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To See or Not to See - Clinical Implications of Black Women's Experiences of Invisibility and
Hypervisibility In Psychology Doctoral Training Programs: A Qualitative Study

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Abstract

It has previously been documented that, in psychology doctoral programs, Black women are considered hypervisible due to their distinctiveness and “otherness” (Ryland, 2013) and that this “otherness” is compounded by their intersecting identities as non-prototypical women and Black people (Hancock, 2007). Simultaneously, Black women can also be rendered invisible, or viewed as not belonging to, either of their two subordinate groups due to their non-prototypical status in each group (Purdie-Vaughns & Eibach, 2008). As a result of their visibility, Black women are often subjected to higher levels of scrutiny and discrimination (Wilkins-Yel, Hyman, & Zounlome, 2019). Given that experiences of discrimination correlate with poorer mental health outcomes (Carter, 2007; Mossakowski, 2003) and that clinical psychology training necessitates students contending with the same systems and the same possible ramifications as their patients, it is especially important to understand the experiences of Black women in graduate psychology training programs and how these experiences may inform their clinical development and practice (Ronnestad and Skovholt, 2003). However, no studies exist currently which examine the implications of the experiences of Black women in psychology doctoral training programs. As such, the purpose of this study was to facilitate a deeper understanding of how Black women’s training experiences can have legitimate, noteworthy effects on their clinical and overall development. Semi-structured interviews were conducted with twelve individuals who self-identify as Black women. Participants were asked to describe their training experiences, with specific consideration of themes such as hypervisibility, invisibility, and clinical skill set development. Auerbach and Silverstein’s (2003) qualitative methodology was utilized to code and organize interview responses, generate constructs, and ultimately create a theoretical

narrative. Six theoretical constructs were yielded: 1) Black women experience several challenges within the context of doctoral training, both interpersonally and developmentally; 2) As a result of these challenges, Black women form opinions about themselves, their clinical abilities, and those of others; 3) Black women's relationship to visibility in training varies over time due to experiences of hypervisibility and/or invisibility; 4) Many of the challenges experienced by Black women are uniquely magnified by their double minority status; 5) Structural failures in doctoral training and higher education inform the challenges Black women face; 6) Support, in its many forms, is paramount to Black women's success in doctoral training. This study's findings provide deeper insight into the role of visibility with respect to Black women psychologists-in-training and highlights its role in their clinical development. Specifically, the need for more internal support staff, a greater number of culturally sensitive training curricula and faculty, and more diverse admittance practices emerged as potential ways to address the challenges discussed herein. More specific recommendations are offered in order to improve the training experiences of Black women, and, in so doing, provide useful and important information for both doctoral training programs and larger professional bodies, such as the American Psychological Association, with respect to acknowledgment and improvement of Black women's experiences in clinical training with the potential to increase matriculation and better serve the mental health needs of an ever-growing, diverse population.

**To See or Not to See: Clinical Implications of Black Women's Experiences of Invisibility
and Hypervisibility in Psychology Doctoral Training Programs**

To date, there is very little research about the experiences of Black women in psychology doctoral training programs. This is despite an increase in the number of Black people entering the field of psychology and completing doctoral training, with the percentage of Black psychologists in the workforce increasing from 2.7 to 5.4 between 2005 and 2013 (APA, 2004). After their exclusion from the field until roughly a century ago, Black women are joining the field in greater numbers, making it imperative to learn more about their experiences and how those might impact their personal and clinical development. It is also important to better understand their experiences because of their unique perspective as both women and people of color (Gotanda, Crenshaw, Peller, & Thomas, 1995). Historically, people of color, including Black women, have not been afforded the opportunity to participate in or contribute to scholarly literature in psychology (Spates, 2012). This has left the current Western knowledge base incomplete in that it is largely informed by White, Eurocentric standards (Spates, 2012). Thomas (2004) posits that, in order to address the gaps in the psychological research that ignore the unique additions that studying the lived experiences of Black women would afford, psychology as a discipline would first have to acknowledge and reckon with “the discipline’s ethnocentrism and its failure to consider the sociocultural validity and generalizability of its research” (p. 288). In order to reimagine the field of psychology as one that is truly inclusive and diverse, Black women’s experiences must be studied critically and purposefully and the existing difficulties they face must be addressed. This is especially true with respect to psychology doctoral training programs wherein students spend years developing their clinical skill set via the interpersonal experiences they encounter, both as clinicians-in-training and as human beings.

Complicating the experiences of Black women in clinical psychology is the body of research that suggests that Black women in America frequently grapple with feelings of

invisibility and inferiority (Abrams, 2012). In response to the racism and discrimination that elicit these feelings, Black women respond behaviorally and affectively in a unique manner, which results in nuanced and complex emotional and psychological responses (Remedios & Snyder, 2015). As Black women do not fit into the prototypical roles of either a Black person or of a woman, they are rarely heard and often deemed invisible, and when they are heard, their opinions are frequently taken out of context and made hypervisible (West, 1999). Moreover, Black women are typically considered “too emotional” or not objective enough, and, as a result, they often feel powerless when confronted with experiences of racism (West, 1999). Of critical importance in examining and understanding Black women’s struggles is the notion that their experiences are often not wholly captured or well-defined by empirical data. Foucault (1980) underscored this sentiment when he stated that understanding the entirety of Black women’s experiences necessitates “a perpetual process of strategic elaboration” (p. 194-195) and acknowledgement that race and gender have contributed to the invalidation, silencing, misinterpretation, and lack of interest in the Black woman’s perspective. It is imperative then to examine how visibility, as a tool, can be reconfigured to adequately represent Black women and their needs in a way that historically has not been afforded to them.

To date, there is a dearth in the literature examining Black women’s instances of entering, experiencing, and completing doctoral training in clinical psychology, nor are there such studies in the closely related field of counseling psychology (Bhat, Pillay, & Hudson, 2012). Bhat, Pillay, and Hudson (2012) found only two instances in the literature that addressed doctoral students' experiences in general education counseling (Hughes & Kleist, 2005; Protivnak & Foss, 2009). This study hopes to address this gap in the research by examining how Black women’s

experiences of hypervisibility and invisibility, within the context of years-long career and personal growth, impacts the development of their clinical skill set.

Literature Review

Visibility and its Implications

Visibility involves the degree to which a person is recognized and acknowledged by others (Simpson & Lewis, 2005). In and of itself, visibility constitutes a social process (Brighenti, 2007) and is therefore dynamic in nature. Given that vision is a sense that grants power and affords recognition and that visibility involves vision, it follows that visibility is related to recognition (Brighenti, 2007). Recognition is a form of social visibility, and it has critical implications for the relationship between traditionally disadvantaged groups and the mainstream (Brighenti, 2007). It is important to consider that, because it involves both subjectification and objectification, thresholds of visibility are inevitable (Brighenti, 2007). Below the lower threshold of visibility, one is altogether socially excluded, such as in the case of illegal immigrants or those who are considered “lower class” (Rajaram and Grundy-Warr, 2004). On the opposite side of the spectrum, as one pushes or is pushed over the upper threshold of visibility, one enters a zone of super-visibility, where everything one does becomes highlighted, to the point that it can become paralyzing (Brighenti, 2007).

Visibility, ergo, can be a useful property in many ways. For the purposes of this paper, it will primarily be discussed as a means of classifying people into different categories. Racism, for example, especially institutionalized racism, facilitates different treatment for different groups based on visible differences. However, for this system to operate, one must first notice the differences and then ascribe certain characteristics—and meaning to those characteristics—to each group. The irony of racism predicated on visible differences is that, although certain tools of

classification are utilized to establish the differences and subsequent treatment based on group identity, the system can only be maintained if the tool that dictates the meaning of the visible differences is kept invisible (Durkheim, 1982). That is, recognizing the differences between groups requires purposeful attention to visible characteristics of a group's individual members; however, if the classification tools that dictate treatment were openly revealed, the system of racism would cease to exist. Therefore, these tools, though seemingly ubiquitous, are largely left unspoken. This underscores an important issue with the notion of visibility. On the one hand, visibility can be utile and even empowering when one can control how they are perceived and represented or when it allows for the opportunity to meaningfully advocate for oneself and be heard (Lollar, 2015). Individuals who belong to historically marginalized groups typically try to increase their visibility to increase their recognition, and by extension, their power (Simpson & Lewis, 2005).

Hypervisibility

Visibility can also, however, be restrictive and disempowering when individuals or groups are made hypervisible (Brighenti, 2007; Simpson & Lewis, 2005). Ryland (2013) described hypervisibility as “a type of scrutiny based on perceived difference, which is usually (mis)interpreted as deviance” (p. 2222). Hypervisibility is the result of an individual being recognized almost exclusively for their “otherness” or their deviance from the norm (Ryland, 2013). This deviance from the norm becomes a focal point for attention and eventually comes to represent a hypervisible individual, group, or place (Ryland, 2013). Double and multiple jeopardy research, which studies the experiences of individuals who belong to more than one subordinate group, illuminates why hypervisibility has particularly negative implications for Black women (Beale, 1979; King, 1988). Beale (1979) originally argued that minority women,

who experience “double jeopardy” because of their sex *and* race, are subject to prejudice as a result of both of these subordinate identities. Researchers have since expanded their hypotheses and findings to include class and sexual orientation as other identities which can also expose individuals to further discrimination (King, 1988).

Double and Multiple Jeopardy Research. The goal of double and multiple jeopardy research is to better explicate and comprehend the ways in which multiple forms of oppression can coalesce for individuals with multiple intersecting identities (Hancock, 2007). There are two primary models used to conceptualize double jeopardy research: the additive model and the interactive model. The additive model asserts that individuals with more than one marginalized identity experience distinct forms of oppression such that the total oppression they experience is a sum of each of the distinct forms (Almquist, 1975; Epstein, 1973). Conversely, the interactive model states that individuals who belong to more than one marginalized group have identities that interact in a synergistic manner (Crenshaw, 1990). Although the identities are separate, the individual experiences all of them as one, resulting in their experience as a multiply marginalized other (Reid & Comez-Diaz, 1990; Settles, 2006). Hypervisibility can be understood then as best aligning with the interactive model.

At face value, hypervisibility can seem deceptively advantageous. One might infer that if visibility affords an individual the opportunity to advocate for themselves, then hypervisibility might allow them even more of an opportunity to advance their needs and have their voice heard. However, this is rarely, if ever, the case for marginalized groups. One is being paid attention to within the context of hypervisibility, but it is an attention associated with increased scrutiny and surveillance where one’s failures are enhanced and individuals generally lack control over how they are perceived by others (Brighenti, 2007; Kanter, 1977). For example, Lewis and Simpson

(2012) found that, because Black women are typically underrepresented in the corporate workforce, they are highly distinct. As a result, their work is subject to greater scrutiny when they make errors than both their White female counterparts and also their Black male counterparts (Lewis & Simpson, 2012). Additionally, Constantine et al. (2008) found that, as a result of their limited quantity and consequent hypervisibility, Black faculty were often tasked with and expected to champion diversity and inclusion, took on students of color as mentees out of a sense of responsibility, and were routinely criticized on their research endeavors when those topics involved the experiences of people of color. For Black women faculty, however, in addition to these racial microaggressions, there was an added dimension of sexism which further complicated these experiences (Constantine et al., 2008). Black women faculty described being criticized, alienated, and in some instances reprimanded for not adhering to Eurocentric standards of professionalism, whether in terms of how they asserted themselves in meetings or how they chose to wear their hair (Constantine et al., 2008). Collins (2000) argues that racial microaggressions are often sexualized with respect to Black women because they comprise the “lower half” of various intersecting and marginalized identities, whereby White individuals are dominant to Black individuals, men are dominant to women, and, in professional settings, reason is typically dominant to passion. As a result, in line with the interactive model’s hypothesis, Black women are subjected to multiple forms of discrimination which interact in a uniquely synergistic manner. As it pertains to the present study, these multiple forms of discrimination may have critical implications for the development of Black women’s clinical skills as they progress through doctoral training.

Invisibility

To meaningfully understand the concept of hypervisibility and its implications, it is imperative to understand its inverse: invisibility. Invisibility can be understood as being unnoticed or unrecognized, but it can also be comprehended as being visible but misrepresented or unacknowledged (Franklin & Boyd Franklin, 2000). Invisibility can be just as problematic and difficult to overcome as hypervisibility, especially for Black women. Invisibility can be more nuanced than hypervisibility and can manifest in subtler yet similar ways. One way in which invisibility can be understood, particularly with respect to Black women, is by understanding the concept of intersectional invisibility (Crenshaw, 1990). Intersectional invisibility asserts that androcentrism—the propensity to consider the typical person as male—and ethnocentrism—the propensity to consider the typical person as a member of the dominant ethnic group—contribute to individuals who have multiple subordinate identities being viewed as non-prototypical representations of each of their groups (Purdie-Vaughns & Eibach, 2008). Black women, whose identities meet at the intersection of Blackness and womanhood, are the perfect example of how intersectional invisibility manifests itself. If the prototypical person is considered a man, they are considered atypical by virtue of their womanhood. Additionally, within womanhood, they are considered atypical because the prototypical woman is White. Furthermore, in considering Blackness, they are atypical because the standard representation of a Black person is a Black man (Purdie-Vaughns & Eibach, 2008). Individuals with multiple subordinate identities often are not recognized as such. Their characteristics tend to be distorted such that, instead of ascribing their membership to both groups, individuals tend to try to put them in only one category. In this way, they are dually marginalized in that they are marginal members of an already marginalized group (Purdie-Vaughns & Eibach, 2008). In this way, people with multiple subordinate identities, such as Black women, are relegated to one of two extremes: either hyper-scrutinized for their

distinctiveness or ignored altogether because of their dually marginalized status. It is important to note that, although they are opposites, hypervisibility and invisibility represent two sides of the same coin: being forced to the extremes rather than being allowed space to exist in between them. Through understanding Black women's unique position as non-prototypical women and non-prototypical Black people, one can better understand how the marginalization that underscores their experience manifests.

Black Women and Invisibility

Researchers have studied and documented the erasure and invisibility of Black women from prototypes of women and Black people (Sesko & Biernat, 2010; Goff, Thomas, & Jackson, 2008; Goff & Kahn, 2013). One way invisibility can be examined is by considering disparities between groups. When considering socioeconomic measures of achievement, such as the opportunity for occupational mobility and earned wages, individuals who have multiple subordinate identities, such as Black women, routinely rank below both ethnic minority men and White women, which supports the interactive model's hypotheses (Settles, 2006). Additionally, Coles and Pasek (2020) found that Black women tend to be viewed as more masculine than their White counterparts. Furthermore, in determining how similar Black women are to Black men and White women, participants in their study considered Black women to be more "Black" and less "women." As a result, Black women's distinctiveness among Black people is also erased because they are not considered very distinguishable from Black men. The effects of these judgements play out in numerous ways in society. Notably, Black women's concerns have been largely ignored by the feminist movement, seeming to reflect that they are not prototypical women (Goff & Kahn, 2013; Grzanka, 2019). Additionally, Black girls and women experience both gendered and racialized discrimination at rates that are higher than those of their male

counterparts (Crenshaw, Ocen, & Nanda, 2015), and, compared to White girls and women, Black girls and women are more associated with threat and danger (Thiem et al., 2019).

Moreover, with respect to psychological research in particular, the perspectives of non-White people, especially women of color, has largely been underrepresented (Crenshaw, Gotanda, Peller, & Thomas, 1995). Unsurprisingly, this has had legitimate consequences. For example, misdiagnosis of psychological disorders is not uncommon in the general population, but it is significantly more common among Black people. Gara and colleagues (2012) found that overdiagnosis of schizophrenia in the Black male population is significantly higher than in non-Black populations. The authors determined that a lack of understanding of cultural norms and differences and a lack of cultural competence on the part of clinicians are largely to blame (Gara et al., 2012). This makes sense given that, as was previously mentioned, the perspectives of people of color have traditionally been excluded from psychological research and training. This issue is also relevant for Black women, whose experiences tend to be excluded from psychological research, which may explain why clinicians often encounter difficulty adequately treating Black women in therapy (Gara et al., 2012). However, if these perspectives are excluded from psychological research and oftentimes training, it follows that this creates a certain invisibility wherein clinicians are unable to adequately meet Black women's psychological needs due to a dearth of research on them.

Legal Invisibility

Legal invisibility is especially relevant when considering the experiences of Black women as multiply marginalized individuals. Legal invisibility refers to the inability of individuals with multiple, subordinate identities to receive appropriate recompense based on anti-discrimination laws, which often do not account for intersectional identities

(Purdie-Vaughns & Eibach, 2008). In the United States, the legal framework for anti-discrimination tends to privilege individuals with only one subordinate group identity, and it has yet to be demonstrated in court that an individual can claim “intersectional invisibility” or “compound discrimination” when possessing more than one subordinate group identity (Carbado, 2000). Individuals with multiple subordinate identities are often rendered legally invisible when the law does not afford them the same legal protections as it does for an individual with a single subordinate identity (Carbado, 2000). The interactive model of double jeopardy research would predict this to be the case given individuals with multiple intersecting subordinate identities are not a perfect fit for any of their subordinate groups. Title VII is a federal statute which prohibits private and public discrimination on the basis of an employee’s “race, color, religion, sex, or national origin” (Carbado, 2000). However, courts have historically ruled that claims which allege discrimination on the basis of sex *and* discrimination on the basis of race should be viewed as separate and independent claims (Carbado, 2000). For example, in *Degraffenreid vs. General Motors Assembly Division* (1976), a group of Black female employees alleged that General Motors’ seniority system disproportionately negatively undermined their chances of promotion (Carbado, 2000). The U.S. District Court for the Eastern District of Missouri held that plaintiffs may argue discrimination on the basis of sex or discrimination on the basis of race separately, but they cannot argue for both types of discrimination together (Carbado, 2000).

Legal invisibility does not just concern how well the law is able to provide protections for individuals who experience intersecting forms of discrimination. It also involves who is—and who is not—perceived as a credible victim. Similar to how people with multiple intersecting subordinate identities do not adequately fit into pre-established legal frameworks for

discrimination, these individuals also tend not to fit into pre-established frameworks for credible or convincing victims (Carbado, 2000). This phenomenon is well-demonstrated in considering the case of Anita Hill, who, in 1991, accused then Supreme Court nominee Clarence Thomas of sexual harassment. Kimberlé Crenshaw (1992) argues that Hill was misunderstood and therefore not believed by the American public because the only cultural frameworks that were available through which to comprehend her claims of sexual harassment were frameworks that were organized around the prototypical white female victim. As a Black woman, Hill was ill-matched to this prototype (Crenshaw, 1992). In terms of psychological repercussions, the awareness that there is no legal recompense because the judiciary system was not built to account for those with doubly marginalized identities can evoke a perpetual sense of non-belonging. Subsequently, this sense of non-belonging informs one's entire way of being, from how one interacts with others to how one views one's own self-efficacy in a system that excludes them (Crenshaw, 1992).

Reconciling Invisibility and Hypervisibility

As Ryland (2013) eloquently states, "If hypervisibility threatens overexposure and harsh scrutiny while invisibility enforces silence and erasure, marginalized groups are left in a precarious position" (p. 7). Both hypervisibility and invisibility bring about a unique set of challenges for marginalized groups and particularly for Black women. Hypervisibility often makes marginalized individuals more susceptible to greater levels of surveillance and scrutiny, such that they feel like they are subject to a different set of expectations than their non-marginalized counterparts (Ryland, 2013). As a result of this increased surveillance, marginalized individuals often must contend with their behaviors being amplified, particularly ones that align with popular—and often negative—stereotypes. Relatedly, invisibility relegates marginalized groups to a position wherein they are unable to challenge these negative stereotypes

and subsequent beliefs about them for fear of drawing even more unwanted attention to themselves (Ryland, 2013). This dialectic represents the ways in which discrimination manifests in America, but even more importantly, it allows us to then consider the implications of this discrimination and how it impacts the psyche of those who experience it.

Discrimination

Marginalized groups who regularly experience discrimination can be psychologically impacted in myriad ways. Still, before discussing the psychological implications of discrimination, it is imperative to define discrimination and delineate it from prejudice and stereotypes to reveal the force that each exerts on marginalized individuals. Correll and colleagues (2010) define discrimination as “behavior directed towards category members that is consequential for their outcomes and that is directed towards them not because of any particular deservingness or reciprocity, but simply because they happen to be members of that category” (p. 46). This notion of “deservingness” is especially central to understanding discrimination and its clinical implications. Discrimination itself, however, is difficult to operationally define and, consequently, not always simple to measure (Feagin, 2004). Notably, it can be examined along more than one dimension. Behaviors consistent with discrimination can be measured, but the propensity for discrimination can also be inferred based on attitudes of prejudice (Crosby, Bromley, & Saxe, 1980). At its core, discrimination is differential treatment solely based on group identity with no legitimate basis. To that end, discrimination effectively lays the groundwork for stereotypes.

Stereotypes. Stereotypes are “beliefs about the personal attributes of a group of people, and can be overgeneralized, inaccurate, and resistant to change in the presence of new information” (Ramiah et al., 2010, p. 27). Stereotypes are one way in which discrimination

manifests. As it relates to the notion of visibility, stereotypes are the standard against which marginalized individuals' behaviors are often measured. An individual can become hypervisible, particularly in settings where they are one of few representations of their race or ethnicity, whether they do or do not conform to certain stereotypes. In this way, stereotypes can confine or restrict marginalized individuals such that their behaviors are being monitored to confirm pre-existing biases, rather than being considered openly and without judgment. In essence, stereotyping reduces an individual, including all that makes one unique, to a generalization. Moreover, stereotypes also reduce a group of individuals, who are often unlike in a variety of ways unrelated to their shared identity, to a homogenous sect. Given that Black women occupy a dually marginalized position, stereotypes about them are often lacking and inadequate. For example, in response to discrimination, studies show that Black women demonstrate unique responses that elicit complex psychological, emotional, and physiological effects quite different from those of Black men and White women (Remedios & Snyder, 2015). However, prevailing stereotypes of Black women such as the "angry Black woman" or "Sapphire" fail to capture this nuance (Ryland, 2015).

Being Black in America

In 2019, 46.8 million people self-identified as Black, either as their sole identity or as part of a multiracial one, up from 36.2 million in 2000 (U.S. Census Bureau, 2019). It is therefore imperative to understand how being Black in America can impact one's psyche, especially that of Black women. So far, though, the field of psychology has largely "overlooked critical aspects of Black womanhood in both its theoretical and empirical analyses" (Abrams, 2014, p. 51). This is unsurprising because the experience of being Black is inextricably tied to the tenets of visibility, both invisibility and hypervisibility (Crenshaw, 1999). It is well-documented that race

is a sociohistorical construct, intended to grant and deny power (Higgenbotham, 1992). From its “creation” centuries ago through the present day, Lopez (1994) argues very little has changed in American society. Race continues to be a tool that dictates the circumstances of many marginalized people, and it influences nearly all facets of society’s functioning. Most importantly, society, rather than the affected individuals, dictates the stereotype of what it means to be “Black” in America, and, consequently, how Black people deserve to be treated.

Race in America. Lopez (1994) highlights the challenges that accompany understanding the meaning of race. While much has been written about the social, historical, and political impacts of race, it is still something many have trouble defining. For the present study’s purposes, I will utilize Lopez’s (1994) definition of race: “...a vast group of people loosely bound together by historically contingent, socially significant elements of their morphology and/or ancestry” (p. 193). While this definition is not wholly comprehensive, it does address more modern tenets of race that will be especially relevant to this study. In addition, Higgenbotham (1992) notes that race’s volatility as a construct must also be considered carefully, given that the meaning of race can change suddenly based on the zeitgeist.

It is important to note that, due to the introduction of slavery in the original colonies, Black Americans were, even prior to America’s existence as a country, considered to be lesser than in comparison to their White counterparts (Lopez, 1994). This implied position of inferiority based on race informs and colors much of the discrimination they have faced and continue to face today. It dictates that, because Black Americans were considered subhuman, any discrimination they faced based on their skin color was warranted (Eyerman, 2004). Furthermore, this widely held belief also initiated a shift in identity such that Black Americans, realizing that their blackness was the cause of the unfair treatment they were subjected to, came

to understand that whiteness was superior to blackness and that upward mobility was only possible through assimilation into mainstream White society (Eyerman, 2004). Jones (1991) conceptualizes the personality of Blacks as being "in part an adaptation to the political contours of racism" (p. 305). Therefore, in order to understand how the personality of Black people is formed and shaped, it is critical to acknowledge the extent to which discrimination informs how one understands oneself, as well as how one reconciles that with the perception of others, which the present study will examine further through the lenses of invisibility and hypervisibility. Franklin (1993) describes the vigilance Black people develop for noticing racial discrimination as a "sixth sense" which, once established, is maintained throughout the lifespan. For some, assimilation became a tool for survival against discrimination, but for others it fostered a perpetual sense of inadequacy and internalized self-hatred (Franklin, 1993). With respect to mainstream White society, assimilation was not and would never be enough to warrant fair treatment (Maxell-Harrison, 2019). This ostensible need to assimilate in order to succeed was true for Black Americans during reconstruction and segregation and persists today (Pinkney, 2014). Nonetheless, Black Americans continue to face discrimination based on their race, which has legitimate and pernicious consequences on their mental health and well-being.

Racial Discrimination. There have been several studies conducted which examine the negative impact of racial discrimination on the lives of Black Americans and suggest that it contributes to poor mental health outcomes, particularly when the discrimination occurs frequently (Seaton et al., 2010; Watkins, Hudson, Caldwell, Seifert, & Jackson, 2011; Paradies, 2006). Research demonstrates that Black Americans typically have a variety of emotional reactions to instances of discrimination (Feagin, 1991). Many experience it as personally demeaning and minimizing (Landrine & Klonoff, 1996). A study by Carter and Forsyth (2010)

found that Black Americans' most common emotional reactions to racial discrimination were feeling disappointed (51%), insulted (60%), angry (74%), and disrespected (75%), with almost half of the study's sample reporting feelings of shock (42%), hurt (43%), outrage (44%), and disappointment (45%). Experiences of discrimination based on race are not solely perceived as distressing, but they also impact one's locus of control, such that the individual feels less in control of their circumstances, prompting feelings of anger, injustice, loss, and disillusionment (Fanon, 1968; Prelow et al., 2004). A study by Kessler, Mickelson, and Williams (1999), which utilized national data sets to examine discrimination, found associations between experiences of perceived discrimination and mental health that were similar to associations between major life events (e.g., loss of a loved one) and mental health. Most importantly, several studies have linked not solely actual experiences of discrimination but also perceived experiences of racial discrimination to poor mental health among racial and ethnic minority groups (Broman, 1997; Kessler et al., 1999; Noh et al., 1999).

Although researchers have generally agreed that perceived racial discrimination is a socially informed stressor, some have argued that it is especially noxious because it evokes negative feelings such as frustration and helplessness (Barksdale, Farrug, & Harkness, 2009) while simultaneously threatening aspects of one's immutable identity (Arnett & Brody, 2008). Moreover, repetitive instances of discrimination can reinforce the notion that the perpetrator is either purposefully or inadvertently unwilling to acknowledge the individual's "true personhood," prompting a sense of invisibility (Franklin & Boyd-Franklin, 2000). This can influence one's beliefs about the circumstances in which one can expect to encounter genuine acceptance of their identity, especially in cross-racial interactions, leading them to suspect that these interactions are instead governed by tolerance (Hacker, 1992). This has implications for

Black women in psychology doctoral programs who are often among few Black individuals in their program (Austin, Clarke, Ross, & Tyler, 2009). However, before examining the experiences of Black women in psychology doctoral programs, we will first discuss Black experiences of discrimination in academic settings prior to graduate school.

Racial Discrimination in Formal Education Settings

Black Americans report more experiences of discrimination compared to other non-Black racioethnic groups, and associations between frequent experiences of discrimination and mental health are stronger among Black Americans compared to other non-Black racioethnic groups (Kessler et al., 1999). Research has demonstrated that for Black youth, adolescents, and adults in academia, instances of discrimination are relatively commonplace (Nyborg and Curry, 2003). It is unsurprising then that many Black Americans, especially Black women, first encounter discrimination very early in the formal education process (Nyborg and Curry, 2003). It follows then that the accumulation of these experiences throughout the lifespan can impact how Black students in higher education react to and interpret instances of racial discrimination and that these experiences can have legitimate consequences with respect to their mental health.

Elementary School. Many Black children first encounter racial discrimination in elementary school due to the ways in which it is often built into the fabric of academic institutions (McDonald & Wingfield, 2009). Research has demonstrated that, although racial discrimination can occur in an array of situations, school is one of the primary contexts in which it occurs for Black children (Fisher et al., 2000; Pachter et al., 2010). A longitudinal study conducted by Brody and colleagues (2006) found that 92% of Black children aged ten or younger had experienced racial discrimination at school. Additionally, based on their findings, the researchers hypothesized that children who are frequently discriminated against could

eventually internalize the views of those who are enacting the discrimination (Brody et al., 2006). There are several relevant considerations based on these findings. First, it is imperative to note that “children” as a social group are fundamentally distinct from other groups due to their reliance on others for protection and their assumed innocence (Haslam, Rothschild, & Ernst, 2000). At the same time, not all children are treated equally. A study by Harris and Fiske (2006) found that individuals who belong to marginalized groups may not receive the same social considerations or have their innocence safeguarded. Brown and colleagues (2000) found that Black youth who frequently or occasionally experience discrimination can subsequently struggle with ways to cope, often leading to clinically relevant concerns, including anxiety, depression, and disillusionment. Relatedly, van Laar (2000) found that, following experiences of discrimination related to academics, Black students typically make one of two types of attributions: internal or external. If the child makes an internal attribution, they might come to internalize prejudiced attitudes and blame themselves for any poor academic performance (van Laar, 2000). Conversely, if the child makes an external attribution, they might divert blame from themselves and instead assign it to the institution, considering its racist and discriminatory tendencies as unavoidable and inescapable (Guthrie, 2002; Crocker & Quinn, 1998). Essentially, from as early as elementary school, Black children’s experiences of discrimination can have insidious consequences that inform how they respond to future instances of discrimination while also potentially laying the groundwork for further strife.

Secondary School. Though there is not much research on Black children’s experiences of discrimination, there is an abundance of research which documents Black adolescents’ extensive experiences of discrimination in academic settings (Wong, Eccles, & Sameroff, 2003; Scott, 2004; Stevenson, McNeil, Herrero-Taylor, & Davis, 2005). Sellers, Copeland-Linder,

Martin, and Lewis (2006) found that about 90% of Black adolescents reported having experienced at least one, if not more, instances of racial discrimination within their lifetime. Similarly, Prelow et. al (2004) found that 77% of Black adolescent participants in their study reported experiencing at least one instance of discrimination in the previous three months. Several studies have linked racial discrimination to negative outcomes for both grades and mental well-being (Leath et al., 2019; Keels et al., 2017; Neblett et al. 2006). It is imperative to note that adolescence, unlike childhood, is marked by improvements in critical reasoning skills (Keating, 2004), biological changes informed by puberty (Sun et al., 2005), and a deepening sense of identity development (Seaton et al., 2010). Consequently, adolescents' understanding—and reconciliation—of experiences of discrimination may be more nuanced, yet this process will undoubtedly play a role in how their sense of self develops.

