

LISTENING TO THE LISTENERS: VOICES OF BIMPOC THERAPISTS IN CANADA

by

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Master of Arts, Clinical Psychology, Savitribai Phule Pune University,
2017

Thesis

Submitted in Partial Fulfillment of the Requirements for
the Degree of

MASTER OF ARTS IN COUNSELLING PSYCHOLOGY

in the

FACULTY OF GRADUATE STUDIES

TRINITY WESTERN UNIVERSITY

February 2024

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ACKNOWLEDGEMENTS

As I approach the end of this project, my heart is filled with gratitude for those who helped me in getting this far. These supportive influences have shaped me invariably as a person, researcher, and emerging therapist. From the bottom of my heart, I want to express my sincere appreciation to all those who have been involved in this project.

To this land: I gratefully acknowledge that my work takes place on the ancestral unceded territories of the Katzie, Kwantlen, Matsqui, and Stó:lō First Nations. I am an uninvited guest here. Many Indigenous communities from Turtle Island continue to call this land home. In my work, I will strive to acknowledge, push back, and resist the systemic oppressions of colonization on marginalized communities.

To my participants: This project would not have been possible without your invaluable contributions. Thank you for graciously and willingly agreeing to participate in this project. Thank you for trusting me with your rich personal stories.

To Deepak: Thank you for accepting me as a supervisee and for constantly mentoring me during this journey. I appreciate the inviting space you provided for me to open up about my process. I am grateful for your wise, understanding, and dependable presence. I appreciate how you have pushed me to think about my project in new ways. Thank you for everything over the past few years.

To Janelle: I am grateful for your unwavering support and presence during my thesis journey. Thank you for believing in me and my project, even when I was unable to. Thank you for encouraging me to follow my intuition and empowering me to find my voice. I sincerely thank you for your help and support over these years.

To my research team: Thank you Shana, Shobia, Esther, Gilles, and Tiffany for your tremendous help in the analysis process. I appreciate how thoughtfully and deeply

each of you approached this project. Your insights and knowledge are truly treasured, as they helped me view my participants in a new light and enhanced the richness of this project.

To my colleagues: I am grateful for your support during the highs and lows of my research journey. I value the sense of support and community that each of you fostered. I loved how balanced the support was, not overbearing but always present anytime I felt isolated during this process. I would especially like to thank Gilles, Gabi, Bree, Haylee, Esther, and Aly, for their camaraderie and welcoming presence.

To the staff and faculty of our program: Thank you for all the support and for helping me bring this project to fruition. I would particularly like to thank Mac, Larissa, Danielle, Talitha, and Julieta for their assistance, encouragement, and advice in this endeavour.

To my love, my partner, Akshay: Words cannot capture your contribution to my life, even beyond this project. Thank you for providing me with the strength, compassion, love, and nurturance during this journey. You have been my rock. I would not have been able to do this without your constant encouragement, patience, and support. Thank you for everything.

To my family: Thank you for supporting me with your blessings and having so much faith in me. I especially want to thank my mother, Manjusha; thank you Ma for all the sacrifices you have made that allowed me to follow my dreams. I deeply appreciate your support, reassurance, and love for me.

To the stranger who donated his monitor to me: Thank you for your kindness. You cannot imagine what this generous act meant to me and how much it helped with my thesis writing process.

ABSTRACT

Black, Indigenous, Multiracial, People of Colour (BIMPOC) therapists in Canada, face unique challenges in balancing their professional and cultural identities due to their minoritized status. Although, listening to the experiences of BIMPOC therapists practicing in Canada appear to be necessary, research in this area is still limited. In this study, the Listening Guide (LG) methodology is used to explore the research question(s), "What are the voices of BIMPOC therapists in Canada that reflect their experiences of negotiating cultural and professional identity?" and "How are these voices individually and socially embodied and expressed by them?" The purpose is to gain a better understanding of these voices and to make them heard. Nine BIMPOC therapists across Canada were interviewed. Several voices surfaced after analysis, broadly classified into three groups: voices of suffering in silence, voice of action, and voices of thriving in hope.

Keywords: BIMPOC, cultural identity, professional identity, identity negotiation

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CHAPTER 1: INTRODUCTION

To begin with, I suppose it is essential to provide some context for my reader's understanding; for them to know who I am, and where I come from, and what my identity is. I hope this will help my readers understand why I embarked on this specific research quest and give them a sense of my emerging identity as a therapist in Canada. I emphasize the words, "in Canada" since this is a big part of my identity now. I am a brown-skinned, South Asian (Indian origin), Hindu female in her mid-twenties training to be a psychotherapist and researcher at a university in British Columbia, Canada. I have had a few defining experiences as a therapist-in-training who has recently moved to Canada. I have tried to express these encounters, albeit in a limited scope, because they have continually inspired me to work on this project.

