world, which often magnifies differences and perpetuates stereotypes. The participants' narratives remind

them of the systemic changes needed to ensure the therapeutic community is inclusive, diverse, and reflective of its identities.

### Self and Service

**Personal Growth and Evolution:** The narratives develop a rich tapestry of personal growth and evolution amidst the intricate interplay of challenges and triumphs. As portrayed in their stories, the journey of GM therapists is not a linear trajectory, but a transformative expedition marked by introspection, resilience, and learning (Rønnestad and Skovholt, 2003). This evolution, deeply embedded in their experiences, offers a nuanced understanding of the complexities of balancing personal identities with professional roles.

**Confronting Challenges and Embracing Learning:** At the heart of personal growth lies the ability to confront challenges head-on. The narratives reveal moments of introspection where participants grapple with dilemmas, biases, and systemic prejudices (Atkinson, Morten, and Sue 1998). However, instead of being hindered by these challenges, many have used them as springboards for learning. They reflect on these experiences, dissect and understand them, and infuse their practice with deeper empathy and insight.

**Navigating Dual Identities:** The duality of their roles, therapists and individuals with unique cultural backgrounds often places participants at a crossroads. They negotiate these intersections, striving to integrate their personal histories and cultural identities into their professional roles (Tummala-Narra 2004). This intricate navigation fosters heightened self-awareness and a more holistic approach to therapy.

**Deepened Understanding of Their Roles:** Many participants express a deepened understanding of their therapist roles through their journey. They recognise the weight of their responsibilities, the power dynamics at play, and the profound impact they can have on their clients' lives. This realisation and their personal experiences shape their therapeutic approach, making them more attuned to the nuances of cultural diversity.

**Drawing Strength from Community:** For many, growth is also fostered through connections with like-minded professionals. Sharing experiences, seeking guidance, and drawing inspiration from peers are pivotal in their evolution. These interactions, formal supervision or informal discussions, provide a space for reflection, validation, and shared learning.

**Embracing the Journey:** Above all, the narratives underscore the importance of embracing the journey with all its flows. Personal growth is not a destination but a continuous process. The

therapists' stories resonate with themes of resilience, adaptability, and an unyielding spirit of inquiry. They showcase a commitment to professional excellence and a passion for making a difference, regardless of odds.

The narratives show a transformative journey marked by challenges but also moments of insight, learning, and growth. They serve as a testament to the resilience and adaptability of GM therapists and offer inspiration to others navigating similar paths.

#### Transportation of ideas

In conclusion, this chapter has explored the profound experiences of GM family systemic psychotherapists as they navigate the complex interplay of their personal and professional identities within predominantly white contexts. By examining their journeys, we have learned valuable lessons about resilience, authenticity, cultural integration, and the need for systemic changes.

#### Personal Experiences and Cultural Backgrounds Impact Practice

Therapists' personal experiences and cultural backgrounds do not exist in isolation; they significantly shape their therapeutic approaches and interactions. Therefore, I work towards valuing personal narratives and cultural heritage, rejecting rigid, predetermined frameworks in favour of more flexible and responsive therapeutic practice.

Historically, therapeutic approaches have been dominated by predefined theories and methodologies, which can risk ignoring the richness of personal narratives and cultural experiences. Acknowledging the role of personal experiences and cultural backgrounds, therapists can bring greater authenticity and depth to their practice, fostering stronger connections with their clients, as some participants discussed in their interviews. This shift towards a more personalised, culturally sensitive approach can significantly enhance therapeutic outcomes.

Various studies have found that therapists who integrate their personal narratives and cultural heritage into their practice can foster deeper connections with their clients (Thomas, 2019; Falicov, 1995; Mosher et al., 2017). This depth of connection comes from shared understanding, empathy, and respect for clients' unique experiences and perspectives. This aligns with what participants said about their practice, authenticity, connection with cultural ideas, and positive impact on their practice.

Therapists with a well-integrated sense of self (Thomas, 2019) and cultural identity are likelier to use this understanding to nurture meaningful therapeutic relationships. This is significant because therapeutic relationships are fundamental to effective therapy. A deep, empathetic understanding of the client's experiences can provide a solid foundation for therapeutic intervention, facilitating a greater impact on the client's well-being.

Research by Hook et al. (2013) further reinforces this idea. Their study emphasised that cultural humility, an essential aspect of cultural sensitivity, plays a significant role in determining therapy outcomes. They found that therapists who are aware of their own cultural biases and can respect their clients' cultural contexts tend to establish stronger therapeutic relationships.

Hook et al.'s research also highlighted that understanding cultural differences in emotional expression and processing can profoundly impact the success of therapy. If therapists pay attention to these cultural nuances and demonstrate humility in acknowledging their biases, they are more likely to achieve successful therapy outcomes.

This research suggests a paradigm shift in therapeutic practices. Rather than sticking to predefined frameworks, therapists must integrate their cultural heritage and personal narratives into their practice. By doing so, they can foster deeper connections with their clients, enhancing empathy and mutual understanding, leading to more successful therapeutic outcomes.

Suzuki and Ponterotto's (2008) research also emphasised the importance of therapists' familiarity with their clients' cultural experiences. According to their findings, a therapist's ability to understand and interpret cultural nuances, narratives, and language cues is crucial to effective therapeutic practice.

Their research suggests that therapists can provide a safe and affirming environment by being attentive to their clients' narratives, language cues, and cultural expressions. This safety can help clients feel more comfortable sharing their experiences, leading to stronger therapeutic relationships and better therapy outcomes.

The impact of personal experiences and cultural backgrounds on therapeutic practice cannot be overstated. By acknowledging and integrating these elements into their practice, therapists can provide more culturally sensitive, personalised, and effective therapy. This approach enriches the therapeutic process and enhances therapy outcomes, contributing significantly

to clients' well-being. Though this is different from what we have looked at within this research, it is imperative that how we approach our work has positive outcomes for our clients.

### Training and Professional Development

Professional development in therapy is an ongoing process that should entail continuous learning and the expansion of therapists' professional knowledge bases. Per spatiotemporal relationalities and social construction, this constant growth and adaptation principle allows therapists to cater effectively to their client's diverse needs.

Considering the depth and diversity of human experiences, therapists must be prepared to encounter various cultural contexts and personal narratives in their practice. This requires a broad knowledge base and an understanding of different therapeutic methodologies. However, more than merely theoretical knowledge is required. Therapists must engage in ongoing professional development to refine their skills, update their knowledge, and understand the latest therapeutic techniques.

Critical Race Theory (CRT) offers a valuable framework for understanding how narratives and personal experiences shape social realities. According to Solórzano and Yosso (2002), personal narratives provide a window into the intersectionality of power, race, and sexism. These insights can be instrumental for therapists, especially those working with marginalised populations, as they offer a deeper understanding of these groups' unique challenges.

By integrating such knowledge into their practice, therapists can improve their cultural competence, broaden their repertoire, and develop more effective therapeutic strategies. This process, however, requires continuous learning and self-reflection. It is not enough to acquire new knowledge; therapists must also engage in critical self-reflection to understand their biases and assumptions and how they may affect their therapeutic practice.

Research by Ladany et al. (2013) highlights the importance of ongoing professional development in enhancing therapeutic efficacy. They suggest that therapists who actively engage in continuous education, training, and self-reflection are more likely to be effective in their practice.

Therapy is a dynamic field that continually evolves, so staying updated with the latest research and therapeutic techniques is crucial. According to Ladany et al. (2013), ongoing learning involves acquiring new knowledge and critically reflecting on one's beliefs, assumptions, and

biases. I have aimed to add to the knowledge base with this thesis so that it is part of the evolving landscape of our thinking and learning within family therapy and beyond.

By engaging in this continuous process of learning and self-reflection, therapists can enhance their professional skills, improve their therapeutic effectiveness, and promote better therapy outcomes for their clients. This kind of professional development is not just about personal growth but about improving the quality of care therapists can provide for their clients. It is about becoming more aware, sensitive, and responsive to clients' diverse needs and experiences.

### Supervision and Support

The influence of effective supervision and support on a therapist's professional journey cannot be overstated. The dynamics within the supervisory relationship can significantly shape a therapist's professional development, therapeutic skills, and cultural competence, as some participants said, guiding them to serve their clients better and meet their unique needs.

Supervision in therapy is not just about oversight; it is about nurturing growth. It provides therapists a safe space to explore their practises, address challenges, and refine their skills. It also offers valuable insights and guidance to help therapists broaden their understanding of cultural contexts and enhance their therapeutic strategies.

The impact of multicultural supervision is particularly noteworthy. Sue and Sue (2016) emphasise that multicultural supervision is crucial in promoting cultural competence among therapists. They suggest that supervisors who demonstrate cultural competence can create a learning environment that encourages therapists to explore their cultural biases and assumptions.

This kind of learning environment is crucial for developing cultural sensitivity. Therapists are encouraged to delve into their cultural biases, challenge their assumptions, and gain a deeper understanding of cultural contexts. In doing so, they can develop greater cultural sensitivity and responsiveness, enhancing their therapeutic practice.

Therapists working under culturally competent supervisors have a safe space to navigate their understanding of different cultural groups, fostering greater self-awareness and cultural sensitivity. These insights can greatly influence their therapeutic approach, allowing them to better understand their clients' experiences and develop more culturally responsive interventions.

Research by Hardy and Laszloffy (1995) further highlights the importance of clinical supervision in training culturally competent therapists. They argue that supervisors who promote an inclusive and open learning environment play a crucial role in nurturing therapists' cultural competency skills.

Such a learning environment allows therapists to ask questions, reflect on client interactions, and receive constructive feedback, enhancing their understanding and responsiveness to cultural diversity. The authors argue that clinical supervision can promote a more nuanced and culturally sensitive approach to therapy, leading to better therapy outcomes.

Though these ideas sound great, they can be challenging to implement, as trust is a huge issue. The interviews highlighted the problems of knowing if someone is a culturally competent supervisor and whether one can take risks by bringing more of oneself. Some participants felt they needed to feel safer doing this and used external spaces or other colleagues from GM backgrounds instead. That tells us there is still much work to do in this area.

The role of supervision and support in a therapist's professional development journey is critical. Supervisors can significantly enhance therapists' cultural competence and therapeutic effectiveness by fostering an environment that encourages continuous learning, self-reflection, and exploration of cultural biases; this, in turn, contributes to improved therapy outcomes, underscoring the importance of supervision and support in therapy. There needs to be continued support for therapists from GM backgrounds who are completing the family therapy training and supervision courses. In addition, as raised in the training section above, other forms of knowledge need to be privileged in training to trickle down and impact how we approach our work, whether therapy or supervision.

### Therapeutic Relationship and Alliance

The therapeutic relationship, often considered the cornerstone of effective therapy, refers to the collaborative bond between the therapist and the client. This relationship transcends the transactional nature of a service provider and receiver, morphing into a space of trust, empathy, and understanding. The strength of the therapeutic alliance significantly impacts therapy outcomes, highlighting the need for a deep and meaningful relationship built on mutual respect and authenticity.

In therapy, the connection between the therapist and the client extends beyond the confines of a clinical relationship. This relationship is an intricate tapestry woven with threads of



empathy, understanding, trust, and shared goals. Bordin (1979) theorises that the therapeutic alliance comprises three essential components: agreement on therapy goals and tasks and developing a bond between the therapist and client.

Research suggests that a robust therapeutic alliance can predict positive therapeutic outcomes. For instance, a meta-analysis conducted by Horvath et al. (2011) found a moderate but reliable association between the therapeutic alliance and treatment outcomes across various therapies. The strength of the therapeutic alliance can be significantly influenced by the therapist's understanding and incorporation of their personal experiences and cultural backgrounds.

By embracing their personal narratives and cultural heritage, therapists can foster a deeper connection with their clients. This connection is built on a shared understanding, empathy, and respect for the client's unique experiences and perspectives. By integrating their sense of self and cultural identity, therapists can use this understanding to foster more meaningful and impactful therapeutic alliances.

The therapeutic alliance's impact on therapy outcomes is not a standalone phenomenon. It works in tandem with the other aspects of therapy, such as the therapist's professional development, training, and cultural competence. To enhance the therapeutic alliance, therapists need to engage in continuous professional development, constantly updating their skills and knowledge. Simultaneously, they need to remain aware of their cultural biases and work towards increasing their cultural competence.

The therapeutic relationship and alliance are integral to the therapeutic process and significantly influence therapy outcomes. To establish a strong therapeutic alliance, therapists must integrate their personal experiences and cultural backgrounds into their practice, enhancing their professional development and cultural competence.

### Self-care and Burnout Prevention

Therapists from Global Majority backgrounds often face unique challenges and stressors that can contribute to an increased risk of burnout. These stressors may include experiences of racial or ethnic microaggressions in the workplace, dealing with stereotypes, and the emotional toll of working with clients who have experienced racial trauma.

Research shows that these added challenges can lead to increased rates of burnout among therapists from GM backgrounds. For instance, studies such as "Resilience in the Margins" by Towey (2023), which explores resilience strategies of marginalised senior leaders in clinical psychology, highlight how Black mental health professionals often report higher levels of stress and burnout. These professionals cite experiences of racism and cultural isolation in their workplaces as key contributing factors. This stress is linked not only to direct experiences of racism but also to the ongoing pressure to navigate predominantly white spaces, manage the expectations and biases of colleagues, and advocate for culturally competent care.

Similarly, research on physicians in America found that experiences of racial microaggressions were associated with higher levels of psychological distress and burnout ((Acholonu and Oyeku, 2020).). These professionals often had to navigate stereotypes, prove their competence, and justify their professional choices in ways that their white counterparts did not.

Moreover, therapists from GM backgrounds who work with clients from similar backgrounds often find themselves dealing with the weight of shared racial trauma, which can contribute to vicarious trauma and burnout. These therapists need to recognise this added layer of emotional toll and take steps to address it in their self-care practices.

One strategy might be to seek supervision or consultation from individuals who share their racial or ethnic backgrounds and understand the unique challenges they face. As discussed in some of the interviews, joining or forming peer support groups can also be a powerful way to share experiences, exchange coping strategies, and provide mutual support.

Engaging in advocacy can also be an empowering self-care strategy for therapists from GM backgrounds. Advocacy efforts can range from increasing cultural competence within workplaces to larger-scale efforts to address the systemic issues that contribute to health disparities.

Lastly, therapists from GM backgrounds can benefit from personal practices that affirm their cultural identities and provide grounding and resilience. These might include exploring cultural and spiritual traditions, consuming media that reflect their experiences, or engaging in social justice work.

### Limitations of My Research

Reflecting on my research's limitations, several critical points emerge essential for a comprehensive understanding of the findings and their implications. Firstly, the generalisability of my study is inherently limited. With six participants who are Family Systemic Psychotherapists from Global Majority backgrounds, each hailing from diverse backgrounds and age groups, the research is specific to those working within a Western context, particularly the UK. This specificity means that while the insights provided are profound and valuable, they represent a part of the story and should be read in that light. Although deeply informative, the experiences of these six participants do not encompass the full spectrum of realities faced by all therapists from Global Majority backgrounds.

Additionally, the number of participants inherently means that the research captures only a segment of possible experiences. It is not an exhaustive account of all truths but a detailed exploration of individual narratives within a specific context. Thus, readers should interpret the findings with the understanding that they are not universally applicable to all Global Majority Family Systemic Psychotherapists.

While described in detail and outlined, my methodology presents another limitation. Given the bespoke approach tailored to my research focus, replicating this study in different contexts or by other researchers may be challenging. Although I have endeavoured to be comprehensive in detailing its use and application, the unique nature of my methodology means that its direct applicability to other work may be limited. Other researchers might need help adopting this approach due to its specific alignment with my research objectives and context.

Moreover, I have chosen to use culture as a primary frame for my analysis. While this lens is incredibly insightful and relevant, I acknowledge other potential frameworks for examining therapists' experiences. For instance, perspectives focusing on personality traits or individual characteristics might yield different insights. By emphasising cultural influences, my research highlights a particular aspect of the therapists' identities and experiences, which might only partially capture other significant dimensions that could be explored through alternative lenses.

I included my own story at the beginning of the thesis to provide adequate context and clarity on why culture was used as a frame. This personal narrative helps elucidate the rationale behind my methodological choices and underscores the importance of cultural context in understanding the participants' experiences. By situating my research within this frame, I aim to offer a coherent and contextually grounded exploration of the therapists' narratives.

While my research provides valuable insights into the experiences of Family Systemic Psychotherapists from the Global Majority backgrounds, it is essential to consider its limitations regarding generalisability, the specificity of the methodology, and the chosen analytical frame. These factors contribute to the depth and richness of the findings but also necessitate a cautious and contextual interpretation of the results.

## Chapter 10

### Weaving Threads, Making Meaning: Researcher Reflections

As I conclude this research journey, it is essential to reflect on what we can learn from the journeys of Global Majority (GM) family systemic psychotherapists as they navigate their personal and professional identities within predominantly white contexts. Throughout this study, the participants shared profound insights into their experiences, challenges, and strategies for integrating their cultural identities into their professional practice. In this chapter, I weave these insights with my reflections, offering a roadmap for practitioners seeking to enhance their understanding and navigate similar complexities.

#### Linking Reflections to the Research Question

The central research question guiding this study was:

What can we learn from the journeys of Global Majority Family Systemic Psychotherapists as they navigate their personal and professional identities within predominantly white contexts?

In response to this question, I present six critical points that encapsulate the lessons learned from the participants' journeys. Each point is rooted in the themes and experiences shared by the therapists and offers practical guidance for professionals in the field.

#### Six Critical Points Informed by Participants' Journeys

##### 1. Engage in Self-Exploration through Autoethnography and Critical Ethnography

The participants highlighted the importance of self-reflection in understanding how their personal experiences influence their professional identities. For instance, Farah spoke about the need to explore her own narrative to provide authentic therapy. Inspired by their journeys, I suggest practitioners delve into their personal stories, perhaps through reflective journaling or dialogues with trusted peers, to uncover biases and embrace their cultural heritage within their professional roles. Personal therapy can also help therapists understand the stories in their inner conversations, fostering a deeper connection between their personal and professional selves.

##### 2. Deepen Understanding of Diversity through Critical Race Theory and Intersectionality

Many participants, like Bernard and Elina, navigated systemic biases and emphasised the need to understand the complexities of race and identity. Learning from their experiences, practitioners should immerse themselves in literature and training on Critical Race Theory and Intersectionality to better comprehend and address the challenges faced by GM therapists

and clients. Participating in anti-racist training or joining communities that actively listen to the experiences of GM practitioners can enhance this understanding.

### 3. Embrace the Fluidity of Identities and Experiences

The therapists' stories revealed the dynamic nature of identity. Camara discussed how his cultural background influenced his evolving therapeutic approach. Reflecting on this, professionals are encouraged to adopt a growth mindset, acknowledging that personal and professional identities are not static but continually shaped by experiences and relationships. Practising reflective listening and remaining open to evolving relationships can help therapists better understand others' perspectives and acknowledge the fluid nature of their own identities.