The Role of Gender. More recently, researchers have begun to study and highlight factors that may facilitate the link between Black adolescents' outcomes and experiences of discrimination. Some studies have demonstrated that gender can act as a moderator between these two variables (Chavous et al., 2008; Smith & Fincham, 2015). Of note, research has suggested that experiences of racial discrimination may have especially important developmental ramifications for racial or ethnic minorities who have more than one marginalized identity, such as Black women (Collins & Bilge, 2016; Crenshaw et al., 2015; Morris, 2016). This makes sense given that the discrimination Black girls face is both racialized and gendered. Gender differences in experiences of discrimination at school may also be linked to gender differences in stereotypes about Black girls versus Black boys, in which Black boys tend to be viewed as threatening while Black girls are often rendered invisible (Morris, 2016; Swanson et al., 2003). In comparison to their male counterparts, Black adolescent female students tend to face more covert forms of

discrimination, such as fewer chances to partake in classroom discussions (Slate et al., 2016), negative perceptions about their behavior and decorum (Morris, 2016), and higher rates of referrals to school law enforcement over minor infractions (Hines-Datiri & Andrews, 2020).

Adolescence is a critical period during which individuals deepen their understanding of how they view themselves as well as how they are perceived by others. For Black teens in particular, this time is also mired in reconciling how their blossoming identity impacts their ability to thrive academically. This has implications not just for how Black adolescents perceive themselves but also how they perceive their academic environments in relation to themselves.

School Climate. Some qualitative research has demonstrated that experiences with racial discrimination at school may influence Black adolescents' overall perceptions of the school's climate (Ham & Allen, 2012). In a study conducted by Hope et al. (2014), eight Black high schoolers discussed their experiences of racial discrimination at school. All of the participants indicated multiple occurrences when they felt teachers treated them unfairly because they were Black. In addition, they also reported a lack of institutional support to properly address and cope with these negative experiences. Relatedly, Griffin and Allen (2006) interviewed 17 Black high school students who reported that, due to what they perceived to be a "hostile racial climate" at their schools, their access to academic resources and advancement was restricted. Further, the adolescents also described that even for students who were high achievers, some guidance counselors and instructors advised them against applying to college (Griffin & Allen, 2006). This lack of support during secondary school may inform the statistics that reflect a lack of Black women in psychology doctoral programs, but taken as a whole, it demonstrates that Black adolescents' experiences of discrimination have both legitimate academic and psychological ramifications that affect their future aspirations.

College. Many studies have examined experiences of racial discrimination for Black undergraduates (Gosset, Cuyjet, & Cockriel, 1998; Steele, 1998). A study conducted by Biasco, Goodwin, and Vitale (2001) found that over 75% of college students, across multiple racioethnic categories, felt that there was some degree of racial hostility, though often unexpressed, on their campus. Of those students who acknowledged the racial hostility, 28% reported that Black students were the primary targets of such racial hostility and discrimination (Biasco, Goodwin, & Vitale, 2001). Some of the examples of discrimination offered by students included being misrecognized as another Black student, having professors intentionally avoid discussion of “uncomfortable” subjects related to race (e.g., slavery), and having both students and professors discredit their ideas in front of the class (Van Ausdale & Feagin, 1996). This illustrates that, in addition to the general stressors that are typically associated with undergraduate study, Black college students may also face difficulties specific to their race, such as an increased relevance of their racial identity on their overall development and hypervigilance about how their identity impacts their potential for future success. This is especially true in predominantly White institutions (PWIs) where Black students often report a lack of meaningful representation among faculty, a sense of disconnection and alienation from their peers, and a perpetual sense of racial tension that permeates nearly all of their daily interactions (Neville, Heppner, Ji, & Thye, 2004). Additionally, compared to their White peers, Black college students tend to report lower levels of academic achievement and overall well-being (D’Augelli & Hershberger, 1993; Steele & Aronson, 1995).

Cumulatively, these findings underscore the ubiquitous nature of discrimination against Black students in academic settings throughout different stages of development. Research demonstrates that, while it is a challenging feat to gain admission to college, once matriculated,

Black students are subjected to a host of difficulties related to their racial identity. For those able to successfully complete their degree requirements and attend graduate school, the cumulative effects of their earlier experiences of discrimination are undoubtedly relevant to how they navigate their graduate studies. It is necessary then to discuss the experiences of Black graduate students in general but particularly the experiences of Black graduate students in psychology. Given that experiences of discrimination are well documented as contributing to poorer mental health outcomes such as decreased self-esteem, increased anxiety, emotional reactivity, and depression (Carter, 2007; Mossakowski, 2003) and psychology graduate training necessitates that students tend to these very same disorders with their patients, it is especially important to understand the experiences of Black students in graduate-level psychology training programs and how their own experiences might inform their own development and clinical practice.

Higher Education. As previously mentioned, both hypervisibility and invisibility have been reported as contributing factors to a hostile environment for minority groups, which in turn facilitates instances of discrimination, especially during graduate studies (Simpson & Lewis, 2005). Microaggressions are one mechanism through which such hostility is levied, particularly in Science, Technology, Engineering, and Mathematics (STEM) fields (Simpson & Lewis, 2005). In a study by Wilkins-Yel, Hymen, and Zounlome (2019), compared to their White peers, women of color were perceived as less qualified, less competent, and less capable by both faculty and students alike. The authors discuss women of color in STEM's non-prototypicality, citing previously conducted double jeopardy research, as an explanation for the heightened scrutiny that these perceptions are predicated on. They also discuss how, in addition to being subjected to these discriminatory beliefs, women of color are not regarded as scientists or as people but rather as representatives of their race at large. Given that Black women comprise merely 5.3% of all the

doctorate recipients in STEM (National Science Foundation: NSF, 2018), their non-prototypicality is that much more salient. In the social sciences, such as psychology, Black women do not fare much better.

There are many studies that examine the challenges that Black students tend to encounter while attending predominantly white institutions (PWIs) (Reynolds, Sneva, & Beehler, 2010; Lopez, 2005; Cokley, 2003). These challenges are not solely a result of their underrepresentation, but they are also heavily informed by the students' negative experiences within the PWI as it relates to their identity. Research indicates that these combined experiences can evoke feelings of invisibility, anxiety, alienation, depression, and other mental health issues (Pillay, 2005; Lawson, 2013). Moreover, studies have shown that for Black students, the first few years of graduate school are critical in terms of determining whether they complete the program successfully or drop out prematurely (Tinto, 1993). For Black students, the first few years are especially critical because negative racialized experiences and an inability to identify supports often predicate attrition (Bethea, 2005).

Black Women's Career Development

An important factor to consider when examining the lived experiences of Black women, especially in psychology doctoral training programs, is that doctoral training is essentially a years-long process of career development. However, no model exists that explicates the career development of racial and ethnic minority women (Hackett & Byars, 1996). Hackett and Byars (1996) conducted a conceptual analysis utilizing Bandura's (1986) Social Cognitive Theory, which explored the concept of self-efficacy and how the implications of one's intersecting ethnic and racial identities can impact how well one functions while developing in preparation for a career. They found that, taking into consideration gaps in the literature around career

self-efficacy and ethnicity, people of color have beliefs about how their ethnicity might influence their career prospects which significantly predict their academic and career choices (e.g., Bores-Rangel, Church, Szendre, & Reeves, 1990; Betz, Casa, & Rocha-Singh, 1992). Their results suggested that, in addition to self-awareness, values, beliefs, previous successes, and experiences or familiarity with certain careers influence one's level of self-efficacy in a given field. This is noteworthy when examining Black women's experiences in psychology doctoral training programs when considering the interlocking nature of Black women's race and gender. Unlike their racial and gender counterparts—Black men and White women, respectively—Black women are doubly marginalized. As a result, in order to integrate themselves into predominantly white settings such as psychology doctoral training programs, Black women typically are forced to play several different roles to survive (Sands, 2001). With respect to hypervisibility and invisibility, this might involve making oneself smaller so as to not draw unwarranted attention or taking on a role that is more consistent with stereotypes of Black women to advance occupationally. Juggling several roles, however, is exhausting and extremely stressful, and it has physical and psychological consequences on the individual (Shorter-Gooden, 2004). It follows then that it could likely negatively impact the development of their clinical expertise as well.

Models of Identity Development and the Impact of Race and Ethnicity

There are a few models which describe how psychology training students develop and settle into their roles as clinicians (Orlinsky, Ronnestad, & Willutzki, 2003; Neufeldt, 1999; Lerner, 1998). One well-regarded formulation conducted by Ronnestad and Skovholt (2003) comprehensively delineates six different stages of clinical development following a cross-sectional and longitudinal study involving 100 American therapists at different levels of experience (beginning and advanced graduate students in counseling or psychotherapy and

postgraduate professionals with 5, 10, or 15 years of experience). The six phases outlined are the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional (Ronnestad & Skovholt, 2003). However, for the purposes of this study, only the first three phases will be expounded upon since the focus is on graduate school training.

The main struggle that emerges during the first phase, the lay helper, involves “strong identification with the person being helped and an unexamined quality of how best to assist” (Ronnestad & Skovholt, 2003, p. 10). The authors state that all people have experiences trying to help others before entering training that feel “natural/authentic and, in most situations, involve projecting their own solutions onto others’ problems. In the beginning student phase, the importance of supervision stands out as instrumental in influencing the trainee’s overall development given “the dependency and vulnerability” that students have on their supervisors for guidance and emotional support (Orlinksy, Botermans, & Ronnestad, 2001). Given the supervisor’s instrumental role in providing support and individualized feedback on the trainee’s clinical performance, it is unsurprising that “direct or subtle criticism, actual or perceived, can have detrimental effects on student morale” (Ronnestad & Skovholt, 2003, p. 12). For Black women, their race and gender can cause these effects to be even more resonant because they often internalize negative feedback as the product of their own personal shortcomings (McCluney & Rabelo, 2018). For Black trainees, this phase may be complicated by experiences of overt and more subtle racism and the challenges of working across racial and ethnic lines with both patients and supervisors. While all trainees at this level typically experience uncertainty in how to intervene clinically, Black supervisees may have increased or persistent difficulties with

this when experiencing culturally insensitive supervision that fails to acknowledge aspects of their identity and microaggressions in the therapy room.

In the third phase, the advanced student phase, trainees are typically working as interns in a clinical setting, and most “feel pressure to do things more perfectly than before” (Ronnestad & Skovholt, 2003, p. 14). As such, “non-conforming supervision experiences” are not only meaningful but are “possibly even more powerful than for the beginning student” (Ronnestad & Skovholt, 2003, p. 15). For Black women who, based on negative experiences during training, often consider premature dropout, negative supervisory experiences at the advanced student level can evoke feelings of inadequacy and breed tension between the supervisor and supervisee. Moreover, given the sociocultural factors that influence Black women’s ability to pursue higher education, the stakes might feel especially high at the advanced student level to perform well. For this reason, negative supervisory experiences or perceived negative supervisor feedback may induce stronger feelings of imposter syndrome as well as a sense of nonbelongingness (McNeill & Worthen, 1989). For Black women, especially those in higher educational settings, this sense of nonbelongingness can be exacerbated by their race and gender (Maxell-Harrison, 2019).

Gaps in Education Research

Although Black women have the highest level of enrollment with respect to higher education among marginalized groups, they also have the highest attrition rates of any marginalized group (Barker, 2011; Cook & Cordova, 2006). The research suggests that this is informed by Black psychology doctoral students’ academic advisement and lack of other educational supports (Barker, 2011). Specifically, Black women often report negative experiences with advisors, who demonstrate a lack of understanding on behalf of the advisor of how identity might be uniquely influencing their experiences, relative to their non-Black peers.

Additionally, Black women at PWIs typically report numerous negative experiences that contribute to “feelings of isolation, loneliness, and a sense of not belonging” (Robinson-Wood, 2009; Sue et al., 2007). For the Black women who do not prematurely leave these programs, there is very little research examining what has assisted them in achieving completion. However, given the American Psychological Association’s (APA) efforts to establish and maintain a more inclusive and diverse workforce, it is imperative to understand how Black women’s experiences in psychology doctoral training programs may be influencing their rates of attrition. It is also important to determine how their experiences might inform their understanding and application of clinical interventions.

Black Women in Clinical Psychology Doctoral Programs

To date, only one study exists that specifically examines the experiences of Black women in clinical psychology doctoral programs. Maxell-Harrison (2019) examined the experiences of Black women in clinical psychology doctoral programs and the degree to which these women had to engage in a process of acculturation in order to successfully complete their training. Maxell-Harrison interviewed seven women who self-identified as Black to assess emergent and recurrent themes. There were five superordinate themes identified: awareness of identity, social interactions, support and coping mechanisms, gender roles, and diversity (Maxell-Harrison, 2019). For each of the superordinate themes, there were a number of subordinate themes pursuant to each. Maxell-Harrison then interpreted and discussed the implications of the results, providing considerations for future research. For the purposes of the present study, only the relevant overarching themes will be further discussed.

One of the most important themes identified by Maxell-Harrison (2019), which provides the context for the present study, is the awareness of identity. She cites another dissertation by

Baskerville (2016) who argued that Black women attending PWIs are often unprepared or underprepared for the racial stigma and microaggressions that typically accompany moving through white spaces as a Black person. This lack of preparedness can lead to a sense of disconnect between a Black person's non-Black peers and faculty members (Baskerville, 2016; Feagin, 1992). Some choose to voice their dissatisfaction or seek out external sources of support while others experience a prolonged sense of detachment which contributes to a perpetual sense of non-belongingness (Baskerville, 2016). For many Black women in PWIs, including those attending psychology doctoral training programs, this sense of not belonging is what often spurs active attempts to increase one's sense of belonging. One of the recurring viewpoints discussed during Maxell-Harrison's interviews was that participants found themselves continuously modifying their identities in order to succeed in their respective programs. That is, they felt as though their identities, as they were, were not adequately suited for success in the program and needed to change aspects of themselves to acculturate. For the participants interviewed, this ever-present awareness of identity permeated their tenure in their respective programs. It informed how they experienced themselves in relation to their peers: often as a token who was admitted based upon the same identity that subsequently alienated them from their colleagues. It caused them to question the latent content in all of their exchanges with others, searching for covert or overt racial undertones.

Taken as a whole, Maxell-Harrison's (2019) study presents a much more nuanced type of impostor syndrome than is standard for most graduate students. It involves feeling like an impostor not solely due to lack of experience or trepidation about undertaking several years of formal training, but also feeling like an impostor simply for existing in one's own skin in the space of graduate school. As a result, this makes the experience of being a Black student in

doctoral training much more arduous. This study hopes to take these findings and build upon them further by specifically asking more about how one's awareness of identity might influence their clinical development and interventions.

Another major theme that emerged in Maxell-Harrison's (2019) interviews is that of social interactions. The Black women participants discussed an awareness of their difference that was largely informed by their distinctness among an otherwise homogenous group of White students. This awareness of difference heavily informed the way in which participants navigated social interactions and highlights the hypervisibility/invisibility binary outlined in the present study. For example, some participants discussed feeling obligated to educate others on topics related to race and racism because it could impact the way their White colleagues engaged with their non-White clients. However, they simultaneously felt it was an onerous task that should have been the responsibility of the program's instructors. Relatedly, although they felt that educating others on issues of race and racism made them feel even more hypervisible than they already did, they also felt that not bringing up and discussing these important topics would render them invisible.

Similarly, this sense of having to represent your entire race often compels many women to consider dropping out or seeking out more diverse programs (Baskerville, 2016). However, this decision also prompts guilt and concern such that the Black women interviewed by Maxell-Harrison (2019) felt that in their absence there would be no visibility or discussion of clinically relevant issues with respect to racism and discrimination. This outlines the dilemma quite clearly: Black women feel forced to take on additional emotional labor by being spokespeople in their training programs to educate their peers and faculty on topics that are not being addressed through the curricula; however, in the process, they are simultaneously exposing

themselves and their identities even more, exacerbating their hypervisibility. On the other hand, should they choose not to engage in these discussions or even leave their programs altogether, there is a chance that those discussions will not comprehensively consider non-White perspectives, ergo rendering the issues—and the clients who might be most impacted by them—invisible. In the present study, the notion of social interactions will also likely be explored as they relate to one's experiences of hypervisibility and invisibility, although, unlike Maxell-Harrison's research, this is not an explicit goal.

A third theme that came from the interviews conducted by Maxell-Harrison (2019) was the notion of support and coping mechanisms. While nearly all participants described the importance of having a support system, they almost all identified the necessity of a support system in the absence of supports within their respective programs. Moreover, all participants discussed the need for other Black women in their program but for different reasons. Some stated that having other Black women in their programs would have mitigated the loneliness and hypervisibility they felt. Others stated that having other Black women in the program would provide motivation to complete their training because there would be exemplars of those who had successfully completed the program. Ultimately, however, the biggest takeaway is that the need for other Black women is due to the fact that most participants were the only Black person or one of very few Black people in their respective programs. This was true for nearly all the interviewees and, as will be explored in the present study, can contribute to a sense of hypervisibility that impacts the development of one's clinical skillset.

The final two themes that Maxell-Harrison (2019) studied were gender roles and diversity. Some of the Black women Maxell-Harrison interviewed discussed that the difficulty they encountered in occupying white spaces was not solely just due to their race as Black

women. Rather, the challenges were magnified because of their status as both Black people and as women. As such, participants had to contend with stereotypes and racism that was both racialized and sexualized, thus making it more nuanced and difficult to reconcile, a lived experience documented in other research previously discussed in this paper (Morris, 2016; Swanson et al., 2003; Sands, 2001). Lastly, with respect to diversity, participants discussed feeling like their coursework, which ostensibly centered on issues of diversity with respect to clinical practice, did not prepare them for encountering such topics in the room. Moreover, some participants also shared that it was integral to their clinical growth and development that they were able to discuss topics related to race in supervision—particularly for those with Black supervisors—in the absence of being able to discuss these topics in the classroom. Historically, supervisees are more likely to self-disclose racialized countertransference, concerns about racioethnic differences on case outcomes, and other relevant case concerns if there is a strong supervisory working alliance (SWA) (Watkins, 2014). However, this SWA is informed by several variables including supervisor willingness to discuss supervisee racio-cultural identity, supervisor’s level of cultural humility, and supervisor and supervisee level of awareness (Crockett, 2011). This warrants further study into how these outcomes might be different for Black women who do not have Black supervisors but instead have these conversations with non-Black supervisors, especially given the miniscule percentage of Black psychologists. It is also important to study those who opt not to have these discussions at all, and the ramifications that might have on their work with clients as well as their overall clinical growth.

Importance of Present Study

Maxell-Harrison (2019) was the first to study the singular experiences of Black women in psychology doctoral training programs. However, her study solely examines the experiences at

PWIs, and, relatedly, her study's focus is largely around the acculturation that takes place inadvertently when Black women study in spaces that were not originally crafted with their participation in mind (Maxell, 2019). Although the population will be the same, the context for the present study is different. Its focus is on how Black women's experiences of hypervisibility and invisibility in psychology doctoral programs influence their development as clinicians and their clinical work overall. The American Psychological Association (APA) has only recently begun to recognize and acknowledge the disparities that are specific to Black women because of their uniquely marginalized dual identities based on their gender and race. Additionally, representation of Black women in the professional field of psychology has largely been negligible. It was not until 2018 that the first Black woman was appointed to serve as the APA's President (Office of Minority Affairs, 2018). The American Psychological Association (2017) published a series of multicultural guidelines to improve the ways in which psychology doctoral programs and practicing psychologists interact with students from ethnic minority backgrounds with the aim of recognizing that those students often have unique perspectives and needs that can have a tremendous impact on the quality of their research and clinical work. Given the known disparities Black women face in the field, the dearth of existing research on Black women's experiences in psychology doctoral programs, and the absence of any research on Black women's experiences in psychology doctoral programs with respect to issues of visibility, the present study will seek to address gaps in the literature with the goal of developing a theory using Auerbach and Silverstein's (2005) grounded theory approach.

Method

Participants

Given the study's utilization of human participants, the principal investigator obtained approval from Long Island University's Institutional Review Board prior to recruitment, screening, and interviewing of participants. Recruitment efforts involved the primary investigator posting the study's flier and participation requirements to several closed groups on social media. A description of the study and flier was also forwarded to the program administrator, who disseminated it to the directors of other psychology doctoral training programs. The primary investigator identified eligible participants based on their responses to items on a brief screening questionnaire that contained the inclusion criteria. In order to qualify for study participation, participants had to be at least 18 years of age who self-identified as Black women and were enrolled in, or recently graduated from, a clinical or counseling psychology doctoral program. Each participant who met the study's inclusion criteria was emailed an informed consent form detailing the potential benefits and risks of their participation in the study prior to participating in an interview with the principal investigator. Additionally, all participants were informed that they would be entered into a raffle for a chance to be financially compensated for their participation.

At the conclusion of each interview, all participants were provided with a document that contained racial trauma resources and referral resources, should they decide to seek outpatient mental health treatment. None of the participants expressed significant emotional distress during their interview or requested to terminate prematurely before all questions were delivered. Once all the interviews were completed, one participant's identification number was randomly drawn to receive a \$50 Visa gift card.

A total of twelve participants met inclusion criteria, provided informed consent, and were interviewed for the current study. Prior to participating in interviews, each participant was asked to complete a brief demographic questionnaire to provide descriptive information about the

participant sample. Of the twelve participants who were interviewed, twelve (100.0%) completed the demographic questionnaire. Their demographic characteristics are displayed below in Table 1.

Table 1 – *Demographic Characteristics of Sample*

	#	%
Racial Identity		
African-American	4	33.3
Black and African-American	1	8.3
Black	6	50.0
Black and Native American	1	8.3
Ethnic Identity		
West African	1	8.3
Haitian-American	2	16.6
Nigerian-American	1	8.3
American	8	66.6
Gender Identity		
Cisgender	12	100.0
Sexual Orientation		
Straight	8	66.6
Gay	1	8.3
Bisexual	3	25.0
Religion		
Christian	5	41.6
None	6	50.0
Not applicable	1	8.3

Program Type

Clinical	10	83.3
Counseling	2	16.6

Length of Program

Two Years	1	8.3
Three Years	1	8.3
Four Years	2	16.6
Five Years	6	50.0
Six Years	2	16.6

Years Completed in Program

Two	2	16.6
Two and a half	1	8.3
Three	2	16.6
Four	4	33.3
Six	3	24.9

Clinical Component Included in Training

Yes	12	100.0
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Semesters of Clinical Practica

Two	3	24.9
Three	2	16.6
Three and a half	1	8.3
Five	3	24.9
Six	1	8.3
Seven	1	8.3
Eight	1	8.3

Program Demographics (free response)

The demographics presented below, in figures 1-6, were provided in free response form by the study participants. As such, the results are presented visually for ease of reference. Each shape represents one participant unless otherwise indicated.

Figure 1a. Percentage of cohort that identifies as female

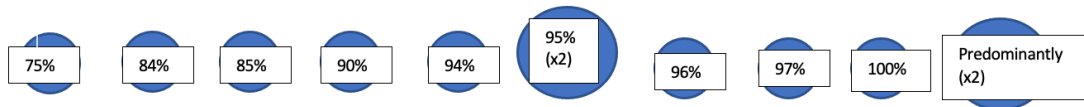
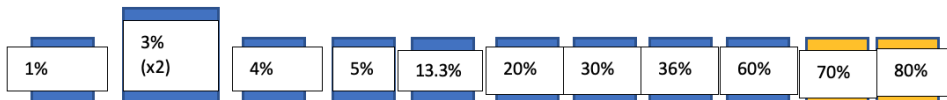
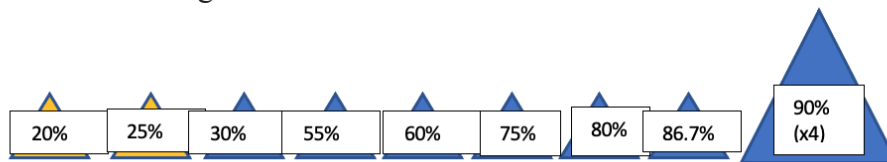


Figure 1b. Percentage of cohort that identifies as Black



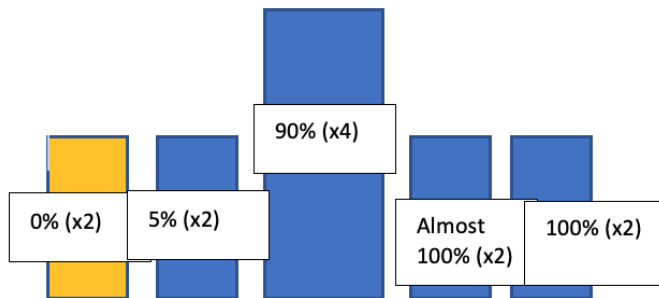
Note: Orange square denotes participant attended an HBCU

Figure 1c. Percentage of cohort that identifies as White



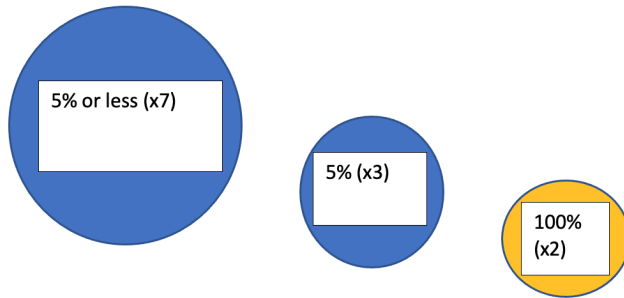
Note: Orange triangle denotes participant attended an HBCU

Figure 1d. Percentage of faculty that identifies as White



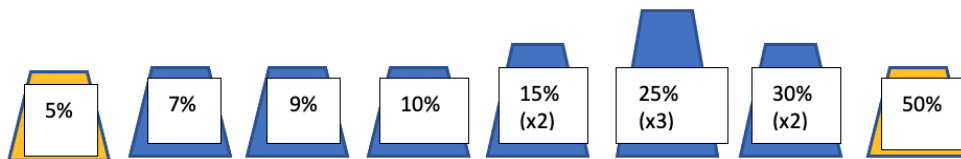
Note: Orange rectangle denotes participant attended an HBCU

Figure 1e. Percentage of faculty that identifies as Black



Note: Orange circle denotes participant attended an HBCU

Figure 1f. Percentage of cohort that identifies as non-White and non-Black



Note: Orange quadrilateral denotes participant attended an HBCU

Demographics Questionnaire. Following completion of the screening questionnaire, participants were asked to complete a brief demographic questionnaire to gather additional information such as age, gender identity, racial and ethnic identity, religion practiced, years enrolled in their program, and their program's demographics at the time of the interview. This questionnaire provided more descriptive information about the current study's participant sample [see Table 1].

Design

Individual, semi-structured interviews were performed by the primary investigator with each participant in order for them to provide firsthand accounts of subjective experiences related to hypervisibility, invisibility, professional development, and clinical work. All interviews were conducted via a HIPAA-compliant, secure, and encrypted video calling platform. Each interview

was audio-recorded to ensure that participant responses were precisely captured, transcribed by the video calling platform, and then reviewed for accuracy by the principal investigator.

Adhering to a grounded theory approach, each interview transcript was subsequently analyzed and coded by a team composed of the principal investigator and two research assistants.

The present study's design was based on Auerbach and Silverstein's (2003) grounded theory model. Data were initially analyzed for common abstract concepts, emerging themes, and narratives (Auerbach & Silverstein, 2003). Both research assistants on the coding team were trained and supervised by the primary investigator. Using the Auerbach and Silverstein (2003) coding method, the team identified relevant text, repeating ideas, and themes. The primary investigator, with assistance from the faculty dissertation chair, developed theoretical constructs based on the supporting themes and repeating ideas.

Measures

Inclusion/Eligibility Screening. Each participant completed a brief screening questionnaire in order to determine their eligibility for the study. Items included on the survey asked participants to report their age, racial and ethnic identity, nationality, and if they were enrolled in or had been enrolled in a psychology doctoral training program. Of note, if a participant had already graduated, it had to have been within the last two years for them to be eligible to participate. Participants were also asked whether their training included clinical practica given the primary researcher's purpose for the study.

Semi-Structured Interview. Once participants completed the screening questionnaire and were determined to have met inclusion criteria, each participated in a semi-structured interview conducted by the primary investigator. Interview questions were open-ended with the goal of adequately capturing each participant's subjective experience. As deemed necessary by

the primary investigator, some follow-up questions were used, depending on participant responses. Sample interview questions are listed below:

- How would you describe your experiences as a Black woman in your doctoral training program?
- Hypervisibility has been referred to as “the result of an individual being recognized almost exclusively for their ‘otherness’ or their deviance from the norm” (Ryland, 2013). What, if any, have been your experiences as it relates to hypervisibility and your identity in your doctoral training program? For this question, and the ones that follow, consider experiences with faculty, peers, clients, supervisors, and any others.
- Describe how, if at all, hypervisibility has impacted your professional development or clinical work.
- Invisibility has been described as being misunderstood, unnoticed, unrecognized or, in effect, not visible (Franklin & Boyd Franklin, 2000). It can also be described as being visible but misrepresented or unacknowledged. What, if any, have been your experiences as it relates to invisibility and your identity in your doctoral training program?
- Describe how, if at all, invisibility has impacted your professional development or your clinical work.
- Describe any instances in your clinical training program in which you have felt both hypervisible and invisible.
- How, if at all, do you think these experiences will shape your future clinical work?

- What personal strengths or other sources of support have you used to sustain you throughout your journey?

Procedure

Participants in this study were recruited through the use of electronic announcements that were posted on myriad doctoral program mailing lists, as well as on the pages of social media groups for psychology graduate students. Per the instructions listed on the electronic announcements, individuals contacted the primary investigator directly via email to express their interest in participating in the study. The online posts also informed potential participants that they would be entered into a raffle for the chance to be financially compensated for their participation. Once recruited, participants were screened for eligibility and asked to complete an electronic informed consent form to participate in psychological research. The consent form advised individuals that their participation was entirely voluntary and could be withdrawn at any time. They were also informed that their identities would be kept confidential.

Each individual interview took place in one session and lasted approximately 60 minutes ($M = 52.1$, $SD = 9.5$). Each interview was audio-recorded to facilitate accurate transcription. At the conclusion of each interview, participants were provided a document that contained resources for managing racial trauma and referrals, should they decide to pursue outpatient mental health services.

Data Analysis

Using Auerbach and Silverstein's grounded theory approach (2003), each interview was transcribed, and subsequent data were coded and analyzed for interpretation by the primary investigator and two doctoral student research assistants. Both coders were instructed to read chapters that are relevant to qualitative data analysis in Auerbach and Silverstein's book (2003).

They then met with the primary investigator who presented a Powerpoint on how to code by using samples from a previously completed dissertation. Following the presentation, coders were asked to reveal what questions remained, if any, as it related to coding, and these were answered by the primary investigator. Text deemed to be relevant to the research questions of interest were highlighted in each transcript from each participant interview. Each member of the coding team then systematically examined each set of relevant text for repeating ideas. Contemporaneously, both research assistant coders met with the primary investigator biweekly to compare findings and note any discrepancies. To address any discrepancies that arose, a simple majority ($\frac{2}{3}$) was utilized to determine whether or not an idea or theme would be included in the final data set. Additionally, in these weekly meetings, coders would discuss their individual reactions to the material. Themes of womanhood, white supremacy, institutional racism, intersectionality, and gender roles were all explored during these ongoing meetings.

Based on the data collected, the coding team identified a total of 78 repeating ideas that were expressed across all of the participant interviews. Fourteen common emerging themes consisting of two or more repeating ideas were generated, and from those common themes, six theoretical constructs were produced by the principal investigator and the faculty dissertation chair (Auerbach & Silverstein, 2003).