During my practicum training, I met Paula. She was a White, European, Catholic Christian female in her fifties. She had been physically disabled due to several accidents, and she struggled with depression and chronic pain. I was reminded of my father, who lives with a physical disability as a result of multiple accidents and struggles with chronic pain, too. I comprehended Paula's suffering and was committed to assisting her on her pain management and mental health journey. However, during our intake session, Paula inquired about my ethnicity at to which I responded candidly. Even though I felt we had developed a good rapport, she did not book any sessions with me for unspecified reasons.

Following this, I began interviewing for internship placements. Almost every single internship site asked me questions about my faith, my intentions for remaining in Canada, the length of my stay, if I planned to settle down here permanently, and other things that I found irrelevant to the job description. I was not selected at any of the sites that asked me such questions, and I am still uncertain of the reasons. However, given that I have the

necessary experience and a respectable academic record, one cannot help but notice that my knowledge and skills matched the job requirement.

Similar things happened to me when I finally secured an internship placement. I remember a moment when I was explaining the informed consent form to a client for their first session, and they commented that I did not meet the Canadian standard of education and that I was not doing what a therapist is supposed to do in a session. They said this is not how Canadian psychotherapists conduct their initial consultations; instead, they get right into work without going over these documents. It was quite jarring to be looked down upon and to have to listen to this client saying, in not so many words, that I did not belong there, but I maintained my boundaries and explained that I was ethically required to do this. I still cannot seem to get over the feeling of hurt, inferiority, and smallness I felt at that moment. All of my education and experience were pushed to the periphery, and all that was visible was my skin colour, ethnicity, and very racialized name. I felt racially assaulted during that session. I burst into tears as soon as I walked into my supervisor's office following the session. The only thing that genuinely helped me in this incident was her allyship, as well as the space and validation she offered for me to process this experience. This experience made me conscious of some of the weight I carry as a woman of colour, as well as some of the gifts I bring into a therapy room.

These cumulative experiences throughout my training started to take a toll on me. I began to doubt my abilities, skills, and even self-worth. I felt like an imposter. Though it is true that impostor syndrome is common among graduate students, my experience was substantially different from that of my White peers. I found myself quite isolated, and no amount of consolation from my peers or supervisors seemed to ease my struggle.

To help me cope with these experiences and the frustration they caused, I began to search for validation only to find that there was little information or support available. I wanted to understand how BIMPOC therapists in Canada who have already been working in the profession make sense of these experiences, while holding their cultural identity in one hand and professional identity in the other. I began conversing with colleagues who identify as members of the multiracial – minority community. They validated my experiences and reassured me that such things were not a reflection of my abilities. Through this experience, I realized that I found so much healing and compassion when I was heard by others who understood. So, I decided to embark on a quest to see what other voices of BIMPOC therapists working in Canada are out there and what their experiences were in this context. I have later expanded on how studies have revealed that a therapist's personhood is an essential component for the success of the therapeutic alliance. The experiences of the therapist's identity and their cultural identity can be quite significant for BIMPOC therapists practicing in Canada, which is still a predominantly Eurocentric culture. To talk a bit more about Eurocentrism, it is a perspective, method, or point of view centered on Europe or European culture is “Eurocentric” (“Eurocentric,” 2024; Pokhrel, 2011). It frequently presupposes European experiences, standards, and values are superior to other areas or cultures. In education, study, or analysis, eurocentrism frequently favours European history, accomplishments, and viewpoints above non-European ones, marginalizing or excluding them. In academic and other contexts, the phrase is frequently used while talking about colonialism, imperialism, and institutionalized biases.

The Canadian Institute for Health Information (CIHI) provides comparable and actionable data and information to help Canada improve health care, health system

performance, and population health. It reports that the visible minority population will continue to expand and may represent a significant portion between 31.2% and 35.9% of the Canadian population by 2036 (Number and Proportion of Visible Minority Population in Canada, 1981 to 2036, 2017). Canada is a truly multicultural nation, and visible minorities are represented in the fields of psychotherapy and counselling. Whether the representation is adequate remains a question and is not a direct focus of this project.

Now, who are the visible minority anyway? People who are non-Eurocentric make up the visible minority population, of which the BIMPOC community makes up a sizable portion in Canada. The term BIMPOC, which stands for "Black- Indigenous-Multiracial- People-of-Colour," originated from the term BIPOC which stands for "Black, Indigenous, and People of Colour" (Glossary of Inclusive and Antiracist Writing Terms | SFU Library, n.d.). "People of Color" is a phrase that has been around for centuries — it was first referenced in The Oxford English Dictionary in 1796, — and is frequently abbreviated as POC (Garcia, 2020). Though it might be now popular in some sections of Twitter and Instagram, The New York Times was able to identify the first mention of it on social media in a tweet from 2013. This necessitates unpacking the phrase "women of colour" because of its politicised connotation. This term was originated in the 1977 *National Women's Conference* in Houston where minority women's groups joined forces to form their alliance, according to Loretta Ross (2011). She expressed that 'People of colour' hear the term "people of colour" so frequently from other nonminority people, that they mistakenly believe nonminority communities invented it rather than realising that we created it for ourselves. BIPOC is a definition of solidarity, a commitment to collaborate with other marginalized, oppressed individuals of colour (Grady, 2020). Many have also pointed out that this term might be obsolete since it fails

to capture the diversity of ethnic identities' experiences. Furthermore, all people of colour have indigenous identities that have been systemically obliterated because of voluntary and involuntary assimilation as a result of immigration and colonization (Garcia, 2020).