### 4. Adopt Rhizomatic Understandings to Navigate Complexity

Participants often described their identities as interconnected and multifaceted. Drawing from Deleuze and Guattari's concept of rhizomes, therapists can visualise their experiences and identities as interconnected networks, allowing for a holistic understanding of themselves and their clients. This perspective encourages practitioners to appreciate the complexity of human experiences and avoid linear or reductionist thinking.

### 5. Construct Narratives through Social Constructionism and Narrative Ideas

The importance of language and storytelling was evident in the participants' practices. Bernard utilised storytelling to set boundaries and connect with clients. By reflecting on the narratives we construct in our professional practice, we can become more aware of how societal constructs and personal biases shape our perceptions and interactions. Examining our use of language and its impact on our perceptions can help us build more authentic and empowering narratives in our work.

### 6. Redefine Methodological Approaches

The participants' journeys highlighted the limitations of traditional frameworks in capturing their lived experiences. Embracing innovative methodologies, as I did in this research, allows practitioners to challenge conventional approaches and develop methods that resonate with their unique contexts and needs. Being bold in questioning traditional methodologies and experimenting with various techniques can enhance professional practices and better serve diverse populations.

These points serve as a guide to a journey, not a prescriptive rulebook. This journey is fluid and individual, much like our identities and experiences. Allow this framework to assist you in

enhancing your practice, expanding your knowledge, and, most importantly, fostering a deeper understanding of yourself and those around you.

To illustrate how these critical points can be applied in practice, I share an examples from my professional experience, demonstrating how the insights from the participants' journeys have informed my approach.

### Connecting stories to practice: a link to the research question

#### Supervising Global Majority Family Systemic Psychotherapists: A Journey into Authenticity and Exploration

As I completed my doctorate, I recognised the importance of engaging in meaningful discussions with therapists about how their personal experiences shape their professional development, especially within predominantly white contexts. This realisation underscored the need to connect therapists' personal and professional identities, a task that becomes particularly crucial for those from Global Majority (GM) backgrounds. The theoretical frameworks outlined in this chapter, drawn from the six critical points identified on page 228, guide this approach. These include encouraging deep self-exploration through methods like autoethnography and critical ethnography, expanding one's understanding of diversity by engaging with Critical Race Theory and Intersectionality, and embracing the fluidity of identities to foster personal and professional growth. They also involve adopting rhizomatic perspectives to acknowledge the complexity of identities, constructing narratives informed by social constructionist and narrative ideas to understand how language shapes therapeutic encounters, and redefining methodological approaches to better reflect the lived experiences of diverse practitioners.

In my supervisory practice, I incorporate these principles by placing emphasis on exploring how personal and professional selves interact and by helping therapists become attuned to the cultural, historical, and familial influences that shape their values. I frequently invite supervisees to reflect on where their values originate, whether from theoretical frameworks, personal experiences, family narratives, or other sources, and consider how these factors inform their therapeutic stance. The process draws heavily on the idea of self-exploration, which is central to nurturing authenticity and enabling therapists to recognise how their unique cultural backgrounds can be engaged to enhance their practice. In parallel, I encourage supervisees to engage with foundational theories such as Critical Race Theory and Intersectionality to broaden their understanding of systemic challenges, helping them navigate the complex landscape of identity in predominantly white professional settings.

To exemplify how these ideas translate into practical outcomes, I draw on the experience of a recently qualified Family Systemic Psychotherapist I supervised. Having just completed her training, she found herself uncertain about who she was as a therapist. She felt that in order to qualify, and to fit into her new work environment, she had prioritised certain ideas and ways of working that did not fully align with her own sense of self. This left her feeling frustrated and disconnected from her professional role. Through discussions guided by the critical points informing my approach, particularly those centred on fluidity of identity and understanding one's cultural heritage, she began to explore her personal narratives and cultural background, identifying values and beliefs that had been overshadowed by the demands of her training and workplace expectations. Embedding these personal and cultural elements into her therapeutic approach allowed her to find a more authentic and coherent stance. She reported feeling more genuine and connected, and her clients responded positively, noting the sense of authenticity and empathy that arose when she integrated these aspects of herself into her practice.

The insight that emerged from this example resonates with Burck's (2005) exploration of identity negotiation among minority professionals, where the acknowledgment and incorporation of cultural frameworks in therapy lead to enhanced authenticity and belonging. As participants in my research highlighted, challenges arise when supervisory sessions fail to acknowledge personal identities. Such oversights can cause disconnection and mask the influence personal identities have on therapeutic work. My observations as a supervisor support these findings. Traditional supervision models often neglect the deep intertwining of personal and professional identities; by contrast, intentionally attending to these dimensions helps therapists feel more grounded, culturally aligned, and effective.

Research on working with ethnic minority clients (Sue & Sue, 2016; Hardy & Laszloffy, 1995) further supports the importance of considering cultural values, religion, ethnicity, and personal distinctions. Feedback from both my research participants and the therapists I supervise affirms the need to pay equal attention to the cultural identities of therapists themselves. This isomorphic mirroring, where personal and professional dimensions reflect and influence one another, underscores the necessity of an approach that addresses the whole self of the therapist, filling a gap in many current supervisory practices.

As I continue to refine my approach, I encourage therapists to delve into their personal stories and cultural backgrounds, not simply as an abstract exercise, but as a lived reality that shapes every therapeutic interaction. Reflecting on my own Armenian heritage, for instance, helps me recognise the ways in which cultural influences subtly inform my clinical reasoning and engagement with clients. In this vein, the literature on Critical Race Theory and



Intersectionality suggests that embracing complexity rather than denying it leads to more nuanced therapeutic interventions. Recognising that identities are dynamic and shaped by evolving relationships helps therapists maintain a growth mindset and remain open to continual change. Viewing experiences and identities through a rhizomatic lens, for example, encourages an understanding of ourselves and our clients as part of a network of interconnected influences rather than isolated individuals.

Similarly, considering how language and stories shape professional practice draws on social constructionist and narrative ideas, challenging therapists to reflect on the narratives they use and encounter in therapy. Observing how Bernard employed storytelling to communicate boundaries and establish trust illustrates how the narratives we construct and invite into therapy can profoundly influence therapeutic outcomes.

Over time, this integrative approach to supervision has yielded tangible benefits. GM therapists have responded positively, finding that the process resonates deeply with their cultural backgrounds and personal histories. They report greater authenticity and a stronger sense of cultural belonging, which not only fosters their own professional growth but also enhances therapeutic effectiveness and client outcomes. By acknowledging and embedding their heritage into their work, they can address the cultural nuances of their clients more effectively and empathetically.

A challenge emerging from this work involves extending these principles beyond the one-to-one supervisory relationship and into organisational contexts. While I encourage supervisees to integrate cultural identities into their practice, I also consider how best to influence workplace cultures so that authenticity, understanding, and the acknowledgement of systemic biases become institutionally supported.

Introducing these reflective processes into supervision does require sensitivity. I gauge supervisees' willingness and never force this form of introspection. The voluntary nature of participation ensures that engagement is meaningful and led by a genuine desire to explore personal dimensions of professional identity. Although not all supervisees may be ready for this level of reflection, those who are report substantial benefits, and their feedback reinforces the transformative potential of this integrative approach.

Reflecting on these lessons, the creation of a supervisory environment that foregrounds personal narratives, cultural competence, openness to evolving identities, complexity, constructive storytelling, and the revision of conventional methods enriches both therapists

and clients. By embedding these approaches gradually and contextually, I create a space where supervisees can navigate predominantly white contexts more effectively and authentically. Their work with clients becomes more inclusive, empathetic, and aligned with their personal values, resulting in more meaningful therapeutic encounters.

Recently, as part of this evolving journey, I introduced a guided inquiry in a supervisory session that echoed the initial narrative interview questions from my research: “What are the most memorable cultural performances, acts, rituals you experienced growing up, and how did they affect you?” Revisiting this question in a new professional context and drawing on the critical points that shaped my thesis offered a continuity of development. We identified key beliefs and values related to the supervisee’s cultural experiences and discussed how these might be privileged in their future therapeutic work. This continuity illustrates that the work of integrating personal and professional identities is not a static task completed once, but a living, ongoing process that evolves in tandem with the therapist’s personal and professional growth.

#### Reflecting on the Impact: Lessons Learned

Through this example, I have witnessed firsthand how integrating the insights from the participants' journeys can lead to transformative practices. The key lessons learned include:

- The Importance of Authenticity: Embracing and integrating personal and cultural identities enhances professional practice and fosters more profound connections with clients and colleagues.
- The Need for Systemic Change: Advocating for inclusive frameworks and challenging traditional ways of doing things can address systemic biases and better serve diverse populations.
- The Value of Continuous Reflection: Engaging in self-exploration and remaining open to evolving identities enriches our understanding and effectiveness as practitioners.

#### Conclusion: Weaving Together the Threads

Returning to the research question: What can we learn from the journeys of Global Majority family systemic psychotherapists as they navigate their personal and professional identities within predominantly white contexts? This chapter seeks to synthesise the key lessons and demonstrate their practical application.

By reflecting on the participants' experiences and integrating their insights into my practice, I have come to appreciate the profound impact of cultural identity on professional development. The journeys of these therapists teach us about the resilience required to navigate

predominantly white contexts, the importance of authentic integration of personal and professional identities, and the transformative potential of embracing innovative approaches.

By integrating both individual and paired interviews, this research captured a spectrum of the experiences of GM therapists, revealing not only personal strategies for navigating professional identities but also the importance of relational and collective resilience that emerges through dialogue with peers.

As we continue to weave together the threads of our own experiences with the wisdom gleaned from others, we contribute to a more inclusive, responsive, and effective practice. This journey is ongoing, and by remaining open to learning and adaptation, we can better navigate the complexities of our professional landscapes and support others in doing the same.

In summary, the principles explored in this thesis have served as an invaluable compass in both supervisory and organisational contexts. In supervising a GM Family Systemic Psychotherapist, they facilitated a more authentic and empowering supervisory relationship. These frameworks have been pivotal in deepening my understanding and practice and supporting those I work and engage with.

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## APPENDICES

### Participant Information & Ethics

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Appendix A  
Information sheet (Focus Group/ Paired interview)

### CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES – FOCUS GROUP

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

**Title of Study:** Co-construction of professional identity

**Research Ethics Committee Ref:**\_\_ \_\_\_\_\_

**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 understand that if I decide within 2 months from the date of the focus group I can request for my data to be withdrawn without giving any reason. I also understand that **withdrawal of data by focus group participants will not always be possible due to the nature of a focus group where conversations build on each what each person has said.**

Please tick or initial

- I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in compliance with General Data Protection Regulations. It will be anonymised and I understand that this information will be kept for up to 3 years and may be used by the researcher for future writing or presentations. **I understand that though it will be anonymized, due to the nature of focus groups, of people speaking with each other it is not possible to guarantee that people will not talk about it outside of the focus group, though it is a requirement of this consent form that this does not happen.**



- The information you have submitted will be published as a thesis; please indicate whether you would like to receive a copy.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- If attending focus groups, I agree to respect the confidentiality of my fellow participants' contributions in the focus groups.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- I understand that confidentiality and anonymity will be discussed and agreed as paramount as a group before proceeding, however I acknowledge that confidentiality of my focus group contributions cannot be absolutely guaranteed due to the involvement of third parties.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- I agree to the use of direct quotations anonymously to support themes that emerge.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- I consent for the researcher's supervisors to also see the material where necessary.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- I consent to my interview being video and audio recorded.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- I acknowledge that subsequent withdrawal of data may not be possible.

	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• I understand that if the researcher feels that someone is at risk then this would be discussed with their supervisory team and information may be shared.</li> </ul>		
	<input type="checkbox"/>	<input type="checkbox"/>

**Participant's Statement:**

I \_\_\_\_\_

agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have read both the notes written above and the Information Sheet about the project, and understand what the research study involves.

**Signed**

**Date**

**Researchers' Statement:**

I \_\_\_\_\_

Confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the participant.

**Signed**

**Date**

## Appendix B

Information sheet (Interview)

### **INFORMATION SHEET FOR INTERVIEW PARTICIPANTS**

#### **YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET**

Title of Project: Co-construction of professional identity

I would like to invite you to participate in this doctoral research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information.

#### What are the aims of the research?

- Explore the co-construction of professional identity, the movements and impact of the journey between personal and professional identity.
- Explore the way in which professional identity is developed and maintained for family systemic psychotherapists from black and minority ethnic (BAME) backgrounds.
- Create a theoretical context for thinking about the professional identity development process for family systemic psychotherapists from BAME backgrounds.

#### Who is being recruited to participate in this project?

Family Systemic Psychotherapists from BAME backgrounds.

#### What are the key topics for discussion?

The key topics for the interviews will be based on the research aims above. Participants will be invited to talk about their experiences and knowledge.

#### What happens if you agree to take part? (when, where, how long etc)

- You will be invited to attend a narrative interview at a convenient time, lasting a maximum of one hour and a half.
- The location of the interview will be announced with notice.
- The discussion at the interview will be based around a list of questions.
- The discussion will be audio and video-recorded so that it can be used in the project.
- Anonymised data will be presented in the thesis and could also be used in future work related to the study such as papers or presentations.



### How will confidentiality be managed?

Anything you contribute will be kept confidential by maintaining your anonymity when the report is written. Names will be taken out of transcripts. The recording, and subsequent transcript, will be kept for a maximum of three years once the thesis is published.

It is up to you how much you disclose at the interview. If, afterwards you decide to withdraw from the project you will need to let me know no more than two months after the interview date so that I can remove your contributions.

If there is a disclosure during the paired interview that leads me to think someone is at risk of harm, I will have to break confidentiality, discuss with my research supervisors and potentially pass this information on to the relevant person(s) or organisation.

### What are the possible risks or benefits to you if you participate?

The interview will hopefully be an opportunity for you to reflect about your current practice and possibly think about some aspects of your work that you may not have given much thought to. If desired, you will be sent a copy of the final report.

**Should the research raise issues that you would like to talk about with someone in confidence, you can approach Hendrix Hammond (Family Systemic Psychotherapist) who is an experienced therapist. His contact details are – 07958 496331.**

This study was approved by the IASR research committee on (.....date.....)(reference)

If you have any questions or require more information about this study, please contact the researcher using the following contact details:

Derek Nasser

Email: [derek.nasser@study.beds.ac.uk](mailto:derek.nasser@study.beds.ac.uk)

If you have any further queries or concerns about the conduct of the research that you do not want raise with the researcher, you can contact the director of studies for the research using the details below for further advice and information:

Professor Emily Munro

Email: [Emily.Munro@beds.ac.uk](mailto:Emily.Munro@beds.ac.uk)

## CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES – FOCUS GROUP

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

**Title of Study:** Co-construction of professional identity

**Research Ethics Committee Ref:**\_\_ \_\_\_\_\_

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.

Please tick  
or initial

- I understand that if I decide within 2 months from the date of the focus group I can request for my data to be withdrawn without giving any reason. I also understand that **withdrawal of data by focus group participants will not always be possible due to the nature of a focus group where conversations build on each what each person has said.**
- I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in I understand that such information will be handled in compliance with General Data Protection Regulations. It will be anonymised and I understand that this information will be kept for up to 3 years and may be used by the researcher for future writing or presentations. **I understand that though it will be anonymized, due to the nature of focus groups, of people speaking with each other it is not possible to guarantee that people will not talk about it outside of the focus group, though it is a requirement of this consent form that this does not happen.**

• The information you have submitted will be published as a thesis; please indicate whether you would like to receive a copy.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• If attending focus groups, I agree to respect the confidentiality of my fellow participants' contributions in the focus groups.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I understand that confidentiality and anonymity will be discussed and agreed as paramount as a group before proceeding, however I acknowledge that confidentiality of my focus group contributions cannot be absolutely guaranteed due to the involvement of third parties.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I agree to the use of direct quotations anonymously to support themes that emerge.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I consent for the researcher's supervisors to also see the material where necessary.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I consent to my interview being video and audio recorded.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I acknowledge that subsequent withdrawal of data may not be possible.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I understand that if the researcher feels that someone is at risk then this would be discussed with their supervisory team and information may be shared.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Participant's Statement:**

I \_\_\_\_\_

agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have read both the notes written above and the Information Sheet about the project, and understand what the research study involves.

**Signed**

**Date**

**Researchers' Statement:**

I \_\_\_\_\_

Confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the participant.

**Signed**

**Date**

**CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES – NARRATIVE INTERVIEWS**

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

**Title of Study:** Co-construction of professional identity

**Research Ethics Committee Ref:**\_\_ \_\_\_\_\_

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.

Please tick  
or initial

- I understand that if I decide at any time during the research that I no longer wish to participate in this project, I can notify the researchers involved and ask to withdraw without giving any reason. Furthermore, I understand that withdrawal of my data will not be possible after 2 months from the date of interview or paired interview.
- I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in compliance with General Data Protection Regulations. It will be anonymised and I understand that this information will be kept for up to 3 years and may be used by the researcher for future writing or presentations.

• The information you have submitted will be published as a thesis; please indicate whether you would like to receive a copy.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I agree to the use of direct quotations anonymously to support themes that emerge.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I consent for the researcher's supervisors to also see the material where necessary.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I consent to my interview being video and audio recorded.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I acknowledge that subsequent withdrawal of data may not be possible after 2 months from the date of the initial semi-structured interview.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

• I understand that if the researcher feels that someone is at risk then this would be discussed with their supervisory team and information may be shared.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Participant's Statement:**

I \_\_\_\_\_

agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have read both the notes written

above and the Information Sheet about the project, and understand what the research study involves.

Signed

Date

**Researchers' Statement:**

I \_\_\_\_\_

Confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the participant.

Signed

Date

## Appendix E

Ethical Approval



FAO Derek Nasser

13<sup>th</sup> September 2018

Dear Derek

**Re: IASR 11/17**

**Project Title:** Co-construction of professional identity

The Research Ethics Panel of the Institute of Applied Social Research has considered your application and are happy to inform you that the proposed research project has been approved with one minor amendment.

The ethics applications still says that participants can remove their data up to 2 weeks (page 8) after data collection, but you have explained that this is actually 2 months (supporting documents). Please amend accordingly.

Please note that if it becomes necessary to make any **substantive change to the research design, sampling or data collection methods, a further application will be required.**

Following ethical approval by RIEP, some research will also be subject to ethical scrutiny by other specialist ethical committees. In all cases **it is your responsibility to ensure that you are in possession of proof of all necessary authorisations before any fieldwork commences.** Please send confirmation of authorisations by external committees to the RIEP.

Wishing you all the best in your research.

Yours sincerely

Dr Lisa Bostock  
**IASR Staff and PGR Ethics Co-ordinator**



## Appendix F

'Story about Armenia' and permission for its use.

<http://www.bbc.com/travel/story/20171004-why-armenians-love-strangers>

5 October 2017

I never meant to spend the night in Dilijan. I'd been making my way through northern Armenia towards the capital city of Yerevan, having crossed from Georgia several days earlier. My travels were taking me south, but slowly. The landscapes up here were all muscle and brawn: dry escarpments and deep, hefty canyons.