Throughout the process of coding, the two research assistants and primary investigator met frequently. During these meetings, coders engaged in dialogue about the data analysis and their individual reactions to the content. Themes related to visibility, hypervisibility, and the formation of one's clinical identity were explored within these meetings. The first research assistant coder identified as a Hispanic person who came from a diverse community, and the second research assistant coder identified as an Asian person from a more "traditional"

community. Both research assistant coders acknowledged a degree of sensitivity to and connection with traditionally disadvantaged individuals based on their own lived experiences and heritage, while also recognizing the different positions of privilege they held. The first research assistant coder stated that the study transcripts indicated the “everyday struggle” placed on Black women in doctoral settings and the “systemic underpinnings” that contribute. They also communicated a sense of “internal guilt” in reaction to the level of protection they had in being a “lighter skinned person of color.” The second research assistant shared that the experience of coding the data was “impactful,” and the participant responses were both “disheartening and eye-opening.” Upon reflection after the coding phase was completed, both research assistants expressed feeling “encouraged” and “motivated” to positively impact individuals who experience systemic oppression based on deepened insight and understanding into the lived experiences of this group.

Privacy and Ethics

Approval from the LIU Post IRB committee was obtained for the present study. Following the interviews, all identifying information was removed from the interview transcript once each interview was checked for accuracy in the transcribed text. Each screening questionnaire was downloaded and coded, assigned a number, and saved separately from each participant’s informed consent to preserve confidentiality and anonymity. The informed consent documents and screening questionnaires were downloaded onto the primary investigator’s password-protected laptop. An Excel spreadsheet was also created, which included each participant’s name, email address, and phone number. This was saved alongside their assigned number from their screening questionnaire.

Researcher Bias

Given I am both a Black woman and the primary investigator of the present study, I acknowledge that I hold my own personal thoughts and opinions about the psychological impacts of negative, race-based interpersonal experiences on one's clinical development. Moreover, I have had firsthand experiences with racism at both an interpersonal and institutional level and have witnessed individuals in my community, whom I identify closely with, experience similar degrees of racism. Additionally, and of note, I recognize that because I present as a Black woman, this could have influenced how participants interacted with me and their offered responses. Throughout the process of conducting this research, I have regularly consulted with my dissertation committee, coding team members, and faculty dissertation chair in an effort to minimize researcher bias. Of note, the faculty dissertation chair and one of the committee members both identify as White women. Further, despite their shared racial identity, each of these women subscribe to different theoretical orientations, further informing their differing viewpoints of analyzing the data herein.

Results

Data collected from this study yielded six theoretical constructs, all of which were generated by the primary investigator and the faculty dissertation chair. All six constructs are displayed in Table 2 which can be found below, along with the supporting themes. Each construct was derived from interviews with Black women about their experiences related to visibility, professional development, clinical identity, and clinical skill set: *Black women experience several challenges within the context of doctoral training, both interpersonally and developmentally; As a result of these challenges, Black women form opinions about themselves, their clinical abilities, and those of others; Black women's relationship to visibility varies over time in training due to experiences of hypervisibility and/or invisibility; Many of the challenges*

experienced by Black women are uniquely magnified by their double minority status; Structural failures in doctoral training and higher education inform the challenges Black women face; and Support, in its many forms, is paramount to Black women's success in doctoral training. Of note, the constructs are denoted by full capitalization while the themes are presented in bold type.

Table 2 - Theoretical Constructs and Themes

	N	%
BLACK WOMEN EXPERIENCE SEVERAL CHALLENGES WITHIN THE CONTEXT OF DOCTORAL TRAINING, BOTH INTERPERSONALLY AND DEVELOPMENTALLY	12	100.0
Black women are held to different expectations and treated differently in comparison to their peers	9	75.0
Doctoral programs suffer from systemic failures which cannot be rectified from within	8	66.6
Compared to their peers, Black women constantly face mischaracterization	7	58.3
AS A RESULT OF THESE CHALLENGES, BLACK WOMEN FORM OPINIONS ABOUT THEMSELVES, THEIR CLINICAL ABILITIES, AND THOSE OF OTHERS	12	100.0
In order to succeed, Black women adjust how they present outwardly based on their experiences	9	75.0
Negative interactions with faculty/peers can sully the experience of doctoral training and impact self-view	9	75.0
Based on their training experiences, Black women form opinions about others' cultural competence which inform their post-graduate plans	7	58.3
BLACK WOMEN'S RELATIONSHIP TO VISIBILITY IN TRAINING VARIES DUE TO EXPERIENCES OF HYPERVISIBILITY AND/OR INVISIBILITY	12	100.0
Experiencing hypervisibility in the clinical space compromises one's performance and the quality of supervision	8	66.6
Identity can be used as a tool in the therapy space but how helpful and how well it is received varies	6	50.0
MANY OF THE CHALLENGES EXPERIENCED BY BLACK WOMEN ARE UNIQUELY MAGNIFIED BY THEIR DOUBLE MINORITY STATUS	12	100.0
Black women are sought out and recognized for their contributions in diversity efforts, which are often misguided	9	75.0
STRUCTURAL FAILURES IN DOCTORAL TRAINING AND HIGHER EDUCATION INFORM THE CHALLENGES BLACK WOMEN FACE	12	100.0
Lack of faculty competence with respect to issues of discrimination,	11	91.6

racism etc.

A general lack of diversity in higher education contributes to Black Women's experiences of hypervisibility in doctoral training	10	83.3
Compared to their peers, Black women face additional challenges that can impede program completion	8	66.6
SUPPORT, IN ITS MANY FORMS, IS PARAMOUNT TO BLACK WOMEN'S SUCCESS IN DOCTORAL TRAINING	12	100.0
Black people vary with respect to how they navigate predominantly White spaces, so success in doctoral training necessitates community for Black women	12	100.0
Despite their negative training experiences, Black women exhibit resiliency and transform their challenges into change	7	83.3
Black women experience several challenges within the context of doctoral training, both interpersonally and developmentally		

Note: All theoretical constructs are capitalized, and themes are presented in bold type.

The tables that follow (see tables 3-8) expand on the data presented in Table 2 to include repeating ideas and selected excerpts from the relevant text, in addition to theoretical constructs and themes. Each of the six constructs, denoted in bold text and capitalized in this section, were derived from fourteen themes that were established by the coding team during the process of data analysis. In the subsequent description of the present study's results, the fourteen themes are denoted in underlined text. Seventy-eight repeating ideas, which were extracted from the relevant text, support these themes. Of note, each repeating idea was accompanied by multiple excerpts from within the relevant text; however, only two excerpts of such supporting text are displayed within Table 3 to maintain brevity. Each of the selected relevant text excerpts are taken directly from quotes that were offered by participants in this study. It is worth noting that within the selected excerpts from participant quotations, quotes that appear in brackets are not actual direct quotes but rather are used to complete sentence fragments that express the general context of the participant's comment. More specifically, phrases shown in parentheses in the selected passages are meant to provide more specific information about who a participant was referencing such as the antecedents to pronouns that a participant utilized in lieu of using a person's name.

Black women experience several challenges within the context of doctoral training, both interpersonally and developmentally

Over the course of this study, all participants (n = 12) endorsed experiencing various challenges while undergoing doctoral training that informed their individual development as well as their interpersonal development. Participants detailed some of the specific systemic challenges they have navigated, the unequal expectations placed upon them in comparison to their peers, and the constant threat of mischaracterization. This construct is supported by three distinct themes that emerged from across the twelve interviews.

Table 3 - Construct #1

Black women experience several challenges within the context of doctoral training, both interpersonally and developmentally

Construct #1- Black women experience several challenges within the context of doctoral training, both interpersonally and developmentally		
First Supporting Theme: Doctoral programs suffer from systemic failures which cannot be rectified from within		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>

<p><i>Systemic change can only be enacted from outside of system, not from within</i></p> <p>(8 participants – 66.6%)</p>	<p>“That I was singled out for being ‘threatening’ for having pro-Black memorabilia on my water bottle by a White man while working at a prison run by White people and mostly housing Black people is so painfully ironic. That’s basically the whole problem right there! And it stinks when the work isn’t the problem, but the system is the problem. I loved working in the prison. I loved working with other Black people. But it’s easier to change the system from outside of it than inside of it because it’s like pushing on you and you’re trying to push back, but it’s too much.” (P. 0012)</p>	<p>“It bothers me when people say the [higher education] system is broken. It’s not. It just was never meant to account for Black women, and so we suffer. And because it doesn’t really affect other people, faculty and everyone just don’t care.” (P. 007)</p>
<p><i>Lack of program supports (administration/faculty)</i></p> <p>(7 participants – 58.3%)</p>	<p>“Like the people who run practicum are not as ‘on the job’ as they should be so there have been times where we got information about practicum sites that are no longer available... that’s probably the biggest structural way that I have not felt supported is just</p>	<p>“But my advisor, X, who I mentioned before was just horrible. I think he was showing up to get a check ‘cause he didn’t really care and was just not invested. Which ok, but then if that’s the case, don’t be a student advisor. Like when you are failing the vulnerable populations who are</p>

	<p>being able to get quick answers and quick responses and supportive help, you know or things that will make it easier to just move through the program with ease.” (P. 009)</p>	<p>that much more in need of social justice...in a social justice aligned program... you got it messed up ...why are you here?” (P.0011)</p>
<p><i>Feeling invisible as it relates to course curriculum</i></p> <p>(6 participants – 50.0%)</p>	<p>“I felt invisible in the sense that issues that matter to me and how therapy might have to look different for different folks made me feel invisible. We would have maybe a day or class each semester dedicated to ‘multicultural issues’ but that was it. And that feels like the issues are either less important or don’t exist, which obviously isn’t true.” (P. 002)</p>	<p>“We’ll talk about gender minorities but won’t use clips of shows that have any but will use like Friends making a parody of gay people and I’m like a simple Google search could fix all this. Like it’s about <i>effort</i>.” (P. 003)</p>
<p><i>Systemic failures in program</i></p> <p>(6 participants – 50.0%)</p>	<p>“I’m just reminded that even people who say they care about social justice issues and want to be helpful and might have good intentions can mess up <i>big time</i>. And I’m thinking of how the APA put out the statement like apologizing for its racist past, and it’s like ok cool but people of color clinicians have been saying this for <i>years</i></p>	<p>“I’ve definitely had more than one good sob in the bathroom between classes because of things my classmates have said... or haven’t said. And I knew because of systemic factors and institutionalized racism that I wasn’t going to have a bunch of Black people as classmates...that’s the reality of making it to</p>

	<p>and so it makes me feel like there's no way the system changes if nothing really changes, you know? And obviously people who benefit have no desire to change it. So really just uncovering and dismantling these systems of whiteness and oppression from the outside because they really are so damaging and unrelenting.” (P.0011)</p>	<p>this level and that's ultimately what it boils down to for me. The program 'climate' is one that's catered to make White people comfortable, and I act like I'm fine with it, but deep down I understand that until we tear down all the institutionalized racism and change the whole system, other Black people will just keep suffering.” (P.004)</p>
<p><i>Lack of diverse faculty</i> (5 participants – 41.6%)</p>	<p>“We don't have any Black faculty which I find to be more bothersome than anything else, mostly because when you're looking for advice or mentorship you have to look outside the department. It's weird and it means that I have to spend a lot of time reaching out to people at other universities to ask for guidance or you know just companionship and solidarity with people who understand your experiences.” (P.010)</p>	<p>“And the lack of Black faculty also made me feel invisible because where is the representation? Like do Black psychologists who also teach not exist?” (P.001)</p>

<p><i>Viewing hypervisibility as a byproduct of the broader system</i> (5 participants – 41.6%)</p>	<p>“I don't think I've really been impacted by anybody else based off color – or I guess what I mean is 'cause there aren't that many of us, we kinda do stand out. So just by that I guess we're hypervisible, but I don't feel like I personally have been made to feel that way. I think it's just the way the system is. Like because there aren't that many Black people, we have no choice but to end up being hypervisible.” (P. 003)</p>	<p>“If you're letting in less than 10 people each year, and year after year after year, there's <i>no</i> change in diversity, you have to ask yourself why? And how? And I truly believe it's just how the system is set up. A mediocre white person will generally be chosen over even the most accomplished Black candidate and for no reason other than they're White. So of course, Black folks that jump all the hurdles and make it are gonna stick out.” (P.001)</p>
<p><i>Issues of differential treatment/expectations not being met at a historically Black college or university (HBCU)</i> (4 participants – 33.3%)</p>	<p>“I get a lot of interview questions like, 'Oh, is that even an accredited program?' and I'm like but that's a question that you could have answered by simply googling to find out the accreditation status and you would <i>never</i> ask that... like I could have said some obscure school that you have never heard of in your life, you would never ask was it actually accredited but because it's an HBCU, there's a doubt or questions</p>	<p>“There's different expectations for the White students versus Black students. So even if you have a similar answer there's this expectation that you're a little bit more thorough than they are. Even having a black advisor like she told me that, like we're supposed to perform better like, 'Oh well, you have to be better,' even when I was telling him about some of the discriminatory experiences that I was having,” (P. 008)</p>

	about the quality of the training.” (P. 009)	
<p><i>Psychology as a field is still very “White”</i></p> <p>(4 participants – 33.3%)</p>	<p>“I think I already have been the one to bring up, well, how can a parent improve if they can’t afford to come to therapy because they need childcare? Or how can we use the Rorschach and the TAT and all these other projectives when the ‘acceptable answers’ are all ones gleaned from a sample of mostly White people? And so I just feel like I’ll continue asking the questions and doing the work because it needs to be done. It’s just too important.” (P.002)</p>	<p>“I mean psychology itself is really White so anyone who ‘rocks the boat’ in any way is seen as an anomaly. Like the idea that <i>maybe</i> an old white guy who did coke and used himself as a point of reference <i>shouldn’t</i> be the authority <i>centuries</i> later on how to treat mental illness. But you know to question or point out how White, Eurocentric, and patriarchal psychology tends to rub some people the wrong way.” (P.004)</p>
<p><i>Challenges with having Black faculty</i></p> <p>(2 participants – 16.6%)</p>	<p>“I would say it is like complicated because you do have those kind of like ‘role models’ there but they are not sometimes... sometimes they're the ones perpetuating some of the worst experiences that you end up having.” (P.008)</p>	<p>“I’ve definitely had faculty have an answer to a question and instead of just saying the answer, or even pointing you in the correct direction, they will want you to figure it out on your own... almost in order to prove that you deserve to be in their presence. And I’ve noticed that a lot among Black faculty.” (P. 007)</p>

Second Supporting Theme: Black women are held to different expectations and treated differently in comparison to their peers		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<p><i>Being “point person” for all things race (10 participants – 83.3%)</i></p>	<p>“Another thing that happens a lot is being crowned the point person for all things race. And I laugh but it really is frustrating because of course I love Black people, I love Black culture, I think Black mental health is <i>so</i> important - I mean it’s why I wanna be a psychologist. But also no one goes around every time we discuss cystic fibrosis or other chronic health disorders or depression or anxiety and stares down all the white people? Or when we discuss serial killers and stuff. So, it’s like why am I being singled out for being Black?” (P. 003)</p>	<p>“And I think it’s not all that different with faculty like if we’re discussing ‘cultural competence’ or ‘considerations,’ they just can’t help themselves! And glance at me or ask me to speak and it’s like culture doesn’t mean <i>Black</i> - damn!” (P.005)</p>

<p><i>Differing treatment based on race from peers</i> (9 participants – 75.0%)</p>	<p>“If ever we have to do group work or even partner stuff, I find myself getting ‘chosen’ last. And it’s not even like it’s happened once or twice where I could call it coincidence but almost <i>every</i> time. And I think a lot of it has to do with people being nervous or unsure about how to engage with Black folks and not wanting to ‘say the wrong thing’ or misstep in some way.” (P. 005)</p>	<p>“I remember when I entered the program, I had my hair natural but quickly realized I would <i>not</i> have the time to maintain it so I started doing protective styles and I remember these White girls in my cohort came over to me when I came in with my box braids and were like in awe and were like, ‘Oh my goodness! You look so good.’ ‘Can we touch it?’ ‘How’d you get your hair like that?’ and I mean the White girls change their hair too. You know, cut, color, dye, whatever, and it was never some huge production. I literally felt like I was at a petting zoo, and it just left a really bad taste in my mouth.” (P. 004)</p>
<p><i>Having to do the emotional labor of “teaching” others about racism</i> (9 participants – 75.0%)</p>	<p>“So I am currently on internship at [site name redacted], and we have a space called raising racial consciousness, and it is a horrible space to be in as a black person. I think a lot of it is just that we are trying to advocate from an intern’s position like to handle and do all of</p>	<p>“One example is the University asked me and a couple of other people to pilot test this program that they wanted to launch that was a cultural competency and sensitivity type of training. And I took a look at it and I thought it was really bad and since they asked me to give</p>

	<p>this work... like I don't want to do the labor of like teaching you how to be antiracist. But I find myself a lot of times in a position of like people asking me things and saying 'Oh, I just wanted to get an opinion from a black colleague about how should I interact with this black client' or you know clients making comments about like trying to assure me that they are not racist or carrying a lot of shame into the therapy space about their parent or uncle or whoever being racist and so it's something that, like, I have to do more work around..” (P.009)</p>	<p>feedback I did - telling them all the reasons why I thought it was bad and how I thought it was offensive and how I didn't think it was going to get the issue across and that I hoped they would reconsider before releasing it to the whole campus, and then they went ahead and released it... as is... anyway.” (P.0010)</p>
<p><i>Being looked over by professors because of Black woman status</i> (8 participants – 66.6%)</p>	<p>“I think I feel more the opposite, and like I’m not really paid attention to compared to like other people are like.” (P. 003)</p>	<p>“Like I have a professor who asked if anyone knew the history of the Rorschach and how it came to be, and I had done some research in undergrad involving the Rorschach so I know a ton about it and so when he asked, I raised my hand and answered and he swiftly moved on to another peer - a white</p>

		woman - who shared some TV episode that involved the Rorschach. And he raved like it was Earth-shattering... as if I said nothing.” (P. 002)
<i>Not getting credit for one’s ideas but someone else getting credit for saying the same thing</i> (8 participants – 66.6%)	“Or when I’ll say something in class and my professor will pretend not to hear it or not acknowledge me and someone else - usually a White woman - will repackage my answer and get praised for it. And sometimes people will chime in and say, ‘She just said that,’ but most times they don’t. And that’s frustrating.” (P.004)	“And it's just hard... a hard place to be... because there'd be times where I would speak up when maybe it wasn't about race, it was just speaking up in general, and because I was a person of color speaking up, I was penalized. But someone else will say <i>the exact same thing</i> and be praised for it. Like come <i>on</i> .” (P. 0012)
<i>People interact with you a certain way due to one’s Black woman status/others are unsure how to interact with Black women</i> (7 participants – 58.3%)	“For the classroom, I think there are definitely a couple of professors - white ones - who, because I’m a Black woman, almost see that as threatening or challenging in some way. Like the way they interact with me almost sends the message of like, ‘Who do you think you are asking and answering questions intelligently in this program?’ and it’s	“I feel like because I was the only Black girl, there were definitely some of them [peers] who just had no idea how to interact with me. Like I’m not sure if they had never known Black people or just never had them as friends or coworkers but there were a lot of microaggressions.” (P.001)

	hard to describe what exactly makes me feel that way... it's something in the way they relate to me." (P. 002)	
<i>Black women receiving different treatment from administration/authority figures based on race</i> (7 participants – 58.3%)	“I have found that they still very much show like... or prioritize the White students and international students, I think, sometimes over the safety and the comfort of the Black students and sometimes that can lead to like myself and others feeling a little bit undervalued.” (P. 009)	“This is a White woman [student] and he [Black professor] has a different dynamic with White women. He doesn't push them as hard, and everybody knows this. And so, anyone in the entire program that's ever interacted with them, they know that white women get favoritism with him and Black women get treated very differently - even the professors acknowledge this as well.” (P. 008)
<i>Doing the requirements is not enough to succeed as a Black woman</i> (6 participants – 50.0%)	“My advisor, you know, they do the review meetings and kind of evaluate every student, and my advisor talked about how the Director of that clinic was basically like saying, ‘Oh, I haven't seen anything yet - she comes in and does her work.’” But getting the information made me feel like somehow that wasn't enough.	“At the end of my internship, the head of internship did my exit thing for feedback and she's like, ‘It's really great that you've got consistently great feedback from the time you got here, but the thing is, though, you kind of stayed there. You were up here already and you kind of stayed there and it would have been nice

	<p>Like I'm doing my work but that's still not enough and I still have to be watched. Like I was being monitored to see when I'll eventually mess up." (P.008)</p>	<p>to see some growth, to see sort of you be able to learn and grow while you're here too,' and she knows that I did. But she didn't see me make too many mistakes because I didn't feel like I could afford to." (P.0012)</p>
<p><i>Preferential treatment of Black men versus Black women in doctoral training</i> (4 participants – 33.3%)</p>	<p>“Even compared to Black men in training programs, there is a certain energy of like ‘we want to make sure these people get through because there are so few black men present in doctoral programs’ so there's a lot more I think that goes around helping them - there's a lot more grace and understanding if they do have shortcomings compared to Black women, like we don't really get those things like breaks or even just like this grace in the same space that they give black men at least in my training program, so I think it will be really important for me to provide those opportunities for training or supervision.” (P.009)</p>	<p>“And the other thing is when wanting to know about the ‘Black perspective,’ she [White professor] would more so default to the one black male. Really quickly it became very clear that, in her energies, that she wanted to support him, above all.” (P.0011)</p>

Third Supporting Theme: Compared to their peers, Black women constantly face mischaracterization		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<p><i>Introversion is mistaken for apathy/rudeness in Black women</i> (7 participants – 58.3%)</p>	<p>“I would say as someone who is naturally kind of an introvert, I feel like kinda what I was saying before, I had to become sort of like... more ‘out there,’ I guess. Like I had to be more outspoken and be more sociable than I normally would be because I feel like when I wasn’t, like people would assume I didn’t want to be bothered or that I was rude or angry or whatever... all the typical Black woman stereotypes. When, in actuality, I just like to keep to myself. And frankly the way they were acting made me not even want to be friendly with them.” (P. 002)</p>	<p>“And the other thing is I’m an introvert, so in the morning, I’m a little more energetic versus in the afternoons once I’ve had to interact with a bunch of people all day and after commuting an hour to get there every day...because I’m very introverted, a lot of times when people would just place labels on me of being like, ‘she’s antisocial’ or ‘she doesn’t like us’ and it wasn’t even that.” (P.008)</p>

<p><i>Not being able to self-advocate for fear of mischaracterization</i> (7 participants – 58.3%)</p>	<p>“And in my thought process and just the way you’re brought up in the South, the thing is always to not make a scene. So of course, I don’t make a scene because in my head I’m thinking this woman has tenure, she’s White, she’s the director. Like there’s no way I’m winning this battle, and I’ve worked too hard to get here. So I sat there, and I learned a lot from that experience really. I think my way of approaching the program was just to get on and get out from that point on.” (P. 0011)</p>	<p>“Situations like that have affected me and my ability to just be who I am as a clinician in the therapeutic environment. I feel, like, I have to go above and beyond - again that feeling of overcompensation - that feeling that I have to be better than some invisible bar that keeps climbing... and I can’t stick up for myself because I felt like when [my advisor] had that conversation with me [about how I should smile more] - it escalated past the point of what I shared - but when he had that conversation with me, I felt paralyzed to say anything to defend myself and risk getting kicked out of the program.” (P. 007)</p>
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<p><i>People make assumptions about Black women instead of getting to know them</i> (6 participants – 50.0%)</p>	<p>“I hate having to go to networking events and have people ask me what my research areas are and have them assume it has something to do with like racial disparities or poverty or experiences of racism and things like that. ‘Cause actually I prefer to study protective factors related to African-Americans and other related topics.” (P. 0010)</p>	<p>“So I think the other piece of that is like the hyper-focus on your blackness, and I’ll fill in all these other gaps for you, but it just bothers me when there’s other information about me that’s readily available but people still prefer to make assumptions ‘cause it’s easier. Even like making small talk with colleagues, and they’re like, ‘Oh you like this show? You like to read? You like this? You like that?’ and it’s like, well, what do you think that like Black people do all day? We consume the same stuff as you, like, we can be fans of the same things that you can be fans of so I would say it’s like invisibility in terms of your voice and how it feels to be in certain spaces, and this prevailing thing of who you are constantly being distorted for the comfort of White colleagues.” (P. 009)</p>
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<p><i>Being misjudged/defying expectations as a Black woman</i> (6 participants – 50.0%)</p>	<p>“One of my supervisors definitely made judgments about me off the bat and only once they got to know me were they surprised that I wasn’t what they expected. Like I had one supervisor say, ‘Your knowledge of OCD disorders is surprising given your lack of clinical experience,’ but to that point, I had never brought up what my clinical experiences were. He just assumed that I must have been lacking.” (P.001)</p>	<p>“People have all these ideas and stereotypes about how we are, and when they encounter one that doesn’t meet the mold, they don’t know what the hell to do with themselves.” (P. 002)</p>
<p><i>Introversion is mistaken for apathy/rudeness in Black women</i> (7 participants – 58.3%)</p>	<p>“I would say as someone who is naturally kind of an introvert, I feel like kinda what I was saying before, I had to become sort of like... more ‘out there,’ I guess. Like I had to be more outspoken and be more sociable than I normally would be because I feel like when I wasn’t, like people would assume I didn’t want to be bothered or that I was rude or angry or whatever... all the typical Black woman stereotypes. When, in actuality, I just like to</p>	<p>“And the other thing is I’m an introvert, so in the morning, I’m a little more energetic versus in the afternoons once I’ve had to interact with a bunch of people all day and after commuting an hour to get there every day...because I’m very introverted, a lot of times when people would just place labels on me of being like, ‘she’s antisocial’ or ‘she doesn’t like us’ and it wasn’t even that.” (P.008)</p>

	<p>keep to myself. And frankly the way they were acting made me not even want to be friendly with them.” (P. 002)</p>	
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Doctoral programs suffer from systemic failures which cannot be rectified from within.

The first theme within this construct detailing the challenges that Black women face within doctoral programs is the notion that doctoral programs are systemically flawed and those flaws cannot be corrected internally. Many participants described challenges in their doctoral training programs that are systemic in nature such as the lack of diverse faculty as well as lack of culturally inclusive curriculum, both of which will be expounded upon later. Moreover, the participants emphasized that precisely because these challenges are systemic, they cannot be meaningfully rectified or addressed from people who are considered part of the “system.” To that end, participants felt that faculty were not motivated to change the system because they were not being negatively impacted by it. As such, participants felt that faculty and other program administrators would not be able to meaningfully rectify the systemic failures when they are, in fact, part of the system. The most frequently reported repeating idea, that systemic change can only be enacted from outside of the system and not within (66.6%), reflects this sentiment precisely. Another commonly endorsed idea was the notion that there is a wholesale lack of programmatic supports for Black women (58.3%). More specifically, participants reported feeling largely unsupported by faculty and administration.

Another way in which participants described the systemic nature underlying many of the obstacles they faced was in relation to visibility. Half of all participants endorsed feeling invisible as it relates to their program’s course curriculum (50.0%). This often took the form of diversity issues being discussed solely during one class period, leaving many participants with

the sense that their identities were not viewed as important enough to be discussed beyond one class session. These are just some of the ways that the Black women in this study described what they believed to be systemic failures in their program, an idea that was also endorsed by half of all the women in the study (50.0%). Relatedly, many participants also endorsed that their program was lacking in diverse faculty (41.6%). Of note, programs that were more diverse in student body and faculty, such as at historically Black colleges and universities (HBCUs), were not exempt from systemic challenges.

Unlike the study participants who attended an HBCU, those who attended PWIs often reported that they “stood out” in some way because of the relatively low number of Black students in their program. Many described experiencing hypervisibility as a byproduct of the broader “system” (41.6%). In other words, participants felt that given institutions of higher education have historically been exclusionary to women in minorities, it is only natural that Black women, who are both women and minorities, would stand out in a predominantly non-Black setting. Several participants discussed issues of differential treatment as well as their expectations not being met while undergoing training at an HBCU (33.3%). As it relates to expectations, many participants felt that going to an HBCU would mean less issues of differential treatment or instances of discrimination because of the assumed homogeneity; however, for most participants, despite no longer being in the minority, they still experienced differential treatment than their non-Black peers as well as their non-woman Black peers.

Moreover, a third of participants shared that these systemic issues are heavily influenced by the notion that psychology as a field is still very “White” (33.3%). Everything that the participants shared is underscored by this notion. Most participants felt that if psychology as a field were more diverse then many of the systemic ills that are present in its doctoral training

programs would cease to exist. This, they posited, is because there would be diverse authority figures who would be motivated to create a more equitable, inclusive system for minorities such as themselves whereas most participants reported that their program administration is entirely or almost entirely composed of non-BIPOC individuals. Interestingly, two study participants who attended an HBCU described that even with an all-Black faculty, they still encountered challenges such that they were held to higher performance expectations than their non-Black peers (16.6%). This perhaps underscores that regardless of who the players are, if the issues are systemic then they will persist regardless of where the system is located.

Black women are held to different expectations and treated differently in comparison to their peers

The second theme that maps onto this construct is a phenomenon various participants described as being treated differently because of their Black woman status. Several participants reported that they faced stressors and challenges unique to their status as Black women such as being the “point person” for anything having to do with race (83.3%). This was one way in which the Black women in this study felt that they were treated differently by their peers, and more than half of all participants endorsed this idea (75.0%). Additionally, having to do the emotional labor of “teaching” others about racism (75.0%) was another way in which the Black women in this study felt set apart from their non-Black peers.

Black women study participants did not just encounter differing treatment based on their identity from their peers, but most reported that they also encountered issues with their professors. Specifically, many of the participants reported being looked over by professors because of their identity in some significant way (66.6%). For some, this meant not being selected for research positions they were more than qualified for whereas for others it meant

being ignored in class while the same few classmates were called on to share. This sometimes also took the form of not getting credit for one's ideas but someone else getting credit for sharing the same thing, an idea also endorsed by 66.6% of participants.

Many participants also highlighted experiences related to their visibility and identity as Black women. More than half of all participants felt that because of their distinctiveness as Black women, people interacted with them in a certain way or were unsure of how to interact with them at all (58.3%). Similarly, an equal percentage of participants also felt that in addition to their peers, they received different treatment from administration based on their race (58.3%). For this reason, as well as others which will later be addressed, half of all participants described feeling as though fulfilling their program requirements was not enough to succeed as a Black woman (50.0%) because they had to work twice as hard for half as much recognition. It is worth mentioning that a third of participants reported that the Black men in their training programs received preferential treatment due to their identity as Black men, who are often less likely to be enrolled in clinical psychology doctoral programs.

Compared to their peers, Black women constantly face mischaracterization

The final theme which completes this construct involves mischaracterization. Among the many ways study participants described being mischaracterized within their doctoral programs, one of the most common was how their introversion was mistaken for apathy or rudeness by others (58.3%). Despite the potential implications of these labels, slightly more than half of all participants discussed feeling as though they could not advocate for themselves, even when faced with misrepresentation, for fear of their advocacy being mischaracterized (58.3%). Similarly, half of all participants reported that in lieu of meaningfully getting to know them, people would make assumptions about them due to their identity as Black women (50.0%). Another iteration of

this mischaracterization is that several participants reported being misjudged or in some way defying others' expectations of Black women such that they were more well-spoken or accomplished than was expected (50.0%).

As a result of these challenges, Black women form opinions about themselves, their clinical abilities, and those of others

Given the many obstacles Black women face during doctoral training, as detailed in the previous construct, virtually all participants expressed the sentiment that these experiences informed their opinions about various aspects of their program, including their clinical competency and that of their peers. Moreover, Black women also formed opinions about themselves that are more personal in nature and not related to clinical practice. Participants discussed altering their presentations based on interpersonal interactions, and, moreover, these interactions influenced their self-view and colored their entire training experience. This construct is supported by three related themes, which highlight the internal experiences of participants as they navigated their training programs.

Table 4 - Construct #2

As a result of these challenges, Black women form opinions about themselves, their clinical abilities, and those of others.