The aforementioned points illustrate how both solidarity and diversity are amalgamated with the term *BIPOC*. I found it hard to separate the togetherness from the individuality of the people from these communities. I recognize that this term has been the central theme for debates. Nevertheless, I use this term with caution, acknowledging that our experiences are all distinctive. Sometimes I interchange the term BIMPOC for therapists of colour, cultural/ethnic minority, or non-majority therapists in this document. The necessity for undertaking this research, in my candid opinion, overrides the debate over proper terminology. So, for the purposes of honouring the experiences of these multiple communities, I will use the term BIMPOC, with occasional use of the aforementioned terminologies. In addressing these communities, I humbly acknowledge that I have biases and plenty to learn. As a member of the BIMPOC community, I am dedicated to learning throughout and beyond this research journey. I pray for forgiveness if I have caused any harm or unintentionally perpetuated injustice.

Having the status of minority in any country comes with a set of unique experiences which shape people's professional and personal lives. Being part of the visible minorities in Canada, BIMPOC therapists and counsellors have a unique journey that is considerably different from that of their non-minority colleagues. They might often find themselves at a crossroads between their cultural identity and the therapist's identity. Psychotherapists and counsellors have important responsibilities, which include helping their clients manage and figure out how to deal with their concerns and live life in a more fulfilling manner. Therapists can serve clients only when therapists are taking care of their own

mental health. Therapist's own mental health, life journey, lived experiences, etc. are all essential elements for the effectiveness of their work. Therapists are essentially *agents of change*. A big part of a therapist's work is listening of what is being said and the unsaid. In the therapy room, as therapists listen to their clients, they are continually engaged in an internal dialogue with their selves. So, who listens to the listeners when they are trying to not only listen to others but also positioning themselves as beacons of change in a client's life? Their stories need to be heard, acknowledged, and brought to light. Their voices must be heard in our society that asserts itself to be multicultural and diverse.

Uncomfortable, unsettling, and difficult truths to keep

But we must not turn away because that's how history repeats

I ask us to consider, how the outside is inside

How does the cultural unrest also reside

In our communities personal and professionally

And in the lives and experiences of you and of me?

— *The Nation's Bank*, Britton Williams (2018)

CHAPTER 2: LITERATURE REVIEW

The process of constructing one's cultural identity and one's professional identity as a psychotherapist is both a broad and multifaceted endeavour. Understanding the experiences of being a psychotherapist, as well as relating the therapist's cultural identity to professional identity is fundamental for this project. The objective of this chapter is to present an overview of relevant literature surrounding (a) cultural identity or ethnic identity development, (b) the importance of psychotherapist's professional identity development, and (c) cultural issues showing up in psychotherapy and counselling professions.

The identity of a psychotherapist is developed via both personal and professional experiences (Alves & Gazzola, 2011). The personal and the professional are intertwined in the field of counselling psychology and are often said to influence each other in a variety of ways. It has been demonstrated that the personhood of the therapist influences therapeutic outcomes just as much as their therapeutic skills (Baldwin et al., 2007; Fife et al., 2021; Fife et al., 2014). In addition, there are substantial differences in the personal experiences of ethnic minority therapists and therapists from the majority culture (Decimole et al., 2005; Comas-Daz & Jacobsen, 1995; Galdi, 2007; Millán, 2010; Richardson, 2011; Weiling & Rastogi, 2005). Hence, there is clearly a need for starting, as well as facilitating, conversations about the experiences of BIMPOC therapists working in Canada.

The purpose of this research is to better understand the experiences of BIMPOC therapists who are traversing through the trajectory of identity negotiation. Given the considerable gap in literature, these experiences of BIMPOC therapist appear to be muffled in academia in Canadian context making it crucial for these voices to be listened

to. For BIMPOC therapists in Canada, the interaction of cultural and ethnic identity, a psychotherapist's professional identity, and the specific experiences of working in Canada all appear to be quite relevant to explore the study's stated goal. Each of these components is covered extensively in the sections that follow along with a summary of how it is all tied together, with a special focus on the aforementioned research questions for this project.

Cultural/Ethnic Identity Development

According to social identity theory, all humans are motivated to attain and retain a positive self-concept (Rodriguez, 2021). The two primary sources of a person's self-concept are their social and personal identities. One's unique characteristics, accomplishments, and traits make up their personal identity. Human beings are a part of a broader community, society, and culture; hence, social identity involves social attachments that are seen as being part of the self, such as one's belongingness to a group, community, culture and so on. Ethnic minorities especially see themselves in multiple layers of identities in the contexts of larger societies.