It was clear early on that Armenia was going to be interesting. After crossing the border from Georgia I'd hopped onto an old *marshrutka* – one of the cheap, omnipresent public minibuses that beetle through the Caucasus – and as we pulled away the driver placed a live bird, delicate and honey-coloured, onto the dashboard.

The bird watched the road for five minutes, fluttered in circles over the unperturbed passengers then departed through the window and out into the tough, tawny hills. Was this a homing exercise? A good-luck ritual? I never found out. A sign to expect the unexpected, maybe.

But I never meant to spend the night in Dilijan. I'd dawdled for too long around the Unesco-listed monasteries of Debed Canyon, and by the time I arrived in late afternoon, the *marshrutkas*, I gathered via sign language, were resolutely done for the day. No transport was forthcoming.

But the little town was attractive, slung across slopes cloaked in oak woods. A night here would surely be no hardship. I later learned that in Soviet times Dilijan had earned a reputation as an artists' retreat, and that its picturesque forested location means it gets referred to as 'Little Switzerland'. I did, however, need a place to stay. Consulting my outdated guidebook yielded a solitary guesthouse address, which after some investigative work (I found the Armenian alphabet as impenetrable as medieval sheet music), I eventually located high up in the town outskirts. I hoped, as I climbed the street, that I might at least find someone in.

The house was on a quiet residential hill, set back from a dusty road behind metal gates. I knocked, and was met with a long silence. Guests, it seemed, were not a regular occurrence. The chance was considerable, I realised, that it was no longer even a guesthouse. I wondered whether I might have the wrong place. I tried hollering the Armenian words for hello – an optimistic "*barev dzez*" – into the driveway, first tentatively, then louder, feeling foolish. At last there were footsteps, and the gates were opened by a middle-aged lady in an apron.

She looked at me quizzically. I pointed to my guidebook. To my relief she smiled and took my elbow, ushering me towards the house. I was shown to a basic room with a bed smothered in colourful floral blankets. I became aware that the house was humming with noise. Laughter rang down the corridor. "Nineteen o'clock," said the lady, in English, pointing to the room opposite. She mimed eating. "Nineteen o'clock."

I was tired, and confused too – I hadn't expected dinner – but at 7pm I did as I was asked. What was to follow was a heady, hearty, vodka-fuelled evening I simply hadn't seen coming. In appearing at the requested hour, I found myself swept into a celebration dinner for the 18th birthday of the family's eldest daughter. My hand was shaken vigorously, my seat pulled out for me. There were 12 of us sat around the table that night, and a noisy bunch we were: Lusine, the daughter in question; a convivial assortment of her nearest and dearest; and one bemused but delighted traveller.

The food came in huge portions. The lady that had welcomed me in was Lusine's mother, and she took charge of affairs. Plates appeared piled high with *lavash*, the unleavened flatbread that forms the staple of the Armenian larder. There were aubergines and olives, fresh radishes and mounds of stringy cheese. Then came barbecued pork, and greens with garlic. At some point there was a bowl of

chopped mushrooms fried with onions, and chicken in an unctuous, spicy sauce. The menu became something of a blur.

The reason for this was the *oghi*, or homemade fruit vodka. Our feast-bearing table was split by gender, with females at one end and males at the other. I gathered, thanks to the English spoken by the birthday girl, that I had an uncle either side of me. Both were jovial and thick-limbed, and took it as their duty to ensure that my shot glass was never dry for a second longer than necessary. Just as the food was brought out liberally, so too was the potent, berry-based firewater.

As the banquet roared on, the uncles insisted that our end of the table drink to everyone and everything. To Armenia. To the UK. To their families. To my family. To people long dead. To the future. To friendship. Some toasts left me clueless, but all went the same way – the chink of glasses, the tossed elbows, the warm throat-burn of alcohol. Soon there were songs, and cakes. I was dizzy with it all. The evening ended with bear hugs all round, and linguistically doomed attempts to declare everlasting kinship.



When I left the next morning, tender-headed but filled with a bumper breakfast and more generous goodwill, my resolve to leave some money for the previous night's meal received such stern refusal that I backed down for fear of causing insult. After being handed an address for a relative in southern Armenia – a contact I now deeply regret never following up – I was seen off with warmth, and wandered down to the marshrutka yard in a daze.

*When you encounter hospitality in Armenia, you're unlikely to forget it*

Only then did the extent of the family's welcome sink in. I was a complete stranger from a country thousands of miles away. I'd turned up at their gate, unannounced, unshaven and barely an hour before a landmark family dinner, yet I'd not just been granted a bed but been ushered into the festivities as naturally and lavishly as if I'd been one of their own. It stretched the definition of 'guesthouse' to improbable extremes.

Armenians, like their Caucasus neighbours, have long been renowned for generosity to outsiders. The country's location on the historical trade networks of the Silk Road is integral to this. The region has seen the passage of countless thousands of merchants, soldiers, migrants and wayfarers. As long ago as 400BC, the Greek general Xenophon brought his troops this way and gave accounts of tables groaning with lamb, poultry and barley wine.

It should perhaps be pointed out that the three Caucasus nations – Georgia, Armenia and Azerbaijan – retain a healthy suspicion of each other. There's a wry Armenian joke that sums it up. A boy asks his grandfather why Armenia hasn't yet sent an astronaut to space. "Because the Georgians would die of envy," the grandfather replies. "And if the Georgians died of envy, then we'd die of pleasure – and the Azeris would be left with all the land." Towards travellers and outsiders, however, local hospitality throughout the region is astonishingly generous.

Armenia has known unspeakable pain and hardship, not least in the form of the deportations and deaths of up to 1.5 million of its people between 1914 and 1923. Dozens of US states and 29 countries have recognised this as an act of genocide by the Ottoman Empire. Today's Turkish state denies the description. Armenia's national psyche has, inevitably, been shaped by the period. And in so doing, the notion that those who come in peace should be welcomed with open arms has only been strengthened.

I can say this much: when you encounter hospitality in Armenia, you're unlikely to forget it.

Begin forwarded message:

**From:** Ben Lerwill <benlerwill@gmail.com>  
**Subject:** Re: <http://www.bbc.com/travel/story/20171004-why-armenians-love-strangers>  
**Date:** 23 October 2017 at 10:45:24 BST  
**To:** derek nasserri <d.nasserri@hotmail.co.uk>

Hi Derek

Ok great, then yes by all means go ahead and use it - best of luck with it all!

All the best  
 Ben

On 23 October 2017 at 10:17, derek nasserri <d.nasserri@hotmail.co.uk> wrote:  
 Hi Ben

Thanks so much for getting back to me. I would be using your article on a submission that is due in Jan 2018, for that piece only my supervisors and examiners would see it. If i then go on to use it in the final thesis (hoping to do so), that's not due for competition until around 2019-20 from my understanding a hard copy would be available at the university library and electronic copies would potentially be available on their online library. As much as I would love it to be available more widely I guess that all depends on how well it reads etc etc.

best wishes  
 Derek

On 23 Oct 2017, at 10:12, Ben Lerwill <benlerwill@gmail.com> wrote:  
 Hi Derek

Thanks for your email, and I'm very pleased to hear you enjoyed the article.

As far I'm concerned I'm very happy for you to use it in your thesis - sounds like an interesting topic you're covering! I'm just wondering if perhaps I need to double-check with my BBC editor, if the thesis is going to be published widely for example. I'm sure it won't be a problem though. Do you have any more details on where the thesis will be published? I'll drop her a quick email.

Thanks again and all the best  
 Ben

On 21 October 2017 at 10:08, derek nasserri <d.nasserri@hotmail.co.uk> wrote:  
 Hi Ben

## Overview of Paired interview and Narrative Interview Guides: Key Themes and Questions

Content	Appendix Code
Paired interview Guide: A list of key discussion questions designed to guide the paired interview discussions, focusing on topics such as identity, culture, personal and professional identity, and the role of systemic thinking.	Appendix G
Prompt Questions for Narrative Interviews: A set of narrative prompts to guide interviewees in discussing personal and professional identity, cultural influence, and systemic thinking.	Appendix H

## Appendix G

### Paired interview Guide

The structure of the discussion at the paired interview will be based on a list of questions. This is only a loose guide for conversations and topics that can be covered.

The following is an example of the types of questions that may be included.

- Do we need some criteria for people to identify as black and minority ethnic backgrounds?
- What is your understanding of professional identity (can clarify/amend meaning/ vocabulary)?
- What is your understanding of personal identity?
- How much influence/ if any, do your culture or traditions on your personal identity?
- What is your understanding of the relationship between these?
- How do you think it fits within systemic thinking?
- What are your experiences of training and supervision on bringing in/being mindful of your personal identity into your work or thinking?
- What theory do you draw on when using your personal identity?
- How do ideas of personal identity fit with your culture and/or traditions?
- What influence, if any, do you think clients' social and cultural identities have on this?
- What influence, if any, do you think your colleagues or work place social and cultural identities have on this? Would this be different in private practice?
- If you have felt that you have drawn on parts of your personal identity in your work, what impact has this had on clients?

## Appendix H

### Prompt questions available for Narrative Interviews.

- Tell me a story about your growing up/culture/background that you connect with where you are now as a Family Systemic Psychotherapists, why you are here, how you are here, where you are going, what you hope. Any of those that resonates.
- How do these speak to your practice?
- What are the most memorable cultural performances/acts/rituals you experienced, if any, how did they affect you?
- When do you notice you moving between professional and personal in your clinical work, and do other people notice that?
- Clarifying questions for the above if needed
- What is your understanding of what personal identity is?
- What is your understanding of what professional identity is?

- What is your understanding of the relationship between these?  
Personal/Professional.
- How much influence/ if any, does culture or traditions have on your preferred personal identity? Same questions for preferred professional identity. How do ideas of personal/professional identity fit with your culture and/or traditions?
- Where do you think it fits within systemic thinking?
- How do you think it fits within training to be a Family Systemic Psychotherapists? (What are your experiences of training and supervision on bringing in/being mindful of your personal identity into your work or thinking?).
- Do you draw on any theory when using your personal identity (or choice from this e.g. hospitality)?
- What influence, if any, do you think clients' social and cultural identities have on this?
- What influence, if any, do you think your colleagues or work place social and cultural identities have? Would this be different in private practice?
- If you have felt that you have drawn on parts of your personal identity in your work, what impact has this had on clients/ you?
- Having spoken about your experiences, do you feel any clearer in what direction you hope to go with your preferred future self? (authentic self is a truth which doesn't exist?) basically trying to think about if this space is helpful with the process.
- Are there any things you would have hoped that I had asked that I have not yet? Or anything additional that you would like to add?

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## Methodology Rationale

Content	Appendix Code
Getting to the Methodology and Orientation to the Methodology: The shift from traditional research methodologies	Appendix I
Moving from Traditional Methodologies: Discusses considerations and limitations of grounded theory, phenomenology, and ethnography for this study.	Appendix J
Spatio-Temporal Relationalities: Extended reflection on the research's theoretical framework, detailing concepts like movement flux, agency, and embodiment.	Appendix K
Paired Interview Transcript	Appendix L

### Appendix I

#### Getting to the Methodology

Finding an appropriate methodology was a complex process involving multiple adjustments and explorations of traditional methods, with a focus on ethical and methodological alignment. I aimed to create an approach that captured the nuanced narratives of my participants without over-relying on software-driven analysis. During key progression points (PP1 and PP2) in my Professional Doctorate programme, I explored various methodologies, prioritising collaboration and a justice-oriented stance. Initially, I conducted a paired interview to gather feedback and refine my ideas.

Feedback from the PDSP course underscored the significance of storytelling, guiding me towards narrative inquiry. Storytelling has long been central in my life, serving as a means to convey wisdom and connect with others (Bruner, 1991; Frank, 2010). I realised that narrative inquiry could best capture the rich descriptions (Shotter, 2012) and “thick descriptions” (Geertz, 1973) inherent in my participants’ experiences. This approach enables ongoing analysis, preserving the integrity of participants' stories (Etherington, 2000), and ensuring the co-creation of meaning through repeated telling and reflection (Trahar, 2009). Based on paired interview insights, I shifted to one-on-one interviews to allow for deeper storytelling, incorporating participants' feedback into the ongoing construction of their narratives.

#### Orientation to the Methodology

The research process was informed by the contributions of participants, drawing from six narrative interviews and a paired interview, along with my own reflections. This evolving body of work was further enriched by participant feedback and a workshop at the PDSP Spring

School in 2018. Theoretical underpinnings are outlined on page 11, but here I focus on the collaborative and relational aspects central to this approach.

Informed by Tim Ingold's (2017) work on "Correspondences," I adopted a methodology that breaks down traditional researcher-participant hierarchies, fostering a symbiotic relationship where both parties contribute to the discovery process. This perspective values the relational and dialogic nature of research, replacing rigid protocols with a fluid approach that aligns with the unpredictable nature of personal narratives. Ingold's emphasis on embodied ways of knowing encouraged me to incorporate sensory and intuitive dimensions, recognising that knowledge extends beyond cognitive processes to include embodied experiences and tacit understanding. This orientation supports a more holistic approach, responsive to the complexities of participants' lived experiences, and allows for richer, more nuanced insights.

## Appendix J

### Moving from traditional methodologies

I initially considered grounded theory, well known for its effectiveness in qualitative research. However, its emphasis on developing new theories often imposes a structure that might not fully capture the unique and intricate experiences of GM therapists. Additionally, grounded theory's iterative process of data collection and analysis requires considerable amounts of data to establish patterns, a situation not possible with the small sample size of my research (Charmaz, 2014). Grounded theory is also traditionally less concerned with the subjective experiences and interpretations of participants, which is a central focus of my study.

I also contemplated phenomenology; a method that uncovers the 'essence' of individual experiences related to a phenomenon. Despite being a potent tool for exploring lived experiences, its focus on individual perception may fail to address the complexity of my research topic. Phenomenology tends to concentrate on the individual's perception and subjective interpretation, which, while critical, might not fully encompass the broader systemic and communal factors in the experiences of GM therapists (Lopez & Willis, 2004).

Ethnography, used traditionally for the comprehensive investigation of cultures and groups through extended fieldwork, was another consideration. It permits a rich exploration of group dynamics and cultural contexts. However, its emphasis on long-term observation is impractical for my study. Moreover, it might not adequately capture the diversity of individual experiences within the GM therapist community. Ethnography often involves an outsider examining a culture or group, which could pose issues of power and representation in my study, especially

given that my research focuses on experiences of marginalisation and exclusion (Hammersley, 2006).

## Appendix K

### Spatio-temporal relationalities and transmutational flows in my research

An extended glance Gale (2018) discusses how researchers' roles are often confined within structured data collection and analysis frameworks, further complicated by the "normatively constructed and discursively inhibiting contours of the Positivist swamp" (p. 148). To navigate these challenges, Gale draws on Bennett (2010), who explores the distribution of agency within spatio-temporal relationalities, focusing on movement flux and transmutational flows. This framework highlights the dynamic relationships between agents (people, groups, organisations) and the ways these relationships influence and are influenced by power and context.

Incorporating movement flux and the energy of transmutational flows fosters a rhizomatic understanding of how different elements interact and shape each other over time (Deleuze & Guattari, 1987). This approach provides a nuanced perspective on how personal and professional identities intersect, especially for Black and minority ethnic Family Systemic Psychotherapists, shaping their experiences within complex, predominantly white professional settings. Additionally, concepts of spatio-temporal relationality, as argued by Heidegger (1927) and Merleau-Ponty (1962), emphasise the role of context in shaping our understanding of the world.

These relationalities also underscore the role of embodiment in methodology. As noted by Merleau-Ponty (1962) and Nancy (2000), our spatial and temporal positions inform our interactions, perceptions, and knowledge. This highlights the importance of considering how bodily experiences shape our understanding of reality, aligning with my research's focus on the lived experiences of Global Majority therapists.

Building on this, Barad (2007) and Deleuze's (1997) contributions to spatio-temporal relationalities challenge traditional knowledge structures. Barad's agential realism and intra-action, along with her notion of diffraction, argue for a dynamic view of knowledge as an entangled process of the knower and the known, rejecting the idea of objectivity. Deleuze similarly critiques static knowledge, arguing for a fluid, contextually shaped understanding of truth. These ideas align with my role as a researcher, where I engage with participants as co-constructors of knowledge, fostering an understanding of reality as shaped by diverse, interdependent elements.



Adopting this perspective shifts my methodology from a traditional approach toward a relational, dynamic exploration. By viewing knowledge production as inherently subjective and context-dependent, I can better capture the complexities of power, agency, and identity intersections that inform my participants' experiences. Recognising the distribution of agency and interconnectedness of elements allows my research to more fully address the nuanced, dynamic realities faced by Global Majority therapists in navigating personal and professional challenges.

Throughout my research, I have remained attuned to the intersecting identities and influences on participants' narratives. Barad's agential realism provides a framework for examining how knowledge and identity are co-constructed through experience, while Deleuze's theories on desire, power, and resistance explore how participants' stories interact with broader social, political, and cultural contexts. This ongoing relational engagement underscores my commitment to ethical, responsive research that captures participants' experiences authentically and with respect for their complex identities and embodied experiences.

## Appendix L

### Paired Interview Transcript

Derek - And actually I'd like my practice to feel more authentic. And for me that means bringing these two things a bit closer together. So I guess having you two here, what would be really helpful is for you to talk a little bit about beginnings of your journey. Whether you make any connections or not. Whether there's any disconnections.

Jordan – I think it took me some time to train as a therapist although I've worked in therapeutic environments when I saw myself doing some type of therapy even before the qualification. And that might be to do with the images that I saw. This idea, possibly an idea of constructed identity. And that might be from like stories, that might be from films, movies. And how people treated me. Or maybe so how people treated my, or stories that my parents told me of when they came to this country. So that idea, if I try to think about it, that idea of not being good enough. So when, not being good enough but also being on the outside. If that makes sense. So when you see I think of the profession There might have been some conscious, unconscious idea that there's no one like me. Are black people, is difference within the therapeutic world. And maybe this is inherited, maybe it was just about my family. This idea of me not feeling pushed enough to change from within. As in join a profession to create the change. I suppose the stories that was given by my family.

Jordan - And not just about therapy, maybe in other things as well. I could extend that into playing golf or riding motorbikes, the things that my family, not so much culture, my family didn't do. Or black people didn't do. The stories that I might have been told by my family. Psychotherapy. So, Yeah, when you say I joined the psychotherapy. In a way, when you say I joined the psychotherapy world. Some of my things that my parents used to say to me came true. The idea, the language, some of the ideas, the language which was used. At first, I didn't feel that it was inclusive. And if we go, if I look back on the historical context. In regards to psychotherapy. Sorry, the historical context written by a certain cohort of society. I say that because I believe that therapy, or therapeutic work was done within different societies. But I

believe because of who was in power. The writers, the authors, etc, etc. It's been written in a certain way. But when you see I came and joined the therapeutic world. I suppose it was not inclusive. I don't know if this is making sense. It wasn't inclusive.

So I suppose I've struggled, I've always been, I think I had this conversation with one of my colleagues. Some time ago, she always used to say to me. Jordan, you never sign your name as a family in systemic psychotherapy. What's that about? And there was something that I struggled with actually calling myself that. I felt like I was being disloyal, loyal. For some years, I think I was going back and forth.