Construct #2- As a result of these challenges, Black women form opinions about themselves, their clinical abilities, and those of others		
First Supporting Theme: In order to succeed, Black women adjust how they present outwardly based on their experiences		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>

<p><i>Being one's authentic self will lead to challenges</i> (9 participants – 75.0%)</p>	<p>“But I think I realized as I continued through the program that it’s... it’s almost like if I want to get ahead, I have to play by their rules and not have them misunderstand me or feel threatened by me. So I think it sucks and it... It really shouldn’t have any bearing on how strong a therapist I am or anything, but unfortunately, I feel like it does.” (P. 0012)</p>	<p>“Something about having to put on a mask with people who I see day in and day out and who are supposed to be good at reading people just doesn’t sit right with me. Like I shouldn’t <i>have</i> to do it, but I do because it feels like if I don’t, I’ll be targeted or something.” (P. 004)</p>
<p><i>Wanting to avoid confirming stereotypes about Black women</i> (9 participants – 75.0%)</p>	<p>“But I feel like I’m the only Black person in the group who is willing to do that, to step out and like cause a ruckus, and in that stepping out, there’s a fear of me being labeled as ghetto or confrontational or angry. And really missing the key points of what I’m trying to really call your attention to.” (P. 007)</p>	<p>“Part of it is, because I’m like, if you guys are going to talk about race, I’m gonna let you talk about race, but I don’t particularly want to chime in because I find that there are so many devil’s advocates. And I’m like sometimes, if you piss me off too bad, there’s no coming back from down that road because I’ll say what I want to say and then I’ll leave the space and then it’s, ‘Oh my God, she’s so aggressive! You just don’t have to get so hostile’ when my tone is level the entire time... it happened a lot first year so now I check out of those conversations.” (P. 0010)</p>
<p><i>Feeling the need to censor oneself in White spaces</i> (8 participants – 66.6%)</p>	<p>“I felt like the real me is invisible because I have to keep her tucked away since I felt unwelcome and unaccepted being her...” (P.002)</p>	<p>“I’m not talking to [my non-Black peers] about shows like <i>Atlanta</i> or getting my hair done for six hours or stuff like that cause I know they won’t get it and that their inability to relate would make them feel uncomfortable. Which would then make me uncomfortable. So I pick and choose what to share.” (P. 004)</p>
<p><i>Knowing how to censor oneself as a Black woman informs professional development</i> (7 participants – 58.3%)</p>	<p>“I mean I’ve known from previous experiences—at school, at work—that knowing how to play the part and be polite and act in a certain way that makes White people not feel threatened is important—or critical really—in order to succeed.” (P. 004)</p>	<p>“I would say with professional development I think I’ve sort of had to learn as I go how to interact with White people and how to sort of mold or edit how I present depending on who I’m with. And I really hate to say that because I shouldn’t have to do that.” (P.002)</p>

<p><i>Having to say things carefully so they are not misconstrued</i> (7 participants – 58.3%)</p>	<p>“I have to find delicate ways to say things without upsetting folks. It's more than a concern. It's a reality that if you are too vocal about issues of race and racism, and it makes people uncomfortable, they call you on it. And since, as I mentioned there's no Black faculty, I'm like I have nobody to stand in my corner if someone decides that what I've said has upset them or I'm being 'hostile' or something like that.” (P. 0010)</p>	<p>“Sometimes even with my advisor, if we disagree or something, in order for it not to become an argument, I have to phrase things in a particular way so he doesn't start responding to me in a defensive way. Even if I'm like, 'Oh I didn't get this email from you with this form,' and he's like, 'Okay I'll get it to you. Take it easy,' and it's like wait— - wait a minute. I'm just asking you to resend it—that's it.” (P.008)</p>
<p><i>Having to choose how much effort to put forth in White spaces</i> (6 participants – 50.0%)</p>	<p>“I just have to do what's best for me, like I'm tired of being less than or feeling like I'm not enough, because I'm not. I'm better than and I'm also tired of working harder than the next person because, like I mentioned, like literally my 50% is your hundred percent. 25%! Who are we kidding? So I'm like no you're not gonna get my hundred percent— - I don't know what to tell you. That's what you're gonna get and you're not going to expect more from me. Because what I do needs to be good enough and I know it is so now I'm allowing myself to feel like this is good enough because it doesn't — I don't have to be the best— - and I shouldn't have to be the best if a mediocre White person can get exactly what I get from being the best.” (P.0012)</p>	<p>“My dad says this all the time, but he's like you did not go to grad school to fix the university, you went to grad school to get a degree. And you know, I'm constantly torn between I'm down for the cause and I'm down for my people, so I want to make a difference if I can. But you can't waste my time by asking for my input on initiatives and then not touching it at all.” (P.0010)</p>
<p><i>Rarity as a Black woman in higher education and its implications</i> (5 participants – 41.6%)</p>	<p>“As a Black woman, you know or a woman of color, a person of color, I'm studying to be a psychologist, so outside of, like, my HBCU bubble, there really are not many of us, and so I think we're still a novelty for a lot of people.” (P. 009)</p>	<p>“My first practicum experience was with a company called [name redacted] and all the clinicians there are Black which was nice to see because you don't really see that many Black people within the realm of psychology.” (P. 006)</p>

<p><i>Feeling the need to compromise parts of self in order to succeed</i> (4 participants – 33.3%)</p>	<p>“And like I said it’s not fair and it shouldn’t be that way, but knowing that and knowing how much effort and time I’ve put in to getting here if I have to chuckle and laugh at a few Seinfeld jokes to make it seem like I ‘belong,’ then that’s what I’ll do.” (P.004)</p>	<p>“Every day [in the program] felt like a chore. Don’t be too loud, don’t forget to smile... I just wasn’t myself. I couldn’t be if I wanted to finish the program out cause they [peers, faculty] would gaslight me to no end.” (P.008)</p>
<p>Second Supporting Theme: Negative interactions with faculty/peers can sully the experience of doctoral training and impact self-view</p>		
<p><u>Repeating Ideas</u></p>	<p><u>Relevant Text Example</u></p>	<p><u>Relevant Text Example</u></p>
<p><i>Experiencing microaggressions from peers/clients</i> (9 participants – 75.0%)</p>	<p>“I think something that made me really upset was when I experienced a macroaggression in the prison—so I have stickers on my water bottle (shows water bottle) —it’s like anything Black and a bunch of pro-Black things. Basically, this guy, he went to the captain of the program and told the captain that he believed that my sticker was a threat to the safety and security of the institution. My sticker! Like what am I gonna do? And the reason that I feel like this sort of exemplifies hypervisibility is because it - he would not have reacted the same if it was a White person with the same sticker. They would have gotten judgment, but they wouldn’t have been crucified... and so I felt, now I’m like, I can’t even be loud and proud about who I am because when I am seen I’m somehow seen as the enemy.” (P. 0012)</p>	<p>“I had a client—straight, older White man who had a half-Spanish son and a half-Black daughter—two different moms. And he was discussing his childhood one day and how he grew up in a really ‘ethnic’ area, and how his elementary and high school were so ‘urban,’ and he never quite fit in but always ‘loved how the girls would wear their hair with clips’ and ‘wear tight clothes and hoops,’ and it was just so difficult to sit there and listen to him effectively fetishize women of color.” (P. 004)</p>
<p><i>Lack of support from peers based on race</i> (8 participants – 66.6%)</p>	<p>“Among the other people of color, I think in witnessing how Black students are treated—at least in my program—I think they tend to stay out of the mix. And in that way, they kind of act ‘more White’ or I guess they</p>	<p>“And in my development or maturation at that time, I expected something from my peers but, at the same token, I don’t really know my classmates like that, so I unfortunately assumed that they really understood injustice when</p>

	don't really bring up their 'otherness' as much... because this way they can avoid any issues." (P. 003)	they saw it and that they would say something. Because our program is counseling psychology with an emphasis on social justice and so I'm just like, 'Y'all see this right? Like someone's gonna say something?' Nope." (P.0011)
<i>Not being able to process feelings about racial situations in one's own way</i> (7 participants – 58.3%)	"There will be days, where like something will happen in the meeting and I have work I need to get done but people are constantly knocking on my door, like, 'Can we talk about what happened in that meeting?' and I'm like, now I can't be as productive because we're all trying to find a space to process what's happening in the workplace, but it's taken away from actually being able to do the work so it's that, too. That like, I can't even decide how to process my own pain on my own terms but that I'm almost forced to discuss it in a setting with people who I don't even trust to adequately hold space." (P. 009)	"I remember one day there was like a social justice series or something that was going on. It was terrible. Was really just about making White people feel less scared interacting with non-White people. One of the people spoke up and like, I shouldn't laugh, but she had like tears in her eyes and her voice was breaking and she was like, 'I just like never realized how horrible racism was and like it is just so hard for me to realize that like people had to go through this,' and that was when I called my mom and I was like, 'If I hear one more White person cry to me about how bad it was and how they first learned about racism, I will lose my mind.' I'm like, 'Please do not cry right now, Sally, cause I cannot deal.'" (P.0010)
<i>Feeling a sense of mistrust of others/outsider-ness based on experiences</i> (6 participants – 50.0%)	"I feel like it has made me... I guess maybe critical? Or skeptical? Of like White people. And not in like a paranoid way where I don't trust them at all, but to the extent that I self-disclose or allow myself to be vulnerable and all that, I'm just a little more cautious than I already was." (P.005)	"Like I think I'm slightly more wary of White folks now, which is unfortunate, but I just think based on the experiences I've had it kinda feels like I need to withhold my whole self back, see how the person is and everything, and if they're fine or an ally, <i>then</i> I can gradually let more and more of me show." (P. 003)
<i>Peers not wanting to vocalize support in the name of self-preservation</i> (5 participants – 41.6%)	"In talking to my colleague, she was basically saying, I know I'm that token person and [our professor] has given me a lot of passes, even with attendance. And she wants to say something for me like on my behalf, but she's having a hard time with it because she doesn't want those token privileges to go away, so	"I ended up connecting with X afterwards in the dining hall, and he basically was like, 'Yeah that was messed up that you only got 5 minutes to present when I got 40.' But when I asked him why he didn't say anything <i>especially</i> 'cause she [White professor] loves him, he was kinda reluctant to admit that she favors him or to

	that sucked: to know that someone else clearly saw what was happening but was more concerned with self-preservation than standing up for me.” (P. 008)	offer to actually say anything to her. And it seems obvious that he doesn’t want to get on her bad side.” (P. 008)
<i>Struggling to relate to non-Black clients/peers</i> (4 participants – 33.3%)	“Since I’ve working with this new site at my current internship I haven’t talked to a black client since I’ve been in there and that has been very difficult for me, because I feel like number one, I don’t relate to the problems that some of these people have... they feel... I feel...I don’t want to say useless but they feel like...I feel like it’s difficult to relate to my clients because my problems surmount theirs in so many different ways that it’s hard for me to identify. Or really, really empathize with the level of response that they have to their problems because they honestly seem like small problems to me.” (P. 007)	“I think it’s also made me think a lot about the privileges that white people have so like talking with clients and we’re thinking about graduation, and when I was at the [site name redacted] counseling center, there were a lot of clients worried about like, ‘Oh I can’t move back home into my mom’s house, so I need to find a job and there’s like a clock on, like there’s a lot of pressure,’ versus white students are like, ‘Oh yeah, my dad’s gonna give me a job’ or ‘I know I have job offers pouring in already and I have a 2.5 GPA,’ but they’re White and so I’m like, wow, this is a lot for me to have to process.” (P. 009)

Third Supporting Theme: Based on their training experiences, Black women form opinions about others’ cultural competence which inform their post-graduate plan

<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<i>No amount of education can shield one from racism or from being racist</i> (7 participants – 58.3%)	“Everybody thinks psychologists are all tolerant and that we believe in, you know, accepting everybody as they are. And that sometimes means that for some psychologists because they think they’ve done that ‘work’ they’re no longer doing the work.” (P. 0010)	“We just go through so much honestly, between the in-your-face racism to the more subtle racism, and it doesn’t escape you, you know? Like I’m sure there are people who think that as a Black woman doctor that suddenly people respect you more or aren’t prejudiced, and it just isn’t true. Cause it’s like... I don’t know if I can say this on video... But it’s like that Kanye West song where like, ‘Even if you’re in a Benz, you’re still a n*****.’ At least to some folks. And psychologists aren’t exempt from that.” (P. 005)

<p><i>Not trusting peers' level of cultural competence due to personal experiences</i> (6 participants – 50.0%)</p>	<p>“Professionally, though, I know I’m not referring to a single one of my classmates. ‘Cause if you’re okay with making me feel invisible, what confidence do I have that you wouldn’t do the same to a patient? Or a parent? Even if it’s not intentional. It just doesn’t give me a good feeling.” (P. 005)</p>	<p>“And clinically, it just makes me want to protect every Black person who enters therapy because, if my professors, who are psychologists, and my peers, who are gonna be psychologists, can barely interact with me without being weird or flat out racist, then I can only imagine what they’re doing in the therapy room with patients.” (P. 002)</p>
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In order to succeed, Black women adjust how they present outwardly based on their experiences

Almost all participants discussed feeling as though being their authentic selves, in the context of their training, would lead to challenges due to the discomfort that it caused non-Black individuals (75.0%). For many, this was based on invalidating interpersonal interactions they had in their programs and practicum sites wherein they were often stereotyped or misunderstood. Based on the feedback gleaned from these interactions, many of the Black women in this study altered how they presented outwardly. One such reason that many participants gave for doing so was to avoid confirming negative stereotypes about Black women by their actions (75.0%). This desire was not uncommon among study participants, and it underscores a feeling shared by many that Black women have to censor themselves in predominantly White spaces (66.6%). Moreover, many discussed the idea that learning how to censor themselves in predominantly White spaces informed their professional development (58.3%), such that it was a necessary skill to learn in order to achieve success. This learned self-censorship is one of myriad ways in which the study participants felt they had to be mindful about how they were perceived by others.

One other way that participants were mindful of how others viewed them was in their decision to be wary of how they shared information so that it was not misconstrued (58.3%). This, in a similar way to the self-censorship, was reactionary in the sense that the Black women in this study had to be especially mindful of their tone and delivery so it would not be mistaken

as rude or hostile, thus confirming existing stereotypes about Black women. Given the intentionality required for these actions, half of the participants reported ultimately choosing how much effort to put forth in predominantly White spaces (50.0%). For all, it involved putting forth less effort where they felt they could, such as not volunteering to take on diversity projects or declining to offer their insight into racialized matters. However, for some, even that felt arduous. One reason for this was because of the relative paucity of Black women in doctoral training programs (41.6%). It was especially important to the Black women in this study that they present well because most felt they were not just representing themselves but Black women as a whole demographic. At the same time, several reported that this self-censorship was just one of many ways in which they had to compromise parts of themselves in order to excel in doctoral training (33.3%), something they both acknowledged and disliked. To that end, though the censorship was self-imposed, the study participants felt it was imperative to maintain throughout their training because they believed that as Black women, they had to be viewed favorably in order to meaningfully succeed.

Negative interactions with faculty/peers can sully the experience of doctoral training and impact self-view

One of the most prevailing ideas throughout the course of this study was the notion that interactions with peers and faculty often had a profound effect on participants' overall training experience and how they viewed themselves. Almost all participants reported experiencing microaggressions from clients as well as their peers (75.0%). Additionally, various study participants discussed how these challenges in the clinical space were compounded by the interpersonal challenges they faced. In particular, more than half of all participants reported a lack of support from their peers based on their racial identity (66.6%). Moreover, when challenging racialized situations arose, many participants reported feeling like they were not

given the space or time to process their feelings (58.3%). Further, they were often also expected to help others process their own feelings of guilt, shame, and discomfort. Taken as a whole, half of all participants described developing a greater mistrust for others based on their experiences as well as a sense of being an outsider (50.0%) due to their experiences in their doctoral program.

Among the many ways in which the Black women in this study described feeling as if they did not belong, two stand out as especially important. Firstly, various participants shared that their peers would intentionally not vocalize their support in the name of self-preservation (41.6%). That is, the Black women participants felt that their peers would recognize a microaggression or other iniquities but opt not to point them out so as to remain in good standing with faculty and staff. Secondly, and relatedly, another way in which Black women in this study discussed feeling out of place was in their struggle to relate to their non-Black clients (33.3%). For many, this caused them to internalize this challenge as something lacking on their behalf, further eroding their clinical confidence.

Based on their training experiences, Black women form opinions about others' cultural competence which inform their post-graduate plans

Given their interpersonal experiences, half of the participants reported that they did not trust their peers' level of cultural competence (50.0%). Furthermore, based on their training experiences, more than half of all participants felt certain that no amount of education could shield one from becoming racist and, conversely, no amount of education could shield one from experiencing racism (58.3%). Due to how they felt issues of race and culture were mishandled in their program, many study participants felt doubly let down: by their peers but also by their faculty and administration, who they assumed would be more well-versed in these matters given their professional role.

Black women’s relationship to visibility in training varies over time due to their experiences of hypervisibility and/or invisibility

As one of the principal concepts of interest, visibility came up frequently across interviews. Each participant’s relationship to visibility was dynamic; however, virtually all participants endorsed experiences that were dominated by a sense of hypervisibility or a sense of invisibility. A number of participants reported clinical experiences wherein they experienced hypervisibility which worsened their performance and the quality of their supervisory alliances. That being said, several participants described realizing that their identity could be utilized as a therapeutic tool. However, the effectiveness of utilizing such a tool varied considerably. This construct is supported by two themes which reinforce how participants experienced their relationship to visibility and how that, in turn, influenced their perceptions of themselves and their training experiences.

Table 5 - Construct #3

Black women’s relationship to visibility in training varies over time due to experiences of hypervisibility and/or invisibility

Construct #3: Black women’s relationship to visibility varies over time within the context of training but is largely governed by experiences of either hypervisibility or invisibility		
First Supporting Theme: Experiencing hypervisibility in the clinical space compromises one’s performance and the quality of supervision		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<i>Lack of supervisor cultural competence with respect to racial challenges</i> (8 participants – 66.6%)	“And then a different time I had a supervisor ask me to sing him ‘Happy Birthday’ in a ‘reggae tone’ ‘cause he likes reggae. And I got really upset about it and was like, I’m not Caribbean and why would you even ask me that? And then another extern is like, ‘It’s not racist. If Tim	“I remember I had a patient who <i>always</i> made comments about my appearance that were just tinged with fetishism. Like, ‘Oh, love that hairdo. It looks very regal like an African queen’ ... like what? And when I told my older, White woman supervisor she just did <i>not</i> get it. She just felt like,

	<p>wears a cowboy hat and I asked him to sing it in a Western voice, it wouldn't be racist, so why are you making it about race?' And it's just things like that. Like he could've asked <i>anyone</i> but he asked me—the only Black person. But it's not about race?" (P.011)</p>	<p>'Well, your job is to help him,' and what she couldn't understand is that he didn't give a damn what I said. He saw himself as superior to me because he was a White man who came from money. And it felt like to me she was aligning with him along racial and class lines—like him as a wealthy White man and her as a wealthy White woman—as opposed to along gender lines with me as a Black woman. It hurt and left me feeling disillusioned 'cause like this woman is meant to be supportive and a mentor in a way and be <i>protecting me</i> from clients like <i>him</i>, and she failed <i>horrifically</i>.'" (P.004)</p>
<p><i>Hypervisibility—not being perceived as or able to be authentic self (by/with supervisor)</i> (7 participants – 58.3%)</p>	<p>"I remember my supervisor being geeked when I got an African patient assigned. She goes, 'Well I feel like you'll get to be the expert in the room for a change!' and still it wasn't clicking, and she said, 'Well you're African-American, right?' and I said, 'No, I'm Black.' And it was just so awkward. Like if I could have sunk into the ground and let it swallow me that would have been amazing because I feel like she recognized the distress or something on my face and then was profusely apologizing and tried to take it back, but then it kinda became about her, you know? Like I had to sort of pacify her and say it wasn't a big deal, but it was." (P. 005)</p>	<p>"With the same supervisor I mentioned earlier, like, I would <i>hate</i> going to supervision. And I would want it to be over as quickly as possible so I would ask as few questions as possible, and I feel like that impacted my cases, 'cause I wasn't getting everything I needed out of supervision. I would still do readings and stuff on my own, but I just didn't feel comfortable in the room with him because I felt like, to him, I was just Black. Not a person or a trainee but just <i>Black</i>.'" (P.001)</p>
<p><i>Hypervisibility worsens clinical performance for Black women</i> (6 participants – 50.0%)</p>	<p>"I thought I was just, like, so behind all of my peers and that I was the worst one, I wasn't getting, you know, really good treatment compared to my peers, at least that was my perspective, and other people weren't, you know, always transparent about what their progress was. So I</p>	<p>"Like there's a power imbalance in therapy sometimes where it's like the therapist has all the power, but it doesn't always feel that way when it's almost like my Blackness makes White clients see me as less of a therapist... or a less competent therapist, right off the bat. It's not really something</p>

	<p>felt like the hypervisibility mainly impacted my confidence, even when I would try to participate, whether in class or like small group supervision or something like that, sometimes I would be very articulate but other times I would have such a hard time finding my words, because at that point because I felt like others were constantly doubting me and questioning my ability, then I started to do that, too.” (P. 008)</p>	<p>that you have the chance to process and think about what that means, like I still don’t know that I know how to best navigate that, but I would definitely say that there is this sense of like hypervisibility that gets fatiguing.” (P. 009)</p>
<p><i>Not being able to maximize supervision</i> (5 participants – 50.0%)</p>	<p>“Of course, my clinical work suffers when I feel like I can’t be fully transparent with my supervisors. I’ve had all White supervisors throughout my 4 years, and some of them have been okay. Some have been terrible like the one I mentioned. But across the board, there’s never been one where I felt totally comfortable, and I feel like supervision requires that. In my opinion supervision is only as good as the alliance between the supervisor and supervisee—just like therapy.” (P.0012)</p>	<p>“I remember one supervisor I had where I would discuss a patient I was seeing at the time—16-year-old Black girl, had been in foster care but was adopted by a rich, White family and was having some behavioral issues at school, my supervisor would go on and on about how she just doesn’t understand why someone who ‘had nothing’ and ‘now has everything’ would be jeopardizing it and almost questioning this little Black girl’s deservingness without considering what I was saying, which is that she was used to routinely being disappointed, so if anything the behaviors seemed more like self-sabotage to me. I just remember at a certain point I would hardly discuss that case and spend more time on the others and my supervisor didn’t even notice.” (P. 002)</p>
<p><i>Not getting practically useful feedback from supervisors to hone clinical skill</i> (5 participants – 41.6%)</p>	<p>“I had a postdoc that was supervising me and sometimes she would give me feedback around, like, smiling. So it’s like I was getting that type of feedback versus feedback that would actually be useful to me as a clinician, you know, or as a trainee.” (P. 0011)</p>	<p>“I just didn’t feel like very good about myself as a clinician and, honestly, I thought at that point in time... like I was really internalizing a lot of it and felt that I just was underperforming. You know, we would have group meetings for supervision and I just didn’t want to show tape as much, even though there were clients that were doing or I was</p>

		doing well with but when I would try to contribute something related to <i>those</i> clients, sometimes that wasn't acknowledged. It was like I was only being monitored for how well I <i>wasn't</i> doing or if I was going to make a mistake but not getting guidance on how to improve." (P. 008)
<p>Second Supporting Theme: Identity can be used as a tool in the therapy space but how helpful and how well it is received varies</p>		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<p><i>Not knowing how identity as a Black woman will be received by patients</i> (7 participants – 58.3%)</p>	<p>“As far as patients, I think it varies. Like with other people of color, I think that I’ve been the only Black person on an all-White staff has made some people feel relieved and others wary like, ‘Will she get it?’” (P. 001)</p>	<p>“I think I was hypervisible to some because I was their first Black therapist. And like... there's still that whole ‘Black people do therapy?’ thing... I would just never know how whoever walked in and would react to me and it made me <i>so</i> anxious.” (P. 003)</p>
<p><i>Hypervisibility enhancing patient’s comfort levels</i> (6 participants – 50.0%)</p>	<p>“I mean some patients will come in and tell me, ‘I wasn’t sure about coming here but once I found out there’s a Black therapist I thought, ok,’ and that’s always a good feeling.” (P. 001)</p>	<p>“I think for him, he was like really grateful to have a Black therapist who understood that a lot of his behaviors and how he was with his wife and with his son were a byproduct of his traumas. He saw the difference pretty early on but just wasn’t able to articulate it until the last session for a bunch of reasons...but told me that I’m the first therapist who gets it.” (P. 003)</p>
<p><i>Being able to be authentic self with patients</i> (5 participants – 50.0%)</p>	<p>“I think I feel a little bit more open to be like...authen- maybe not like authentic but I feel like less judgment? Maybe. Like more able to just present however I present as a therapist. ‘Cause to the patient, I’m the expert. So I don’t really feel like I have to prove myself or gain their approval, like I feel like I have more leeway to allow who I am to shine through a bit more. Like with my allusions or my self-disclosure and stuff...It is</p>	<p>“I feel like on the flipside when I was with patients, especially Black ones, I never felt that way. Like I could just be myself and be a clinician too of course but there wasn’t this constant feeling that I was being seen ONLY for being Black. To them [BIPOC patients] I was just their therapist. And that made me feel more open and more confident.” (P. 001)</p>

	less restrictive... which is funny because it's still training, you know? So it's not like the patient outcomes don't matter and I can't be <i>fully</i> me, I just feel like I can show more of me than say with my peers or faculty." (P.005)	
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Experiencing hypervisibility in the clinical space compromises one's performance and the quality of supervision

Participants in the present study shared nuanced ways in which their hypervisibility ultimately worsened their performance. For some, their hypervisibility led to microaggressions from clients, as was aforementioned. However, many described feeling as though their supervisor was inadequately prepared to address racial challenges in the clinical space due to a lack of cultural competence (66.6%), causing them to process and manage their reactions on their own. Further complicating matters, several participants discussed that due to their hypervisibility, they were not seen as their true selves by their supervisors, nor did they feel like they could be their true self (58.3%). Given the importance of the supervisor-supervisee relationship in a trainee's clinical development over time, this negatively impacted their training such that they were unable to connect with their supervisor on a deeper level and often felt unwilling to be vulnerable due to this lack of rapport. It is no surprise then that half of all participants felt that hypervisibility worsened their clinical performance (50.0%). This is in part due to the challenges it created in their supervisory relationships, however, for some, their hypervisibility also caused them to hyperfocus on their identity during sessions, compromising their ability to stay fully present during sessions and thus diminishing the quality of their work. Others described that their hypervisibility made them hyper-aware of their performance, spurring self-doubt whenever they performed worse than they had hoped. However, these were not the only challenges that participants mentioned as it relates to supervision.

Given the lack of cultural competence and challenges with forging connections that numerous participants described as it relates to their supervisors, it is unsurprising that almost half felt as though they were not receiving practically useful feedback from their supervisors which would allow them to further hone their clinical skills (41.6%). This is partly due to the fact that some participants described withholding any information about patients of color during supervision due to their beliefs about their supervisor's inability to provide meaningful, culturally affirming guidance. However, for others, even when they did discuss these patients, they felt their supervisor was unable to adequately address some of their patients' clinical concerns. Taken altogether, many participants felt they were unable to maximize and get the most out of supervision (50.0%). Naturally, given the importance of supervision in serving as a venue for clinical growth and development, this inability to make the most of it greatly impacted the trajectory of this study's participants' clinical development.

Identity can be used as a tool in the therapy space but how helpful and how well it is received varies

Many participants discussed how they utilized their identity as a tool to effect therapeutic change. For the most part, participants expressed uncertainty about how their identity could be received by clients and that it often caused them anxiety in trying to anticipate this reaction (58.3%). However, not all participants had the same experience when bringing their identities into the clinical setting. Some reported that because their identity was hypervisible, it enhanced the client's comfort levels (50.0%). Others stated that by using their identity, they felt empowered to be their authentic selves in the clinical space (50.0%). Moreover, they found validation in witnessing their clients feeling equally empowered to be themselves because of their shared identities.

Many of the challenges experienced by Black women are uniquely magnified by their double minority status

As women and Black people, Black women are unique to the extent that they simultaneously carry two marginalized identities. Given that each identity comes with its own set of challenges, it follows that Black women may experience double the challenges that their non-Black and non-women counterparts experience. This construct is supported by one theme which details how Black women experience this double minority status and its associated impediments.

Table 6 - Construct #4

Many of the challenges experienced by Black women are uniquely magnified by their double minority status

Construct #4: Many of the challenges experienced by Black women are uniquely magnified by their double minority status		
Supporting Theme: Black women are sought out to contribute and spearhead diversity efforts, which are often misguided		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<i>Not feeling valued in predominantly White spaces</i> (10 participants – 83.3%)	“It was just week after week of smooth microaggression, smooth awful group supervision, and it went on and on. And at some point, I approached practicum just like class—show up, keep to myself, do what I have to do, and that’s it. ‘Cause clearly my voice isn’t valued here.” (P.011)	“God and <i>only</i> God could have gotten me through this because Lord knows there were so many times I wanted to give up and say, ‘F this, F these people, they don’t value me so much as tolerate me and I’m worth more. So much more.’” (P.002)
<i>Black women feeling the need to “step up” and be the diversity point person</i> (9 participants – 75.0%)	“And it was sort of always, if you’re in the spotlight, you have to essentially perform. So just by virtue of the spotlight being on me since I’m Black and stand out, I just felt... compelled to step into this role of ‘the race	“This has always been my life like, I vividly remember in maybe like ninth or 10th grade being the only black kid in my classes. At the beginning of this school year, my department has a diversity committee and there was a

	expert.’ In hindsight, I wish I hadn’t, but at the time it felt almost necessary to my survival.” (P. 0011)	vacancy, and I could just feel everybody looking at me like, ‘Are you going to do it? We need somebody to discuss these matters of diversity,’ and I was like, ‘I don’t think that’ll be me,’ but ultimately, one of the grad students that had said he wanted to do it was White, and I knew he was doing it to boost the CV and not ‘cause he cared about diversity, so I said, ‘I’ll do it,’ ‘cause I genuinely believe he would have just impeded any progress, if not take us backwards.” (P. 0010)
<i>One is just reduced to being Black/what they can offer in the way of diversity</i> (6 participants – 50.0%)	“Because I feel like, in a lot of my classes and supervisions and grand rounds and all that, I was asked to ‘consult’ for POC patients... but I was fine with it, ‘cause if I wasn’t there, I feel like oftentimes the voice or perspective that would impact those people who look like me and people who need it most would go unaddressed.” (P.001)	“And I think it was very difficult for me because I knew that I was more than just a Black girl in the program. But in a lot of ways, I was reduced to being the person that could really only speak about diversity because obviously she must have some expertise as a Black person.” (P. 0012)
<i>Diversity efforts do not address the real, systemic issues</i> (5 participants – 41.6%)	“I guess, this is just an overarching thing within the field of psychology and just like organizations in general—it’s just like...it just kind of makes you question how genuine you know certain initiatives are...I’m trying to explain it in a way that’s, like, not bitter but that’s how I felt. Especially after the summer of 2020. I guess the efforts to ‘diversify’ the program sometimes feel performative.” (P. 006)	“I just remember being asked to help ‘volunteer teach’ when we were talking about multiculturalism, and it was weird because it felt like everything I was saying—which was honest about the racial climate today—my professor tried to hop in after and sort of nice it up or make it sound less bleak, and I feel like that is the issue. The issues can’t be addressed if no one is acknowledging them.” (P. 003)

Black women are sought out and recognized for their contributions in diversity efforts, which are often misguided

Many of the Black women who participated in the present study described being consistently called upon to discuss matters of diversity and inclusion, especially by their

program's administrators. At the same time, many participants also describe that when they do offer their input, it is not taken into account or is altogether disregarded. For nearly all participants, this contributed to a sense of not feeling valued in predominantly White spaces such as their program and practicum sites (83.3%). At the same time, some felt that because they lacked faith in their program's ability to adequately address diversity matters based on their experiences, they felt compelled to become the diversity point person (75.0%). Regardless of whether they volunteered or were asked to spearhead, the study participants recounted feeling as if they were only really acknowledged for what they could offer in the way of diversity programming (50.0%). This further contributed to a sense of non-belongingness and left the Black women in this study in a precarious situation: participate and engage in typically unpaid, emotional labor or not participate and witness what their program created instead. More often than not, the Black women in this study felt that the diversity efforts undertaken by their program were superficial or misguided; furthermore, they felt that those efforts are not meaningfully addressing the systemic program issues (41.6%) but rather skimming the surface.