Several related ideas, including cultural identity, are addressed in this section in a more detailed way. The research topics covered in this section are crucial for professionals to be familiar with during their development as therapists since they shed light on a vital aspect of a therapist's self in the outside world. This section begins by describing how people from minority cultures experience these negotiations of cultural identities, followed by how they attempt to integrate with the majority culture through processes like assimilation and frame shifting, and then I try to shed light on various connected phenomena like internalized oppressions, microaggressions, and acculturation stress that ethnic minority individuals have to encounter. While engaging in this section,

it is crucial to bear in mind that BIMPOC therapists working in Canada also go through comparable issues and are not shielded from anything just because they are in the helping profession.

The Constant Bargain for Identity

It is critical to understand how minority cultures' social identities develop and are influenced by the majority culture. Existing literature suggests that minoritized communities often experience an ongoing bartering of their multiple intersectional identities, including their cultural, ethnic, religious, socioeconomic class, gender, and sexual orientation as well as their professional, family/relational, and personal image(s) (Jackson, 2002). This ongoing bartering is based on the impact of these experiences on their self-reflection and their categorization and a sense of belonging (Lamsam, 2014). These studies further suggest that minority groups are greatly impacted by the negotiation and perpetual trade of identities with the majority culture (Ting-Toomey, 2015).

As mentioned earlier, according to social identity theory, social (or socio-cultural) identities might entail ethnic membership identification, social class identity, and family role issue. In contrast, personal identities can comprise any distinctive properties that we correlate with our intrapersonal self in relation to others (Jackson, 2002; Rodriguez, 2021). Consequently, every human's holistic identity has ramifications for group-belonging, interpersonal role, and individual self-reflexivity. Individuals construct their holistic identity through socio-cultural influences, subjective lived experiences, and recurrent interpersonal and group encounters. This constant negotiation of identity with a majority culture is salient to the identity development of BIMPOC therapists in

Canada. This negotiation of identities is reflected in all avenues of life for minority individuals, including academic and professional settings.

The afore-mentioned phenomena of identity negotiation process in academic and professional setting, has been extensively studied by Lamsam (2014) where she examined the modern colonizing practices in academia, focusing on the assimilation process of Indian American doctoral students in the United States. It was emphasized here how the assimilation of contemporary Indian Americans to the White culture in the United States has primarily been accomplished through education. The study also discusses the perpetual systemic oppression of individuals and scholars from minority cultures by using the *vanishing policy*, which refers to a systemic obliteration of indigenous ways of knowing and adopting a more Eurocentric approach to knowledge and professionalism. Lamsam (2014) refers to this as a racial propaganda and explains how it contributes to shifting to more Westernized views, overshadowing the minority ways of being. The author discusses the preference for assimilation into dominant culture and the challenges of resisting it, including the risk of being outcasted and exhaustion in this wrestling. BIMPOC therapists in Canada might grapple with these internal and external expectations of assimilation. Consequently, their sense of agency and autonomy can suffer in the process.

Issues Related to Acculturation, Adaptation, and Racial Trauma

Berry's (1988, 2007) research adds to the conversation of identity negotiation and how people engage in acculturation and adaptation methods. Within acculturation, one such phenomenon is assimilation of individuals from the minority culture to the majority culture. Krishnan & Berry (1992) suggest that assimilation is a process by which people give up their cultural identities and blend into broader societies with a merged or new

identity. With the increasing trend towards Eurocentrism in helping professions (Tummala-Narra, 2022), therapists from BIMPOC groups in Canada may assimilate and, thus, may gradually move away from their traditional modes of knowing and healing as they develop a new identity, whether intentionally or out of conformity. The traditional modes of knowing and healing are not often used in conventional therapy education and practice, depriving the world of the wealth of information that these cultures may offer. Research shows that obligatory assimilation of minority physicians into White communities negatively impacted their identity and mental health (Legha & Martinek, 2022). In this paper, Legha & Martinek (2022), explored the sources of racial oppression, Eurocentric approaches, and the culture of white supremacist ingrained in the covert curriculum of Western medical education and argued them to be the foremost grounds of harm in medical education. Furthermore, they contended, since the 19th century, these practices have grown and persisted, influencing clinical training and practice in a way that idealizes clinicians who support them and discriminates against those who do not. Although there is limited knowledge that this is the same for psychotherapy profession and for BIMPOC therapists working in Canada, there is a substantial chance that this might be reflective of their experiences as well, whether the assimilation is demanded explicitly or alluded to.

To talk a little bit more about the negative impacts of assimilation, some additional research studies have been reviewed in this paragraph. As mentioned earlier in this paper, minority individuals often balance a myriad of identities (Jackson, 2002). Multiple cultural identity integration is a process in which people internalize more than two cultures with varying degrees of tension between them (Phinney & Devich-Navarro, 1997; Huynh et al., 2011). This tension has been linked to problems like *frame switching*

for individuals from a minority culture (West et al., 2018). Frame switching is a process by which individuals often have to shift from one cultural mode of thinking to another as a result of their assimilation into different cultures. West et al. (2018), studied 127 multicultural minority individuals from a wide range of backgrounds who reside in the United States and Canada. The participants were asked to describe a frame-switching episode and to assess the authenticity of their states at the time (as opposed to a control with no switching or neutral switching). Their findings showed that when compared to the no switching and neutral control groups, bicultural individuals reported feeling less authentic during an instance of frame switching.