Jordan - Conflict within me about the struggles of how I position myself In a profession that I believe at the time wasn't inclusive. I think it is ongoing. I think I still go back and forth. But it's something about me. The part of me that wins is. Oh, I need to make a difference. I need to be part of change taking place. I know there's something. But there's something about That that resonated for me was the use of self. So how do we make it? And I think it's very important that we mix. If we're able to join the self, the personal and the professional. So in my thinking, it's a way of me being genuine. There's things that I can't not show when I'm with clients. And I think I become a better therapist by listening to myself. I can't not listen to myself. Although at the beginning when I was training I believe I was, I believe I was conditioned not to. But that's a whole different conversation (Jordan laughing). I like that. Because when you're training, I think there was a paper. I can't remember what paper it was. With that idea of you're quite vulnerable. You don't know enough. So you must listen. Not saying that was the way that it was taught. But that was my experience. So you must lead. You cannot try too many things. Although in one side, try. Don't try. Don't try. I just find myself going in all different directions.

Ade - I think maybe that's the point of his sentence. We can't not go in lots of different directions. Because it involves not just our professional journeys, as you touched on. But also our personal journeys. Training, family of origin stories. What informs the decisions we make then to kind of bring us to the doorsteps of training. To begin with. I just connected with lots of things said, in How do we consider our stories that define us? So the stories that define me. About what was the stories in my family then about the helping profession. Because I've now joined it in some way. And my mum was very much a carer. And I was aware she was a carer. But I don't know if I held on to some of the implicit, Not explicit, Stories about what we do in our families. Is to look after others. And my mum did a lot of looking after others. And in relation to her also being a migrant to this country. And being a woman of colour. Who experienced a lot of racism. She continued to kind of help others. In the face of all of that. She didn't allow that to stop her from doing what she wanted. And needed to do. And she was quite religious. She was Christian. And in the same vein. I haven't allowed. I think I carried that with me. Where I don't allow my race or racism to stop or define what options are available to me to care for others or help others. And thinking about that in terms of my personal. Where does that kind of fit into my professional. So it's like in private practice at the moment. It's all about how do I, and, how do I kind of not make things too expensive. So that people can access it. You know. So I'm not just seeing people that are vulnerable. But can afford it. But I'm also seeing people that are vulnerable. And can't necessarily afford it. And also how come I came out of the NHS. Because I didn't think we were working ethically. So it goes back to some of these values that I carry with me about. How do I want to position myself ethically. As I work. And where are they coming from. So I think as I've kind of developed as a therapist. I'm becoming more true or being more authentic to myself. And saying how do I work in a more authentic way. If I can't work for an organisation. That has these particular values. Then it doesn't fit.

Derek - What's helped you to do that? Because you both mentioned something similar to it. So you know. In terms of your values and stuff. That you've brought from growing up. Which

have been such present parts. In both of your even current professional lives. And it sounds like you're sort of in some ways. Reconnecting with that. What is the process that's helping you to reconnect with that. What's going on for you guys. Because over the years. You're reconnecting with it in different ways. And it's present. But where are you doing that thinking. And I guess what I'm asking for. Is a little bit about you know. Are you going to CPD events. Are you talking to other. Black or minority ethnic therapists. Is it your trainings helping you. Or. I'm helping with. Helping with. It sounds like there's the journey. To be the more authentic version of you. In the work that you're doing. Based on values and ethics. That you might be bringing beyond. The books that you've learned from the places.

Jordan - I don't know. I wouldn't say it's a CPD. I've just like. When you see. Ade spoke about his mum. There's some drive that I get from my parents. That they came over here and although they were treated really badly. They said no. We want to push through. So sometimes when you see I have difficulties, I just remember that. And I say oh no this is nothing. It's something but it's nothing. My parents done this with less. Or who are less. I believe less privileged than me. And that keeps me pushing. That keeps me pushing through. The difficulties. And I don't know if that was their intention. But it's something that I've taken. And I believe they took for probably their parents as well.

Jordan - There's something about the profession. Also that I've got. I've got a right. Sometimes it really gets on my nerves. Pisses me off. But I've got a right to do what I want to do. Yeah. And if it means that I'm going to be a Family Systemic Psychotherapists. And I've got a right to that. No one's going to take that away from me.

Where's that come from? Where's that come from? Has that always been with you? Or is it something that you.

Jordan - I think. I don't know if. I think. I've developed it. I think it's been developed over the years. Or I've gained stronger. Over the years. Of being more comfortable to be in that position. Because I'm sure it's the back and forthness. That I mentioned earlier about. Oh do I really want to be part of this. You know ethically. When you see Ade started to talk about organisation. Do I want to belong to an organisation or a cohort of people that have carried on like If it might be abusive practice, or wanted to exclude me for years and years. So there's that back and forthness for me. But I think that. When I think about it. Yeah family. Family here. Growing up here. Growing up partly in the West Indies. Coming back over here and being teased. And going home. Being teased because of the way I spoke. And that comes up in the profession as well (laughs). The way I spoke. But my parents just reminded me. In just the way they treated me. And family members as well. About no this is okay. Push through. There's something about me learning from The strengths of my, people that have been before me.

The

CPD's.

And also. I have to say the clients. I mean I've been to some really great really fantastic. Lectures and trainings. But I think I learn a lot from the clients. And from my family. And from. It sounds really bad. From Uber drivers (laughs). It sounds really bad. It sounds really bad. And that's not me. And I've learnt. I've seen the books and everything. I've learnt also from. Let's say the systemic gurus. And the readings and stuff. How I learn also. I'm quite. I need to see and do. At times I need conversations. So I learn from experience. Yeah. So I mean. But it's something. That I've I've inherited from my family members that has been able to. Deal with adversity. Being able to push through. It's something I've taken or been passed on from my family. There's something about them wanting. But also. Them wanting better for me. So there's something about me. There's. Even though at times I've struggled. Me trying to stay loyal to my family also. There's something about that. But once more. I always mention the back and forth-ness. Loyal. That means I have to join this kind of profession. And then it's back and forth-ness. I have to say that.

Ade - Yeah. Can I? Yeah, yeah, yeah. Can I add to that, Jordan? Because I started to think about the question you're asking in relation to. How do you. I consider what I've learned from my family. But also in what I carry with me. So what are the invisible. Kind of. Is it myths or. Expectations. I just carry on my shoulders. But I don't necessarily. Consciously think about. But you consciously think about them. And they help you kind of. Get through. I think I unconsciously think about them. But I know that they're probably quite strong forces in how I do what I do. But also what I think. Because it also made me in my journey is accessing BAATN. So having a space where. I've encountered other. BME therapists. Men. Who have had similar. Or sometimes exactly the same experiences as me. And who can validate my experience. And I can see as akin. So not necessarily family. But kin. There's something. But akin to. And. It's. Allowed me to say. Yeah I do belong. There's a space where I can explore things in a way that doesn't feel. It doesn't feel too difficult to discuss. I think there's certain topics that can't be discussed in certain arenas. It can feel very. You can feel the emotion. And I feel like you can go there. And talk about kind of your experience as a psychotherapist. And lately what I've been thinking about is. Who am I? Am I a black psychotherapist? Or am I a therapist who's black? You know it's just like. Like what comes first. And. How does that inform how you orientate yourself. I don't have the answer for that. But that's something that my current supervisor. Who is also black. And I've chosen. It's almost interesting. I'm choosing particular. People to. Support my development. Which is about joining the personal and professional. But I'm. Intentionally not choosing. White. People to kind of. Be the only people I learn from. And that's helping me. To feel more confident. In my position as a therapist. But also being. More myself. More my authentic self.

Jordan – (laughs) I like that one.  
Jordan - It's an interesting one. Person, therapist. Yeah just having the conversations with other black therapists. It just confirms. I remember. Someone's paper about her journey in clinical psychology training. I remember in one training institute (both laugh). There was a section on race and it must have been like 20 minutes. This idea. Of privilege. Race. Gender. And it must have been really. I felt it was really short. I felt like there was like. I'm living it 24 seven. There was no understanding. I felt at a time. So just being able. Just. Just being able to talk to colleagues. Who have a shared experience. So it's not just you. I think that's been. That's been all. That's been also helpful. Having a. Having a range of. Having a range of stories. To go back to. The great experiences That's always nice. As well. Having photos of the times that's helped me through the daily struggles, even now when I'm turning up to do a presentation they think I'm here like to take out the bins (laughs) or they ask me some other silly question. umm

Ade – Can I just piggy back off that. I think also what's helped me is being in a position of power, I can really see how people treat me differently now that I have. Authority. Over others in particular. So how students here respond to me would be very different if I was in their same cohort or if I was working with them as a colleague. It's, I I, I'm very skilled at picking up how the interaction is going, thinking about the process. I think for me people are very aware that I'm the course chair and that comes with a lot of power. So the interactions kind of informs me that, Ade, you've got power here. And That's not necessarily something I've had or I've been consciously aware that I've had as I was training or as a newly qualified person or working in a CAMHs setting where it's quite hierarchical because you're in the NHS. And it's stepping into that power in a way that it's not abusive but in a way that it enables you to become more confident with your voice, with your ideas, with some of the privileges that it affords me. And I think it's even down to the tutors, how they respond to me is really interesting as well. They can try and challenge but I can just give them one look and it shuts it all down. It's the way that the power informs what happens in the relationship, what's permissible and what's not permissible in a relationship, which has given me a better sense of just being more confident

being a psychotherapist because I feel like I've got more of a voice than I've ever had and people listen.

Derek - So is that what you're talking about in terms of change from within? You know, you can change from within at different levels, can't you?

Ade - And I think if you get into different positions which enable you to have more of a voice or voice gets validated, I think it then changes how you feel about yourself and how you have particular types of interactions with others and how they interact with you.

Derek - I'm just gonna just pause it and bring it back to a specific point because I think, you know, the things that we're talking about hopefully will be explored in more detail and actually be interesting to have these conversations rather than individual interviews anyway in groups, so it's something to think about anyway. But in terms of, help me with understanding in terms of, so for my own journey I've got some ideas about the values I mentioned before that I bring from my family which might be to do with caring, that I call something else. What I've heard from you is, for example, you're talking about wanting to help both of you in the face of elements that might not support you to do that or be against you, but are there practices, family practices, family knowledge that you're privileging, whether it's conscious or unconscious, in the way that you practice? And I'm happy to give you an example but I don't want the example to necessarily inform what you say, so if it doesn't make sense I will.

Ade - So at my experience of being in my family, my mum was very caring around food, so that's how she showed love and affection, so cooking was very important. But I didn't experience, and she did a lot of caring for people in the community and her work, but I didn't experience a lot of care in the family. So I didn't, she didn't sit with us and read bedtime stories, she didn't sit with us and say how was your day? I noticed you were upset... do you want to talk? She didn't do so much of that. I'm noticing now, even in my immediate family, I'm very good at doing the cooking, so my sister's always around, I'm always cooking for her. But those kind of softer moments where I notice I didn't have it myself, I don't do necessarily so well with her, so yesterday she came round for example, and we're calling each other idiots (laughs). We use them words, it's obviously banter, but it's interesting how we can kind of get into patterns or particularly kind of replicate scripts about how we do kind of caring in our family. But actually, clinically, professionally, I care for people all the time, and I can do that quite clearly out there, and so I'm very aware I'm carrying that into my experiences of being cared for, into my experience of being a person today, who is also a therapist, who's in a caring profession. Does that make sense?

Derek Does that, That might inform your ethical position as well, which you talked about before. Yeah.

Derek - I guess another example. So for me, I made similar connections with a caring of nurturing of the body, rather than nurturing of the mind. But in sort of what I've called that is hospitality, which is important to my practice. You know, what would it mean to you guys if I turned up with nothing today? Probably not much, because I know you both, but actually its about being comfortable, about treating people as guests and making sure they are comfortable ...a person today who is also a therapist, who's in a caring profession. Does that make sense? That might inform your ethical position as well, which you talk about a lot. Yeah, yeah.

Jordan - There was also food. There was also that idea. But what stuck with me was this getting to know people. So this idea of sitting down and talking. More so within the West Indies, where people used to pass. And in England as well. People used to pass the veranda, and we used to invite them in, and we used to sit down and talk and play games. So that

importance to develop a relationship, or to talk. And it kind of comes out in my practice, because when people see me practice, it's the idea of, I can have conversations about books, about TV programs, about different subjects, in a way to develop the relationship.

And it's kind of intimate as well. The intimacy around getting to know someone. But also, now I'm thinking about it, but not so much groups. More like with three or four people. So not with ten people, with groups, which now I tend to feel more drawn towards smaller groups, rather than larger groups of family, which I have to be conscious of when you see I'm practicing. Umm, And also how, also how emotions, because I think my family, my family of origin, they've done emotions through food, through music, through dancing. Yeah, yeah, yeah, through dancing. Not so like, oh, let's hold hands or let's hug, but through dancing, food, music. And even what you started now, watching movies, which I've got a projector now, which my dad used to do, which is interesting how it follows us, how it follows us (laughs). Then it enters into the practice about what types of activities, interventions, the language, what I see as important, the amount of time I spend on developing a relationship. Even if it's like, and I've gained, I suppose from my family of origin, I've gained this, I feel I've gained the skill of developing that kind of working or therapeutic relationship really quickly. But still giving it loads of value, rather possibly more than the model, that value of, let's sit down and talk before we get to. I'm going to need a copy of this (laughs).

Derek - I wanted to start with a story to connect, because that's where it came from for me in terms of trying to, what is my story about this and what is this about and what are your stories about it and what are they about and where do they connect and cross over and where don't they? But I just wanted to move back for the next maybe five, ten minutes just to think about the language used. So I've used professional identity and we've used that word here, personal identity. We've called it family stories, culture, tradition. And there's different thoughts about those, because sometimes they come across as quite fixed things. Sometimes you can make them more fluid through the way that you think about how they're done with each other. So in terms of the language, are there things that come up for you in terms of, I'm not sure about this or actually this is what I call it or anything that doesn't sit right? How about some of the professional jargon? Some of the stuff we've been talking about in terms of...

Jordan - I suppose I've tried to use language that does justice to how I feel. I'm okay because... And it might mean something different to both of you that I can also check out. Yeah, does that make sense? So I mean that social professional identity could have quite a few layers to it. Yeah, so I'm happy with the language, I'm happy with the language. When you first started I thought you were going to ask people am I happy with the systemic jargon? And I suppose I go back and forth, but you wasn't answering that. What were you asking?

Derek - I think I wasn't asking about the systemic jargon. I was moving away from the words that we've been using, like identity, like BAME, stuff like that. Like are there things that are important for you, for the inquiry that you're collaborating in to consider? So like I explained at the beginning, I used BME in my information sheets and people came back to me and said, actually I prefer it to be BAME. Are there things like that I'm talking about, more specific, more sort of...

Ade - Around what are identities, you mean, and how we may describe ourselves?

Derek - No, about the words that we've used that you feel are okay to use or need to be replaced, or words that we might not have used that are important in this process. I mean I think when you were talking, I was thinking about spirituality. What about spirituality in all this? We've talked about food in some ways and made connections in that way. But just sort of stepping out for a second and thinking about the language used and whether there's other bits that we might have missed or whether some of the words that we've used can be replaced by

things that are more appropriate or meaningful or... Yeah, not or, that's it, full stop. Not making sense to you?

Ade - Yeah, I'm a bit lost because... It's almost like you want us to comment, to reflect and comment on some of the language we've used. Yeah, is that what you're saying? Yeah. Is that it? and to check out if these are the types of languages we feel that we should be using with alternative, all of that, yeah?

Jordan - And that's why I spoke about, I suppose I've used language and tried to do justice on how I feel. And it's probably a mixture of teaching, it's probably a mixture of professional and self, if that makes sense (laughs). Because I can't, like, de-learn. I'm trying to think. Rituals, rituals, beings. Yeah, I feel like I'm over-thinking my descriptions. I don't know. I feel like I'm over thinking my descriptions.

Ade – Can I just. I had a supervision group this morning that I supervise and I used the word isomorphism and there was an assumption that they knew what the word was and someone asked me to explain what it was so I explained it and I realised that what happens is that when we get to particular settings and depending on whose in the room and certain words used so the way that we are talking about our professional and person identities here is partly informed by our identities of each other as systemic psychotherapists so there's certain words we'd use here that we wouldn't use in other setting that are from different backgrounds or different trainings, different knowledge to language. So it's just making me think about how you do adapt your language depending on the setting. And I don't know if I would change any of the language used today, because I feel like they best describe my experience. So I can't talk for you or talk for you, but they best describe my experience. But I would change the words if I was with other people talking about the same type of subject.

Jordan - Now because of my playfulness, now I want to pretend that I'm just somewhere else. We're not therapists. And I think. You know what, that profession is just damn fucking... It would be... You know what I mean? Because now Ade has influenced me in a way to think about, oh, so what would happen if we were in a different context? Different identities, yeah? Different professional identities. What would we... How would we be talking about this? And I think... I don't know it's interesting because... Because with both... Personally, I feel with both of you, I can flip back and forth. I could be crud and really like... What's the word? Yeah, I feel like I can go back and forth between the personal and professional, and I can be drawn out of it and in it, depending on how you respond to me also. I can professional... Professional and personal banter. That's a really good. But he's just given me, thank you Ade, he's just given me a good presentation exercise.

Derek – In terms of your family therapy training. Do you feel that your experiences, as people from BAME backgrounds, were given a framework to develop or were privileged in situations or not? A. B. Is that experience any different to any other training that you've done?

Ade - Can you say it in a different way? Yeah.

Derek - Yeah. The stuff we've spoken about today, did you have a chance to think about it when you were training?

Ade - Thank you. (both laugh).

Jordan – Yes I often do this with friends and I'm often told, Ade you often like to quote difference. And I think that the friends I have around me are very good at talking about my own difference, their difference, difference about how we engage the world around us and our identities and who we are and who we want to be. Our hope some wishes for the future.

Derek - Did you do that in training, This is what I was asking.

Ade - Towards the end, more so through BAATN. I think once I got access to BAATN as a trainee, that was a space I was able to access to do that as a BME person.

Derek - Was it off your own back or was it something that was suggested to you?

Ade - I think someone possibly suggested BAATN.

Derek – Externally to the course or internally to the course?

Ade - I think externally. I don't think it was... I think it was... I can't remember how I... I think it was externally. And then I think that became my place where I did it, not on the course, because it didn't feel safe to do it while I was training. We had the power and difference groups, which I often struggled with. And I think they struggled to construct what that would look like with a group of cohorts with lots of difference, but also how they manage people's discomfort when they touch on certain subjects. I think that... And being a black person and looking after white people's feelings is a reality. It's that sometimes when we're in groupings with white people, we can often do what our ancestors did, which is look after them, look after their psychological well-being rather than look after them physically. We're doing something else. We're looking after their well-being in a different way, so it's like, we won't say this. Or we can adapt our use of language or how we speak. And I think, as BME people, we're very mindful of thinking about race and difference and having to see us, because we're always having to think about that. That's always something at the forefront of our minds. So then when we enter into a profession like this and have to engage in either training or our supervisors or colleagues, you're having to be more mindful. I think you're better equipped at being mindful about what you say and how you say it and who you say it to and what language is appropriate and not appropriate, because I think you're programmed, but you're exposed to doing it from such a very young age and learning the rules about how to navigate systems in order to kind of manage and just manage.