Structural failures in doctoral training and higher education inform the challenges Black women face

Many of the hardships Black women contend with in doctoral training can be attributed to structural failures that extend beyond their programs and into their training sites and, for some, their post-graduate placements. Several participants believed that this was not just true of their programs and practicum sites but of higher education as a whole. Study participants discussed the general landscape of higher education, one that is traditionally not terribly diverse. Moreover, they also discussed how their status as Black women caused them to face challenges that made doctoral training, an already challenging undertaking, even more arduous. One noteworthy issue

that participants described was the lack of faculty competence with respect to racial issues. The three themes that inform this construct describe how the landscape of doctoral training and higher education do not lend themselves to Black women's ability to meaningfully thrive.

Table 7 - Construct #5

Structural failures in doctoral training and higher education inform the challenges Black women face

Construct #5: Structural failures in doctoral training and higher education inform the challenges Black women face		
First Supporting Theme: A general lack of diversity in higher education contributes to Black women's experiences of hypervisibility in doctoral training		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<i>Existing in predominantly White spaces as a Black woman breeds hypervigilance</i> (10 participants – 83.3%)	“I think it's [attending a program at a PWI]] just made me hypervigilant about, like, what type of ways I'm going to be evaluated and how that's going to impact my career in the long term. In a way that I never did before grad school.” (P. 008)	“I'm Black American from the South, and we can pick up on things when it comes to subtle things and racism. I'm hypervigilant in White settings, and we can pick up on that much easier and I think that, looking back on it now, and just sitting in it, even now as I'm back in the South, I'm just realizing how Black people in the South—including myself—just learn how to function in White spaces... that it becomes a sixth sense that you just <i>know</i> . But it's <i>way</i> worse now. Like I'm always on alert for being 'too much'.” (P.011)
<i>Being only one of a few Black women</i> (9 participants – 75.0%)	“I was the only Black person [in Master's program at PWI], but it was a lot of Latinx folks, so I think it felt a little different than now 'cause there was still awareness and discussion of race and culture and all that stuff came up all the time. But now currently in my [doctoral] cohort there is three Black people [and largely White]. And that was	“Oh yeah there aren't many black folks at my university or in my department—when I first started there was only one other Black person. Now there are four of us, but out of the 40, close to 50 students.” (P. 0010)

	jarring to me cause I'm like, 'Oh wow... like this is different. There's 3 of us,' and then, if you add in some getting their PsyD and the PhD, there's three people over there, so we're six? I guess 6 in total across both programs. Out of 50. The math isn't adding up." (P. 003)	
<i>Experiencing hypervisibility by default due to so few Black women</i> (7 participants – 58.3%)	"Because I do think that because there aren't so many Black people in my cohort that just by default, I stand out... And in that way I feel hypervisible." (P.004)	"We have two clinics that are within our program... one was predominantly a White space so like I was pretty much the only person of color, only Black person, anything out there for a period of time... and that's including, like the other GAs, the staff, the professors, the practicum students and the clients. So there was a lot of times where I would unintentionally stand out just because of my otherness." (P. 008)
<i>Being monitored constantly</i> (7 participants – 58.3%)	"I definitely felt hypervisible 'cause my supervisor... like I could <i>feel</i> her evaluating me and almost appraising me when I would change my hair from a sew-in to braids, or when I would go natural and she just like, I can't explain it, but I always felt a palpable air of discomfort when I was around her, coming from her. I just always felt like I was under a microscope in a way that my peers weren't." (P.002)	"And I mean there was a lot of monitoring about, like, you know, timeliness and things like that, whereas my peers would show up a few minutes late with no excuse and no one batted an eyelash. Like this one a professor would <i>count</i> the number of times that I went to the restroom and put tally marks on the board. And just, in general, I always felt like I was being monitored... how I sat in my chair and things like that, and then one day he told me, yes, I can still complete the coursework but just not to show up anymore, and it turns out like, there are at least two students I knew who were still in the program that the same thing had happened like each year before me." (P.008)
<i>Experience of being hypervisible and invisible</i> (6 participants – 50.0%)	"So on my very first day of classes for the program, I drive onto campus but they hadn't mailed the parking pass to me yet but they gave me a visitor pass. So I'm trying to pull into a	"I remember <i>clearly</i> , like, I won't ever forget this lady—we did an activity on race and this Asian woman [cohort member]—she just busted out in tears, and she was like, 'Do you know what it's

	<p>spot, and this White woman comes over and is like asking me a bunch of questions, asking if I have a pass to park here and do I have ID, and I explain to her I'm a doctoral student and it's my first day and I didn't get the parking pass yet, and she goes on and on and is like questioning me and like starts walking and blocking the spot so I can't pull in and then goes on to call campus security, and so naturally I was late on my first day and it was just so humiliating. And when security did show, they went to <i>her</i> and ignored me altogether. So I feel like I was hypervisible 'cause she was causing this whole scene, and it was clear that she didn't believe that since I'm Black I could be in the doctoral program, but at the same time, when 'help' came, I was basically invisible." (P.0010)</p>	<p>like to immigrate here? I was scared of Black people. Black people scared me 'cause I had never seen one before,' and I was like... I mean I didn't even know how to respond honestly 'cause like why would you say that aloud? But she looked at all the Black people as she said it. And something in her tone like the 'I had never seen one' felt dehumanizing in a way. Like almost as if we weren't people but, like, beings. And I'm looking around at everyone else like, 'I know y'all heard this,' but then everybody gave her hugs and told her it's okay ... but when we got to our classes, no one and I mean <i>no one</i> asked how any of the Black students felt about the comment." (P. 003)</p>
<p><i>Experiencing hypervisibility that is both racialized and sexualized</i> (3 participants – 25.0%)</p>	<p>"I remember a patient complained about a therapist but just said she 'looked ethnic' and wouldn't give names, and my supervisor and director just assumed it was me ... and I do feel like my race and gender of course were hypervisible in that case. I'd bet money that she and he would not have acted the way they did if I were a White woman. I'm sure on his part, he still would have been problematic and misogynistic, but I know for a fact that he would not have been so patronizing and flat out racist." (P.004)</p>	<p>"I typically would have to wait until it was a White person saying something, and then I could speak up, because it would have come off as like the angry Black woman. I was always reduced to the stereotypes of my race and gender, and it was, again, just very much isolating." (P.0012)</p>
<p>Second Supporting Theme: Compared to their peers, Black women face additional challenges that can impede program completion</p>		

<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<i>Feelings of isolation as a Black woman in academia</i> (8 participants – 66.6%)	“As someone who was used to overperforming and having to excel constantly just to stay on par with the White folks, so it was really difficult for me to sort of come to terms with not doing the best or not being the best. And I didn't give myself a break, so I think being a woman of color in my program was difficult because it felt so very isolating.” (P.0012)	“I just felt so unprepared for the loneliness and isolation. It's amazing how you can feel so alone in a group of your 'peers' ... for all the program talk of community and togetherness, I was miserable every day and no one had any idea.” (P. 004)
<i>Negative program experiences foster self-doubt</i> (6 participants – 50.0%)	“I've questioned whether psychology was for me so many times I've lost count. It's such a trippy thing to feel so out of place in a space that is often associated with healing and openness. It made me feel like maybe this isn't the space for me to make change... 'cause if it was it wouldn't feel so disaffirming.” (P. 005)	“It was hard to, like, connect with patients at times because my Blackness felt so loud and I couldn't unpack that in supervision so I struggled with client retention... I just didn't feel very good about myself as a clinician and, honestly, I thought at that point in time... like I was really internalizing a lot of it and felt that I just was under-performing.” (P. 008)
<i>Having to balance work and school</i> (5 participants – 41.6%)	“I've been working two jobs as I went through this program and, like, my advisor and them were telling me to quit and I'm like, I don't want to quit. I want to get my hair done, like, I want to be able to afford to get my nails done weekly. You know, like, sometimes when you're stressed, it really helps to get done up or be reminded I am still cute. But, to my advisor, it's like frivolous and why would you work <i>and</i> go to school just for beauty upkeep? She didn't understand me.” (P.004)	“It's Tuesday, and all the White girls in my class are in class booking hair appointments and buying \$300 leggings while I'm doing the assignment due Friday so I can work the weekend shift without having to get up at 3 on Monday to finish it.... It's just crazy. That we're all in the same program from the outside looking in, but we're really not.” (P. 008)
<i>Graduate assistantship (GA-ship) alleviates some of financial stress associated with doctoral training</i> (4 participants – 33.3%)	“I will say the other piece is, like, the privilege of having, like, space financially, so having a fully funded GA-ship, you know, working from home for the last couple years and not	“I realized that the other two black women, even though they had the GA-ships, they were in a different boat. 'Cause the GA-ship is on campus. So they had more time to connect and get close to

	<p>having to commute in and all those things, being able to take an internship that didn't pay a whole bunch of money, you know, so being able to afford to pay rent and things, I think, just like those privileges that are kind of unspoken in doctoral programs has made life easier.” (P.009)</p>	<p>the people who constructed the program. And I didn't. Once I did, it changed everything.” (P.0011)</p>
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Third Supporting Theme: **Lack of faculty competence with respect to issues of discrimination, racism, etc.**

<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<p><i>Lack of faculty cultural competence related to teaching</i> (11 participants – 91.6%)</p>	<p>“A different time I remember asking a professor how many of the RCTs she referenced in relation to CBT’s efficacy for something included people of color, and she literally couldn’t answer. She just stood there stammering and awkwardly said, ‘It’s just really hard to recruit those people. What do you all think might be contributing?’ I was put off by her saying ‘those people’ but also like ... you’re a professor. You shouldn’t be visibly uncomfortable discussing research when research is literally a huge part of your livelihood. And to then flip it and put the onus on students to answer and come up with ‘solutions’ is pathetic and makes me question your ability to be a good professor.” (P.004)</p>	<p>“I had asked [a professor] about the idea of assertiveness when it comes to DBT skills and how that doesn’t lend itself to certain cultures because assertiveness can be misperceived as disrespectful to parents or aggressive to others, and he kind of didn’t respond, like he was like, ‘That might be so’ and just kept it pushing and I don’t know—it just left me feeling really shitty cause like it felt like a sincere issue with the way we teach and learn certain interventions and he almost glossed right over it.” (P. 002)</p>
<p><i>Being singled out as a Black woman by faculty</i> (10 participants – 83.3%)</p>	<p>“And when it continues to be <i>me</i> getting singled out and the other Black doctoral students are mostly male, then it's like, once you do the process of elimination, what is it really about if not that I’m a woman? Or specifically a <i>Black</i> woman?” (P.008)</p>	<p>“I had a supervisor that would give me feedback about looking more friendly. That I wasn’t smiling enough or contributing enough, such as if everyone in the meeting is speaking and like I agree then I’m supposed to, like, be more visible with my agreeableness, I guess? And like</p>

		<p>even though I got what she meant—that if I’m silent then people won’t know what my thoughts are—it wasn’t... like it didn’t make a whole lot of sense, ‘cause to my knowledge she wasn’t having these conversations with anyone else but me.” (P.0011)</p>
<p><i>Faculty does not provide in-class support against microaggressions and leave students to fend for themselves</i> (9 participants – 75.0%)</p>	<p>“I think when microaggressions happen, it is largely like on the students to call it out and to handle things, and I think that’s kind of a stance that the program has taken, like some of the feedback that we’ve gotten in the past is that they want cohorts and you know everyone in the program to kind of manage ourselves and kind of set a tone of what’s acceptable and not acceptable.” (P.009)</p>	<p>“I think some people leave the program and they don’t have that growth experience because they aren’t called out and things aren’t addressed or things like that, so I would say that’s definitely a time where I have not felt supported and just have needed the faculty to back us up even if just to make us feel more safe about calling people out.” (P. 0010)</p>
<p><i>Issues with diversity as it relates to research</i> (6 participants – 50.0%)</p>	<p>“The school I attend is not the most diverse and I’ve encountered some issues with that in not only my personal life but in my research. My samples are not particularly diverse, which is a problem for the way I like to do science. It’s important to me to have representative populations and that hasn’t always been the case. My PIs haven’t always been receptive to this.” (P. 003)</p>	<p>“There was a really big conversation going on in my department about how it’s really difficult to do EEG research with Black women because you have to, you know, put the electrodes on the scalp. And it’s difficult to do that with, you know, women who wear wigs or braids or weave or any other protective style. A friend of mine was talking about writing grants to pay Black women to take their hair down and do the study and then pay for them to put it back in and nobody was listening to me, and I was like, ‘Do not put that in the grant because that will not work.’ And nobody was listening to me, and they were like, ‘No, we’ll compensate,’ but I just felt so frustrated that they weren’t listening ‘cause they were making it a financial thing and like, ‘Well, if the issue is they can’t afford to redo it we’ll subsidize that,’ but it doesn’t matter cause I’m a black woman and I know I’m not going</p>

		to spend six hours taking down my hair for a study only to have it get redone all over.” (P. 007)
<i>Feeling like one has to work harder than non-Black peers</i> (4 participants – 33.3%)	“And I’m like, ‘I’m gonna do what I can. Like I’m not going to be the best anymore - I’m just gonna do maybe 50%. Because my 50% is their 100%, so I’m gonna do my 50%.’ And so I do this presentation and when I got feedback from my supervisors, they’re like, ‘It’s not the best thing she’s ever done,’ ‘I’ve seen more,’ ‘I’ve seen more poised things,’ and I’m like, ‘Y’all literally make us go insane’—Black women I mean—like you are putting me in this space where I have to be the best all the time and as soon as I am the best you expect that at all times—there’s no leeway for me. I’m the best all the time or I don’t belong.” (P.0012)	“Eventually I started to see—it took a couple years into the program—but I started to see I’m like... I’m actually working harder than everybody else is. And nobody here looks like me, so I don’t have anybody to talk to about this stuff. All the while I’m also trying to be perfect, I’m trying to be the best as opposed to being mediocre—can’t be mediocre and still getting everything, like the White folk. And it felt like I was just working harder than everyone else, and nobody saw it, because I didn’t allow myself to be professionally or personally vulnerable.” (P.008)

A general lack of diversity in higher education contributes to Black women’s experiences of hypervisibility in doctoral training

Among the many challenges that participants discussed facing, one that stands out in particular is the notion that just the experience of existing in a predominantly White space bred hypervigilance (83.3%) for the present study’s participants. For reference, this is an idea that all but two participants endorsed. This sentiment was partially informed by the relatively small number of Black women in doctoral training programs and in higher education overall. Almost all participants reported being one of only a few Black women in their respective training programs (75.0%). This meant that they often stood out phenotypically in a way that their peers did not, thus contributing to a sense that all their behaviors were more pronounced. This, in turn, contributed to their hypervigilance to present as well as possible and make few, if any, mistakes.

As a result of experiencing hypervisibility, a number of participants described feeling as though their actions were perpetually being monitored (58.3%). This was true of both their actions in the academic space as well as the clinical space. However, some participants described experiences with visibility that were more nuanced. Several participants detailed ways in which they felt both hypervisible and invisible (50.0%) while others shared experiences in which they experienced hypervisibility that was both sexualized and racialized (25.0%). Altogether, this demonstrates how Black women's hypervisibility is virtually unavoidable due to their relatively low numbers in doctoral training programs; however, so are its impacts.

Compared to their peers, Black women face additional challenges that can impede program completion

Due to their identity as Black women, more than half of all study participants reported feeling isolated in the context of higher education (66.6%). This was both with respect to lack of peer support but also mentor support, given most study participants reported having very few faculty members of color. Given this and the other numerous negative experiences that Black participants faced within the context of doctoral training, it follows that many described eventually beginning to doubt themselves and their abilities (50.0%). However, several participants also reported additional challenges such as having to balance full-time work and program requirements (41.6%). Some described how, without the financial support of a graduate assistantship, they would not be able to pursue doctoral training (33.3%), perhaps identifying an area in which programs can influence meaningful change with respect to diversity.

Lack of faculty competence with respect to issues of discrimination, racism, etc.

Among the myriad ways in which participants experienced their program faculty as not adequately equipped to address issues involving race, virtually every participant identified a lack

of cultural competence related to teaching (91.6%). Another challenging aspect which participants discussed was feeling singled out by faculty rather than supported (83.3%). Further, study participants described that the lack of faculty intervention or support when microaggressions occurred in classroom settings forced them to handle situations alone (75.0%), contributing to an even greater sense of isolation. However, as with the experiences of hypervisibility, there was nuance in the challenges that participants experienced with faculty. Half of the Black women who participated in this study described problems finding an advisor or securing funding for their research (50.0%). Naturally, this has several implications for participant's clinical development, namely that an inability to secure a research advisor may delay graduation, thus reinforcing feelings of self-doubt and inadequacy. Further, many participants felt as though they had to work harder than their non-Black peers to achieve acknowledgement or success (33.3%). This belief, too, was largely borne out of negative experiences with faculty wherein participants felt that they were not responded to appropriately or treated equally to their peers.

Support, in its many forms, is paramount to Black women's success in doctoral training

The aforementioned constructs explored the interpersonal and developmental challenges Black women experience in the context of doctoral training, as well as the subsequent opinions they form about themselves and others. Additionally, they have examined the ever-evolving relationship Black women have to visibility along the channels of hypervisibility and invisibility, their double minority status, and the structural challenges that underlie and inform the whole of their experiences. Finally, this last construct considers the ways in which Black women have sought out and utilized support throughout their training program. This final construct is supported by two themes that were derived from the interview data.

Table 8 - Construct #6

Support, in its many forms, is paramount to Black women's success in doctoral training

Construct #6: Support, in its many forms, is paramount to Black women's success in doctoral training		
First Supporting Theme: Black people vary with respect to how they navigate predominantly White spaces, so success in doctoral training necessitates community for Black women		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<i>Doctoral training is a lot to handle as a Black woman</i> (12 participants – 100.0%)	“I think it has been one of the hardest things I've ever done in my life, because there were too many times I wanted to just give up and say, 'This isn't worth it.' I think as a Black woman I have definitely felt that 'to leave or not to leave' every single day in my program.” (P.001)	“Oh, it's been a nightmare. I think up there with losing my dog and my first middle school break-up, it has been one of the harder things I've done in life. I just think the mental fortitude it takes to willingly put yourself in a space that takes and takes and takes and just drains you in every way possible—even with a bigger goal in mind to anchor you—it's just insanely hard.” (P. 005)
<i>Need for community as a Black woman pursuing doctoral training</i> (12 participants – 100.0%)	“Or like talking to my supervisor or a couple of supervisors before, just like being able to talk to them about my experiences and recognizing that I do have strengths and things that I can bring to the table and that, you know, that I am intelligent, that I am a strong—really strong—clinician and other things—that's been like really helpful...” (P.008)	“My mom has been a tremendous support. In everything I do, but especially for this program. Just being there for me, letting me vent or cry, and constantly reminding me of my worth. Same goes for my friends. Without them, I just couldn't do it. There've been too many microaggressions and too much to carry that I honestly would have dropped out in year 1 if not for people who remind me of who I am and how great I am.” (P.001)
<i>Different Black people navigate white spaces differently</i> (8 participants – 66.6%)	“But realizing that there are different ways that Black people will decide to navigate White spaces and to feel safe in White spaces, and sometimes those clash. And so I think that can also lead to feeling, at least for me, kind of like being isolated and lonely because I do have one other Black colleague with	“The two other Black women in my cohort were the director's Gas, so they have access to her more than I do. And they got pretty much a way more supportive version of her because of that rapport. But anyway, unlike them, I don't anticipate or feel awkwardness having real, raw conversations and I just call

	<p>whom I feel we can have those candid conversations, and we're kind of on the same page. And then I have other Black colleagues who, like, you know how sometimes you want to commiserate with another Black person, so you may say like, 'Can we talk about what just happened in there?' and they'll be like, 'I don't know what you're talking about,' and I've found those moments to be really disappointing. Just having those experiences and realizing that my strategy for survival is disrupting yours and making you a little bit uncomfortable. And so, how do I navigate that space like without the support that I thought I was going to have and without inadvertently making these harder for my fellow Black colleagues." (P.009)</p>	<p>things as they are—think that's also just a Southern thing. If you're saying something racist, I'm gonna call you out on it. And so, like I said—learned a lot from that experience—including that some people, 'skinfock' or whatever, will watch you suffer and stay quiet so as not to mess up what they have going on." (P. 0011)</p>
<p><i>Certain "types" of Black people elicit different responses from White people</i> (7 participants – 58.3%)</p>	<p>"When [administration] is looking for somebody to represent the University in terms of diversity, they usually go to me because they know that the way I communicate will reach White audiences better—I don't know if it's that I'm soft spoken or unassuming or what, but they don't view me as inherently intimidating... which is a blessing and a curse." (P. 0010)</p>	<p>"And I really hate to say that [that self-censorship in White spaces is necessary] because I shouldn't have to do that. I should be able to just show up as me fully and be treated fairly, but I know if I speak a certain way or dress a certain way, I'll be considered a certain 'type' of Black girl and wouldn't get the same respect or opportunities as my classmates..." (P. 002)</p>
<p><i>Pursuing doctoral training is both rewarding and difficult</i> (7 participants – 58.3%)</p>	<p>"Like part of me feels like it was a good decision because the training is great. Like the professors really know their stuff...but the quality-of-life stuff, like the feeling of heaviness knowing I have to wake up and be surrounded by people who don't look like me and who, a lot of the time, it feels like don't really give a crap about people who look like</p>	<p>"I think it has been rewarding definitely to have gotten this far. I'm the first person in my family to get their doctorate so that feels nice. But the journey to getting it has been... I don't know... not sure how to... there's so many things I could say. Um... it's been a challenge. And honestly, I don't know if challenge even sums it all up, but it has been hard." (P.008)</p>

	me... <i>that</i> has been hard.” (P.005)	
Second Supporting Theme: Despite their negative training experiences, Black women exhibit resiliency and transform their challenges into change		
<u>Repeating Ideas</u>	<u>Relevant Text Example</u>	<u>Relevant Text Example</u>
<i>Being more committed to working with and protecting BIPOC based on personal experiences</i> (10 participants – 83.3%)	“I think going forward as a supervisor and a psychologist I definitely want to work with people of color, and I want to uplift and support them. I never want to make them feel invisible or insignificant or like their feelings don’t matter. So my plan is to excel as much as I can professionally so that I’m in a position to own my own practice, so I can do things on my own terms without worrying about having to shrink and contort myself into shapes that are palatable for White people.” (P.004)	“It has opened my eyes to how even well-meaning White people and deeply intelligent scholars can miss the mark on how to be empathetic and do perspective taking, and more than anything it just made me 100% sure that I want to work with Black people. It’s where I most feel like myself. And I think being able to bring my true self into the room really does strengthen the work.” (P.001)
<i>Not wanting to go through a similar struggle again or for others to experience what one has experienced</i> (8 participants – 66.6%)	“I think one of the ways that I deal with my own racial trauma is by paying it forward, so I think one of my personal strengths is I didn’t have these spaces, so I do everything that I can to create spaces for folks, and I think one of my personal strengths is my like marriage to advocacy like, you’re gonna hear what I have to say...” (P.0012)	“I want to be part of that change. Helping diversify the field, talk to people who <i>really</i> want to make change, and collaborating with them. I just think having the awareness of how these systems can really crush your morale or make it so that you don’t want to even help and forget why you started... like I wouldn’t want that for anyone else having gone through it myself...” (P.0011)
<i>Commitment to success despite challenges</i> (7 participants – 58.3%)	“I think [the challenges] have just made me more driven and persistent to get the hell out of this program and never look back - like get the degree and get <i>the F out</i> . Cause I don’t like either of the feelings - being hypervisible or invisible. They both suck.” (P.009)	“I can’t even quantify how hard it has been to just exist really in this space, but I like to think of myself as someone who persists no matter what. Which is what I’ve been doing.” (P. 0011)
<i>Gaining something positive out of negative training experiences</i>	“And I think a huge part of that will be explaining to White people why there’s a need for	“And then even having students after I’m done with the program reaching out, so I can give them

<p>(7 participants – 58.3%)</p>	<p>that, because, you know, some White people think we got rid of racism and that it doesn't exist anymore, so I think a lot of my experiences now—as frustrating as they may be—I feel like I've heard everything under the sun. I imagine my experiences that I've gone through, thus far, will make me more well-equipped to navigate those spaces and have those conversations, hopefully, without too much strain on myself.” (P.0010)</p>	<p>advice or like give them the bigger picture ahead of time to let them know this is how they approach training, and none of this is about you and all about racism, misogynoir, and the system. Turning a negative into a positive.” (P.008)</p>
<p><i>Spaces that allow one to be authentic self as ultimate career goal</i> (7 participants – 58.3%)</p>	<p>“I will not settle for less than being my full and authentic self in the workplace. I have so many regrets from internship about how I handled some things and I mean there's a lot of things I'm proud of, too, but I do have some regrets about my inability to allow myself to be real because that's the thing—that counts most for my identity—and aligns most with my values. To not be able to be myself and not reap the benefits of all of my efforts, and so letting another person be able to dictate how I am in my workplace as a psychotherapist and consultant just won't work. Where I work now, they get that, but that's because I chose to work somewhere where being me would be accepted... enough.” (P.0012)</p>	<p>“I think a lot about what experiences moving forward are actually going to help me go in the direction I want and are actually going to help me build on those skills. I think it's just hard even thinking about what institution I want to be tied to or not be tied to 'cause a lot of academic institutions aren't great with Black professors and allowing them to do their research their way ... it's like it may be beneficial to my career to be attached to an institution but it wouldn't be me fully being able to show up as myself and fully live as myself in the workplace. And I've learned I really need that cause my program led me into major depression.” (P.008)</p>
<p><i>Importance of seeing successful role models/professors as a Black woman</i> (6 participants – 50.0%)</p>	<p>“I had a Black supervisor at practicum who spoke about opening her own practice and how she hadn't gotten much help from her non-Black counterparts, assumptions about her competence... or lack of competence, I guess. And feeling like only once she opened her own practice was she able to do things on her own terms. So I find that</p>	<p>“But for the other faculty—the ones that are black—they are all accomplished and proud of that and talk about how successful they are, and I mean I love that. I really do love that about my program. It makes me feel like I could be them—no, I WILL be them—at some point...” (P. 009)</p>

	empowering. Just getting to know her and learn from her made me feel validated in my calling.” (P. 006)	
<i>Doctoral training being about more than just for oneself</i> (6 participants – 50.0%)	“Cause the thing is, it’s not about me—it’s about the other people who would like to get a Psy.D. but can’t or would like to see a therapist but are wary or distrustful of White therapists... like it’s all of that.” (P.002)	“And really, it’s not just about me either. It’s about doing great therapy with patients who need me... Not to make myself seem like the next Freud or I guess Horney would be better or even Mamie Clark, but I know for myself it was <i>so</i> validating to find a Black therapist who really <i>gets</i> it, you know? Like there’s no pretense or feeling like I have to talk about stuff a certain way, or having to explain my lingo or anything like that. I can just be. And that’s liberating. And I want to give that feeling of liberation to others, so I’m still here.” (P. 005)
<i>Hypervisibility increases self-awareness and commitment to self-advocacy</i> (4 participants – 33.3%)	“I’d say it slowed me down a bit in a good way. It has made me think about how I present to people and how I want to be received. I would say clinically I basically developed the awareness to be duly noted of what they’re giving me as far as placements. I paid closer attention to the syllabus and what was assigned and everything. How relevant it was to people I would wanna work with.” (P.0011)	“After the incident where I was called out for my water bottle stickers, I decided to file a grievance. And I went back and forth on whether or not to do it and make this into a ‘thing,’ but I realized that if I don’t advocate for myself then no one else will. And so in a way if I didn’t stand out and have that really bad experience, I might have not had the courage to speak up.” (P.0012)

Black people vary with respect to how they navigate predominantly White spaces, so success in doctoral training necessitates community for Black women

Every single participant felt that doctoral training, in addition to the challenges they experienced related to their identity, was an enormous undertaking which was a lot more to handle than they anticipated (100.0%). Relatedly, all participants described that finding community was absolutely critical to their success in doctoral training (100.0%). One of the more complicated aspects of navigating doctoral training for several of the Black women who

participated in this study was realizing that different Black people navigate predominantly White spaces in different ways (66.6%). Many came to realize this over time after observing how others responded to them versus their other Black peers, noting that certain “types” of Black people evoke different responses from White people (58.3%). Despite this, some acknowledged that although doctoral training was incredibly difficult, it was also quite rewarding (58.3%). Many cited a strong sense of personal achievement and resiliency experienced after facing so many hardships while others discussed the sense of accomplishment at being the first in their family to obtain a doctoral degree.

Despite their negative training experiences, Black women exhibit resiliency and transform their challenges into change

Despite the multitude of obstacles that Black women faced in their respective training programs, most described that their unpleasant experiences made them even more committed to working with BIPOC individuals (83.3%). This was because they realized firsthand how ill-equipped many non-Black providers were in addressing minority mental health concerns. Further, another reason cited by virtually all participants was that they did not want others to experience what they went through (66.6%). Many discussed the importance of staying committed to succeeding at their goals (58.3%), citing their community as integral to helping them remain steadfast. To that end, several of the Black women who participated in the present study reported that they were able to gain something positive out of their unpleasant experiences (58.3%).

For many of the Black women who participated in the current study, their experiences impacted both their current and future plans. Many reported becoming clearer about attaining their ultimate career goal of working in a space that allows them to be their authentic selves

(58.3%). Among the many factors that helped them clarify their career goals, one important factor was the impact of working with and seeing successful Black role models such as faculty or supervisors (50.0%). It allowed the Black women in this study to imagine themselves in their place, serving as a reminder that their motivation to pursue training was about more than just themselves (50.0%). Another positive aspect that some participants described was that the experiences that made them feel hypervisible actually increased their self-awareness and commitment to advocacy (33.3%) such that they learned how to channel their hypervisibility into something useful.

Orphan Text

This section details discrete concepts that were expressed in the interview data by only one participant, ergo these concepts are not classified as repeating ideas. As a result, they could not be utilized to support the aforementioned themes or yield the corresponding theoretical constructs. Regardless, the examples that follow warrant acknowledgement given how starkly they differ from the other participant responses. In many ways, the participant stood out as an “outlier” in many of her contributions, however, there are hypotheses about what might be informing this later on in this section. The following unique ideas, neither of which repeat in the data, are known as “orphan text.”

The first example of an “orphan” concept relates to the idea that Blackness is not an impediment to achieving success. Of all twelve participants, only one asserted that she:

“...kept hearing this notion that you can't get ahead because you're Black. That's not how I was raised. I was always told that you know if you want something you work hard at it and you go after it, because you live in America. America is a place of many opportunities.... That's just not my reality—that's not something I believe for myself. And I

think it has a lot to do with my upbringing and just my culture.”