To tie into the point above, it is extensively studied that psychotherapy is predominantly relational. Békés & Hoffman (2020) explored the concept of Authentic Relational Moments (ARM) in psychotherapy to emphasize the importance of the therapeutic relationship as an intervention in itself and how it is key to therapeutic change in the client. They have contended that the therapist's authenticity and genuineness are essential for a therapeutic alliance to thrive. They might experience feelings of unintentional inauthenticity due to the continuous frame switching phenomenon. BIMPOC therapists working in Canada may frequently find themselves juggling their dual identities as an ethnic minority as well as their professional identities of being a psychotherapist. Ironically, in an occupation that celebrates authenticity, the frequent adjustment of mental frameworks from one culture to another may be psychologically taxing for these professionals. Consequently, for the sake of the furthering the knowledge in the profession and to safeguard the wellbeing of BIMPOC therapists, it seems pressing to understand their experiences of balancing their cultural and professional identities.

To further the aforementioned points, the concepts of cultural discontinuity and acculturation have been extensively studied and they have been the foundation to several concepts, including their psychological impact on minorities (Lakey, 2003; Lovelace & Wheeler, 2006). One such impact on the emotional wellbeing of minority individuals has been examined through the acculturative stress model to link it to incorporate possible implications of elevated levels of stress in minority individuals. Three American Indian groups—the Cree, Tsimshian, and Carrier—were the participants of a study by Berry and Annis, (1974) that looked at how acculturative forces influenced the psychological response to societal change. Results from questionnaires, surveys, and interviews show that acculturative stress increases as cultural discontinuities between cultures increase. This model further predicted that those who are exposed to a lot of acculturative stress are more likely to suffer from anxiety and depression. Furthermore, the model analyzed the cultural and psychological elements that may indicate why some individuals have prominent levels of anxiety and depression while others do not. These entail social support from within the new community, close and extended family support networks; socioeconomic status (SES), individual adaptive functioning, understanding of the foreign culture and language, and choice in the decision to immigrate, future expectations, religiosity, and the nature of the immigrant experience (Hovey & King, 1996).

It is important to note that systemic, institutional, and personal oppression has far-reaching and complex negative effects on the overall wellbeing of minority populations. A review of the effect of oppressive experiences on ethnic minority Canadians by Williams et al. (2022) hypothesize that racism or a series of incidents cumulatively may trigger racial trauma, which can then result in mental health challenges for minority individuals. They further suggest that for racialized people in Canada (and elsewhere) to

be psychologically healthy, their intricate psychological, social, and economic position — their intersectionality — is an important consideration. This review also highlights that, despite Canada's focus on diversity, stereotypes and biases make racialized people vulnerable to racial trauma. This review highlights the structural barriers faced by Canadians of color. Racial minority therapists in Canada are no strangers to facing this oppression, which makes it imperative to understand their experiences of navigating their identities in the Canadian setting.

We all experience different levels of stress in our lives, but if the stress exceeds our threshold, it impairs the effectiveness of our performance (Selye, 1950). To reiterate, coming from minority cultures, BIMPOC therapists are vulnerable to the aforementioned systemic stressors while working in Canada. Racial trauma, microaggressions, and acculturative stress can all have negative impacts on an individual's mental health. Protecting the mental health of BIMPOC therapists is critical for their professional effectiveness and for their overall quality of life.

Psychotherapist Professional Identity Development

There has been a surge of interest in recent years in the specific processes of professional growth and how therapists develop in their therapeutic and counselling work. Given the increased emphasis on the therapeutic alliance between a therapist and their client, the crucial role that therapist's *personhood* plays in this connection cannot be ignored (Baldwin et al., 2007; Del Re et al., 2021). There have been longitudinal studies on the development of therapists as well as how specific training elements support therapist development (Rønnestad & Skovholt, 2003). Systematic research has demonstrated that the development of psychotherapists is a lifelong process, and their evolving personhood and professional identity are important considerations in their

praxis. The subsequent sections delve into multiple research articles to offer illustrations of the ideas discussed here.

Person of the Therapist, Personhood, and Related Concepts

According to Shepard (as cited in Smith, 2000) counselling is much like art in that it is not something that can be taught entirely but has to be embodied and personalized. Therapists must rely on their own resources to go beyond conventional methods. Smith (2000) highlights the importance of the person's congruence and genuineness, suggesting that these attributes are necessary for a therapist to be successful. In the session with their clients, therapists carry their own personas, ideologies, beliefs, values, and firsthand experiences (Kernes & Kinnier, 2008; Pope & Tabachnick, 1994).