Jordan - What Ade was talking about made me think about training here. But also, even on the way here, it made me think of my training and maybe it would be better if you see they just had a kind of made-up dialogue between two or three people, while people observe, because therefore you could take a risk. You had permission and you could give yourself permission to say anything. I don't think it was... To say anything

Derek to say anything to say anything different?

Jordan - Oh, to say what you wanted to say without looking after white people. Yeah, so you can have a dialogue. So it made me think about... He's done that a couple of times. When Ade said something, it made me think about how it could have been different, because I think it wasn't good enough. I feel it wasn't containing enough and safe enough. And there's things... I remember saying, Oh, I'm living this kind of life. I'm a black person 24-7. But even me saying that, I could feel some... I could feel it taken in an aggressive, black, angry person way, even from the tutors. So from there, I kind of retreated, in a sense, because I didn't feel safe enough to share my lived experience.

Derek - That's a similar thing where I trained.

Jordan - Yeah, yeah, yeah. And a lot of it... So not in the trainings, but that's drawn me towards when I talk about race, gender, sex, whatever it may be. I try to do it differently. I try to invite conversation. I try to invite challenge, so that we're able to be able to have a conversation about it, but also try to create a space where it can be contained. I've got a network of friends,



peers, other therapists as well. So for me, it's just like an ongoing assessment. It's ongoing conversations of us sending each other information, pictures, books to read, articles and stuff. I think I've got... No, I didn't get it during the training. The best training, I think, has been outside the family therapy training organisations.

Derek - I'm going to go through... Is that alright to pause there?

Both - Yeah, yeah, yeah.

Derek - What's your understanding of personal identity? What's your understanding of the relationship between the two? How much influence does your culture, family stories or traditions have on your professional identity? What are your experiences of training and supervision on bringing in or being mindful of your personal identity into the work or thinking? What theory, if any, do you draw on when using your personal identity? What influence, if any, do you think clients' social and cultural identities have on this? What influence do you think your colleagues or workplace social and cultural identities have on this? Would this be different, for example, in private practice? If you felt that you have drawn on parts of your personal identity in your work, what impact has this had on clients? Can you think of any examples? Does hospitality have any resonance when you think about your work? Should it be included as one of the questions or themes or left to identify at a later stage? Scratch the last bit of that one. I think that's it, actually. When I hear hospitality, I think about how do I welcome my clients into the space? And that could be done in many different... Does that make sense yet? So when you said that.

Jordan - The cultural... I think the workplace or the cultural workplace...

Derek - I don't know if we touched on that before. No, I don't think we touched on it, but it's...

Jordan - It's an interesting question.

Derek - I mean, you know, the institutions that we're a part of, the systems that we're a part of, in some ways lay a foreground for... If you're working in a racist environment...

Jordan - Some places have promoted my thinking and way of working, and other places are just like, I just wanted to run out. So it does have an impact.

Ade - I thought they were all really good questions. Hospitality. Every time I hear hospitality, I think of catering. I can't not get away from that. I think it's great that you can kind of make that connection. But I think there's something about the dominance of that language, and there's a dominance around that language, about how it gets used anyway. And I think you're trying to reconstitute... Can we reconstitute these particular words in a particular frame? I think that just needs to be clearer because obviously you can elaborate what you mean by hospitality.

Derek - Yeah, of course.

Ade - But then I think in any literature, it just obviously needs to be clear what people... You're just feeding people.

Derek - Yeah, there's something about... It's really interesting. It's the aesthetics of hospitality, and there's this, Saito, a Japanese writer, I think, and there's this sort of... When you provide people with tea, there's an art to it. I just...

Ade - Because as you were talking about hospitality and about how there's different ways that you can do hospitality and there's an art form to it, I started to think just the normal term of how do we engage people? Yeah, yeah, yeah. What's our understanding about engagement and the engagement process? And it then reminds me of the therapeutic relationship, you know? And there's obviously lots of writing. Barry Mason's done lots of writing, and there's lots of stuff on the therapeutic relationship. I can't think of it in my head. But also, in relation to your other questions, about culture and what we bring of ourselves, professionally and socially...

Derek - Sorry, can you hold that second bit, pause that second bit? Because what we're talking about is inviting people into the veranda and having relationships with people, which we can call therapeutic if we don't take other people's writing about it and we bring our own stories about doing that. So, you know, hospitality is my attempt at connecting my own self rather than using language from books to connect with what I'm doing that fits and brings these... It's a both-and, I guess, you know? I'm trying to connect both of them.

Jordan - I suppose it's how do we... You know, it's interesting, the language bit. So how do you make sense of the language? I remember my previous supervisor from previous therapeutic learning and training, I remember I asked a client if they wanted some water, and my supervisor said, why did you ask them if they wanted water? But it was like, for me, it was like people... I was brought up in a way that if people came to my house or people came to our parents' house, we would offer them a drink and something like that. But it was... Yeah, yeah, so that idea...

Derek - But just to call that a therapeutic relationship is too simple in my mind.

Ade – Too simple?

Derek – would everyone practice in the same way? It's the needs of someone that informs the therapeutic relationship and comes from a place where you look after people. It doesn't necessarily need to be called hospitality because that's my word, so I need to be aware of that.

Jordan – Are you talking about the same thing or something different, is the hospitality form the person about how I was brought up and feel comfortable and this is how I was brought up and a ritual that needs to be in place and I will feel better or are you talking about development of relationship mixture of part of personal and professional. Because straight away I linked it, I didn't ask.

Derek – On that note. thank you both so much, but the time has come to an end.

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## Analysis & Interpretation

Content	Appendix Code
Emerging Analytical Methods: Overview of different analytical methods explored, including Narrative Inquiry, BNIM, and Thematic Analysis.	Appendix M
Example Transcript Extract: Sample interview excerpt with participant reflections and responses.	Appendix N
Multi-Method Analysis vs. Thematic Analysis: Comparison of the thematic versus multi-method narrative analysis approaches used in the research.	Appendix O
Comparison of Analysis Approaches: Illustrative example of narrative and thematic analysis comparison, featuring participant 'Afia.'	Appendix P
Flow chart: My own, participants and paired interview	Appendix Q

### Appendix M

#### What was Emerging?

To represent the emerging stories more authentically, I explored various methods that aligned with the ethical standards of my practice, including Narrative Inquiry (Clandinin & Connelly, 2000), the Social Constructionist Approach, Biographic-Narrative Interpretative Method (BNIM) (Riessman, 2008), Critical Autoethnography (Adams & Holman Jones, 2008), Intersectionality (Crenshaw, 1989), and Thematic Analysis (Braun & Clarke, 2006), alongside NVivo software.

By closely examining how interviewees' embodied experiences shaped their understanding, I could capture their perspectives more contextually. This focus on embodiment highlighted the relational complexities of space, time, and context in their narratives. I also reflected on my own embodied experiences to acknowledge the interconnected nature of the narratives within the research.

This embodied approach to analysis helped situate my findings within the spatio-temporal realities of participants' lives, considering how our physical experiences informed the topics discussed.

#### Challenges with the Initial Approach and Thematic Analysis

As I reviewed my transcribed interviews, I found myself wondering, "Where do I start with all this data?" Despite months of reading and reflecting, I felt uncertain about how to translate my vision of an intuitive, responsive, and embodied research process into tangible steps.

Curious about qualitative software like NVivo, I decided to tentatively try thematic analysis as a way to bring initial structure to my data. While NVivo helped organise themes, it also felt reductive, pushing me towards compartmentalising narratives—something I had aimed to avoid.

## Appendix N

### Example of an extract of a transcript

**Interviewer:** What are the most memorable cultural performances, acts, rituals you experienced growing up if any and how did they affect you? I'm happy to share a couple of mine, if it helps ground you or you just take as much time as you need to think of it.

**Interviewee:** I think growing up the thing that I remember the most really was about having time and having quality time. I think one of my earliest memories was when we were little my dad he used to take my sister and I to Regent's Park to feed the animals he loved. He absolutely loved animals. Anything to do with animals he loved it.

I remember he take us to Regent's Park and I've always been really scared. Because I'd have the nuts and go so, my sister would go, he'd buy the nuts. He'd buy everything to feed the squirrels. He'd be like, "It's fine. It's fine." They might not think it is, "It's not fine. It's not fine." [laughter] If not's fine these furry little things are going to come at me.

I just remember, one day, in particular, I don't know why. I think I was more scared. It must have been about seven? About six or seven but I was more scared, I think, than I normally was. I put my hands in my pocket and my dad just came over and he said, "Are you okay?" I wasn't talking. He didn't say anything or what have you.

Then he just took the bag of nuts and then he went and he sat on the ground. He just started feeding the squirrels. He didn't pressure me to come over. My sister was with him and then after a while, I thought, "Okay. Maybe it's not so bad." I walked over and I sat down on the ground with him.

I'd say that I recall that one because I think later on, what it taught me was just sort of culturally in the way that my parents and my aunts, and the people around me just tended to do something who was this idea where for, "Come, let me show you." When you don't know how to do something or you are scared of something that you have to do rather than sort of go and say, "You must do it. Or come on. Come on, you must do it. It was this. Okay, let's try this another way and come and let me show you."

I don't know whether that was just my dad or culture. I find that in African culture, particularly in West African culture, there's the idea that you show. You use words but sometimes if you can't find the words it's this sense of just, "We'll do it together." [crosstalk]

**Interviewer:** Where is that come from? Where your ideas about where that comes from for your dad, for West Africans?

**Interviewee:** I don't know. I don't think I've ever really thought about it. It's just something that I've always known or done, if that makes sense. I think from my parents, it will probably be the idea that it takes a village to raise a child. I think that's where they would base it in that idea. Because I think everything for them is around family. You can't do something by yourself

and there's different ways to learn things. The environment is got to be right, if that makes sense.

## Appendix O

### Comparison: Multi-Method Analysis vs. Thematic Analysis

#### Depth vs. Breadth:

**Multi-Method Analysis:** The approach provides a deeper, more immersive experience, focusing on both personal anecdotes and the significance of these in shaping the participant's professional identity. It is more about understanding the journey and its experiences.

**Thematic Analysis:** This method categorises data into broader themes. It offers a more structured understanding and is more about identifying patterns across data.

#### Emphasis on Personal Experiences:

**Multi-Method Analysis:** There's a clear emphasis on personal narratives, emphasising the participant's personal journey and how it shaped their professional identity.

**Thematic Analysis:** While it also captures personal experiences, it does so within broader themes, sometimes potentially missing the nuances.

#### Interpretative Nature:

**Multi-Method Analysis:** This approach can seem more interpretative, delving into the intricacies of the narrative and exploring the underlying meanings, emotions, and reflections. The additional element of collaboration, for example, checking in with participants after the interview, was put in place to support with this.

**Thematic Analysis:** It remains more descriptive, focusing on what is explicitly mentioned in the data.

#### Structure and Presentation:

**Multi-Method Analysis:** This approach might be more fluid, and it allows for a more storytelling or narrative-style presentation.

**Thematic Analysis:** It provides a clearer structure by breaking down data into distinct themes, which can seem more straight-forward when discussing findings.

#### Cultural Context:

**Multi-Method Analysis:** By diving deep into personal experiences, it gives more room to capture the cultural nuances and the richness of the participant's background.

**Thematic Analysis:** While it captures cultural influences, it might sometimes lose the depth of the cultural context in its attempt to categorise data into broader themes.

### Specific Observations from the Data

The nuances and depth of each analytical approach offer distinct perspectives on the 'data'. When we delve into the multi-method analysis, the importance of shared moments, such as those feeding animals at Regent's Park, stands out. This reflection of the participant's upbringing and the connection to their present worldview stands out. In contrast, the thematic analysis would frame this with regards to something more aligned with quality time within the broader theme of valued moments with loved ones, underscoring the profound influence such moments have on creating bonds and shared memories.

Nature's attraction, particularly the recollection of Regent's Park and the participant's father sitting on the ground and feeding the squirrels, emits a sense of connection in the multi-method approach. The thematic analysis, however, casts this connection as a theme, emphasising the therapeutic and nurturing essence of such experiences.

The act of storytelling is another element that stands out prominently in the multi-method analysis. It is portrayed as an intimate experience, central to the participant's identity and worldview. The thematic analysis, on the other hand, positions storytelling within the expansive context of cultural narratives, underscoring its pivotal role in moulding beliefs, values, and perceptions.

The participant often learned more from watching and doing rather than just being told. This style of learning is highlighted in the multi-method analysis, showing how their culture influences the way they learn. In the thematic analysis, this hands-on way of learning is seen as a main theme, pointing out how important these practical experiences were during their early years.

Navigating the intricacies of identity and cultural assimilation through the lens of personal memories and experiences is dominant in the multi-method analysis. Yet, from a thematic perspective, these dichotomies are nestled within the overarching theme of identity formation, accentuating the trials and nuances of balancing multiple cultural identities.

The multi-method exploration highlights the mixing of personal narratives into therapeutic methods. Yet the thematic lens frames these personal anecdotes as tools for therapeutic intervention, showcasing their indispensable role in developing understanding and rapport with clients.

The multi-method analysis provides a nuanced understanding of the intricacies involved in navigating personal and professional identities within a diverse cultural backdrop. It offers a depth of perspective, capturing the essence of individual experiences. In comparison, the thematic analysis presents identity and belonging as key themes, underscoring the broader calls for representation and inclusivity in the discipline.

The multi-method analysis navigates the intricate layers of the participant's narrative, providing a comprehensive and introspective consideration of their experiences. It delivers a holistic view, capturing the essence of individual stories. On the other hand, the thematic analysis organises these experiences into broader themes, offering a different perspective. However, the depth and richness offered by the multi-method approach stand out, showcasing its unique ability to delve into the heart of a narrative.

## Appendix P

An example of comparison of different types of analysis

Below, I will give an example from participant Afia showing what the analysis would have looked like if I had used a traditional methodology such as thematic analysis in comparison to the approach that I have taken. The transcript section is included above in the Appendices (Appendix N).

Multi-method analysis presented as storytelling, as done within this thesis.

In embarking on this journey with Afia, I found myself hearing a narrative of profound personal experiences, rich cultural insights, and thought-provoking reflections. Afia's life began with her upbringing in a West African community, her migration to the UK, and her current role as a systemic psychotherapist. As I navigated through her narrative, I experienced a strong sense of connection with her journey, which I will try to articulate in the following passages.

Afia's narrative began to unfold under the shadow of the West African proverb, "*It takes a village to raise a child.*" This formed the cornerstone of her worldview, fostering a sense of shared responsibility and communal upbringing. As Afia shared during our conversation, "*You can't do something by yourself and there's different ways to learn things. The environment has got to be right, if that makes sense.*" Her words echoed in my mind, painting a vivid picture of a community-bound childhood steeped in collective wisdom and shared experiences. As Afia described her West African upbringing, I felt as though I was right there with her. I could almost hear the vibrant sounds of her village, sense the wisdom of her elders, and see the community she grew up in. Her story reminded me of my own roots and the cultural context that has

moulded my perspective on life. I realised that the importance of community, support, and shared learning that she emphasised was not only central to her personal philosophy but also constituted the core of her therapeutic approach. It was such a blessing to see this connection emerge through our dialogue.

Another example of the learning that Afia did was through experience. She put it so beautifully in this example:

*"I think growing up the thing that I remember the most really was about having time and having quality time'. "I just remember, one day, in particular, I don't know why. I think I was more scared. It must have been about seven? About six or seven but I was more scared, I think, than I normally was. I put my hands in my pocket and my dad just came over and he said, "Are you okay?" I wasn't talking. He didn't say anything or what have you. Then he just took the bag of nuts and then he went and he sat on the ground. He just started feeding the squirrels. He didn't pressure me to come over. My sister was with him and then after a while, I thought, "Okay. Maybe it's not so bad." I walked over and I sat down on the ground with him".*

I was captivated by this story and was really keen to hear where it was going. Afia continued: *"I'd say that I recall that one because I think later on, what it taught me was just sort of culturally in the way that my parents and my aunts, and the people around me just tended to do something who was this idea where for, "Come, let me show you." When you don't know how to do something or you are scared of something that you have to do rather than sort of go and say, "You must do it. Or come on. Come on, you must do it. It was this. Okay, let's try this another way and come and let me show you."*

On reflecting on the transcript, Afia shared some further thoughts: *"This reminds about the idea that I carry with me in practice that there are many ways to teach and thus many ways to learn". "Education should not just teach work it should teach life' WEB Dubois"*

### Thematic analysis

The thematic analysis of the participant's transcript reveals profound insights into the interplay of cultural heritage, personal experiences, and familial bonds.

### Quality Time and Early Memories

The prominence of early memories, especially those centred around spending quality time with family members in natural settings, underscores the formative influence of childhood experiences. Such memories not only shape personal narratives but also offer a lens through which to understand cultural values and practises. The participant's recollection of time at



Regent's Park, for instance, provides a glimpse into the importance of family bonding and shared experiences in their cultural upbringing.

#### Dealing with Fear and Uncertainty

The theme of dealing with fear and uncertainty, especially with the supportive presence of family members, highlights the significance of familial bonds in personal development. The non-judgmental approach of the participant's father, as illustrated in the squirrel feeding episode, embodies a teaching method rooted in patience, understanding, and compassion. This approach, where one is gently nudged to face their fears rather than being forced, might be reflective of broader cultural values that prioritise understanding and empathy over coercion.

#### Cultural Traditions of Teaching and Guidance

The emphasis on showing rather than just telling stands out as a distinctive cultural practice. The participant's reflections suggest a West African cultural emphasis on experiential learning, where lessons are imparted through shared experiences rather than just verbal instructions. This approach underscores the value of collective experiences, community bonds, and the idea that "it takes a village to raise a child."

In tying these themes back to the broader research context, it becomes evident that personal narratives are deeply intertwined with cultural practises, family bonds, and early life experiences. The participant's narrative offers a valuable perspective on the influence of West African cultural values on personal development, learning, and coping mechanisms.

## Appendix Q

### Researcher (Your Story):



### Participant 1: (used in the thesis)



Participant 2:



Participant 3:



Participant 4:



Participant 5:



Participant 6:



Paired interview:



## Participant Feedback and Reflection

Content	Appendix Code
Transcript Sharing: Emails and communication for returning transcripts to participants.	Appendix R
Participant Feedback: Responses and reflections from participants on their narratives and research engagement.	Appendix S

### Appendix R

Participants email's, returning the transcript.

#### Participant A

Hey Prof,

Here you go .. .!  
Sent from my iPhone

#### Participant B

Hey,

I read it and added my comments in red.

I would say because people know us that you should change my details further, i.e. gender, maybe say I'm from another African country. Maybe comment I trained somewhere else.

Good luck

#### Participant C

Hi Derek,

I've made some notes in orange with the document..  
Some of the grammar doesn't make sense, but it might be the way I talk...

Re reading has been helpful, so thanks...Started yet another thinking adventure.....

Let me know if a conversation would be helpful...