This participant identified as African-American, and she was a first-generation graduate student. Over the course of the interview, she described how her parents instilled in her the idea that she could achieve anything she wanted to in America, the land where anything is possible. As a result, as she got older and heard discourse around the challenges that Black people in America face, she began to experience confusion given that this narrative did not align with her own experiences. Of note, two of the other study participants are in the same program as this participant and described the program climate in a radically different way than she did.

Another idea that was only expressed by one participant was the notion that the Black experience is not monolithic. To that end, one participant stated that her program’s philosophy centers on the notion that “if you're Black, you're oppressed by default.” Further, she went on to say that it makes her feel “invisible” because “they assume that because I share a certain identity on paper, which would just be Black, and that that automatically puts me in a certain category, and that's not the case.”

Of note, this individual does not self-identify as Black but rather as African-American, which may inform her stance. Additionally, given that this participant was not born in America and did not immigrate here until she was a tween, her lived experiences have likely differed from those of Black Americans, particularly during formative years.

Discussion

The aim of the present study was to examine the subjective experience of Black women in psychology doctoral programs with respect to visibility and their clinical skill set in order to further a more thorough understanding of that experience. Specific interest was paid to this population in particular given that prior research has documented that Black women are

disproportionately impacted by discrimination, experience noteworthy mental health disparities in comparison to other racial groups, and are more likely than their non-Black peers to end doctoral training prematurely. Concurrently, given the ever-growing need for clinicians, a diverse workforce is imperative, and this study's aims to better understand Black women's experiences may help address this gap. Qualitative methodology was especially important to utilize for the present study because it allowed for participants' narratives to be presented authentically and in their own words in order to establish a theoretical framework around their contributions. To that end, the discussion that follows, which will discuss the theoretical constructs that were derived from the data, incorporates both prior research findings and psychological theory, in addition to direct passages from participant responses which will function to illustrate each concept.

To review, six theoretical constructs were generated based on the information obtained from responses about participants' subjective experiences: *Black women experience several challenges in the context of doctoral training, both interpersonally and developmentally; As a result of these challenges, Black women form opinions about themselves, their clinical abilities, and those of others; Black women's relationship to visibility in training varies over time due to experiences of hypervisibility and/or invisibility; Many of the challenges experienced by Black women are uniquely magnified by their double minority status; Structural failures in doctoral training and higher education inform the challenges Black women face; and Support, in its many forms, is paramount to Black women's success in doctoral training.* Altogether, these constructs explore the effects of visibility, the development of one's clinical skill set, and the role of community for Black women pursuing doctoral training. Each will be detailed in greater length throughout this section.

Two primary theoretical approaches will be applied to the data in order to provide a framework around participants' responses and to facilitate a better understanding of their lived experiences. Theories developed by Beale (1979), Reid and Comas-Diaz (1990), and Kim (2001) about individuals who hold multiple subordinate identities and the development of one's racial identity will be utilized to elucidate, conceptualize, and serve as a reference point for many of the experiences that participants offered throughout the present study. These authors' prior research about visibility, perception and its associated challenges, and identity align with concepts detailed in most of the theoretical constructs derived from the current data. Additional concepts that were previously discussed, coined by other social scientists and theorists, will be integrated within the discussion of specific themes to complement the discussion of more specific components of participants' experiences.

First Theoretical Construct: Black women experience several challenges in the context of doctoral training, both interpersonally and developmentally

According to research conducted by McCluney and Rabelo (2018), conditions of visibility are gendered and racialized and illuminate how Black women are viewed, treated, and evaluated in the workplace. Moreover, their research asserts that given their distinctiveness as both women and Black people, Black women's hypervisibility often leads to heightened scrutiny of their performance and relegation to particular roles in their workplace setting. Further, Black women also experience partial invisibility, meaning that their race and gender may increase their distinctiveness but simultaneously erode their ability to view their own unique contributions. This is a sentiment that was expressed by several participants, but it is captured especially well by this participant's offerings:

"It's, like, logically I know what I brought to the table. But when I'm only being called on

to speak about race and diversity, the feeling is that I have nothing more to offer but that.” -P.011

Relatedly, Baskerville (2016) found that Black women attending PWIs are generally unprepared or underprepared for the experiences of discrimination that typically coincide with navigating White spaces as a Black person. This lack of preparedness can often precipitate a sense of disconnect between a Black person, their non-Black peers, and their faculty members (Baskerville, 2016). This attitude was expressed precisely by one participant who shared:

“The more and more I felt like I wasn’t able to really be myself, the more I felt like something was lacking... like I was in the space, but I wasn’t really of the space. I just had no idea what to expect.” -P.004

When this occurs, some choose to voice their dissatisfaction but are often met with little to no change or support. Others experience a prolonged sense of detachment which can lead to a perpetual sense of non-belongingness. This is important to highlight given training experiences often heavily influence one’s post-graduate plans. If one has largely negative and invalidating training experiences, it is more likely that they will drop out and, in so doing, one less provider of color is available to reach diverse individuals in mental health settings. Furthermore, Maxell (2019) found that, often despite stated intentions in the curriculum, for many Black women graduate students, their coursework fell short of adequately addressing issues of diversity with respect to best clinical practice. One participant spoke to this phenomenon directly:

“It just makes no sense. I shouldn’t be going home and doing research to fill in the gaps in coursework. It shouldn’t be my job to make sure the content is appropriately thorough. It can’t be ‘best practice’ if you’re excluding entire groups of people. How is that promoting diversity?”-P.006

As this participant alludes to, this often happens because, although course content may be billed as relating to matters of “diversity,” it is often taught in a way that is reflective of the broader landscape of psychology, which remains largely White, westernized, and Eurocentric.

A total of four participants (33.3%) identified feeling as though they had not expected to encounter the problems that they ultimately faced in their doctoral training. It is worth noting that all four of these participants attended historically Black colleges and universities. Specifically, as was mentioned previously, they felt that because their program was at an HBCU, there would be fewer negative race-related interactions since the expectation is that most attendees and faculty are Black. Although participants described several ways in which their experiences were not in alignment with their expectations, one participant shared this common sentiment:

“I just think more than anything, I felt disappointed. ‘Cause I picked my HBCU specifically because I didn’t want to have to deal with the weird passive aggressiveness that goes on at PWIs... the joke was on me because it’s all there at HBCUs, too. And it feels even worse since it’s from your own people.”-P.007

Participants’ disappointment with the status quo led many of them to feel hopeless and helpless to change the system from within, as eight study participants (66.6%) shared beliefs that systemic change could only be enacted from outside of the program. These experiences align with research that shows how systems function to preserve homeostasis and resist change over time, this sentiment makes sense (Palmer, 2019). One participant highlighted this felt resistance:

“I realized one day that I’m really struggling, my Black peers are really struggling, the postdocs who’ve been through and are also Black really struggled... like obviously it has to be the environment. But since there’s only, like, four of us, there’s no urgency to fix the issue. And it

can't be one person here and there saying a thing or two. The whole system needs a hard reset.”
-P.012

Altogether, these challenges point to a sentiment endorsed by seven participants (58.3%), constituting more than half the sample, which is that there is a general lack of program supports, not just from faculty but from the larger administration.

“There's just not enough support. Or maybe I should say good support. Because there are advisors and everything, but they don't care. Most of them don't think you belong anyway, so their 'help' is minimal at best. I remember telling my advisor about some of my experiences, and her advice was to consider a different program where I could 'blend in better.' And this is who I'm supposed to be confiding in?” -P.009

Many of these sentiments overlap with similar ones detailed in the previous dissertation research conducted by Baskerville (2016) and Maxell (2019). Analogously to the current study, both researchers interviewed participants from a diverse array of training programs. As such, it follows that the experience of feeling unsupported while undergoing graduate training is not an isolated incident specific to one program but rather one that many Black students nationwide have encountered.

One other dimension which was integral to understanding the challenges faced by Black women in doctoral training programs was visibility. Specifically, half of all participants (50.0%) described feeling invisible as it related to their course curriculum. Given that many psychology training programs structure requirements such that the first few years are much more course-heavy than the latter years of training, these experiences can have considerable implications for how Black women view and orient themselves in relation to the setting in which they will spend the next several years. Moreover, negative interpersonal experiences can

influence one's decision to pursue, and remain committed to, doctoral training. One participant described this sentiment when she shared:

“And I knew that I could do it. The work itself wasn't the problem. It was whether or not I could mentally withstand the feeling of being in a space where I'm not welcome, not valued. I mean that stuff really eats away at you over time, and I really doubted my ability to last when no one else in my cohort could understand what I was going through.” - P.0010

As it relates to the course curriculum, the same participant offered further insight on how she felt invisible:

“Like first day, I'm flipping through the syllabus, and it's not until March that we have a class dedicated to just diversity issues. So what am I supposed to do if something comes up with a patient before then? Why is it not an ongoing discussion? That's the invisibility part. Because race and culture are always gonna be there in the room.” - P.0010

While several participants described the role invisibility played as they navigated doctoral training, others discussed feeling hypervisible in their programs. These experiences may inform and be informed by the statistics that show so few Black women pursuing doctoral education, as one participant alluded to, sharing:

“I remember wondering why more Black people don't just become psychologists. Problem solved. But now I see my naiveness. Why would anyone willingly put themselves through this nightmare ...that's years of being the only brown spot in a sea of white.” -P.003

Another programmatic challenge that participants encountered was a lack of diverse faculty. Participants connected their experiences of invisibility and hypervisibility to the lack of mirroring and validation amongst faculty. Faculty can often serve as role models, mentors, or

advocates throughout the arduous undertaking that is doctoral training. In many ways, a meaningful relationship with a faculty member can make a world of difference in one's training experience. Two participants spoke to this sentiment directly:

“Undergrad, I had all these Black professors, and I felt so at home. Coming to my program just left me feeling lost.” -P.009

“I was lucky that I formed a really close relationship with the only Black faculty member on staff, and her encouragement motivated me to finish out my first year. Without her, I would 100% have dropped out.” -P.004

Non-diverse faculty is just one of the many systemic failures detailed by half of all participants (50.0%). It suggests that the obstacles Black women encounter, which can influence so much of how they develop, are ubiquitous. More than that, however, it suggests that multiple training programs are experiencing similar systemic challenges, perhaps suggesting an even broader, encompassing systemic failure. One participant discussed this sentiment:

“Obviously people who benefit from the system failing have no desire to change it. So [what's required for change is] really just uncovering and dismantling these systems of whiteness and oppression from the outside because they really are so damaging and unrelenting. I have two friends in psych programs in different states, and their experiences are almost exactly the same. It's a real crisis.” -P.002

In line with Maxell's (2019) findings, many of the challenges mentioned over the course of the interviews are informed by the idea that psychology as a field is still very “White.” In addition to feeling that this led them to feel both hypervisible and invisible at times, seven participants (58.3%) thought that they were treated differently and specifically more harshly by

administration and authority figures based on their race, as well as at times based on their gender. One participant detailed just such an experience:

“It was a well-known fact that this professor went easier on White women. He was even a little easy on Black men because he is a Black man himself. But Black women? Forget about it. It felt like every day was a new battle of having to prove my worth.” -P.008

One way in which many participants felt they were treated differently was in being overlooked by professors because of their identity as Black women regardless of how hard they worked. Eight individuals (66.6%), more than half of the sample, expressed this sentiment. One participant explained:

“No matter how hard I tried or how much effort I put in, it wasn’t enough. I show up early, participate the most, do extra assignments... and none of it got acknowledged. And then I realized finally that it never would be enough.” -P.001

In addition to feeling overlooked, half of study participants described the sentiment that doing the requirements of their program was not enough for them to succeed due to their status as a Black woman. One participant eloquently articulated this conundrum:

“I realized that in order to succeed as a Black woman I had to work twice as hard and expect acknowledgement half as often.” -P.005

While all of these concepts thus far echo Maxell’s (2019) dissertation research, one idea that emerges as unique to the current data set is the idea that others interact with participants in a certain way because of their status as Black women, as endorsed by seven participants (58.3%). While it is similar to a concept that emerged in Maxell’s (2019) study, wherein participants reported feeling that others were unsure how to interact with them because of their status as Black women, it differs in that participants described experiences in which they felt that others

interacted with them in a specific way because of their identity. More specifically, current study participants felt that others were interacting with them in a way that centered their race most of the time. One participant described how frustrating these situations were for her:

“It’s hard to explain, but you just know. It’s just a feeling you get... when White people are uncomfortable interacting with you. They don’t usually say it out loud, but it’s in their hurried speech, the excessive laughter, the constant searching your face to make sure they haven’t offended you... and it’s annoying because I’m not doing anything but breathing.”
-P.007

In addition to facing different treatment from faculty and administration based on their race, nine participants (75.0%) in the present study also reported facing different treatment from their peers. This adds an additional layer to the interpersonal challenges faced by Black women in doctoral training programs. They are not only being treated differently by authority figures, but they are also being treated differently by their peers, straining their relations with yet another potential source of support. One participant describes what it meant for her to realize she lacked both peer and faculty support:

“I remember our professor using the n-word ‘as a social experiment’ about what clients we would and wouldn’t work with. And that really hurt me cause my racial history isn’t some thought experiment for you to play Devil’s advocate with, like what the hell? I looked around the room at all my classmates, distressed, and no one said anything. I mean some avoided my gaze altogether, but others looked at me, saw my face and just did and said nothing. It’s bad enough faculty are trash, but like my classmates were just as bad. And it’s like damn, I’m really in this alone.” -P.009

One other way in which Black women were held to different expectations than their peers was in terms of the roles they were expected to fulfill. One such example was the idea that Black women were the “point person” for all things related to race. All of the participants, with the exception of two, reported having had this experience, for a total of ten (83.3%). Another role that the Black women in the present study described was having to do the emotional labor of “teaching” others about racism. Nine participants (75.0%) described this sentiment of the twelve that were interviewed. This suggests that, similar to the aforementioned idea, it is an experience not unique to just a few programs but rather one that may happen in programs across the nation. One participant spoke to both of these experiences during her interview, stating:

“I felt like I just kinda became the diversity spokesperson in my cohort. Which meant any time it came up, I was expected to speak on it and I was now the encyclopedia for all things race. And once it became my role, no one would let me abandon it.” -P.011

While some study participants described feeling as though they were held to different expectations than their non-Black peers, four participants (33.3%) described how Black men also received preferential treatment in doctoral training as compared to themselves as Black women. This provides another layer of nuance in the training experiences of Black women such that they are not only experiencing differential treatment from an out-group perspective but from a within-group perspective as well. One participant describes how this played out at her HBCU:

“And so you would think since we’re at an HBCU, everyone should want everybody Black to win, but it wasn’t like that. It was very much about making sure the men have everything they need to succeed and letting the women figure it out. And that at least happens everywhere thanks to the patriarchy.” -P.0010

Another way in which Black women were treated differently than their peers was in instances where they would not get credit for their contributions, but someone else would get credit for offering the same thing. Given the amount of time psychology graduate students spend in the classroom during their first few years of training, experiences such as these can have a lasting impact on one's overall training experience and influence whether or not they choose to continue their studies. Eight participants (66.6%) detailed these experiences in their interviews. One participant describes this exact sentiment, sharing:

“And first year you're in classes every day. So I woke up every day with so much anxiety and dread wondering, ‘How will I get ignored today?’” -P.001

The third and final theme that supports this construct around challenges Black women face during doctoral training is that compared to their peers, Black women constantly face mischaracterization. This manifested itself in a variety of forms, but one way that participants shared was not being able to self-advocate for fear of mischaracterization. This theme is especially important when considering attrition rates for Black women in training programs. This is because, based on the experiences detailed within this construct, it would be especially difficult for anyone to pursue doctoral training without supports and without being able to advocate for oneself in the face of mischaracterization. Seven participants (58.3%) described having this experience. Another way in which Black women in the present study described facing mischaracterization was in situations where people made assumptions about them instead of purposefully trying to get to know them. Half of all participants (50.0%) described having this experience. One participant described a situation in which both of these issues were at play:

“I remember one time this girl assumed I was Spanish, and when I went to correct her that I actually identify as Afro-Latina, I could already see her having an internal

meltdown. And then she starts profusely apologizing and saying she didn't know and couldn't tell. And I almost wish I hadn't said anything because—of course—she took it for something it wasn't when I was just correcting her.” -P.002

One subtle way in which Black women in the present study reported facing mischaracterization was in the form of defying expectations as a Black woman. At face value, it would seem that defying expectations could be considered something positive. However, of the participants who mentioned it, all reported it as defying traditional stereotypes about Black women, which ultimately did not feel positive because they did not appreciate being stereotyped in the first place. Six participants (50.0%) recounted this position, and one of these participants described this sentiment quite lucidly:

“It's like a backhanded compliment in a way...like you saying, I'm smarter than you anticipated or more knowledgeable than you anticipated or basically more accomplished than you assumed I'd be, is not a compliment. It's actually really insulting.” -P.004

One other, specific way in which Black women in this study faced mischaracterization was that their introversion was mistaken for apathy/rudeness due to their Black woman status. Seven participants (58.3%) chronicled this notion, with many led to feel as though they could not be themselves within the context of doctoral training. This is a sentiment which will be explored further in the subsequent sections.

Second Theoretical Construct: As a result of these challenges, Black women form opinions about themselves, their clinical abilities, and those of others

Kim (2001) created a model of identity development that aligns well with a number of the experiences outlined within this construct. In summary, it posits that ethnic individuals reach

a certain age wherein they become aware of their ethnic identity. Following a phase of disavowing their identity in favor of seeking identification with Whiteness given that it is more “culturally normative,” individuals eventually reach a phase in which their perspective shifts as a result of increased sociopolitical awareness. This awareness reduces the desire to identify with Whiteness in all its forms. However, in the time between identity awareness and this shift in perspective, individuals experience instances of prejudice which can have detrimental effects on their self-esteem and how they relate to their own identity. It is from this point of reference that the themes contained herein can be better understood.

The first theme pursuant to this construct is that, in order to succeed, Black women adjust how they present outwardly based on their experiences. This idea is consistent with Kim’s second stage of identity development, the White identification stage, in which individuals attempt to alter how they are perceived in an effort to emulate Whiteness (Kim, 2001). Relatedly, in order to advance professionally, many of the participants in the present study reported that they felt compelled to modify how they presented. There were several reported reasons for this, but one that a number of participants offered was the rarity of Black women in higher education and the associated implications. Five participants (41.6%) reported this notion. Specifically, most of the participants described that because there are so few Black women in higher education, the stakes feel much higher than they would otherwise to succeed and perform well. One participant speaks to this sentiment directly:

“For the first few years, [before other Black students were admitted] it was just me, so I already stood out. But I didn’t want to stand out anymore. I felt like the standing out was causing all of my issues... pointing out how different I was.” -P.007

One of the main reasons why many of the participants in the present study felt that they had to alter how they presented outwardly was because they felt that if they were to just be their authentic selves, it would lead to challenges. This echoes a similar sentiment discussed in the previous construct wherein participants were being misjudged or mischaracterized for being introverted. Analogously, nine participants (75.0%) recounted experiences in which they felt that they could not be themselves based on prior experiences in which they faced negative feedback for doing so. Of note, this sentiment differs from the aforementioned construct in that participants took it upon themselves to modify their presentation based on their interactions with others rather than organically. What underscores both of these ideas is a prevailing need to censor oneself in White spaces. However, all the participants who mentioned this phenomenon reported that it was borne out of their personal experiences. Therefore, the need to censor oneself in White spaces was reactionary rather than spontaneous. Eight participants, a significant majority (66.6%), communicated this notion. One participant describes the reactionary aspect of it:

“Who I was felt like not enough. And I had never felt that way before in my life, but after enough interactions that just left me feeling... like deflated and demoralized and just inadequate, I decided there’s gotta be part of me I keep for myself. ‘Cause if I keep going at it the way I am now, I’ll never make it out of this program.” -P.0012

Moreover, several participants shared that knowing how to censor themselves as Black women informed their professional development. This is to say that a number of participants felt that their ability to do well in doctoral training hinged on their ability to censor themselves in such a way that they were well-received by their faculty and peers. Based on Kim’s (2001) stage of White identification, this puts Black women in a precarious position: either they must forgo

their opinions about Whiteness and conform in order to succeed, or instead they can remain aligned with their values with the possibility that it could thwart their professional success. Seven participants (58.3%) described having to navigate this as part of their training experiences. One participant described the pressure of grappling with this notion:

“If I could pick out one thing that I hate the most about my training it’s that: that having to conform to White standards of excellence and professionalism. And even though it was for a greater goal, I resent the hell out of my program for forcing me to have to make that choice.” -P.0011

Another way in which Kim’s model of identity development intersects with the current data is in relation to the idea, which many participants offered, that Black women seek to avoid confirming negative stereotypes. In a similar way to self-censorship, at the expense of not conforming to negative stereotypes, the Black women who participated in this study described often having to sacrifice parts of who they are. It goes without saying that given doctoral training is a years-long process, this practice can have lasting effects on how Black women relate to their own identities. Nine participants (75.0%) discussed this sentiment and its impact on their training. One other way in which some study participants reported avoiding stereotypical behavior was by saying things carefully, so they are not misconstrued. Seven participants (58.3%) reported engaging in this behavior. As with self-censorship and editing parts of the self, this was described as reactionary by all participants who endorsed it, based on previous negative interactions with others:

“It ate at me and ate at me—day in and day out for years. That not feeling good enough. And it eventually took over everything. Because I was so careful all the time. About what I said, what I wore, how I acted, even how I walked.” -P.007

It is worth mentioning that beyond the customary obstacles associated with doctoral training such as the rigor of coursework and balancing multiple responsibilities concurrently, Black women in the present study have discussed a number of additional challenges that make their experience of doctoral training uniquely difficult. One other challenging aspect many participants endorsed was having to choose how much effort they put forth in predominantly White spaces. Half of all participants (50.0%) described engaging in this behavior. Many reported that it became necessary to do over time because if they had not set limits on their engagement, they would not have been able to sustain the energy and momentum needed to complete their doctoral studies. One participant describes how she came to this realization:

“I had been working on this diversity day program, it was 3 in the morning, I had a paper due at 9 that I hadn’t even started, and I realized like, ‘Ok, something’s gotta give.’ I can’t be trying to fix the University and its racism woes at the expense of my own success. Mind you I was doing the Diversity Day stuff for free!” -P.0011

Four participants (33.3%) described the sacrifices they made in their own development by compromising parts of themselves in order to succeed in their doctoral programs. This is an important sentiment for a number of reasons, but in particular, it may inform why some Black women leave their program prematurely without completing all the requirements. Given that doctoral training is both time- and labor-intensive, additional trials such as self-sacrifice can make an already onerous feat feel Herculean. One participant discussed the monumental stress that these trials caused for her:

“I was thousands of dollars in debt, I had a newborn at home, my marriage felt like it was just hanging on, and every day is a new struggle at school... it was honestly too much.

Dropping out seemed like the only thing that made sense [of note, participant did not drop out].” -P.005

The second theme that maps on to this second construct is the notion that negative interactions with faculty/peers can sully the experience of doctoral training and impact self-view. It complements the implications of the white identification stage in Kim’s model (2001) such that these negative interactions often involve elements of prejudice and discrimination. This, in turn, can impact how one views one’s identity based on how others are receiving it. As posited by Kim’s model, if there is low perceived support and even lower perceived agency, it can be especially challenging for students to thrive under those conditions. As it relates to lack of support, many participants described that their peers would not want to vocalize support when microaggressions occurred in the name of their own self-preservation. Five participants (41.6%) detailed this experience. It cannot be overstated that the present study’s participants not only discussed lacking administrative support and faculty support, but they critically also lacked the support of those who would perhaps best understand their position as trainees: their peers.

“I remember talking to one of my classmates after someone had basically tried to explain away how psychologically damaging it must have been for Black people living during segregation to feel so othered. And it was a weird parallel process where my classmate was telling me that that was the status quo, so it couldn’t have been harmful... meanwhile I’m thinking, everything that’s happening right now is highlighting my point. ‘Cause no one hopped in to correct him or say anything while I’m being othered. Because it’s the ‘status quo’.” -P.001

One other interaction that many participants reported sullied their training experience and negatively impacted their self-view was in instances where they struggled to relate to non-Black

clients or peers. Four participants (33.3%) detailed this experience, with some reporting feeling that this was suggestive of their personal failures as a clinician. Using Kim's (2001) model as a point of reference for clinical identity development, Black participants who are considering more traditional psychotherapy guidelines as a model in honing their clinical skills might feel discouraged to the extent that White, Eurocentric models of how clinicians should comport themselves while conducting therapy may not align well with their own style of delivering treatment. In this way, they might struggle tremendously in the white identification stage, so much so that it could impact their view of themselves as a competent clinician during such a formative period in the development of one's clinical prowess. One participant describes how these questions of self-doubt influenced her functioning:

"I just remember feeling so incompetent. It felt like my way of doing therapy was wrong cause when others would share during group supervision, it didn't align with some of what I was doing. And I just ended up not sharing as often which of course made me feel like an even worse therapist... and that made me feel like I didn't belong. Which I had already felt from being Black and so the cycle just kinda kept going and going and got worse." -P.008

Comas-Díaz (2000) coined the term *post-colonization stress disorder* which outlines the myriad long-lasting and often traumatic impacts that systemic colonization and oppression can have on descendants of individuals who were either enslaved and/or colonized. Moreover, the rate at which these effects are transmitted intergenerationally is much higher if the descendants exist within the same environment as their ancestors who were originally traumatized (Sullivan, 2013). This theoretical perspective provides further context about the backdrop against which contemporary Black Americans are tasked with navigating the impacts of systemic oppression

and violence over the course of time. One iteration of this within the context of doctoral training is feeling a sense of mistrust of others and/or a sense of outsidership based on one's experiences. Half of all participants (50.0%) reported developing this feeling over time. This sense of mistrust and self-perception as an outsider is often predicated on a lack of support from peers based on race, something that eight participants (66.6%), a significant majority, described experiencing. One participant shared how she came to develop these feelings:

“A professor actually microaggressed against me one time when it was just me and one other student present. And it was in an obvious way, so I was sure she would say something since she had good rapport with this professor. And she looked at me in my face after it happened and said nothing. And at that moment I realized I can't depend on these people, my peers, to take up for me. And so everything after that like I just automatically... it was easier to notice. 'Cause that situation like shifted my view of my sense of belonging. Clearly, I didn't belong cause if I did, someone would defend me against injustice. They'd make sure I was treated fairly. And they didn't. And what made it worse is I would always take up for them, but that stopped that day.” -P.0011

Another experience that was endorsed by a significant percentage of participants was experiencing microaggressions from peers and/or clients. Nine participants (75.0%) reported having this experience. This is another important aspect to consider in the way of one's individual development as a clinician. Microaggressions, as have been previously discussed in the review of the literature, can be incredibly harmful and invalidating to experience, ergo it is worth noting that all but three participants had not experienced microaggressions within the clinical space. However, for a trainee who has experienced a negative interaction related to their identity during clinical practicum, it would seem especially imperative that they are able to

discuss and process their reactions in a supportive environment. One participant chronicled how deeply painful it was for her to not experience supervision as a space where she could process her feelings following a microaggression in session:

“I had a client - middle aged White man, married with kids - ask for my number at the end of our intake. And when I wouldn't give it to him, he told me he'd tell my supervisor 'cause 'who's gonna believe the Black girl anyway?' And my supervisor didn't apologize or offer anything beyond trying to process his transference and my countertransference, and I'm like forget all that! He was rude and racist, and you're skipping over all of that. It just made me feel like there is literally no sacred space in this entire program. Every space where you're meant to be able to find reprieve, there's just more angst.” -P.002

Unfortunately, seven other participants (58.3%) reported that they were not able to process their feelings about racial situations in a way that was comfortable for them. As it relates to instances such as microaggressions from clients or even peers, it is worth noting that more than half of all participants described that they felt unable to process these deeply impactful interactions in their own way. Given the numerous clinical practicum requirements associated with psychology doctoral training, the repercussions of not being able to process these situations as they occur might have far-reaching impacts if they are not adequately addressed.

The third theme ascribed to this construct is that based on their training experiences, Black women form opinions about others' cultural competence which inform their post-graduate plans. This theme is similar to the other two in that it involves interactions that the Black women in the present study have had with others. However, it is different in that it involves more than Black women simply forming opinions about others; it is specific to their beliefs about the cultural competence of others. In a field that can often involve collaboration with other

professionals, the opinions that Black women form about their colleagues and professors during training can stay with them throughout their lifetime. Moreover, it can inform how they view other professionals in the field and influence how they view themselves in relation to the broader field of psychologists. One idea that quite a few participants brought up was the idea that no amount of education can shield one from racism or from being racist. Given the nationwide reckoning on race in 2020 and the subsequent push for an antiracist workforce, it speaks volumes that more than half of all participants felt that no amount of education can prevent one from unwittingly adopting racist or biased attitudes. Furthermore, it is reminiscent of the systemic failures that were detailed in the first construct such that it would appear that in spite of many programs' best efforts, there is still a disconnect between the push for antiracist clinicians and how antiracism is being promoted within doctoral training programs.

One other salient takeaway from this theme is the idea of not trusting peers' level of cultural competence due to personal experiences. This is important to dissect because of the many implications. Firstly, it could be the case that some individuals struggle to respond in a culturally competent manner interpersonally but feel comfortable doing so within the clinical space. However, the participants who were interviewed in this study can only speak to their own experiences, not the ones their peers might be having in the therapy room. As such, they might be forming opinions that are not wholly accurate. At the same time, it could also be the case that if an individual is uncomfortable addressing a racialized situation outside of the therapeutic context, they might be uncomfortable addressing such a situation in any context. In this way, it might make sense, when considering beneficence and nonmaleficence, for a person who has had a negative, racialized experience with them to be weary of their level of cultural competence. The issue is that in either case, there is a question on behalf of the Black women participants

whether or not they can trust their peers to provide genuine support to clients who look similarly as they do. Given this sense of mistrust, that was previously expounded upon, it makes sense that Black women would be hesitant to believe that their peers could provide support for their patients when they do not even feel as though their peers meaningfully support them. Both takeaways are discussed in the following excerpt from one of the participant's interviews:

“I felt like if my supervisor - the person who founded this program - was not responding appropriately to me saying I had experienced a microaggression from a faculty member then there was no hope. I mean these are the people in charge. They make the rules. So why would I trust them or anyone else in the program to do actually good work with Black clients when they can barely get it right with me? I'm sorry, but that's not a risk I'm willing to take or a referral I'm gonna make.” -P.0010

Third Theoretical Construct: Black women's relationship to visibility in training varies over time due to experiences of hypervisibility and/or invisibility

This third construct centers on visibility, one of the main focuses of this study, and it details how Black women's relationship to visibility is constantly in flux. However, it is generally characterized by experiences of either invisibility or hypervisibility. This makes sense and logically follows based on aforementioned research conducted by Purdie-Vaughns and Eibach (2008). To briefly review, the researchers posited that individuals who hold more than one subordinate identity are typically considered “non-prototypical” in terms of how they compare to the other members of their group. For example, a Black woman presents differently than a White woman, the typical prototype of womanhood, and a Black woman also presents differently than a Black man, the typical prototype of a Black person (Purdie-Vaughns & Eibach,

2008). As a result of their non-prototypicality in each group, most people warp their traits, attempting to fit them into one group rather than acknowledging their membership in more than one. One participant detailed one such experience:

“I remember we did some activity as part of Social Psych where we had to come up with groups for ourselves, and I remember clear as day - they were stuck because they had a Black people group, a people of color group, and a women group. And I could have been in all three, but the rules were everyone could only be in one group. And these people were like splitting hairs trying to figure it out and asking me ‘Well, which is more important to you?’ or ‘Which do people see first?’ and I just was at a loss for words... ‘cause what kind of question is that? I’m always all three - they can’t be separated.”

-P.0012

As such, and as detailed throughout this construct, Black women are relegated to existing in the extremes: either highly distinct in their otherness or altogether overlooked because of their multiply marginalized identity.