As discussed by Fife et. al., (2014) through the concept of *way of being* as the cornerstone of the therapeutic alliance which is built by the therapist's relationship to their clients, which is shaped by their demeanour, personality, values, ethics, attitude and so on. This relationship of the therapist with their client can be either authentic and embracing the shared humanness of the client or can be distant and objectifying. Some aspects of this personhood are explored, while some are still unexplored during counsellor training and education. While these components of the self eventually help the therapist develop their personhood, they possess the potential of interfering with the therapist's ability to be with the client therapeutically if they are not explored in depth and continually. This converges with literature, which highlight how therapists' personal traits affect the work that they do with clients, examining how therapists construct their selves within their vocations – furthering the definition for personhood (Aponte, 2021; Orlinsky, 2022).

It has been additionally emphasized by Beutler (1997, 2003), who suggests that a significant percentage, between 10% and 20%, of a successful therapy outcome can be attributed to the personal qualities of therapists. In recent curriculums, the person of the therapist (POTT) model has been increasingly emphasized in counsellor education and training, that places an importance on the inherent humanized strengths and limitations of therapists and counsellors, acknowledging that their challenges and life experiences are valuable resources for their profession (Aponte et al., 2009; Aponte & Kissil, 2016).

The cultural contexts and experiences have a significant impact on how the personhood of a therapist develops (Alves & Gazzola, 2011; Millán, 2010). This is consistent with Millán's (2010) findings which highlight how psychotherapy trainees' multicultural and professional identities can be influenced by each other, particularly when confronted with racialized experiences during training and counsellor education. Even though, a limited number of research focussed on the interplay of cultural identity and professional identity of therapists of ethnic minority status, there are some gray literatures available in this regard. One such noteworthy source is the book, *Voices of Colour* by Rastogi and Weiling (2005). The authors contradict notions that mental health concerns and race/ethnicity have no connection within a broader spectrum by examining the experiences of ethnic minority therapists through true stories, accounts, and personal histories. The book examines this with a particular focus on how cultural factors and professional identities interact with and influence each other. Nonetheless, most of the extant literature on the relationship of cultural and professional factors for therapists of colour have been in the context of the United States – exposing a huge gap for the Canadian context.

The present study has discussed in the former section how, as members of minority cultures, most BIMPOC therapists working in Canada have distinct cultural experiences that shape their worldviews. This is an important consideration in figuring out the unique personhood development processes of BIMPOC therapists in Canada and which facets of their personhood require further exploration. Many emerging therapists and counsellors in Canada continue to receive their training in a contemporary model that emphasizes drawing from the person of the therapist rather than solely focusing on techniques and interventions (Pennant & Shamoon, 2023). Thus, it is critical to draw attention to the multilayered journeys that BIMPOC therapists embark upon in developing their professional identities as minority professionals in Canada.

Self-reflection as a Process of Professional Identity Development

To gain a more open and inviting outlook in clinical counselling and psychotherapy, studies suggest that therapists cultivate personal routines of self-reflection and personal growth, such as counselling, journaling, and consultations (Bennett-Levy, 2019; Fife et al., 2014). Since the presence of a therapist has a significant impact on therapy outcomes, the therapist's role in therapeutic change can be understood as helping the client gradually embrace all the aspects of who they are and help them become more self-aware (Rønnestad & Skovholt, 2003). Therapists in training (both minority and majority status) are continually constructing a professional identity, and they commonly wrestle with apparent contradictory information about sociocultural concerns in academic training, clinical supervision, and psychotherapy practice (Millán, 2010; Tummala-Narra, 2016).

In order to elaborate more on the significance of self-reflection for a counselor's professional growth, it becomes pertinent to highlight one specific study. This research

was conducted by Ronnestad and Skovholt (2003) over a 15-year period and involved 100 counsellors and therapists. Notably, the authors identified six stages in the development of a therapist or counsellor, ranging from the *lay helper* phase, which is defined by prior experience, to the *senior professional* phase, in which clinicians have at least 20 years of field experience and a commitment to lifelong learning. This study indicated that there was greater congruence between the personal and professional identities at higher stages of professional development. Therefore, in order to assist BIMPOC therapists in Canada with their professional development, it appears essential to investigate how they balance their personal and professional identities in relation to their cultural identities. Psychotherapists' interpersonal connections in the profession and beyond