### Appendix S

#### Participant feedback

The following feedback has been taken out of the version of transcripts that participants had reviewed and sent back. The feedback on the transcripts from the three participants who replied can be seen below.

#### **Afia**

*This reminds about the idea that I carry with me in practice that there are many ways to teach and thus many ways to learn*

*'Education should not just teach work it should teach life' WEB Dubois*

*There is also something about timing, sometimes if you can't find the words to say what you want to say it adds to the sense of being lost or confused ... so yes I like the words you have chosen Derek. 'beyond talking' it makes me think that there has to be space in the therapeutic for something more ..but it also makes me also question what that more is ?'*

*Do I create that space for more ? and how do I pay attention to it?*

*This now makes me think about having to find your way through unknown but somehow not unfamiliar territory – you have to rely on your instincts.*

*' Our mothers and grandmothers moving to music not yet written' Alice Walker – Spelman college (1953)*

*You have your village part inherited part constructed – but it is yours*

*So, reading this again really takes me back to the beginning of my journey, something happened in my time in working in this particular setting where I was able to really 'see clearly' and that ability to be able to 'see' clearly remains as important if not more so important to me as Systemic Psychotherapist now.*

*'You can't be what you cannot see' Mariam White Edelman (1959)*

*So reading back on this I am again thinking about the tension or struggle around culture and race and practice ... 15 years down the line . I still get that knotted feeling in my stomach... and I still don't have the words to unravel it all...*

*'If you surrender to the air, you will not be able to ride it' Toni Morrison (1953)*

*'Without commonality there is no liberation' (Audrey Laude)*

### **Bernard**

*most of the conversation in regard to white people on the island were in the context of them seen as tourist. This guy was spoken and treated like a local person. We can start thinking about the social construct of race, and how this can have an impact of how you make sense of yourself and others in this world.*

*Yes, you can say that I'm heavily influenced by when I spent time with my grandparents in the west indies: the telling of stories as a way to pass on messages, history.*

*(been a part of helping think about how I practice, and the tools I draw on to cocreate spaces for change)*

*(Also do I want to be associated with a cohort that I experienced as creating a power dynamic, at times othering.... but I slowly moved to being part of the change from within, introducing a version of difference).*

*(Albert Einstein quote comes to mind "If you can't explain it simply, you don't understand it well enough").*

*. (Also, I think it is an ongoing process, responding to feedback but also feeling grounded by the theory which supports me in the making sense process, and where to next go in the exchanges, intervention, talk....)*

*(part of a self-reflexive process)*

*Self-reflexivity, social G, narrative – live our lives by the stories we tell, CMM – aware of my own and curious of the families changing highest context.*

*It started when I finished the training, through knowledge gain via experience as opposed to acquired (via book or being told). Still, it's an on-going process, the skill is to be open to the learning.*

*Funnily enough, I've found myself (placed) in a teaching position.*

*... Reminds me of relational risk taking, also different - but not too different.*

*Also, there's something about bringing difference as a therapist, as at times we are invite/convinced to bring more of the same with our clients – replicating their solutions gone wrong....*

### **Camara**

*Reading this back, I was saddened by reading these words, I look back at this statement with different eyes as I do not see things the same way now.*

*I don't want to just work in a direct way, I would hope that I can adapt my practice where possible to accommodate the clients.*



*Makes me think about use of self and how that is always an important component of my practice. However, got me to consider how people might experience me joining with a member of the family as aligning myself. Got me thinking about the complexity of engaging different members.*

## REFERENCES

- Adams, T. E., and Holman Jones, S. (2008). Autoethnography is queer. *International Review of Qualitative Research*, 1(3), 155-171.
- Acholonu R, G. and Oyeku S, O. (2020) Addressing Microaggressions in the Health Care Workforce. A Path Toward Achieving Equity and Inclusion. *JAMA Netw Open*. 2020;3(11): e2021770. doi:10.1001/jamanetworkopen.2020.21770
- Afuape, T. (2020) Radical systemic interventions that go to the root: working alongside inner-city school children, linking trauma with oppression and consciousness with action. *Journal of Family Therapy*, 42(3), 425–452.
- Alvarez, A. N., Blume, A. W., Cervantes, J. M., and Thomas, L. R. (2009). *Tapping the Wisdom That Surrounds Us: Mentorship of Minoritized Counselors*. *Professional Psychology: Research and Practice*, 40(2), 181-187.
- Anderson, H. (2012). Cited by Sanders (2016) in Dickerson, V. (2016) *Post-structural and Narrative Thinking in Family Therapy*. AFTA Springer Briefs in Family Therapy. Springer.
- Andrews, M., Squire, C. and Tamboukou, M., 2013. *Doing Narrative Research*. 2nd ed. London: Sage.
- Anker, M. G., Duncan, B. L., and Sparks, J. A. (2009). Using client feedback to improve couple therapy outcomes: A randomised clinical trial in a naturalistic setting. *Journal of consulting and clinical psychology*, 77(4), 693. <https://doi.org/10.1037/a0016062>
- Ash, J. (1996). Body Dressing. In J. Entwistle & E. Wilson (Eds.), *Body Dressing* (pp. 65-70). Berg.
- Association for Family Therapy and Systemic Practice in the UK. (2016). *Association for Family Therapy and Systemic Practice code of ethics and practice*. Retrieved from <https://aft.org.uk/document-download/CodeofEthicsandPractice.pdf>
- Association for Family Therapy Blue Book (2015) 4<sup>th</sup> edition, revised. [https://cdn.ymaws.com/www.aft.org.uk/resource/resmgr/resources/policies\\_and\\_guidance\\_docs/cred\\_and\\_training/aftbluebook\\_4th\\_ed\\_final\\_pdf.pdf](https://cdn.ymaws.com/www.aft.org.uk/resource/resmgr/resources/policies_and_guidance_docs/cred_and_training/aftbluebook_4th_ed_final_pdf.pdf)
- Atkinson, D. R., Morten, G., and Sue, D. W. (1998). *Counselling American minorities*. McGraw-Hill Humanities, *Social Sciences & World Languages*.
- Bordin, E. S. (1979). *The generalizability of the psychoanalytic concept of the working alliance*. *Psychotherapy: Theory, research & practice*, 16(3), 252-260. <https://doi.org/10.1037/h0085885>
- Bakhtin, M. (1993). *Toward a Philosophy of the Act*, V. Liapunov and M. Holquist eds., trans. V. Liapunov, Austin TX: University of Texas Press
- Bamberg, M. (2006). *Stories: Big or small: Why do we care?* *Narrative Inquiry*, 16(1), 139-147.
- Bamberg, M., and Andrews, M. (2004). *Considering counter narratives*. In M. Bamberg & M. Andrews (Eds.), *Considering counter narratives: Narrating, resisting, making sense* (pp. 1-7). John Benjamins Publishing.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84(2), 191-215.

Banks-Wallace, J. (2002). Talk that talk: Storytelling and analysis rooted in African American oral tradition. *Qualitative Health Research*, 12(3), 410-426.

Barad, K. (2007). Meeting the universe halfway: Quantum physics and the entanglement of matter and meaning. Durham: Duke University Press.

Barad, K. (2009). Posthumanist Performativity: Toward an Understanding of How Matter Comes to Matter. *Signs: Journal of Women in Culture and Society*, 28(3), 801-831.

Barad, K. (2010). *Quantum entanglements and hauntological relations of inheritance: Discontinuities, spacetime enfoldings, and justice-to-come*. *Derrida Today*, 3(2), 240-268.

Bass, B. M., and Riggio, R. E. (2006). *Transformational leadership*. Psychology Press.

Bateson, G. (1972) *Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology*. San Francisco: Chandler Publishing.

Becvar, D. S., and Becvar, R. J. (2013). *Family therapy: A systemic integration*. Pearson.

Bell, E. (1990). The bicultural life experience of career-oriented Black women. *Journal of Organisational Behaviour*, 11, 459-477.

Bennett, J. (2010). *Vibrant Matter: A Political Ecology of Things*. Duke University Press.

Berg, I.K. (1994). *Family Based Services: A Solution-Focused Approach*. New York: Norton.

Berger, P. L., and Luckmann, T. (1966). *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Doubleday.

Bernard, J. M., and Goodyear, R. K. (2018). *Fundamentals of clinical supervision* (6th ed.)

Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations*, 29(6), 697-712.

Beutler, L., Malik, M. L., Alimohamed, S., Harwood, T. M., Talebi, H., Noble, S., and Wong, E. (2004). Therapist variables, In M. J. Lambert (Ed.), Bergin and Garfield's *Handbook of Psychotherapy and Behaviour Change* (5th Ed, pp. 227–306). New York: John Wiley & Sons.

Beyai, V. (2018). *Black Panther: the film shaking the foundations of Colonialism*. The Gryphon. <http://www.thegryphon.co.uk/2018/02/26/black-panther-the-film-shaking-the-foundations-of-colonialism/>

Bhopal, K. (2018). *White Privilege: the myth of a post-racial society*. Policy Press. <https://policy.bristoluniversitypress.co.uk/white-privilege>

Birch, M. and Miller, T. (2002), Encouraging Participation. Ethics and Responsibilities, in: Melanie Mauthner et al. (eds.), *Ethics in Qualitative Research*, London: Sage.

- Bochner, A. P. (2014). *Coming to Narrative: A Personal History of Paradigm Change in the Human Sciences*. Left Coast Press.
- Boghossian, S. (2011). Counselling and Psychotherapy with Clients of Middle Eastern Descent: A Qualitative Inquiry. *All Graduate Theses and Dissertations*. 898
- Bola, J. J. (2015) *Word*. African Renaissance; First Edition
- Bordin, E. S. (1979). *The Generalizability of the Psychoanalytic Concept of the Working Alliance*. *Psychotherapy: Theory, Research & Practice*, 16(3), 252-260.
- Bourdieu, P. (1986). *The forms of capital*. In J. Richardson (Ed.), *Handbook of Theory and Research for the Sociology of Education* (pp. 241-258). Greenwood.
- Boyd, B. (2017). The evolution of stories: from mimesis to language, from fact to fiction. *Wiley Interdisciplinary Reviews: Cognitive Science*, 9.
- British Psychological Society (2011). Response to the American Psychiatric Association: DSM –5 development. Leicester: British Psychological Society. Boyle, 2002; Bentall, R. P. (2004). *Madness explained*. London: Penguin Bracken et al., (2012) Coppock, V. and Hopton, J. (2000) *Critical perspectives on mental health*. London: Routledge. Johnstone, 2008. Children's and adolescent mental health and CAMHS British Psychological Society March 2014
- British Psychological Society, BPS (2014). Code of Human Research Ethics. <https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014>
- Braidotti, R. (2006). *Transpositions: On nomadic ethics*. Cambridge: Polity Press.
- Braun, V., and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Breckner, R., and Rupp, A. (2002). The biographical narrative interpretive method (BNIM): A systematic approach for presenting and analysing biographical narrative interviews. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 3(2), Art. 21. <http://www.qualitative-research.net/index.php/fqs/article/view/893>
- Brown, M. E., & Treviño, L. K. (2006). Ethical leadership: A review and future directions. *The Leadership Quarterly*, 17(6), 595-616.
- Bruner, J. (1986). *Actual minds, possible worlds*. Harvard University Press.
- Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry*, 18(1), 1-21.
- Bucher, R., and Stelling, J.G. (1977). *Becoming professional*. London: Sage Publications.
- Burck, C. (2005). *Multilingual Living: Explorations of Language and Subjectivity*. Houndmills, UK: Palgrave Macmillan.
- Burnham, J. (1992). Approach, method, technique. *Human Systems*, 3: 3–27.
- Burnham, J. (1993). Systemic supervision: the evolution of reflexivity in the context of the supervisory relationships. *Human Systems*, 4: 349–381.

Burnham, J. (2005). Relational reflexivity: A tool for socially constructing therapeutic relationships. Chapter 1 in *The space between*, Karnac Books.

Burnham, J. (2012). Developments in Social GRRRAACCEEESSS: visible-invisible, voiced-unvoiced. In I. Krause (Ed.), *Culture and Reflexivity in Systemic Psychotherapy: Mutual Perspectives*. London: Karnac.

Burnham, J., and Harris, Q. (2002). Cultural issues in supervision. In D. Campbell and B. Mason (Eds.) *Perspectives on supervision*. London: Karnac.

Burns, D. (2007) *Systemic Action Research: A Strategy for Whole System Change*. Bristol: Policy Press.

Burr, V. (2015). *Social Constructionism*. 3rd ed. London: Routledge.

Butler, C. (2013). Identity and stammering: negotiating hesitation, side-stepping repetition, and sometimes avoiding deviation. *Sociology of Health and Illness* Vol. 35 No. 7. pp. 1113–1127

Campbell-Stephens, R., (2021). Introduction: Global majority decolonising narratives. *In: Leadership and the Global Majority*. Springer. Available at: [https://link.springer.com/chapter/10.1007/978-3-030-88282-2\\_1](https://link.springer.com/chapter/10.1007/978-3-030-88282-2_1)

Carastathis, A. (2014). The Concept of Intersectionality in Feminist Theory. *Philosophy Compass*. 9. 10.1111/phc3.12129.

Carpenter, J. (1984). Making training relevant - a critical view of family therapy training in the UK. *Journal of Family Therapy*, 6: 235-246.

Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy*, 20 (4): 485-503.

Carr, W. (2000). *Becoming Critical: Education, Knowledge and Action Research*. Deakin University Press.

Carr, W. (2006). *Philosophy, Methodology and Action Research*. Routledge.

Cecchin, G., Lane, G. and Ray, W.A. (1992). *Irreverence: A strategy for therapists' survival*. London: Karnac Books.

Certeau, M. de, Giard, L., and Mayol, P. (1998). *The Practice of Everyday Life: Living and Cooking*. University of Minnesota Press.

Chan, C.D., Cor, D.N. and Band, M.P., (2018). Privilege and Oppression in Counsellor Education: An Intersectionality Framework. *Journal of multicultural counselling and development*, 47(1), pp.58-73.

Chantler, K. (2005). From disconnection to connection: 'Race', gender and the politics of therapy. *British Journal of Guidance and Counselling*, 33 (2), 239-256

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.

Chase, S. E. (2018). Narrative inquiry: Multiple lenses, approaches, voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (pp. 651-679). Sage

- Cheshire, K.E. (2000). Clinical training in the 1990s: Trainees' perspectives. *Clinical Psychology Forum*, 145, 37-41.
- Chilisa, B. (2012) *Indigenous Research Methodologies*. SAGE Publications
- Cho, S., Crenshaw, K. W., and McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society*, 38(4), 785-810.
- Christian, B. (1987). The race for theory. *Cultural Critique*, (6), 51-63.
- Clandinin, D. J., and Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. Jossey-Bass.
- Clarke, B. and Parsons, J. (2013). Becoming Rhizome Researchers. *Reconceptualising Educational Research Methodology*. 4(1).
- Clifford, V., Rhodes, A., and Paxton, G. (2014). Learning difficulties or learning English difficulties? Additional language acquisition: An update for paediatricians. *Journal of Paediatrics and Child Health*. 50: 175-181. doi:10.1111/jpc.12396
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.
- Colapinto, C. (1991). Structural family therapy. In A. Gurman and D. Kniskern (eds), *Handbook of Family Therapy*, Vol II. New York: Brunner/Mazel.
- Collins, P.H. (1990). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Boston: Unwin Hyman, pp. 221-238.
- Collins, P.H. (2002). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Routledge.
- Collins, P.H. (2005) *Black Sexual Politics : African Americans, Gender, and the New Racism*. New York :Routledge, 2005. Print.
- Comas-Díaz, L. (2006). Latino healing: The integration of ethnic psychology into psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 436-453.
- Conrad, P. (2007). *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Johns Hopkins University Press.
- Constantine, M. G., and Sue, D. W. (2005). *Strategies for building multicultural competence in mental health and educational settings*. Hoboken, NJ: Wiley.
- Constantine, M. G., and Sue, D. W. (2007). Perceptions of racial microaggressions among Black supervisees in cross-racial dyads. *Journal of Counselling Psychology*, 54(2), 142.
- Constantine, M. G., Richardson, T. Q., Benjamin, E. M., and Wilson, J. W. (1998). An overview of Black racial identity theories: Limitations and considerations for future theoretical conceptualizations. *Applied and Preventive Psychology*, 7, 95–99.
- Cooperrider, D.L., and Whitney, D.K. (2005). *Appreciative inquiry: A positive revolution in change*. San Francisco, CA: Berrett-Koehler.

Corbally, M.A (2011). Making sense of the unbelievable: *A Biographical Narrative study of men's stories of female abuse*. PhD Thesis.

Craig, G. (2003). *Just therapy: a social justice perspective*

Crenshaw, K. (1989). "Demarginalising the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist theory and Antiracist Politics," University of Chicago Legal Forum: Vol. 1989: Issue. 1, Article 8.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of colour. *Stanford Law Review*, 43(6), 1241-1299.

Cross, W.E. Jr. (1971). Negro-to-Black conversion experience: Toward a psychology of black liberation. *Black World*, 20, 13–27.

Cullen, P., (2013). *Use of reflection to enhance professional development in nurse practitioner students*. Conference presentation.

Cunningham, J. (1993). Action Research and Organisational Development. *Westport: Praeger Publishers*.

Davis, K. (2008). Intersectionality as buzzword: A sociology of science perspective on what makes a feminist theory successful. *Feminist Theory*, 9(1), 67-85.

D'cruz, H., Gillingham, P., and Melendez, S. (2007). Reflexivity, its meanings and relevance for social work: A critical review of the literature. *British Journal of Social Work*, 37(1), 73-90.

Deleuze, G. and Guattari, F. (1987), *A Thousand Plateaus*, Trans. Brian Massumi, University of Minnesota Press, Minneapolis.

Deleuze, G. (1997). The Actual and the Virtual. *ANY: Architecture New York*. 19/20, 19.6–19.7.

Delgado, R. and Stefancic, J. (2001) *Critical Race Theory: An Introduction*. New York: New York University Press.

Denzin, N. K. (2001). The reflexive interview and a performative social science. *Qualitative Research*, 1(1), 23-46.

Derrida, J. (1998). 'Hospitality, Justice and Responsibility: A Dialogue with Jacques Derrida' in R Kearney and M Dooley (eds) *Questioning Ethics: Contemporary Debates in Philosophy* (London Routledge 1998) p 70

deShazer, S. (1982). *Patterns of Brief Family Therapy*. New York: Norton.

deShazer, S. (1985). *Keys to Solutions in Brief Therapy*. New York: Norton.

Dickens, D.D. (2014). *Double consciousness: The negotiation of the intersectionality of identities among academically successful black women*. Doctoral dissertation.

Dickerson, V. (2014). The Advance of Poststructuralism and Its Influence on Family Therapy. *Family Process*. 2014 Sep;53(3):401-14. doi: 10.1111/famp.12087. Epub 2014 Jul 9.