The first theme that is aligned with this construct is the notion that experiencing hypervisibility in the clinical space compromises one’s performance and the quality of supervision. One such way that this manifested itself for Black women in this study was that hypervisibility worsened their clinical performance. Half of all participants (50.0%) endorsed this idea. This idea, in conjunction with the lack of outlets to process one’s emotions that was previously discussed, speaks to the importance of program supports. As a trainee, one is already preoccupied with being a competent and effective clinician, so if one stands out physically or is hypervisible, it makes sense that that could lead to increased anxiety and worsened performance. One participant explained:

“I was already worried about how others were evaluating me outside of the therapy room, so it’s like I started to question myself in the room, too. Even when clients would thank me and insist I was helpful, I just felt like my Blackness was too loud and was taking up too much space in the room. ‘Cause that’s how everyone made me feel everywhere else in the program.” -P.008

In addition to not feeling supported by program faculty, participants also reported similar problems with supervisors. Five participants (41.6%) discussed failing to get practically useful feedback from supervisors in ways that could have helped them hone their clinical skills. This is just as important, if not more so, than being able to process difficult situations with patients. As a trainee, one of the primary methods of receiving and incorporating feedback to improve one’s clinical interventions is through supervision. It follows then that if one is not getting feedback that is useful, not only might one’s clinical work be compromised but their supervisory alliance might also be negatively affected. Relatedly, half of all participants (50%) felt that they were unable to maximize supervision. For some, it was due to this issue of not receiving useful feedback, while others indicated that it had more to do with feeling that the supervision space was not a safe one in which they could discuss their patients, particularly BIPOC patients. One participant shared a situation in which she experienced both:

“I felt stuck. Like I wanted to improve my skills but at the same time I didn’t feel comfortable to let my supervisor know where I was struggling. Because I felt like if I let her know I was struggling she’d realize - like everyone else had - that I’m not as good and don’t belong. Now having graduated I realize she just wasn’t a good supervisor. But at the time I was taking that all on myself and downing my abilities when really if I was

able to use supervision as it's intended, I would have been able to get better and feel less inherently inferior.” -P.003

Another way in which hypervisibility informed participants' clinical training was that, for some, it caused them to not be perceived as their authentic selves *and* they felt as though they could not be their authentic selves with their supervisors. For the seven participants (58.3%) who shared this sentiment, all reported that their supervisory alliances suffered as a result.

Furthermore, some shared that their patients, especially those who were BIPOC, also suffered because they were not receiving practically useful feedback to guide their interventions.

An important consideration is that through doctoral training, one is perpetually developing and honing the clinical skill set that informs a clinical identity. Interpersonal experiences, among other factors, can have a tremendous impact on this process. As Breakwell (2015) discusses in his research, people organically experience some degree of tension whenever they are transitioning into a new role. This is because they must contend with “previously known meanings of the self” in addition to “new role expectations” (Breakwell, 2015). One way that Breakwell suggests individuals manage this tension is by participating in identity work (Alvesson, 2010).

According to Alvesson (2010), identity work involves the “restructuring, reframing and development of identity meanings that constitute the self in specific social contexts” (Brown, 2014). Moreover, it refers to “the intrapersonal process in which individuals form, repair, maintain, strengthen or revise their identities” (Alvesson & Sveningsson, 2003). What stands out from this research is that identity development is a dynamic process that is informed by many variables. However, as it relates to hypervisibility, invisibility, and the experiences of the Black women detailed herein, it suggests that their process of clinical identity development is likely

impaired by their interpersonal experiences, both with peers and supervisors. Participants openly discussed how feedback from others in their environment led them to alter how they presented outwardly but, in so doing, they often felt as though they were being inauthentic. Furthermore, having negative interpersonal experiences within a doctoral training setting – such as microaggressions, feeling unsupported, or being singled out – not only negatively informs clinical development, but it can delay the overall process of it. To the extent that participants experienced impostor syndrome or came to feel out of place in the training environment, it complicates the process of identity development by exacerbating self-doubt, thus extending the time it takes for one to fully feel comfortable and competent in the role of clinician. This is especially true in the context of negative supervisory experiences given the critical role supervisors play in aiding trainees with honing their clinical skills and, relatedly, their clinical identities.

A majority of participants (8, 66.6%) mentioned that part of the reason they felt unable to maximize supervision, especially with respect to case management for BIPOC patients, was due to a perceived lack of supervisor cultural competence with respect to race. In many ways, the supervisor is not just someone who helps structure and guide treatment. A supervisor is also someone with whom one can process difficult emotions related to the case, someone who can point out nuances that are difficult to spot, and, most importantly, someone who one can confide in as one navigates the development of a clinical identity. However, for an individual whose race makes them especially visible, it would seem particularly vital that their supervisor is both willing and able to provide competent, culturally sensitive support. This is illustrated by the following quote from one participant:

“And that’s the problem, like, a supervisor is supposed to let you feel comfortable to be yourself and to handle whatever happens. And I felt like not only could I not be myself but whenever people of color clients had issues that, to me, seemed very obviously related to their identity, it felt like my supervisor was unsure herself of what to tell me and how to advise. Which just left me feeling even more lost.” -P.0012

The second theme that aligns with this construct is that identity can be used as a tool in the therapy space but how helpful and how well it is received varies. It makes sense that trainees, who are routinely being evaluated, would be concerned about how they are received by patients. However, specifically as it relates to the Black women in the present study, their identity was something they were constantly concerned about. This is because their identities often stood out as different from other members of their cohort or clinical placement. One way in which participants discussed this phenomenon was in relation to not knowing how their identity as a Black woman will be received by patients. More than half of all participants (7, 58.3%), reported that they had dealt with this quandary. One participant narrated this predicament well:

*“For the White ones, I just never knew how they’d respond until we met. Because my name ‘sounds’ White, so for some I could see the surprise or disdain when they realized I was their therapist. And it hurt. I mean I can’t show that of course, but how could it not?”
-P.0011*

Although most participants discussed the largely negative aspects of hypervisibility as it relates to their training experiences, half of all participants (50%) discussed hypervisibility enhancing patients’ comfort levels, rather than decreasing them. Another positive aspect related to the broader concept of visibility was being able to be one’s authentic self with patients. Half of all participants (50.0%) described instances in which they felt as though their identity not only

strengthened their clinical work, but it gave them the opportunity to present as themselves fully—something that many had not been afforded in other spaces throughout their training. One participant recounted a situation in which her ability to be her authentic self in the clinical space increased a patient’s comfort:

“But sometimes it’s worth it. Like, I had a patient who had never been in therapy before, and when I went out to the waiting room, she looked so scared. And I really felt for her, ‘cause in a lot of ways she looked out of place in that almost all-White waiting room... and when we made it to the room she immediately started crying and said she was so relieved to have seen a Black woman on staff and was so overwhelmed they honored her request to have me as her therapist and she was just so overwhelmed that I started crying, too. So I was actually glad I stood out there because it helped her find me better.”
-P.004

Fourth Theoretical Construct: Many of the challenges experienced by Black women are uniquely magnified by their double minority status

According to research conducted by Beale (1979), minority women experience “double jeopardy” such that they face two separate forms of discrimination informed by both their sex and their race. One of the ways in which this “double jeopardy” research is conceptualized is using the interactive model. This model posits that each of an individual’s identities interact and intersect with one another in a uniquely synergistic manner. In this way, though the individual may experience all of their identities as one, they ultimately face discrimination as a multiply marginalized other (Reid and Comas-Diaz, 1990). These findings inform the present construct.

Within this construct, participants' responses are grouped together to indicate the ways in which Black women are sought out and recognized for their contributions in diversity efforts, which are often misguided. This theme sheds some light on the specific ways in which Black women's "double jeopardy" impacts their training experiences. One way in which it affected participants in this study is that they felt the need to "step up" and be the diversity point person. All participants except for three shared this sentiment, totaling nine (75.0%). Given Black women's experiences being hypervisible or invisible in doctoral training, when it comes to discussing issues of diversity, Black women are often faced with two options: either volunteering to step up and advocate for diversity efforts—often not because they want to but because they fear there is no one else competent enough to do an adequate job—or they opt not to get involved but still worry about the intentions of those who do choose to partake. In either case, they may have fears of being pigeonholed into being the authority on matters of diversity. Given their doubly marginalized status (Beale, 1979), they already face others attempting to assign them into one singular category, further complicating their decision-making process. One participant shed some light on this quandary:

"It's like I want to get involved and help them fix these issues, but then it becomes a thing of like by me helping them I'm now taking my energy away from my own stuff. And if I help, I almost feel complicit, 'cause really if they genuinely care about equity and inclusion, they should be the ones figuring it out. Or paying me for my time. But it's never that. And so the decision ends up being on me to get in the mix knowing it'll probably just piss me off or not get in the mix but knowing that if I don't, nothing will change. It might not change anyway but at least if I do something I'll know I gave it all my effort." -P.0011

Another complicating factor that many study participants reported was the sentiment that diversity efforts often do not address the real, systemic issues. Five participants (41.6%) felt this was true of the diversity efforts carried out in their programs. As it relates to the decision of whether or not to nominate oneself to be the diversity spokesperson, as well as the idea of choosing how much effort to put forth in the doctoral training space, it can become even more difficult to decide whether or not to get involved. This highlights one of the potential downsides of taking up diversity efforts, according to the present study's participants, which is that one can end up being reduced solely to what they can offer in the way of diversity. Half of all participants (50.0%) discussed feeling as though this had happened to them during their training. One participant shared how both of these things played out during her training:

“The thing is, most of the time these ‘diversity’ initiatives are superficial and don’t really change anything. I remember my advisor asked for my help with reviewing admission statistics to make a case for more concentrated recruitment efforts to diversify our program. I was a first year, didn’t know any better. I came up with a bunch of data, took me days to do. And since then, there have been a whopping two Black students admitted. And this was four years ago cause I’m about to graduate now. So I think my approach to those diversity things is: Ask someone else. ‘Cause you’re not gonna pigeonhole me into doing these diversity things, not pay me, and then not even do anything with my hard work? Seriously?” -P.003

Taken as a whole, several participants reported that these experiences left them feeling not valued in predominantly White spaces. Given the previously shared statistics about doctoral training programs, it is important to consider how not feeling valued, in a space where one already feels like an outsider, can contribute to one's overall mental wellbeing and decision to

remain in an environment that is at best, not inclusive and at worst, invalidating. Of note, ten individuals (83.3%) endorsed this sentiment.

Fifth Theoretical Construct: Structural failures in doctoral training and higher education inform the challenges Black women face

As previously mentioned, research conducted by McCluney and Rabelo (2018) discusses the racialized and gendered conditions that dictate how Black women navigate their workplace. One key finding from their research was that their interactions can be characterized along channels of belongingness and distinctiveness. In many cases for Black women, especially in the context of doctoral training, they are often perceived as highly distinct and, as a result, experience low belongingness. One participant shared this exact sentiment:

“Because I stood out for being Black, I couldn’t belong. It just wasn’t possible. It’s not like a badge or something you can take off and put in your bag.” -P.0010

As was alluded to previously, this is often the result of systemic and structural failures in the program and the broader landscape of higher education, rather than personal traits.

The first theme that supports this construct is the notion that a general lack of diversity in higher education contributes to Black Women's experiences of hypervisibility in doctoral training. Essentially, Black women are highly distinct in doctoral training programs because there are generally very few of them. This was a concept that nine participants (75.0%) reported was true of their program’s demographic makeup. As one participant put it:

“Even if I wanted to, I couldn’t blend in. There was just too many White people.” -P.001

Perhaps as a reflection of the broader field at large, a great number of participants reported that they experienced hypervisibility by default due to there being so few Black women

in their program. Seven participants (58.3%) reported that they felt this way. The finding might suggest that, despite many programmatic efforts to improve diversity, many trainees are still experiencing hypervisibility based on admittance practices. Another experience that half of all participants (50.0%) mentioned was that of feeling both hypervisible *and* invisible. Of note, this is not the same as feeling simply visible—somewhere in between the two extremes. Rather, the Black women in the present study described it as feeling the effects of being hypervisible and the effects of being invisible *contemporaneously*. To that end, it is an experience that highlights the research by Reid and Comas-Diaz (1990) regarding what it means to be a multiply marginalized other. Specifically, it speaks to the multiple, overlapping layers of disadvantage that are unique to Black women’s dual subordinate identities. One participant expressed well how these overlapping systems of disadvantage work together:

“My Blackness made it so that I was always hypervisible, but at the same time, because people didn’t always know what to say or how to say it, it also made it so that I spent a lot of time being invisible, too. But I could never sort of just be, you know? I was always either too much or not enough.” -P.0012

Given Black women’s unique position as both racial and gender minorities, it is unsurprising that some participants reported experiencing hypervisibility that was both racialized and sexualized. Although only three participants (25.0%) reported having such experiences, it still warrants mentioning because these experiences are unique to, and highlight, the “double jeopardy” issue that Black women face while navigating doctoral training. One participant shared:

“When I brought up clients being weird or overly sexual, it never felt like my supervisor responded the same way as if one of my White colleagues shared it. It felt like I was

somehow less worth protecting which isn't new to me as a Black woman. It's just not what I expected from a doctoral program.” -P.007

One other way in which Black women's training experiences are informed by visibility is through surveillance. Seven participants (58.3%) reported feeling constantly monitored. This aligns with previous research that indicates that individuals who are highly distinctive face increased scrutiny of their performance (McCluney & Rabelo, 2018). At the same time, it has implications for how Black women interact with others and their overall mental well-being, particularly in a setting where one is constantly mindful of being evaluated, such as graduate school. Another serious implication of constant monitoring is one that all but two participants (83.3%) discussed: existing in predominantly White spaces as a Black woman breeds hypervigilance. On its face, it makes sense that one might become hypervigilant as a result of constantly being monitored. However, in the context of doctoral studies, this could have serious, negative consequences on one's performance, and in the absence of proper supports, this could lead one to abandon doctoral training altogether. This was the case for one participant who described how her experiences nearly led her to quit graduate school with only a few months left until completion:

“No matter what it felt like I was being watched to see when I would mess up or misstep or misspeak. My internship site was really competitive and cutthroat, and it got to the point where I was just anxious just from entering the building. And this is from someone who was never an anxious person. But the always wanting to put your best foot forward just got exhausting to the point that I almost quit... three months from graduation and I was ready to call it a day. Because the pressure just felt unbearable.” -P. 002

Another aspect of this construct is that, compared to their peers, Black women face additional challenges that can impede program completion. It is clear just by reviewing the number of applicants accepted into doctoral programs each year that it is a highly rigorous and competitive environment. However, for the Black women in this study, they felt as though they had to manage extra barriers, in addition to the general stressors of pursuing doctoral education. Of the twelve participants, eight shared that they considered dropping out at least once during their training (8, 66.6%). One notion that half of all participants (50.0%) discussed was that negative program experiences fostered self-doubt. This is especially important when considering that doctoral training is several years long and thus requires endurance and tenacity. Self-doubt can often erode that drive, potentially contributing to premature dropout. One participant shared how her experiences inflated her self-doubt to enormous proportions:

“I couldn’t see a way for me to finish and still keep my sanity. It felt like I was hovering on the edge of a nervous breakdown because I have always been an anxious person. But never to the point where I felt inadequate or incompetent. But my interactions made it so that I was perpetually questioning whether or not I could get stuff done, which made everything take extra long to do.” -P.007

Another challenge that many participants discussed was having to balance work and school. Though certainly not unique to the Black woman experience, it can constitute another stressor on top of several others that one might already be managing. Five participants (41.6%) reported contending with this during their doctoral studies. Unsurprisingly, given everything that has been detailed to this point, a number of participants reported feelings of isolation as Black women in academia. Given the identity-specific challenges that Black women in this study reported, the need for community seems especially urgent. Eight participants (66.6%) reported

having these feelings, which will be expounded upon further for the next construct. One way in which one participant characterized the isolation was as follows:

“It’s the loneliest feeling in the world to be surrounded by people who in theory wanna help other people but are so oblivious to how much pain their actions are causing just because of apathy and lack of awareness. And when you’re one of a few Black women or the only Black woman, those feelings are amplified times 1000.” -P.005

A more positive aspect of doctoral training that some participants reported was that their graduate assistantship (GA-ship) alleviated some of the financial stress associated with doctoral training. As it relates to addressing barriers that might be impeding true diversity in the broader field of psychology, measures such as these might help bridge the gap between individuals who would otherwise like to pursue doctoral training but cannot afford it. Four participants (33.3%) discussed how their GA-ship impacted their ability to pursue their studies.

The third and final theme that supports this construct is the idea of lack of faculty competence with respect to issues of discrimination, racism, etc. This manifested itself in a number of ways for this study’s participants. One such way involves issues of diversity as it relates to research. Many participants struggled to find mentorship while others struggled to find truly representative samples. Though the ways in which they struggled varied, nearly half of all participants (50.0%) reported that they had encountered issues with research and diversity.

Another important way in which participants felt their faculty were inadequate to respond to racial situations was in their failure to provide in-class support against microaggressions, leaving Black students to fend for themselves. This was an experience that nine participants (75.0%) reported. It is especially salient because many participants shared that the implicit messaging is that faculty condone or are okay with whatever microaggression is being

committed when they do not speak up on behalf of students. In an environment where one might already feel uncomfortable due to their perceived outsider status, feeling unsupported by professors can be even more invalidating. One participant described how demoralized such an encounter left her feeling:

“I felt so alone [after the microaggression]. And I hated going to that class afterwards. Because it felt so personal. Like how could you, the professor, sit back and not do anything while other students are actively being cruel? Like what does that say about you? -P.003

Another challenging aspect of faculty’s lack of cultural competence related to teaching. All but one participant shared that their program faculty lacked cultural competence to effectively teach in an inclusive way, for a total of eleven participants (91.6%). This is an incredibly significant figure which suggests that this is an issue that warrants attention given students can only learn what they are taught. Given the push for a more diverse and inclusive field, it follows that the coursework taught in psychology training programs should also be diverse and taught in an inclusive manner. One participant shared a situation that underscores the dire need for competent faculty:

“I remember I asked one of my professors about how anxiety in little Black girls and boys can sometimes look like aggression or irritability and that because of this, it can lead to disciplinary problems at school. And I was using that as my argument for why cultural competence is so important, and she basically was like ‘thanks for sharing’ and moved along. And it felt really invalidating. I was so anxious to share that day ‘cause I knew by then that my classmates didn’t care about diversity issues like I did, so to work up the courage to share only for her to barely acknowledge it felt so terrible.” -P.001

The experience of being singled out as a Black woman was another negative interaction that underscored faculty's lack of cultural competence for many participants. Specifically, ten participants (83.3%) reported that this had happened to them during the course of their training. For many, it had occurred several times. This propensity to be singled out often may be informed by Black women's high distinctiveness which is, in turn, informed by the broader, structural makeup of psychology as a whole.

Another sentiment that four participants (33.3%) shared, which was borne out of interactions with faculty, was the feeling that, as a Black woman, you must work harder than your non-Black peers. For many, this was because they understood that their identity would likely present challenges for them. For others, however, this was heavily influenced by interactions in which, as was previously mentioned in earlier sections, they felt they received differential treatment than their non-Black peers or that they were held to different expectations. In some cases, this led participants to feel as though the expectations that were set from them were impossible to sustain, perhaps informing the self-doubt that many participants described. One participant detailed this experience:

"I remember just little things like my professor would call on me even if my hand wasn't up or if I shared in class, he'd ask, 'Is that all?' and just little digs constantly that he wasn't doing with other people. And this was in the first few weeks, so I decided maybe if I make changes now, he'll be better. So I did all of the readings, was always on time... like everything... and he still found things to nitpick. And it's not fair. If I were my exact same self but three shades lighter none of this would be happening, but 'cause I stand out, it is." -P.008

Sixth Theoretical Construct: Support, in its many forms, is paramount to Black women's success in doctoral training

The sixth and final construct focuses on the role of support and community in Black women's journeys to obtaining doctoral degrees. All of the participants in Maxell's (2019) dissertation reported experiencing microaggressions in some form, which had caused them to at least consider dropping out of doctoral training. Of note, however, all participants reported that, in the absence of supports in their training environment, they sought support from family, friends, colleagues, or elsewhere. Establishing and maintaining this support, according to Maxell's participants, was one of the most important factors in their decision to remain in graduate school. These findings illuminate this sixth and last construct.

The first theme which supports this construct is Black people vary with respect to how they navigate predominantly white spaces, so success in doctoral training necessitates community for Black women. Given doctoral training involves regular, routine evaluation, it could inadvertently negatively impact how one is evaluated if they fall under a certain "type" of Black person. Another related concept is that different Black people navigate White spaces differently. Given that all Black people are different, it makes sense that how they choose to navigate the same space might vary significantly based on a number of factors. However, this can cause within-group strife if one's expectations are not in alignment with others' behaviors. Eight participants (66.6%) described witnessing this phenomenon. One participant discussed her experience navigating some of these situations:

“Over time, I realized that the other Black girl in my cohort had sort of set herself up to be the ‘nicer’ one or the ‘softer’ one which made me the ‘harsh’ and ‘angry’ one. And

what's crazy is all of this happened without me even doing or saying anything. It's like once she shifted, I automatically became her foil." -P.0011

Considering all that has been discussed, it is not surprising that all twelve participants (100.0%) reported feeling like doctoral training was a lot to handle as a Black woman. For this reason, support is especially critical in navigating the multitude of challenges, something that all participants (100.0%) also endorsed. One participant put it best when she described what finding community meant for her:

"If I hadn't found my group and my people, I wouldn't have made it. They were there to push back against all the noise and the doubt...and I'd be willing to bet that all the other women you interview will say the same thing." -P.0012

One other idea that speaks to the many binaries present in the current study is the notion that pursuing doctoral training is both rewarding and difficult, something expressed by seven participants (58.3%). This demonstrates that, although Black women face an immense number of obstacles towards pursuing a doctoral degree, they are able to appreciate the duality of their experiences, which might influence their perspective and motivation to persist in the face of challenges.

Finally, participants were able to demonstrate that, despite their negative training experiences, Black women exhibit resiliency and transform their challenges into change. This is carried out and achieved in a number of ways. One way is through seeing successful role models and professors who are Black women, which half of all participants (50.0%) felt was important. This can have lasting impacts on the way one processes her own training experiences as well as how one might locate herself in the broader field of psychology. As one participant explained:

“Seeing another Black woman succeed in a role higher than yours just reminds you it’s possible and motivates you to keep pushing.” -P.006

Cumulatively, the experiences detailed throughout this paper speak to the idea of commitment to success despite challenges. This is an illusory positive such that it would appear that Black women are finding ways to work around the obstacles they face in the service of a larger goal. However, if the goal is a more diverse and inclusive workforce, it might be better to instead focus on making the process of doctoral training less difficult for Black women and other multiply marginalized others, so they can have the opportunity to make meaningful contributions to the field. One participant’s thoughts support this sentiment:

“It’s like how can Black women do what they do and save the day when they can barely even get in the door? And then once we’re here, it’s like, y’all do everything you can to make it so that we don’t succeed or finish. So no wonder there’s no Black psychologists. Just take a look at what’s happening in these programs.” -P.0010

Seven participants (58.3%) discussed experiences that demonstrate this unwavering commitment to success. One of the ways in which participants described sustaining motivation over time was reminding themselves that doctoral training was about more than just them. For instance, half of the participants (50%) described recalling why they pursued psychology in the first place in times of strife, and for most, it involved the desire to help others. Many reported that their commitment to success was predicated on the idea of not wanting to go through a similar struggle again or for others to experience the same struggles. This idea of trying to improve the landscape of training for others speaks to Black women’s desire to help others, and it further reinforces why it is important for them to be well-represented in doctoral programs. One participant’s thoughts tied these concepts together nicely:

“The way I see it, if I can make things easier for even one other Black woman then that’s enough for me.” -P.0012

Based on the experiences many participants reported during the course of their training, it follows that for many, their ultimate career goal is to be in a space that allows them to be their authentic selves. This was a sentiment shared by seven participants (58.3%). As was noted in an earlier section, the work and the alliance can often be strengthened when the clinician feels able to bring their authentic self into the therapeutic space. Clarifying career goals is just one way that Black women make something positive out of their negative training experiences, a sentiment expressed by seven participants (58.3%), echoing the sentiment that Black women find ways to persist in the face of obstacles. One participant shared:

“I felt I did my best work when I felt like my best self... when I felt like I could be myself. Because isn’t that what therapy is about anyway? Bringing the parts of you to the space that can sit with the parts of what the client is bringing.” -P.006

One other way in which Black women transform their negative experiences into positive ones is by reaffirming their commitment to working with and protecting BIPOC patients. Previous research has documented the many ways in which BIPOC are especially vulnerable to mental health crises (Reid & Comas-Diaz, 1990), presenting a dire need for psychologists who are particularly interested in helping those who, for a number of reasons, might otherwise forgo mental health treatment. Of the twelve participants interviewed, ten (83.3%) stated that their experiences solidified their commitment to working with BIPOC patients.

Finally, one last idea that underscores another more positive aspect of Black women’s training experiences is that hypervisibility increases self-awareness and commitment to self-advocacy, an idea endorsed by seven participants (58.3%). Though for many participants

this was borne out of negative experiences, these are skills that can be critically important in the workplace and especially for minority women. One participant shared how her commitment to working with BIPOC clients helped her in her own development:

“After everything I went through, I just know for sure I wanna work with Black folks. The same way I wished there was someone to advocate for me in my program is what I want to be for them - an advocate. And even though it sucked, the experiences did force me to speak up for myself cause no one else would.” -P.007

In summation, when all six constructs, *Black women experience several challenges in the context of doctoral training, both interpersonally and developmentally; As a result of these challenges, Black women form opinions about themselves, their clinical abilities, and those of others; Black women’s relationship to visibility in training varies over time due to experiences of hypervisibility and/or invisibility; Many of the challenges experienced by Black women are uniquely magnified by their double minority status; Structural failures in doctoral training and higher education inform the challenges Black women face; and Support, in its many forms, is paramount to Black women’s success in doctoral training*, are integrated with all of their supporting themes and corresponding repeating ideas, they provide a more thorough account of the nuanced experiences of many Black women who attend psychology doctoral training programs. Preexisting theories that explore phenomena related to identity development (Kim, 2005), post-colonization stress (Comas-Díaz, 2000), and double jeopardy (Beale, 1979) provide useful interpretations and insight into these experiences.

Several of the constructs and themes that emerged from the interview data in this study align with theoretical perspectives on what it means to hold multiple subordinate identities, identity development, and post-colonization stress. It is also worth mentioning that all

participants felt that doctoral training was an enormous undertaking, and, moreover, one that could only be surmounted with support and community. In their own unique way, each participant painted a portrait of the American higher education system that is historically and systemically anti-Black and connected this narrative to the experiences they had related to visibility, perception, their identity, and their clinical and personal development.

Interview data gathered from participant responses in this study suggest that for Black women pursuing doctoral training, there are a number of significant, noteworthy short-term and long-term effects on how they grow and develop over the course of their training. Participant responses demonstrated a variety of ways in which Black women strive to manage and cope with the experiences they face as well as any associated psychological distress. The psychological distress expressed during participant interviews ran the gamut of human emotion; sadness, anger, anxiety, disgust, despair, hopelessness, overwhelm, and burnout. Furthermore, several participants existed in an environment that did not seek to understand, validate, or support them as they dealt with these challenging emotions. More often than not, this led participants to feel unwelcome, dehumanized, rejected, isolated, devalued, and unsafe. Unfortunately, many participants felt unable to authentically express these sentiments when the incidents occurred. As Dr. Frantz Fanon posited (1952), oppression can elicit powerful reactions in Black people, which are often pathologized or dismissed due to internalized messaging from the dominant, anti-Black culture.

In spite of experiencing deeply powerful and complex internal experiences, they still tended to their responsibilities and requirements in the face of ongoing systemic oppression and discrimination. Naturally, these experiences altered how they viewed and related to their internal and external environments, but they persisted nonetheless. All participants were able to make

meaning of their experiences, and many connected their experience to a greater sense of purpose. In so doing, they found community and healing from their support systems and channeled their emotions into deepening their clinical prowess. Against all odds, they demonstrated their staunch commitment to success.

Clinical Implications

The findings in this study suggest that Black women in psychology doctoral training programs are significantly impacted by their experiences, particularly ones in which they experience hypervisibility, invisibility, or other forms of mischaracterization. These experiences impact how they view themselves, both as individuals and as clinicians. With respect to the development of their clinical skill set, it can influence how they evaluate their clinical development and inform their decision to finish out their doctoral studies. It can, and often does, inform their post-graduate plans as well. Furthermore, if psychology doctoral training is somehow inadequate in its ability to teach providers how to respond in a culturally sensitive and affirming manner, the ramifications go far beyond Black students. Communities that have historically been disadvantaged or marginalized with respect to access to care will likely feel even less motivated to pursue mental health treatment if they are having interactions that feel invalidating or otherwise unpleasant. It is therefore critically important that all clinicians take some responsibility in ameliorating the quality of doctoral training so the field at large might also be improved.

Although some of the findings in this study are similar to those found in previous research conducted by Maxell (2019), there are a few notable differences to highlight. Firstly, this study examined Black women's psychology doctoral training experiences along the dimensions of visibility. To that end, most participants described being relegated to positions

wherein they either felt hypervisible or invisible. This inability to exist outside of the extremes led many Black women to feel out of place or altogether unwelcome in their programs. Given psychology is endeavoring to cultivate a more inclusive field, it would likely be helpful for programs to consider many of the experiences detailed by participants in the present study. In as direct a manner as possible, participants disclosed what about their programs made them feel unwelcome, and many identified outright what aspects contributed to their contemplation of dropout. Among the many aspects that were discussed, one important way in which programs might be able to address these obstacles is by diversifying training programs. In this way, Black women will not feel so highly distinct and constantly monitored. Moreover, it will increase the odds of achieving a truly diverse workforce sooner rather than later. This might best be accomplished if Black women alumna are included in the recruitment processes. In this way, they can speak directly to what prospective students might be seeking based on their own experiences. Moreover, universities and training institutions may benefit from offering some form of outcome monitoring. Students and programs alike would benefit from some method of routinely collecting data on the experience of training; in this way, issues can be addressed in a more timely and effective manner. Of note, feedback would likely be given most honestly if it is collected anonymously and if action is taken in a reasonable amount of time following incident.

Another implication for consideration is for supervisors to constantly sharpen their skills related to addressing racialized situations and strengthening their cultural sensitivity. Given the crucial role supervisors can play in a trainee's overall development, it is imperative that supervisors are not unwittingly creating a supervisory space wherein trainees are uncomfortable to be themselves and discuss their cases transparently. This means supervisors can and should regularly seek out trainings, consultation, and direct feedback from their trainees about how to

incorporate more interventions that promote equity and inclusion. Moreover, given their seniority, supervisors should set the tone early on in supervision about what the space is for, how difficult situations can be addressed, and how the trainee should provide feedback if challenges arise. This is so the trainee understands that supervision is a space for them to process their feelings when difficult situations arise, especially for trainees who might already worry about how they are being perceived by others.

One last thought on the clinical implications of these findings centers on research that shifts the focus of treatment with racial minorities from surviving to thriving though the connection might further be extrapolated to all learning environments. French et al. (2020) created a framework for clinicians based on this notion that promotes a more thorough, inclusive approach for healing communities of color. This perspective of *radical healing* is rooted in theoretical principles from ethno-political psychology, liberation psychology, Black psychology, and intersectionality. *Radical healing* believes that clinicians should “acknowledge the pain of oppression while fostering hope for justice and freedom” by moving “beyond traditional notions of psychotherapy that focus on helping the individual cope with racism and toward dismantling systems that contribute to race-based trauma” (French et al., 2020, p.19). While coping skills can be important in managing situational distress, clinical considerations should also be made to facilitate progress that goes beyond coping to promote healing.