Literature has demonstrated how the therapeutic dyad is fundamentally relational and profoundly healing for both parties, i.e., the therapist and the client (Békés & Hoffman, 2020; Chalfin, 2014; Del Re et al., 2021; Singer & Tummala-Narra, 2013; Slay & Smith, 2011; Zane & Ku, 2014). A qualitative systematic review (Timulak, 2007) on research exploring the helpful factors of a therapeutic relationship emphasize on the two most emphasized principal factors of a therapeutic dyad, i.e., the humanness of these interactions as well as the authenticity of being understood. Another study conducted by Del Re et al., (2021) investigated the effect of the therapeutic relationships on therapy outcomes. The purpose of this meta-analytic research was to further develop prior work on therapists' influence on the alliance-outcome with a bigger data set. It was concluded from the data that the therapeutic relationship had a major impact on the therapeutic outcome. It is notable that these results remained significant even after controlling for a number of potential factors. These bi-directional therapeutic qualities of

these interactions have been emphasized by Békés & Hoffman (2020) showing how relationships help humans thrive and connections are a way towards healing. It has been determined that interpersonal connections were much more important to the development of therapists than training received (Rønnestad & Skovholt, 2003). Furthermore, the significance of the genuine relationship in achieving successful outcomes is examined by Gelso (2011), which tracks its evolution from early psychoanalytic theory to contemporary therapies including humanistic, relational, and cognitive-behavioural.

Tummala-Narra (2007) in an article, examines the relationship between a therapist's skin colour and the therapeutic alliance. She highlights how clients' perceptions of therapists of colour are influenced by the idealization of light skin colour in the United States, which highlights Eurocentric perspectives on psychotherapy and the internalization of minority therapists and how the skin overshadows the professional experience and expertise. Identity, in general, is quite relational; hence it is important to listen to the interpersonal experiences of BIMPOC therapists – within and outside the professional realm, to understand how it impacts their lives.

Interaction of Cultural identity and Professional Identity

Williams (2018) explored her racialized experiences as an African American drama therapist in the US, highlighting how race influences professional identity and how White colleagues often view her differently. Rastogi & Weiling (2005) discuss experiences of minority therapists in relation to their race and culture in the context of United States. Converging to this, Sharma (2005) discusses how her cultural identity as an Asian Indian, along with factors such as gender, ethnicity, and cultural competency, greatly impacted how her professional identity developed in her personal account. In

addition, Suavansri (2016), discussed in an autoethnographic research how her trainee therapist identity was significantly impacted by the intersections of her race, gender, age, and skin colour, among other issues. At times, this contributed to her imposter syndrome, which made her feel less competent than her White peers.

As previously stated in this paper, interpersonal interactions have a significant impact on identity formation, whether it is a cultural identity or a therapist's professional identity. The interpersonal relationships of BIMPOC therapists, especially the ones who are working in Canada, appeared to have received limited attention. Due to the mainstream's preoccupation with other issues, their voices and experiences have been marginalized. We must pay close attention to the interpersonal experiences of BIMPOC therapists if we are to comprehend how these experiences affect their work and, in turn, their lives. For us to learn more about how this affects therapists' professional and personal development, the project aims to empower therapists working with BIMPOC populations to reflect on and openly share their experiences in this regard.

Cultural Issues Showing Up in Psychotherapy and Counselling Professions

It is important to understand how diverse and unique the experiences are for BIMPOC therapists practicing in a majority culture in Canada. The extant literature suggests that these experiences have been showing up in and outside the therapeutic room (Adetimole et al., 2005; Beagan & Etowa, 2009; Tummala-Narra, 2004; Watson, 2004; Williams et al., 2023). This section takes the reader on a journey to display how defining these experiences are. A brief layout is provided here to give you a quick overview of how this journey will unfold. Initially, the concerns about cultural/ethnic matching between the therapist and the client have been discussed. This is followed by the subject of who is more likely to bring up racial and ethnic issues is raised. The

readers will then see how marginalization affects a therapeutic environment before taking a tour of the individual testimonies of therapists from various communities. The next focus will be on how stereotypes affect therapists who work with ethnic minorities, followed by the issue of underrepresentation of BIMPOC therapists. This section will conclude with a brief examination of minority therapists' advocacy and social justice behaviours and mindsets.

Cultural/ethnic Matching in the Therapeutic Dyad

Over the course of several decades, mental health professionals have debated and studied the possibilities regarding the racial/ethnic matching in therapeutic dyads (Sue, 1998; Zane & Ku, 2014). Although a matching racial/ethnic therapist–client dyad has been found to be related to therapist trust and credibility in the early phases of treatment (Meyer, Zane, & Cho, 2011), racial/ethnic matching appears to have no long-term benefits on psychotherapy outcome (Cabral & Smith, 2011). Therapists must have an emotional commitment in a multicultural perspective, a knowledge of the self as a sociocultural entity, and the willingness to inquire into their own cultural backgrounds, professional experience, and lived experiences in order to connect meaningfully with all clients (Tummala-Narra, 2016).

Opening the Conversation about Race and Ethnicity

It has been observed that ethnic minority therapists are more prone to address topics of culture and race in psychotherapy (Berger, et al., 2014; Sadowsky, Kuo Jackson, Richardson, & Corey, 1998). Berger et al. (2014) examined the association between therapist traits, therapeutic orientations, and cultural competency among 221 Los Angeles County community mental health professionals. The findings demonstrated that ethnic minority therapists were more engaged in communities of

colour, used cultural guidelines in therapy practice, skilled multicultural knowledge and viewed their agencies to be more culturally responsive. As was already mentioned, there is a progressive rise in the visible minority in Canada. Yet, the majority of mental health service providers in Canada are White (Lin et al, 2018). Thus, a greater focus on multicultural issues, diverse ways of knowing and healing, and broad cultural awareness seem the need of the hour for research and clinical practice.