Dillard, C. B. (2010). The substance of things hoped for, the evidence of things not seen: examining an endarkened feminist epistemology in educational research and leadership. *Qualitative Studies in Education*, 13(6), 661-681. <https://doi.org/10.1080/09518390050211565>

Downing, J (2016). The Experiences and Perceptions of Non-Traditional Students Enrolled in an Online Teacher Education Course. P.93-106. In. S. Fan and J. Fielding-Wells (2016) *What is Next in Educational Research?*

Daw, B. and Joseph, S. (2007). Qualified therapists' experience of personal therapy. *Counselling and Psychotherapy Research*, 7(4), pp.227-232.

Dryden, W. and Thorne, B. (1991). *Training and supervision for counselling in action*. London: Sage.

Ellingson L. L. (2006). Embodied knowledge: writing researchers' bodies into qualitative health research. *Qualitative health research*, 16(2), 298-310. <https://doi.org/10.1177/1049732305281944>

Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative inquiry*. 13 (1): 3-29.

Ellis, C., and Bochner, A. P. (2006). Analysing analytic autoethnography: *An autopsy*. *Journal of Contemporary Ethnography*, 35(4), 429-449.

Ellis, C., Adams, T. E., and Bochner, A. P. (2011) Autoethnography: An Overview. *Forum: Qualitative Social Research*, 12(1), Art. 10.

Epston, D. and White, M. (1992). *Experience, Contradiction, Narrative and Imagination*. Adelaide: Dulwich Centre Publications.

Etherington, K. (2000). *Narrative approaches to working with adult male survivors of childhood sexual abuse*. London: Jessica Kingsley.

Etherington, K. (2004). *Becoming a reflexive researcher: Using our selves in research*. Jessica Kingsley Publishers.

Etherington, K. (2007). Ethical research in reflexive relationships. *Qualitative Inquiry*, 13(5), 599-616.

Falicov, C.J. (1983). *Cultural perspectives in family therapy*. Rockville, MD: Aspen.

Falicov, C.J (1995). Training to Think Culturally: A Multidimensional Comparative Framework. *Family Process*, 34: 373-388

Falicov, C.J. (1998). *Latino families in therapy*. New York: Guilford Press.

Falicov, C. J. (2009). Commentary: On the wisdom and challenges of culturally attuned treatments for Latinos. *Family Process*, 48(2), 292-309. <https://doi.org/10.1111/j.1545-5300.2009.01282.x>

Falender, C. A., and Shafranske, E. P. (2004). Clinical supervision: A competency-based approach. *American Psychological Association*.



- Falender, C. A., and Shafranske, E. P. (2007). Competence in competency-based supervision practice: Construct and application. *Professional Psychology: Research and Practice*, 38(3), 232-240. <https://doi.org/10.1037/0735-7028.38.3.232>
- Fanon, F. (1952). *Black skin, white masks*. Grove Press.
- Fanon, F. (1963). *The Wretched of the Earth*. C. Farrington (Trans.). New York: Grove Press.
- Fetterman, D. (1998). *Ethnography step by step* (2nd ed.). SAGE Publications.
- Ferguson, A. (2000). Resisting the veil of privilege: building bridge identities as an ethico-politics of global feminism. In U. Narayan and S. Harding (eds) *Decentring the Centre: Philosophy for a Multicultural, Postcolonial, and Feminist World*. Bloomington, IN: Indiana University Press.
- Finlay, L., and Gough, B. (2008). *Reflexivity: A practical guide for researchers in health and social sciences*. Blackwell Publishing.
- Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209-230.
- Fisch, R., Weakland, J. and Segal, L. (1982). *The Tactics of Change: Doing Therapy Briefly*. San Francisco, CA: Jossey-Bass.
- Flaskas, C. (2005). Relating to knowledge: challenges in generating and using theory for practice in family therapy. *Journal of Family Therapy*, Vol. 27, Pgs. 185-201.
- Foucault, M. (1969). *The archaeology of knowledge*. Pantheon.
- Foucault, M. (1972). *The archaeology of knowledge*. Pantheon.
- Foucault, M. (1975). *Discipline and punish: The birth of the prison*. Pantheon.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison*. New York: Pantheon Books.
- Frank, A. W. (1995) *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago: University of Chicago Press.
- Frank, A. W. (2010). *Letting stories breathe: A socio-narratology*. University of Chicago Press.
- Frankenberg, R. (1993). *White Women, Race Matters: The Social Construction of Whiteness*. Minneapolis: University of Minnesota Press.
- Gale, K. (2018). *Madness as Methodology: Bringing Concepts to Life in Contemporary Theorising and Inquiry* (1st ed.). Routledge. <https://doi.org/10.4324/9781315159348>
- Geller, S. M., and Greenberg, L. S. (2002). Therapeutic Presence: Therapists' Experience of Presence in the Psychotherapy Encounter. *Person-Centred & Experiential Psychotherapies*, 1, 71-86. <https://doi.org/10.1080/14779757.2002.9688279>
- Gergen, K.J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40: 266-275.

- Gergen, K. J. (1991). *The saturated self: Dilemmas of identity in contemporary life*. Basic Books.
- Gergen, K.J. (1994). *Realities and Relationships: Soundings in Social Constructionism*. Cambridge, MA: Harvard University Press.
- Gergen, K. J. (2009) *An Invitation to Social Construction*. 2nd ed. London: Sage Publications.
- Geertz, C. (1973). *The interpretation of cultures: Selected essays*. Basic Books.
- Gehart, D.R., (2007). Process-As-Content: Teaching Postmodern Therapy in a University Setting. *Journal of Systemic Therapies*. 26:3, 15-28
- Gibson, D.M., Dollarhide, C.T. and Moss, J.M., (2010). Professional identity development: A grounded theory of transformational tasks of new counsellors. *Counsellor Education and Supervision*, 50(1), pp.21-38.
- Goldenberg, H., and Goldenberg, I. (2017). *Family therapy: An overview* (9th ed.). Cengage Learning.
- Gottman, J. M. (1999). *The Seven Principles for Making Marriage Work: A Practical Guide from the Country's Foremost Relationship Expert*. Harmony.
- Gottman, J. M. (2011). *The Science of Trust: Emotional Attunement for Couples*. W. W. Norton & Company.
- Green, D., and Kirby-Turner, N. (1990). First steps in family therapy - a personal construct analysis. *Journal of Family Therapy*, 12: 139-154.
- Gregg, M.F., and Magilvy, J.K. (2001). Professional identity of Japanese nurses: Bonding into nursing. *Nursing and Health Sciences*, 3,47-55.
- Guba, E. G., and Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 191-215). Sage.
- Gubrium, J. F., and Holstein, J. A. (2009). *Analysing narrative reality*. Sage Publications.
- Gurman, A. S., and Fraenkel, P. (2002). The history of couple therapy: A millennial review. *Family Process*, 41(2), 199-260.
- Guy, J.D. (1987). *The personal life of the psychotherapist*. New York: John Wiley & Sons.
- Hammersley, M. (2006). Ethnography: Problems and prospects. *Ethnography and Education*, 1(1), 3-14.
- Haley, J. (1963). *Strategies of Psychotherapy*. New York. Harcourt Brace Jovanovich, Inc.
- Hall, S. (1996). Who needs 'identity'?. In S. Hall & P. du Gay (Eds.), *Questions of Cultural Identity* (pp. 1-17). London: Sage.
- Harding, S. (1991) *Whose Science? Whose Knowledge?: Thinking from Women's Lives*. Ithaca, NY: Cornell University Press.

Hardy, K. V. (2008). On becoming a GEMM therapist: Work harder, be smarter, and never discuss race. *The Family Journal*, 16(4), 332-337.

Hardy, K. V., and Laszloffy, T. A. (1995). The cultural genogram: Key to training culturally competent Family Systemic Psychotherapists. *Journal of Marital and Family Therapy*, 21(3), 227-237. <https://doi.org/10.1111/j.1752-0606.1995.tb00158.x>

Harré, R. (1986). *The Social Construction of Emotions*. Blackwell.

Harré, R. (1998). *Positioning Theory: Moral Contexts of Intentional Action*. Blackwell.

Hathcoat, J. D., Meixner, C., and Nicholas, M. C. (2019). *Ontology and epistemology*.

Hawkins, P., and Shohet, R. (2012). *Supervision in the Helping Professions* (4th ed.). Open University Press.

Hedges, F. and Lang, S. (1993) *Mapping personal and professional stories: The personal development of psychotherapy trainees – Contributions from within a social constructionist discourse*. *Human Systems: The Journal of Systemic Consultation and Management*, 4, pp. 277-298.

Heidegger, M. (1927). *Being and Time* (J. Macquarrie & E. Robinson, Trans.). Harper & Row.

Helms, J. E., and Cook, D. A. (1999). *Using race and culture in counselling and psychotherapy: Theory and process*. Boston, MA: Allyn & Bacon.

Hernandez, P. R., Estrada, M., Woodcock, A., and Schultz, P. W. (2017). Protégé perceptions of high mentorship quality depend on shared values more than on demographic match. *The Journal of Experimental Education*, 85(3), 450-468.

Herva, V-P., (2009). Living (with) Things: Relational Ontology and Material Culture in Early Modern Northern Finland. *Cambridge Archaeological Journal*. 19. 388 - 397. 10.1017/S0959774309000572.

Hill, C.E., and Knox, S. (2002). Self-disclosure. In J.C. Norcross & M.R. Goldfried (Eds.), *Handbook of psychotherapy and behaviour change*, 4th edn. New York: Oxford University Press.

Hoffman, L. (1981). *Foundations of Family Therapy*. New York: Basic Books.

Hollway, W. and Jefferson, T. (2000). Biography, anxiety and the experience of locality IN: Chamberlayne, P., Bornat, J. and Wengraf, T. (eds.) *The Turn to Biographical Methods in Social Science*. London Routledge,

hooks, b. (1990). *Yearning: Race, Gender, and Cultural Politics*. South End Press.

hooks, b. (1992). *Black looks: Race and representation*. Boston: South End.

hooks, b. (2003). "The Oppositional Gaze: Black Female Spectator". *The Feminism and Visual Cultural Reader*. New York: Routledge, 2003: Amelia Jones. pp. 94–105.

Hook, J. N., Davis, D. E., Owen, J., Worthington Jr, E. L., and Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counselling Psychology*, 60(3), 353-366.

- Horvath, A. O., Del Re, A. C., Flückiger, C., and Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48(1), 9. <https://doi.org/10.1037/a0022186>
- Humphrey, C. (2012). The nature of informed consent with profound clients. *Clinical Ethics*, 7(4), 574-581.
- Iannaccone, I. (2006). Becoming a professional psychologist: Entering a new cultural world. *European Journal of School Psychology*, 4. 301-310.
- IASREC-Institute of Applied Social Research Ethics Committee (2009) *Insider research: what is insider research-in the context of ethical approval?* [online] Available at: <http://www.beds.ac.uk/research/iasr/ethics/insiderresearch>
- Ingold, T. (2000). *The Perception of the Environment: Essays on Livelihood, Dwelling, and Skill*. Routledge.
- Ingold, T. (2017). *Correspondences*. University of Chicago Press.
- Jameton, A. (1984). Nursing practice: The ethical issues. *Prentice-Hall*.
- Jensen, P. (2008). *The narratives which connect. A qualitative research approach to the narratives which connect therapists personal and private lives to their family therapy practices*. Doctorate of Systemic Psychotherapy, University of East London University in conjunction with the Tavistock Clinic 2008.
- Jordan, J. V. (2017). Relational resilience in girls. In *The power of connection* (pp. 29-44). Routledge.
- Kanter, R. M. (1977). Men and women of the corporation. *Basic Books*.
- Kaur, R. (2014). *Milk and Honey*. Andrews McMeel Publishing.
- Kerr, M.E. (1984). Theoretical Base for Differentiation of Self in One's Family of Origin, in Munson, C.E. (eds) *Family of Origin Application in Clinical Supervision*. New York: The Haworth Press.
- Kim, J. (1981). The process of Asian American identity development: A study of Japanese American women's perceptions of their struggles to achieve personal identities as Americans of Asian ancestry. *Dissertation Abstracts International*, 42, 155 1A (University Microfilms no. 81-18080).
- Kotzé E., Kulasingham A., and Crocket K. (2016). Re-imagining Family: Growing Family Therapy Practice from the Rhizome of Autoethnography. In: Dickerson V. (eds) *Poststructural and Narrative Thinking in Family Therapy*. AFTA Springer Briefs in Family Therapy. Springer, Cham.
- Labov, W., and Waletzky, J. (1997). Narrative analysis: Oral versions of personal experience. In J. Helms (Ed.), *American Folklore and the Mass Media* (pp. 42-53). Indiana University Press.
- Ladany, N., Friedlander, M. L., and Nelson, M. L. (Eds.). (2013). Critical events in psychotherapy supervision: An interpersonal approach. *American Psychological Association*.

- Lambert, M.J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York: Basic Books.
- Lather, P. (1991). Getting lost: Feminist efforts toward a double(d) science. *Signs: Journal of Women in Culture and Society*, 17(2), 244-269.
- Lawler, S. (2008). *Identity: Sociological perspectives*. Cambridge: Polite Press.
- Lawler, S. (2014). *Identity. Sociological Perspectives*. Second Edition. Polity Press.
- Lee, S and Jones, L. (1989). *Do the Right Thing: A Spike Lee Joint*. Simon and Schuster, 1989. Print.
- Lerwill, B. (2017) – <http://www.bbc.com/travel/story/20171004-why-armenians-love-strangers>
- Levers, L.L. (2006). Traditional Healing as Indigenous Knowledge: Its Relevance to HIV/AIDS in Southern Africa and the Implications for Counsellors. *Journal of Psychology in Africa* 2006(1); 87-100.
- Levin, S., and Gil-Wilkerson, A. (2019). Collaborative and Dialogic Therapy with Couples and Families. In: Lebow, J.L., Chambers, A.L., Breunlin, D.C. (eds) *Encyclopedia of Couple and Family Therapy*. Springer, Cham. [https://doi.org/10.1007/978-3-319-49425-8\\_828](https://doi.org/10.1007/978-3-319-49425-8_828)
- Levy, K. N. (2014). The implications of attachment theory and research for understanding borderline personality disorder. *Development and Psychopathology*, 26(4pt1), 929-937.
- Liversage, A. (2009). Vital conjunctures, shifting horizons: High-skilled female immigrants looking for work. *Work, Employment and Society*, 23(1), 120-141.
- Lopez, K.A. and Willis, D.G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726-735. <https://doi.org/10.1177/1049732304263638>
- Lorde, A. (1984). *Sister Outsider: Essays and Speeches*. Crossing Press.
- Louis, R. (2016). Food as social justice: Critical ethnography as a lens for communication activism. *Communication Teacher Journal*. Volume 30. Pages 87-93.
- Lum, D. (1999). *Culturally competent practice: A framework for growth and action*. Pacific Grove, CA: Brooks/Cole Publishing Company.
- Macran, S. and Shapiro, D.A. (1998). The role of personal therapy for therapists: A review. *British Journal of Medical Psychology*, 71(1), pp.13-25.
- Madanes, C. (1991). Strategic family therapy. In A. Gurman and D. Kniskern (eds.), *Handbook of Family Therapy*, Vol. II New York: Brunner/Mazel.
- Madison, S.D. (2005). *Critical ethnography: Method, ethics, and performance*. Thousand Oaks, CA: Sage.
- Madison, S.D. (2012). *Critical ethnography: Method, ethics, and performance*. SAGE Publications, Inc., <https://doi.org/10.4135/9781452233826>

- Marzec, A. (2011). The aesthetics of hospitality – deconstructions of the "at-home". *Art Inquiry. Recherches sur les arts*. XIII. 19-33.
- May, T. (2005). *Gilles Deleuze: An Introduction*. Cambridge University Press.
- McAdams, D. P. (2013). *The Art and Science of Personality Development*. Guilford Press.
- McGibbon, E., and Hallstrom, L. (2010). The political economy of health inequities. In McGibbon, (Ed.). *Oppression: A social determinant of health*. Halifax: Fernwood Publishing (In Press).
- McGibbon, E., and McPherson, C.M. (2011). Applying Intersectionality & Complexity Theory to Address the Social Determinants of Women's Health. *Women's Health and Urban Life: An International Journal*, (10)1.
- McGoldrick, M., Pearce, J. and Giordano, I. (1982). *Ethnicity in Family Therapy*. New York: Guilford Press.
- McGoldrick, M., Giordano, J., and Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy* (3rd ed.). Guilford Press.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. SAGE Publications.
- McNamee, S. (1996). Therapy and Identity Construction In A Postmodern World in, Grodin, D. and Lindlof, T.R. (Eds.)(1996). *Constructing the Self in a Mediated World*. London: Sage Publications.
- McNamee, S. (2004). Promiscuity in the practice of family therapy. *Journal of family therapy*. Volume 26, Issue 3. Pages 224-244.
- McNamee, S. (2015). Radical presence: Alternatives to the therapeutic state, *European Journal of Psychotherapy & Counselling*, 17:4, 373-383
- Merleau-Ponty, M. (1962). *Phenomenology of Perception* (C. Smith, Trans.). Routledge.
- Miller, D. (2012). *The Comfort of Things*. Polity.
- Miller, D., and Woodward, S. (2012). *Blue Jeans: The Art of the Ordinary* (1st ed.). University of California Press. <http://www.jstor.org/stable/10.1525/j.ctt1pntfr>
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Mon e, J. (2018). *Dirty Computer*. Wondaland Arts Society/ Bad Boy Records/ Atlantic Records.
- Mosher, D.K., Hook, J.N., Captari, L.E., Davis, D.E., DeBlaere, C. and Owen, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations*, 2(4), 221-233: <https://psycnet.apa.org/doi/10.1037/pri0000055>
- Mulvey, L (1975). *Visual Pleasure and Narrative Cinema*. Originally Published - Screen 16.3 Autumn 1975 pp. 6-18
- Mulvey, L (1999). "Visual Pleasure and Narrative Cinema." *Film Theory and Criticism: Introductory Readings*. Eds. Leo Braudy and Marshall Cohen. New York: Oxford UP: 833-44.