Limitations of Research

Given the present study utilizes qualitative methodology, there are both advantages and disadvantages to acknowledge. On the one hand, it allowed for participants to share their stories in their own words, facilitating an additional layer of depth as they detailed their subjective experiences. At the same time, this method presented legitimate challenges. Firstly, the number

of participants that were interviewed for the present study was relatively smaller in scale in comparison to other research methods that could accommodate larger sample sizes and alternative forms of data collection. Moreover, since there were only twelve participants interviewed in the current study, considerations must be taken into account for how one might consider the findings in relation to a larger population of Black-identified women. Several demographic factors could also inform the present findings. For example, most of the participant sample identified as cisgender, and participant ages ranged from approximately 20 years to 30 years old. Variables such as age and gender identity may influence how individuals manage the demands of doctoral training. In addition, given there was a subgroup of HBCU attendees in this study, some of the data herein might be viewed as diluting this subgroup's experience or not emphasizing its unique aspects enough. Although there were certainly themes across the participant sample that constituted broader themes, further research might focus more specifically on challenges during doctoral training for Black women at HBCUs, particularly those that are more diverse in terms of cohort racioethnic background.

Additionally, the utilization of online recruitment strategies and an internet-based video calling platform to conduct participant interviews both provided unique limitations. Principally, participants in this study were required to have access to the Internet at the time of the interviews, and most participants were social media users who were already familiar with navigating online platforms. These elements create specific limitations around access for a portion of the population of interest. Due to these factors, some of the data presented is limited.

Directions for Future Research

The interview data gathered from participant responses provided considerable insight into the subjective experience of Black women in psychology doctoral training programs. However,

as is the nature of such research, the data also highlights some new potential areas of exploration. A number of participants described feeling as though the Black men in their training programs received preferential treatment in comparison to the Black women. Many of the Black women study participants felt that additional efforts were made to assist Black men with completing their doctoral training because there are often so few Black men pursuing doctoral training. However, it might be worth exploring how Black women fare if afforded the same supports to aid in their success, both at HBCUS and PWIs.

Secondly, the online recruitment strategies and virtual platform used for participant interviews allowed people nationwide to partake in the interviews. Many study participants referenced their current geographic location at the time of the interview, which provided more contextual information about the larger environments they were navigating while they were processing their training experiences. As one of the themes generated from the current data suggests, the larger sociocultural and political contexts that participants found themselves in seemed to influence their responses. Further research could be conducted to determine if doctoral students living in certain cities or regions of the country have different experiences with respect to themes of hypervisibility, invisibility, and clinical development. One potential hypothesis could assess if people residing in metropolitan areas, that are generally more diverse, felt less unwelcome as compared to people residing in smaller communities that have a more homogenous makeup.

Finally, one last direction for future research is in the realm of clinical identity development. Currently, there are few models which explicate how psychology doctoral training students formulate a clinical identity. Based on the data gathered from the present study, it cannot be overstated how race and ethnicity influence professional identity development, particularly for

Black women. For this study's participants, their intersecting identities—as both women and Black people—separately and synergistically impacted their clinical development. However, as demonstrated by this study's findings, there are several dimensions involved in the formation of one's clinical identity. Given doctoral training is a massive undertaking, spanning several years, it logically follows that the formation of one's clinical identity is dynamic. To that end, it could assist programs to have an idea of what the process involves, so they can structure their supports to be appropriate with each developmental stage. As Petriglieri (2010) puts it, the doctoral training program is an “identity workspace,” meaning that the institution should serve as a holding environment where individuals can do meaningful identity work. However, this is contingent on the environment serving as a social context that both “reduces distressing emotions” while also actively “facilitating sense-making” (Petriglieri, 2010). However, for virtually all of this study's participants, their program was not a space that allowed them to purposely reflect on their own identity, nor did it reduce distressing emotions; rather, it induced and amplified them. To that end, Black women's clinical development was impaired and, in many cases, stunted because their identities prevented them from being truly vulnerable. In a way, many viewed their role as clinician as disingenuous because they were so often viewed as Black women before anything else. This made it challenging at times, and impossible at others, to integrate their budding identities as clinicians with their broader identities as Black women. To address this, programs would likely benefit from incorporating some concrete method of routine self-reflection to encourage transparent discourse around the development of clinical skills among students as well as to facilitate individuals with making meaning of their experiences to allow for more seamless integration of the various parts of their identity. Based on findings, future research might also explore how these processes differ across different groups such as

Black women versus Asian men or across similar groups such as Hispanic men and Hispanic women.

Conclusion

The present study examined the subjective experience of Black women in psychology doctoral training programs as they navigate doctoral training and their clinical development. There is ample discourse around the importance of diversifying the field of mental health professionals in order to reflect our broader society at large. At the same time, Black people, and Black women in particular, are dropping out of doctoral training at a rate that is higher than their non-Black counterparts. This suggests that there is a disconnect between the stated goals of psychology as a field and the practices being employed to achieve those goals. Taken as a whole, it suggests that one major way in which psychology as a field can bridge the gap between its aims and its actions is by empowering and supporting the Black women who matriculate into these doctoral programs. If Black men are receiving this support and faring well, it follows that the same model of support can and should be applied for Black women, hopefully with comparable outcomes.

Nelson (2016) sums up the plight of Black Americans by describing the dialectical nature of “the devaluation of Black life” as one that operates in “[between] callous neglect and corporeal surveillance” (p. 7). It illustrates the many binaries detailed herein with which Black women must contend: hypervisibility and invisibility, speaking up about race versus staying silent to preserve their peace of mind, and being mischaracterized versus allowing one to define you on their own terms. Sittenfeld perhaps perfectly describes this sentiment shared across participants, this feeling of being “exhausted all the time by both [their] vigilance and [their] wish to be inconspicuous” (p. 14). As Kendi (2019) states, staying aware of this duality while

striving to be anti-racist involve being proactive and working to challenge and dismantle systems that uphold white supremacy while also “reorienting our consciousness” (p. 23). This is not an easy feat, but it is one that Black women are carrying out every single day in the service of improving their skills and transforming the lives of others. They do this despite the odds, mischaracterizations, microaggressions, and in the absence of supports to process most of these things. This study was borne out of personal experiences and those of other Black women around me, but it was also borne out of a deep appreciation, respect, and gratitude for the Black women who continue to climb higher despite the odds. It is my sincerest hope that Black readers will feel seen, heard, validated, understood, supported, and, more than anything, less alone in their experiences. More than that, it is also my hope that non-Black readers, especially those in helping, person-centered professions, will learn more intimately how Black people navigate the same spaces they do and will work more intentionally to create a truly diverse, inclusive, safe field for all.

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Appendix A: Final List of Repeating Ideas, Themes, and Constructs

The data that follows includes all of the repeating ideas, themes, and theoretical constructs generated from the data. Each number within parentheses, presented in front of each construct and each theme, denotes the number of study participants who endorsed them. Repeating ideas are presented in standard font, themes are italicized, and constructs are capitalized.

1. (12) BLACK WOMEN EXPERIENCE SEVERAL CHALLENGES WITHIN THE CONTEXT OF DOCTORAL TRAINING, BOTH INTERPERSONALLY AND DEVELOPMENTALLY
 - a. (8) *Doctoral programs suffer from systemic failures which cannot be rectified from within*
 - i. (4) Issues of differential treatment/expectations not being met at a historically Black college or university (HBCU)
 - ii. (8) Systemic change can only be enacted from outside of system, not from within
 - iii. (2) Challenges with having Black faculty
 - iv. (7) Lack of program supports (administration/faculty)
 - v. (6) Feeling invisible as it relates to course curriculum
 - vi. (5) Viewing hypervisibility as a byproduct of the broader system
 - vii. (5) Lack of diverse faculty
 - viii. (6) Systemic failures in program
 - ix. (4) Psychology as a field is still very “White”
 - b. (9) *Black women are held to different expectations and treated differently in comparison to their peers*
 - i. (7) Black women receiving different treatment from administration/authority figures based on race
 - ii. (8) Being looked over by professors because of Black woman status
 - iii. (6) Doing the requirements is not enough to succeed as a Black woman
 - iv. (7) People interact with you a certain way due to one’s Black woman status/others are unsure how to interact with Black women
 - v. (9) Differing treatment based on race from peers
 - vi. (10) Being “point person” for all things race
 - vii. (9) Having to do the emotional labor of “teaching” others about racism
 - viii. (4) Preferential treatment of Black men versus Black women in doctoral training
 - ix. (8) Not getting credit for one’s ideas but someone else getting credit for saying the same thing
 - c. (7) *Compared to their peers, Black women constantly face mischaracterization*
 - i. (7) Not being able to self-advocate for fear of mischaracterization
 - ii. (6) People make assumptions about Black women instead of getting to meaningfully know them
 - iii. (6) Being misjudged/defying expectations as a Black woman
 - iv. (7) Introversion is mistaken for apathy/rudeness in Black women

2. (12) AS A RESULT OF THESE CHALLENGES, BLACK WOMEN FORM OPINIONS ABOUT THEMSELVES, THEIR CLINICAL ABILITIES, AND THOSE OF OTHERS

- a. (9) *In order to succeed, Black women adjust how they present outwardly based on their experiences*
 - i. (5) Rarity as a Black woman in higher education and its implications
 - ii. (9) Being one's authentic self will lead to challenges
 - iii. (8) Feeling the need to censor oneself in white spaces
 - iv. (7) Knowing how to censor oneself as a Black woman informs professional development
 - v. (9) Wanting to avoid confirming stereotypes about Black women
 - vi. (7) Having to say things carefully so they are not misconstrued
 - vii. (6) Having to choose how much effort to put forth in predominantly White spaces
 - viii. (4) Feeling the need to compromise parts of self in order to succeed
 - b. (9) *Negative interactions with faculty/peers can sully the experience of doctoral training and impact self-view*
 - i. (5) Peers not wanting to vocalize support in the name of self-preservation
(4) Struggling to relate to non-Black clients/peers
 - ii. (6) Feeling a sense of mistrust of others/outsider-ness based on experiences
 - iii. (8) Lack of support from peers based on race
 - iv. (9) Experiencing microaggressions from peers/clients
 - v. (7) Not being able to process feelings about racial situations in one's own way
 - c. (7) *Based on their training experiences, Black women form opinions about others' cultural competence which inform their post-graduate plan*
 - i. (7) No amount of education can shield one from racism or from being racist
 - ii. (6) Not trusting peers' level of cultural competence due to personal experiences
3. (12) BLACK WOMEN'S RELATIONSHIP TO VISIBILITY VARIES OVER TIME WITHIN THE CONTEXT OF TRAINING BUT IS LARGELY GOVERNED BY EXPERIENCES OF EITHER HYPERVISIBILITY OR INVISIBILITY
- a. (8) *Experiencing hypervisibility in the clinical space compromises one's performance and the quality of supervision*
 - i. (6) Hypervisibility worsens clinical performance for Black women
 - ii. (5) Not getting practically useful feedback from supervisors to hone clinical skill
 - iii. (5) Not being able to maximize supervision
 - iv. (7) Hypervisibility - not being perceived as or able to be authentic self (by/with supervisor)
 - v. (8) Lack of supervisor cultural competence with respect to racial challenges
 - b. (6) *Identity can be used as a tool in the therapy space but how helpful and how well it is received varies*

- i. (7) Not knowing how identity as a Black woman will be received by patients
 - ii. (6) Hypervisibility enhancing patient's comfort levels
 - iii. (5) Being able to be authentic self with patients
- 4. (12) MANY OF THE CHALLENGES EXPERIENCED BY BLACK WOMEN ARE UNIQUELY MAGNIFIED BY THEIR DOUBLE MINORITY STATUS
 - a. (9) *Black women are sought out and recognized for their contributions in diversity efforts, which are often misguided*
 - i. (9) Black women feeling the need to "step up" and be the diversity point person
 - ii. (5) Diversity efforts do not address the real, systemic issues
 - iii. (6) One is just reduced to being Black/what they can offer in the way of diversity
 - iv. (10) Not feeling valued in predominantly White spaces
- 5. (12) STRUCTURAL FAILURES IN DOCTORAL TRAINING AND HIGHER EDUCATION INFORM THE CHALLENGES BLACK WOMEN FACE
 - a. (10) *A general lack of diversity in higher education contributes to Black Women's' experiences of hypervisibility in doctoral training*
 - i. (9) Being only one of a few Black women
 - ii. (7) Experiencing hypervisibility by default due to so few Black women
 - iii. (6) Experience of being hypervisible and invisible
 - iv. (3) Experiencing hypervisibility that is both racialized and sexualized
 - v. (7) Being monitored constantly
 - vi. (10) Existing in predominantly White spaces as a Black woman breeds hypervigilance
 - b. (8) *Compared to their peers, Black women face additional challenges that can impede program completion*
 - i. (6) Negative program experiences foster self-doubt
 - ii. (5) Having to balance work and school
 - iii. (8) Feelings of isolation as a Black woman in academia
 - iv. (4) Graduate assistantship (GAship) alleviates some of financial stress associated with doctoral training
 - c. (11) *Lack of faculty competence with respect to issues of discrimination, racism etc.*
 - i. (6) Issues with diversity as it relates to research
 - ii. (9) Faculty does not provide in-class support against microaggressions and leave students to fend for themselves
 - iii. (11) Lack of faculty cultural competence related to teaching
 - iv. (10) Being singled out as a Black woman by faculty
 - v. (4) Feeling like one has to work harder than non-Black peers
- 6. (12) SUPPORT, IN ITS MANY FORMS, IS PARAMOUNT TO BLACK WOMEN'S SUCCESS IN DOCTORAL TRAINING
 - a. (12) *Black people vary with respect to how they navigate predominantly white spaces, so success in doctoral training necessitates community for Black women*
 - i. (7) Certain "types" of Black people elicit different responses from White people

- ii. (8) Different Black people navigate White spaces differently
- iii. (12) Feeling like doctoral training is a lot to handle as a Black woman
- iv. (12) Need for community as a Black woman pursuing doctoral training
- v. (7) Pursuing doctoral training is both rewarding and difficult
- b. (7) *Despite their negative training experiences, Black women exhibit resiliency and transform their challenges into change*
 - i. (6) Importance of seeing successful role models/professors as a Black woman
 - ii. (7) Commitment to success despite challenges
 - iii. (6) Doctoral training being about more than just for oneself
 - iv. (8) Not wanting to go through a similar struggle again or for others to experience what one has experienced
 - v. (7) Spaces that allow one to be authentic self as ultimate career goal
 - vi. (7) Gaining something positive out of negative training experiences
 - vii. (10) Being more committed to working with and protecting BIPOC based on personal experiences
 - viii. (4) Hypervisibility increases self-awareness and commitment to self-advocacy

Appendix B
Demographic Questionnaire

1. How old are you?
2. How do you identify racially and ethnically? What is your nationality?
3. What is your gender identity?
4. What is your sexual orientation?
5. What religion, if any, do you practice?
6. Are you in a clinical or counseling psychology doctoral training program?
 - a) Which program, and where is it located?
 - b) How many years is the program, and what year of the program are you in?
 - c) When did you enter the program, and what is your anticipated graduation year?
 - d) Describe the demographic make-up of your program (e.g., gender, race, SES, etc.)
- 6d. If not, were you in a clinical or counseling psychology doctoral training program?
- 6e. If you answered yes to 6d, when did you enter and when did you graduate from your clinical or counseling psychology doctoral training program?
7. Does/did your training program include a clinical practicum component in which you saw patients for therapy? How many semesters of clinical practica have you done?

Appendix C
Informed Consent Document
LONG ISLAND UNIVERSITY/ Post
Informed Consent Form for Human Research Subjects

You are being asked to volunteer in a research study called To See or Not to See: Clinical Implications of Black Women’s Experiences of Invisibility and Hypervisibility in Psychology Doctoral Training Programs, conducted by Angelique Romulus, PsyD program. This project will be supervised by Dr. Linnea Mavrides, Faculty, PsyD program. The purpose of the research is to better understand the experiences of Black women in psychology doctoral training programs and, in doing so, better understand the implications of their experiences on the development of their clinical skill set.

As a participant, you will be asked to share your experiences as they relate to experiences of invisibility and hypervisibility in your training program as well as how those experiences have informed your clinical practice. This information will be obtained during a one-time, one-hour interview conducted via Zoom with the primary investigator. The date and time of the interview will be determined based on your availability as well as that of the primary investigator. The study has no foreseeable risks. While there is no direct benefit for your participation in the study, it is reasonable to expect that the results may provide information of value for the field of psychology.

Your identity as a participant will remain confidential. Your name will not be included in any forms, questionnaires, etc. This consent form is the only document identifying you as a participant in this study; it will be stored securely on the primary investigator’s password-protected laptop and will only be available to the primary investigator. Data collected will be destroyed at the end of five years. Results will be reported only in the aggregate. The principal investigator will be reaching out to you once all the data has been collected and analyzed to share the results as well as to glean your thoughts about the results. This may take place in the form of a focus group with you and some of the other

participants, or it might be another one-on-one online meeting with the primary investigator. Participation in this member check is optional, and you are free to withdraw participation at any time.

Any identifying information will be removed, and the information will not be used or distributed for future research studies.

In compensation for your time, you will be entered into a raffle and eligible to receive a \$50 Visa gift card. You understand that you may stop participation at any time. However, you also understand that you will only receive the research compensation if you complete the research protocol.

Although your IP Address will not be stored in the survey results, there is always the possibility of tampering from an outside source when using the Internet for collecting information. While the confidentiality of your responses will be protected once the data is downloaded from the Internet, there is always the possibility of hacking or other security breaches that could threaten the confidentiality of your responses.

If you have questions about the research, you may contact the student investigator, Angelique Romulus, angelique.romulus@my.liu.edu, the faculty advisor Dr. Linnea Mavrides, 347-620-4318, or the department chair, Nancy Frye, 516-402-2571. If you have questions concerning your rights as a subject, you may contact the Executive Director of Sponsored Projects, Michael Marino at (718) 488-1413.

Your participation in this research is voluntary. Refusal to participate (or discontinue participation) will involve no penalty or loss of benefits to which you are otherwise entitled.

You have fully read the above text and have had the opportunity to ask questions about the purposes and procedures of this study. Your signature acknowledges receipt of a copy of the consent form as well as your willingness to participate.

Typed/Printed Name of Participant

Signature of Participant

Date

Typed/Printed Name of Investigator

Signature of Investigator

Date

Appendix D*Consent to Audio Record***CONSENT TO AUDIO RECORD & TRANSCRIPTION**

To See or Not to See: Clinical Implications of Black Women's Experiences of Invisibility and Hypervisibility in Clinical Psychology Doctoral Programs
Angelique Romulus, M.S., Long Island University, Post

The present study involves the audio recording of your interview with the primary investigator. Neither your name nor any other identifying information will be associated with the audio recording or the transcript. Only the primary investigator will have access to the recording.

The primary investigator will transcribe the audio recording, and it will be erased once the transcription is completed and double checked for accuracy.

By signing this form, I am allowing the researcher to audio tape me as part of this study. I also understand that this consent for recording is effective until the following date: 04/09/2022. On or before that date, the tapes will be destroyed.

Participant's Signature: _____

Date: _____

Appendix E
Theoretical Narrative

Theoretical Narrative

All twelve of the study participants are self-identified Black women enrolled in psychology doctoral training programs. Throughout their training, they have all gone through a number of transformative experiences, which have influenced their professional, clinical, and personal development. What follows is their story. Of note, as was previously mentioned, repeating ideas will be presented in quotations, themes are italicized, and constructs are capitalized.

The present study's participants, Black women in psychology training programs, experienced several obstacles over the course of their tenure that influenced their development in a number of ways (BLACK WOMEN EXPERIENCE SEVERAL CHALLENGES WITHIN THE CONTEXT OF DOCTORAL TRAINING, BOTH INTERPERSONALLY AND DEVELOPMENTALLY). This is in part due to how doctoral programs, as systems, tend to function such that it is particularly difficult to effect change from within the system itself (*Doctoral programs suffer from systemic failures which cannot be rectified from within*). One issue that arose, specific to participants who attended an HBCU, was that their "expectations were not met upon entering their program." For many participants, that these issues of differential treatment were still present in a non-predominantly White setting underscores the notion that "systemic change can only be enacted from outside of the system, not from within." Among the many challenges they described, participants who attended an HBCU mentioned "challenges with Black faculty,". However, some challenges were more structural such as "lack of program supports" while others, such as "feeling invisible as it relates to the course curriculum," were more covert. Taken as a whole, many participants in predominantly White

programs felt as if their “hypervisibility [was] a byproduct of the broader system”. Moreover, other factors such as a “lack of diverse faculty” also contributed to a number of these “systemic failures in the program.” Some participants posited that these obstacles exist because “the broader field of psychology is still very White.”

One of the other challenging aspects of training that participants described was that, compared to their peers, Black women felt they received divergent treatment (*Black women are held to different expectations and treated differently in comparison to their peers*). For some, this meant “receiving different treatment from administration/authority figures based on race” and “being looked over by professors because of Black woman status.” Others described the sense that “doing the requirements is not enough to succeed as a Black woman” while others felt that “people interact with you a certain way due to one’s Black woman status/others are unsure how to interact with Black women.” Of note, these interpersonal challenges were not unique to interactions with faculty; rather, most participants reported “differing treatment based on race from peers” as well. Many of the Black women in this study described feeling like the “‘point person’ for all things race.” Furthermore, they also described “having to do the emotional labor of “teaching” others about racism,” another aspect that set their experiences apart from their non-Black peers. Another interesting dimension of the differential treatment that some HBCU participants mentioned was the “preferential treatment of Black men versus Black women in doctoral training”. Furthermore, participants also mentioned “not getting credit for one’s ideas but someone else getting credit for saying the same thing.”

One specific way in which the present study’s participants described being treated differently was the extent to which they were consistently mischaracterized (*Compared to their peers, Black women constantly face mischaracterization*). It was complicated further in that they

felt “unable to self-advocate for fear of mischaracterization.” Another way in which this mischaracterization manifested was that the Black women who participated felt that “people [made] assumptions about Black women instead of getting to meaningfully know them.” This was coupled with many participants’ experiences of “being misjudged/defying expectations as a Black woman.” One instance of this is demonstrated by the fact that a number of participants felt that “introversion is mistaken for apathy/rudeness in Black women”.

It naturally follows that as a result of these experiences, the Black women in this study related to both themselves differently and others (AS A RESULT OF THESE CHALLENGES, BLACK WOMEN FORM OPINIONS ABOUT THEMSELVES, THEIR CLINICAL ABILITIES, AND THOSE OF OTHERS). One noteworthy way in which several participants were influenced by their experiences was that they developed the belief that their level of success was contingent on how they were received by others (*In order to succeed, Black women adjust how they present outwardly based on their experiences*). One reason participants offered for this was that there is still some “rarity as a Black woman in higher education and its implications.” However, far more participants felt that “being one’s authentic self will lead to challenges” which contributed to “feeling the need to censor oneself in white spaces” such as their programs. As a result, many felt that “knowing how to censor oneself as a Black woman informs professional development”. Another way in which participants described avoiding mischaracterization was in their desire to “[want] to avoid confirming stereotypes about Black women.” This often led them to “[have] to say things carefully so they are not misconstrued.”. Consequently, many Black women in this study felt that this ultimately led them to “[have] to choose how much effort to put forth in predominantly White spaces,” causing some to even “[feel] the need to compromise parts of self in order to succeed.”

As it relates to their developmental process, many Black women in the present study felt that negative interactions with others during training tarnished their overall experience (*Negative interactions with faculty/peers can sully the experience of doctoral training and impact self-view*). Some participants discussed experiences where their “peers [did] not [want] to vocalize support in the name of self-preservation” when racially charged situations arose, leading to a sense of seclusion. With respect to the clinical space, many participants reported “struggling to relate to non-Black clients/peers.” Taken altogether, both contributed to participants “feeling a sense of mistrust of others/outsider-ness based on experiences.”

An important point to make is that the Black women who participated in this study felt unsupported because of their identity, determining that this “lack of support from peers [was] based on race.” This was further reinforced for some when they “[experienced] microaggressions from peers/clients.” To make matters worse, many felt that they were “not able to process feelings about racial situations in one’s own way.” These myriad experiences inform Black women’s opinions about themselves, their abilities, and those of others, particularly as they consider their plans post-graduation (*Based on their training experiences, Black women form opinions about others’ cultural competence which inform their post-graduate plan*). Given these experiences are happening at the doctoral level, the highest level of education one can obtain, many study participants developed the belief that “no amount of education can shield one from racism or from being racist.” Moreover, it also led them to “not [trust] [their] peers’ level of cultural competence due to personal experiences.”

Although Black women’s relationship to visibility is dynamic, it is generally dominated by experiences of either hypervisibility or invisibility (BLACK WOMEN’S RELATIONSHIP TO VISIBILITY VARIES OVER TIME WITHIN THE CONTEXT OF TRAINING BUT IS

LARGELY GOVERNED BY EXPERIENCES OF EITHER HYPERVISIBILITY OR INVISIBILITY). In particular, many participants in the present study felt that experiencing hypervisibility in a clinical setting worsened their capabilities and negatively impacted the quality of their supervision (*Experiencing hypervisibility in the clinical space compromises one's performance and the quality of supervision*). For a number of participants, just experiencing hypervisibility was enough to worsen their performance, with some developing the belief that “hypervisibility worsens clinical performance for Black women.” Several participants also described that their experiences of hypervisibility led to a disconnect between themselves and their supervisors, causing them to “not [get] practically useful feedback from supervisors to hone clinical skill.” Ultimately, this led many study participants to feel “[not] able to maximize supervision.”

Moreover, participants also felt that compared to their peers, hypervisibility “[prevented them from] being perceived as or able to be authentic self (by/with supervisor).” Many also experienced a “lack of supervisor cultural competence with respect to racial challenges.” Many participants described using their identity as Black women as a tool in the clinical space, however, its utility varied considerably (*Identity can be used as a tool in the therapy space but how helpful and how well it is received varies*). Given their experiences with their faculty and peers, many Black women reported that they “did not know how [their] identity as a Black woman will be received by patients.” For several, however, despite experiencing hypervisibility, they were still able to utilize their “hypervisibility [to] enhance a patient's comfort levels.” In this way, despite being unable to do so outside of the clinical space, many found that they were “able to be [their] authentic self with patients.”

It cannot be overstated that, precisely because of their unique status as both women and Black people, Black women experience challenges in a magnified way (MANY OF THE CHALLENGES EXPERIENCED BY BLACK WOMEN ARE UNIQUELY MAGNIFIED BY THEIR DOUBLE MINORITY STATUS). One area in which their unique status is especially salient is in the realm of diversity and inclusion (*Black women are sought out and recognized for their contributions in diversity efforts, which are often misguided.*) Many Black women described “feeling the need to “step up” and be the diversity point person”. In essence, many Black women in this study offered themselves as the “diversity point person” out of a sense of obligation rather than a genuine desire to do so. One offered explanation was that it felt futile to get involved in diversity efforts at all since “diversity efforts do not address the real, systemic issues.” This left the Black women in this study feeling as though “one is just reduced to being Black/what they can offer in the way of diversity”, informed by a larger sense of “not feeling valued in predominantly White spaces.”

A majority of the issues that participants reported experiencing over the course of doctoral training are heavily influenced by structural failures that are prevalent in the broader educational system (STRUCTURAL FAILURES IN DOCTORAL TRAINING AND HIGHER EDUCATION INFORM THE CHALLENGES BLACK WOMEN FACE). Black women, as double minorities, especially feel the impacts of the lack of diversity in higher educational settings (*A general lack of diversity in higher education contributes to Black Women’s’ experiences of hypervisibility in doctoral training*). This often took the form of “being only one of a few Black women.” In particular, many of those who attended PWIs reported “experiencing hypervisibility by default due to so few Black women.” However, even in their experiences of hypervisibility, there was tremendous nuance; at times, the forces shaping these women’s

experiences were complete opposites. For example, some study participants shared that they had the “experience of being hypervisible and invisible.” At the same time, others shared “experiencing hypervisibility that is both racialized and sexualized.” Overall, these multiple instances of feeling hypervisible gave some participants the sense that they were “being monitored constantly.” Further, this sense of being under perpetual surveillance led nearly all participants to feel that “existing in predominantly White spaces as a Black woman breeds hypervigilance.”

Given Black women are doubly marginalized, many participants faced a number of additional challenges that their peers did not as a result of their identity (*Compared to their peers, Black women face additional challenges that can impede program completion*). Some were more proximally related to their interpersonal interactions, and many participants were open about how “negative program experiences foster self-doubt.” However, there were other, more practical ways as well. One such way is that many participants reported that, unlike their non-Black peers, they had to “balance work and school.” Others described the “feeling of isolation as a Black woman in academia” and how that fed into the self-doubt evoked from their negative interpersonal experiences. Contrarily, there were some who spoke about finding some relief despite their challenges, divulging how their “graduate assistantship (GAship) alleviated some of the financial stress associated with doctoral training.”

One other major way in which these structural failures can be understood is by examining the lack of faculty competence that appeared to exist, on some level, across all programs and all participants (*Lack of faculty competence with respect to issues of discrimination, racism, etc.*). Some described “issues with diversity as it relates to research” which were able to be resolved by seeking support in other faculty members or other avenues. Other challenges, such as

microaggressions were harder to surmount, especially when “faculty did not provide in-class support against microaggressions and left students to fend for themselves.” This speaks to a larger problem participants highlighted of “lack of faculty cultural competence related to teaching.” One example of this is that some participants reported that they were “singled out as a Black woman by faculty.” Some study participants were left “feeling like one has to work harder than non-Black peers” in order to succeed.

Perhaps the most heartening aspect of this entire study is that despite their circumstances, participants managed to persist, largely due to the support they sought and maintained throughout their tenure (SUPPORT, IN ITS MANY FORMS, IS PARAMOUNT TO BLACK WOMEN’S SUCCESS IN DOCTORAL TRAINING). One remarkable notion that emerged from the data was that because Black people differ in how they maneuver predominantly White spaces, support is paramount to their success (*Black people vary with respect to how they navigate predominantly white spaces, so success in doctoral training necessitates community for Black women*). One reason offered by participants was because “certain ‘types’ of Black people elicit different responses from White people.” Others discussed how “different Black people navigate White spaces differently”. Given these experiences, it is unsurprising that every single participant interviewed in this study felt that “doctoral training [was] a lot to handle as a Black woman.” Moreover, all participants emphasized the “need for community as a Black woman pursuing doctoral training.” However, for some, they acknowledged that “pursuing doctoral training [was] both rewarding and difficult,” suggesting a willingness to make the most out of challenging circumstances and demonstrate resilience (*Despite their negative training experiences, Black women exhibit resiliency and transform their challenges into change*).

One way that participants found inspiration to continue pursuing their studies was through positive interactions with other Black psychologists, underscoring the “importance of seeing successful role models/professors as a Black woman.” It reaffirmed their “commitment to success despite challenges,” and, for many, it helped to recall the idea that “doctoral training [is] about more than just for oneself.” Several participants were galvanized to take action, “not wanting to go through a similar struggle again or for others to experience what one has experienced.” Based on these experiences, some participants modified their post-graduate plans, feeling like “spaces that allow one to be one’s authentic self as the ultimate career goal.” In this way, they were ultimately able to “gain something positive out of negative training experiences.” Compared to when they initially entered their programs, almost all participants reported that they were “more committed to working with and protecting BIPOC.” One final way participants shared that they were able to transform their experiences was in the realm of advocacy; for some, “hypervisibility increased self-awareness and commitment to self-advocacy.”