- Murdock, N. L. (2013). *Theories of counselling and psychotherapy: A case approach*. Pearson.
- Nancy, J. L. (2000). *Being Singular Plural* (R. D. Richardson & A. E. O'Byrne, Trans.). Stanford University Press.
- Naples, N. A. (2003). *Feminism and Method: Ethnography, Discourse Analysis, and Activist Research*. Routledge.
- Nash, J.C. (2008). Re-thinking intersectionality. *Feminist Review*, 89, 1-15
- Nasseri, D. (2014). *An Exploration of Family Therapy Trainees Experiences of Self-Disclosure of Personal Information with Clients and the Subjective Impact on the Therapeutic Relationship*. Masters dissertation, King's College London, Institute of Psychiatry. Unpublished.
- Nathan, G. (2015). A non-essentialist model of culture: Implications of identity, agency and structure within multinational/multicultural organisations, *International Journal of Cross Cultural Management*, Vol. 15 (1): pp.101-124.
- Nel, P.W. (2003). *Emerging Family Systemic Psychotherapists Identities: At the Intersection of Professional and Personal Narratives*.
- Nercissians, E. (2014). *Life and Culture of Armenians in Iran*.
- Nettleton, S. (2012). *The Sociology of Health and Illness*. Polity.
- Nichols, M., and Schwartz, R. (1998). *Family Therapy: Concepts and Methods*. Boston: Allyn & Bacon.
- Nilsson, Å. (2004). "[Immigration and emigration in the postwar period](#)" (PDF). www.scb.se (in Swedish). *Statistics Sweden*. Retrieved 2017-12-28.
- Nkomo, S.M. (1992). The emperor has no clothes: Rewriting 'race in organisation'. *Academy of Management Review* 17(3): 487–513.
- Norcross, J.C. (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist*, 60(8), pp.840-850.
- Nylund, D. (2006). Critical Multiculturalism, Whiteness, and Social Work. Towards a more radical view of cultural competence. *Journal of Progressive Human Services*, Vol. 17(2).
- Omi, M., and Winant, H. (2015). *Racial Formation in the United States*. (3rd ed.). Routledge.
- Orlinsky, D.E., Botermans, J.F. and Rønnestad, M.H. (2001). Towards an empirically-grounded model of psychotherapy training: Four thousand therapists rate influences on their development. *Australian Psychologist*, 36(2), pp.139-148.
- Packard, B. W. (2003). *Web-based mentoring: Challenging traditional models to increase women's access*. *Mentoring & Tutoring: Partnership in Learning*, 11(1), 53-65.
- Patel, N., and Fatimilehin, I. (1999). Racism and mental health. In C. Newnes, G. Holmes, & C. Dunn (Eds.), *This is Madness: A Critical Look at Psychiatry and the Future of Mental Health Services* (pp. 119-130). Ross-on-Wye: PCCS Books.

Payne, P., Levine, P. A., and Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 6, 93. doi:10.3389/fpsyg.2015.00093

Pearce, W. B. and Cronen, V. E. (1980) *Communication, Action, and Meaning: The Creation of Social Realities*. New York: Praeger.

Phinney, J. S., and Ong, A. D. (2007). Conceptualization and Measurement of Ethnic Identity. Revised: Jan 31, 2007. Source. *Journal of Counselling Psychology*, Vol 54(3), Jul 2007, 271-281.

Phoenix, A., (1994). Practising Feminist Research: The Intersection of Gender and 'Race' in the Research Process. In: M. Maynard & J. Purvis, eds. *Researching Women's Lives from a Feminist Perspective*. London: Taylor & Francis, pp.49-71.

Phoenix, A. (2013). Analysing narrative contexts. In M. Andrews, C. Squire & M. Tamboukou (Eds.), *Doing narrative research* (2nd ed., pp. 64-77). London: Sage.

Pillow, W. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*, 16(2), 175-196.

Ponterotto, J. G., Casas, J. M., Suzuki, L. A., and Alexander, C. M. (2010). *Handbook of multicultural counselling* (3rd ed.). Thousand Oaks, CA: SAGE Publications.

Porter, C. (2021) *What Artists Wear*. London: Penguin Books.

Puar, J. K. (2012). "I would rather be a cyborg than a goddess": Becoming-Intersectional in Assemblage Theory. *Philosophia: A Journal of Continental Feminism*, 2(1), 49-66.

Race for Opportunity (RfO). (2012). *Race for Opportunity: Business Action on Ethnicity, Gender and Social Mobility*. Business in the Community.

Ratts, M. J. (2009). Social justice counselling: Toward the development of a "fifth force" among counselling paradigms. *The Journal of Humanistic Counselling, Education and Development*, 48(2), 160-172.

Reamer, F. G. (2006). *Ethical Standards in Social Work: A Critical Review of the NASW Code of Ethics*. Columbia University Press.

Rice, C., Harrison, F., and Friedman, H. (2019). Introduction: Interrogating Intersectionality: Global and Comparative Contexts. In C. Rice, F. Harrison, & H. Friedman (Eds.), *Interrogating Intersectionality: Global and Comparative Contexts* (pp. 1-14). Routledge.

Richardson, L. (2000). Writing: A Method of Inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp. 923-948). Sage Publications.

Ridley, C. R., Mendoza, D. W., and Kanitz, B. E. (1994). Multicultural training: Re-examination, operationalization, and integration. *The Counselling Psychologist*, 22(2), 227-289.

Riessman, C.K., 2008. *Narrative Methods for the Human Sciences*. Los Angeles: Sage.

Rober, P. (1999). The therapist's inner conversation: Some ideas about the self of the therapist, therapeutic impasse and the process of reflection. *Family Process*, 38, 209-228.



Roberts, J. (2005). Transparency and Self-Disclosure in Family Therapy: Dangers and Possibilities. *Family Process*. Volume 44, Issue 1, March 2005: Pages 45–63.

Rogers, C.R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.

Rønnestad, M. H., and Skovholt, T. M. (2003). The journey of the counsellor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30(1), 5-44.

Roper-Hall, A. (1998). Working systemically with older people and their families who have 'come to grief'. In Sutcliffe, P., Tufnell, G. and Cornish, U. (eds) *Working with the Dying and Bereaved: Systemic Approaches to Therapeutic Work* (pp. 177–206). London: Macmillan.

Roseneil, S. (2012). Using Biographical Narrative Methods and Life Story Methods to Research Women's Movements: Femcit. *Women's Studies International Forum* (2012) 35(3), 129-31.

Ross, C., Rogers, C., and Duff, D. (2016). Critical ethnography: An under-used research methodology in neuroscience nursing. Volume 38, Issue 1, 2016. *Canadian Journal of Neuroscience Nursing*.

Rudes, D.S. and Guterman, J.T., 2007. The value of social constructionism for the counselling profession: A reply to Hansen. *Journal of Counselling & Development*, 85(4), pp.387-392.

Ruiz, A.S. (1990). Ethnic identity: Crisis and resolution. *Journal of Multicultural Counselling and Development*, 18, 29–40.

Saldaña, J. (2015). *The Coding Manual for Qualitative Researchers*. Sage.

Sanders, C.J. (2016). in Dickerson, V. (2016) Post structural and Narrative Thinking in Family Therapy. *AFTA Springer Briefs in Family Therapy*. Springer.

Saito, Y. (2001). *Everyday Aesthetics*, in *Philosophy and Literature* 25, no. 1: 87-95

Said, E. W. (1978) *Orientalism*. New York, Pantheon Books.

Schettkat, R. and Yocarini, L. (2006). *Structural Change and Economic Dynamics*. Volume 17, Issue 2, June 2006, Pages 127-147.

Scheurich, J. J., and Young, M. D. (1997). Coloring epistemologies: Are our research epistemologies racially biased? *Educational Researcher*, 26(4), 4-16.

Schindler-Zimmerman, T. (2001). *Integrating gender and culture in family therapy training*. Routledge. First edition.

Segal, L. (1991). Brief therapy: the MRI approach. In A. Gurman and D. Kniskern (eds), *Handbook of Family Therapy*, Vol. II. New York: Brunner/Mazel.

Selvini-Palazzoli, M., Cecchin, G., Prata, G. and Boscolo, L. (1978). *Paradox and Counter paradox: A New Model in the Therapy of the Family in Schizophrenic Transaction*. New York: Jason Aronson.

- Shadish, W.R., Montgomer, L.M., Wilson, P., Wilson, M.R., Bright, I., and Okwumabua, T. (1993). The effect of family and marital psychotherapies: a meta-analysis. *Journal of Consulting and Clinical Psychology*, 61: 992-1002.
- Shadish, W.R., Ragsdale, K., and Glaser, R.R. (1995). The efficacy and effectiveness of marital and family therapy: a perspective from meta-analysis. *Journal of Marital and Family Therapy*, 21: 345-360.
- Shadish, W. R., and Baldwin, S. A. (2002). Meta-analysis of MFT interventions. *Journal of Marital and Family Therapy*, 28(2), 241-254.
- Shadish, W.R., and Baldwin, S.A. (2003). Meta-analysis of MFT interventions. *Journal of Marital and Family Therapy*, 29: 547-570.
- Shahnavaz, S. (2022). Working systemically with refugee couples and families: exploring trauma, resilience and culture. Taylor & Francis.
- Shin, R.Q. (2015). In *Decolonising "Multicultural" Counselling through Social Justice*. Goodman, R.D.: Gorski, P.C (Eds.) 2015, XIV, 174 p
- Shotter, J. (1993). *Conversational Realities: Constructing Life Through Language*. SAGE Publications.
- Shotter, J. (1994). *Conversational realities: from within persons to within relationships*. Paper delivered at The Discursive Construction of Knowledge Conference. University of Adelaide.
- Shotter, J. (2005). Understanding Process From Within: An Argument for 'Witness' Thinking. *Organisation Studies - ORGAN STUD*. 27. 585-604. 10.1177/0170840606062105.
- Shotter, J. (2007). *Not to forget Tom Andersen's way of being Tom Andersen: The importance of what 'just happens' to us*. In the 12th International Meeting on the Treatment of Psychosis. Symposium conducted at Palanga, Lithuania.
- Shotter, J. (2011). *Getting it: Witness-thinking and the dialogical in practice*. New York: Hampton Press.
- Shotter, J. (2012). More than Cool Reason: 'Witness-thinking' or 'systemic thinking' and 'thinking about Systems. *International Journal of Collaborative Practices* 3(1), 2012: 1-13.
- Shotter, J. (2016). *Speaking Actually: Towards a New 'Fluid' Common-Sense Understanding of Relational Becomings*. Farnhill, UK: Everything is Connected Press.
- Simon, G.M. (2006). The heart of the matter: A proposal for placing the self of the therapist at the centre of family therapy research and training. *Family Process*, 45(3), 331-344.
- Simon, G. (2018). Eight Criteria for Quality in Systemic Practitioner Research. Murmurations: *Journal of Transformative Systemic Practice*, 1, 2, 40-62. <https://doi.org/10.28963/1.2.5>
- Singh, R., and Clarke, G. (2006). Power and parenting assessments. The Intersecting Levels of Culture, Race, Class and Gender. *Clinical Child Psychology and Psychiatry*, 11: 9.
- Slay, H.S. and Smith, D.A. (2010). Professional identity construction: Using narrative to understand the negotiation of professional and stigmatised cultural identities, *Human Relations*, 64, 1, 85–107.

- Smith, D. (2016). *Refugee Stories: Seven personal journeys behind the headlines, Instant Apostle*.
- Smith, L. T. (1999). *Decolonising methodologies: Research and indigenous peoples*. Zed Books.
- Smith, L. T. (2012). *Decolonising methodologies: Research and Indigenous peoples. Second Edition*. Zed Books.
- Solórzano, D. G., and Yosso, T. J. (2002). Critical race methodology: Counter-storytelling as an analytical framework for education research. *Qualitative Inquiry*, 8(1), 23-44.
- Sprenkle D.H. (2002). *Effectiveness Research In Marriage And Family Therapy*. Alexandria, VA: *American Association for Marriage and Family Therapy*.
- Sprenkle,D.H., Lebow, D. S., and Bow, L.J. (2009). *Common Factors in Couple and Family Therapy. The Overlooked Foundation for Effective Practice*. The Guilford Press. New York. London
- Stanley, L., 1993. On Auto/biography in Sociology. *Sociology*, 27(1), pp.41-52.
- Stapley, T. (2014). *A Grounded Theory Study on the Development of a Professional Identity in Trainee Counselling Psychologists*. PhD thesis.
- Stewart D.W, Shamdasani P.N., and Rook D.W (2007). Paired interviews. *Theory and Practice*. Thousand Oaks: Sage Publications.
- St. Pierre, E. A. (2011). Post-qualitative research: The critique and the coming after. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 611-625). SAGE Publications.
- St. Pierre, E. A. (2014). *Methodology in the fold and the irruption of transgressive data*. *Qualitative Research*, 14(3), 279-294.
- St. Pierre, E. A. (2016). Thinking with theory in qualitative research: Viewing data across multiple perspectives. *International Journal of Qualitative Studies in Education*, 29(6), 721-729.
- St.Pierre, E. A. (2017). Writing Post Qualitative Inquiry. *Qualitative Inquiry*. 24.
- St. Pierre, E. S. (2019). "Post Qualitative Inquiry in an Ontology of Immanence." *Qualitative Inquiry*, 25(1), 3-16.
- St. Pierre, E. S. (2020). "Why Post Qualitative Inquiry?" *Qualitative Inquiry*, 26(3-4), 332-344.
- St. Pierre, E. S. (2022). "Poststructuralism and Post Qualitative Inquiry: What Can and Must Be Thought." *Qualitative Inquiry*, 29(1), 20-32.
- Sue, D. W., Arredondo, P., and McDavis, R. J. (1992). Multicultural counselling competencies and standards: A call to the profession. *Journal of Counselling & Development*, 70(4), 477-486.
- Sue, D. W., and Sue, D. (1999). *Counseling the culturally different: Theory and practice* (3rd ed.). John Wiley & Sons Inc.

Sue, D.W. and Sue, D., (2012). *Counselling the culturally diverse: Theory and practice*. John Wiley & Sons.

Sue, D. W., and Sue, D. (2016). *Counselling the culturally diverse: Theory and practice*. 7th ed. Hoboken, NJ:. John Wiley & Sons.

Suzuki, L. A., and Ponterotto, J. G. (2008). Multicultural assessment: Trends and future directions. In L. A. Suzuki & J. G. Ponterotto (Eds.), *Handbook of multicultural assessment: Clinical, psychological, and educational applications* (pp. 666–671). Jossey-Bass/Wiley.

The School of Law, Kings College London, 2006 (workshop)

Thomas, J. (1993). *Doing critical ethnography*. Newbury Park, CA: Sage.

Thomas, G. (2017). *How to do your research project: A guide for students*. SAGE Publications.

Thomas, N. (2019). Therapist's use of the disintegrated self: getting lost in power, vulnerability and incoherence. *Doctoral Thesis*: <https://era.ed.ac.uk/handle/1842/35914>

Thompson, C. E., and Neville, H. A. (1999). Racism, mental health, and mental health practice. *The Counselling Psychologist*, 27(2), 155-223.

Timimi, S. (2010). The McDonaldization of childhood: Children's mental health in neo-liberal market cultures. *Transcultural Psychiatry*, 47, 686–706.

Todd, Z. (2016). The New Materialisms and Indigenous Theories of Non-Human Agency: Making the Case for Respectful Anti-Colonial Engagement. *Journal of Material Culture*, 21(1), 9-28.

Toporek, R. L., Gerstein, L. H., Fouad, N. A., Roysircar, G., and Israel, T. (2006). *Handbook for social justice in counseling psychology: Leadership, vision, and action*. Sage Publications.

Towey, M. (2023) *Resilience in the Margins: Understanding resilience strategies of disempowered and marginalized senior leaders in the workplace*. Doctoral Thesis. University of Leicester

Tracy, S.J., (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), pp.837-851.

Trahar, S. (2009). Beyond the story itself: Narrative inquiry and auto ethnography in intercultural research in higher education. *Forum: Qualitative Social Research*. 10(1).

Tseelon, E. (1995). *The Masque of Femininity: The Presentation of Woman in Everyday Life*. SAGE Publications.

Tummala-Narra, P. (2004). Dynamics of race and culture in the supervisory encounter. *Psychoanalytic Psychology*, 21(2), 300.

United Kingdom Council for Psychotherapy. (2021). *Ethical principles and code of professional conduct*. Retrieved from <https://www.psychotherapy.org.uk/media/4qabmk3d/ukcp-ethical-principles-and-code-of-professional-conduct-2021.pdf>

UNESCO, (2002). International Council for Science. *Series on Science and Sustainable Development No. 4*. <http://unesdoc.unesco.org/images/0015/001505/150501eo.pdf>

- Ungar, M. (2008). Resilience across cultures. *The British Journal of Social Work*, 38(2), 218-235.
- Von Glasersfeld, E. (1984). An introduction to radical constructivism. In P. Watzlawick (ed), *The Invented Reality*. New York: Norton.
- Wagner, B (2015). *People like us? People like them? Contemporary Media Representations of Social Class*. A thesis submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy. Department of Social Care and Social Work Manchester Metropolitan University
- Waldegrave C. (2003). 'Grappling with a contemporary and inclusive spirituality' in C. Waldegrave, K. Tamasese, F. Tuhaka and W. Campbell *Just Therapy – a Journey: A Collection of Papers from the Just Therapy Team New Zealand Adelaide: Dulwich Centre Publications*.
- Walker, A. (1953) "Our mothers and grandmothers...moving to music not yet written." Spelman college
- Watzlawick, P., Weakland, J., and Fisch, R. (1974). *Change: Principles of problem resolution*. New York: Norton.
- Webb, S.A.,(2015). Professional Identity and Social work. Keynote presentation to 5th International Conference on Sociology and Social Work: *New Directions in Critical Sociology and Social Work: Identity, Narratives and Praxis*
- Wendt, C.D., Gone, J.P., and Nagata, K.D. (2014). Potentially Harmful Therapy and Multicultural Counselling: Bridging Two Disciplinary Discourses. *The counselling psychologist*. Volume: 43 issue: 3, page(s): 334-358.
- Wenger, E. (1998). Communities of practice: Learning as a social system. *Systems Thinker*, 9(5), 2-3.
- Wengraf, T. (1999). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. Sage Publications.
- Wengraf, T. (2004). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. Sage Publications.
- Wheeler, D. (1985). *A feminist model of family therapy: A Delphi study*. Unpublished doctoral dissertation, Purdue University, West Lafayette, IN.
- White, M. (1989). *Selected Papers*. Adelaide: Dulwich Centre Publications.
- White, M. (1995). *Re-authoring Lives*. Adelaide: Dulwich Centre Publications.
- White, M. (2007). *Maps of narrative practice*. New York, NY: W. W. Norton.
- White, M. (2011). *Narrative practice: Continuing the conversations* (D. Denborough, Ed.), New York, NY: W.W. Norton.
- White, M. and Epston, D. (1989). *Literate Means to Therapeutic Ends*. New York: Norton.

- White, M., and Epston, D. (1990). *Narrative means to therapeutic ends*. Norton.
- Winnicott, D. W. (1953). Transitional objects and transitional phenomena: A study of the first not-me possession. *International Journal of Psycho-Analysis*, 34(2), 89-97.
- Winslade, J. (2002). *The International Journal of Narrative Therapy and Community Work*, 2002, number 4
- WIPO. World intellectual property organisation. [www.wipo.int/portal/en/index.html](http://www.wipo.int/portal/en/index.html)
- Wittgenstein, L. (1953). *Philosophical Investigations*. Blackwell.
- Wittgenstein, L. (1969). *On Certainty*. Blackwell.
- Wynter, S. (2003). Unsettling the Coloniality of Being/Power/Truth/Freedom: Towards the Human, After Man, Its Overrepresentation—An Argument. *CR: The New Centennial Review*, 3(3), 257-337.
- Yalom, I. D., & Leszcz, M. (2020). *The Theory and Practice of Group Psychotherapy* (6th ed.). New York: Basic Books.
- Zilliaccus, H., BethAnne, P., and Holm, G. (2017). Essentialising vs. non-essentialising students' cultural identities: curricular discourses in Finland and Sweden, *Journal of Multicultural Discourses*, 12:2, 166-