Important background to these deficits among White therapists shows up in a study where White, Euro American therapists were interviewed (Singer & Tummala-Narra, 2013). They reported discomfort and hesitancy in discussing the topic of race, ethnicity, and culture when their clients were different culturally. In this study, therapists reported experiencing a hindrance to their professional growth as a result of their inability to reflect on and comprehend the racial backgrounds of their clients.

Therapists who belong to both minority and nonminority cultures have a significant obligation to discuss issues of race, ethnicity, and culture with their clients and colleagues (Chapman-Hilliard & Parker, 2022; Clauss-Ehlers et al., 2019; Sue, 1998). Furthermore, given Canada's history of colonization, it is imperative that these discussions be brought to light for us to genuinely engage as agents of decolonization. Consequently, this emphasizes how important it is to learn about the experiences of BIMPOC therapists in order to increase understanding and allyship within the field.

Impact of Marginalization in a Therapeutic Setting

Personal life experience, history of personal and collective cultural wounds, geographic location, professional training, and the setting of one's workplace or organization all shape the therapist's individual dispositions in relation to human diversity (Bodnar, 2004). The therapist's sociocultural assumptions and narratives, as well as their

profiles of sociocultural privilege and oppression, have a significant effect on perception, embodiment, and relationships with clients and colleagues (Tummala-Narra, 2016, 2023). In any therapeutic setting, the therapist's own encounters with gender expression, colour, ethnicity, religion, marginalization, privilege, language, sexual orientation, social status, and immigration are expressed overtly and implicitly. Therapists who have suffered discrimination ("marginalization" and/or many other forms of oppressions) may experience navigating numerous sociocultural situations and grapple with dramatically dissimilar realities ingrained in each setting.

The processes of complete rejection and alienation in the lives of victimized clients are extremely significant to these therapists as well. In two of her qualitative studies, where lived experiences of therapists of colour practicing in the US were explored, Tummala-Narra (2007, 2020) exemplifies this by discussing the various issues surrounding the discrimination against therapists of colour based on their skin colour, race, and ethnicity within psychotherapeutic contexts by non-minority clients. She shared how, at times, therapists of colour would have to demonstrate their expertise by virtue of the various degrees and qualifications behind their names just to feel worthy of practicing in a Eurocentric counselling setting.

According to Tummala–Narra’s (2020) research on decolonizing psychoanalytic practices done by narrative inquiry method on therapists of colour in the US, internalized stereotypes from non-minority people cause therapists of colour to doubt their own competence as coloured persons frequently. This is in line with the body of research that has been done on the challenges faced by emerging therapists of minority status in their attempts to overcome internalized oppression, the feeling of imposter syndrome that is perpetuated by discrimination, and their eagerness to go above and

beyond to be viewed for their expertise and worth (Adetimole et al., 2005; Rajan & Shaw, 2008).

Racial microaggressions are fleeting, frequent, and intentional or unintentional verbal, behavioural, or environmental humiliations and insults directed at people of colour that convey hostility, belittlement, or negative racial slights and insults (Sue et al., 2007). Microaggression abusers are frequently unaware that they are engaging in such communications when interacting with racial/ethnic minorities. A classification system of racial microaggressions in everyday life was developed through a review of the social psychological literature on aversive racism, formulations about the manifestation and impact of everyday racism, and reading numerous personal narratives of counsellors (both White and those of colour) about their racial/cultural awakening. Sue et al., (2007) classified microaggressions into three different forms: "micro-assault, microinsult, and microinvalidation". Being a member of the majority culture make one susceptible to inheriting one's age-old practice of racial biases, individuals may become victims of a cultural conditioning process that fills biases and prejudices within them. This is likely to show up in a therapeutic room and professional setting as well, be it from clients or from colleagues or supervisors.

Numerous qualitative studies have discussed how minority trainee therapists face systematic oppression and discrimination in a nonminority setting, emphasizing further how these experiences contribute to their racial wounds and cultural trauma (Adetimole et al., 2005; Legha & Martinek, 2022; Rajan & Shaw, 2008; Sharma, 2005; Watson, 2004). It is noteworthy to mention a specific narrative study that examined the lived experiences of three Black therapists who went through the same training program at different times, talked about their experience of institutional racism, being viewed as the "other" and

inferior, and how they had to work harder than their counterparts to prove their worth by consistently getting top grades in the training program, stating their experiences were very racially tinted than their White peers (Adetimole et al., 2005). This problem, regrettably, has persisted in the helping professions in recent years as well.

Although secondary traumatic stress can affect any therapist, it is deeply worrying for those therapists who have undergone interpersonal and communal traumas (Watermeyer, 2012; Tummala-Narra, 2016). Even though a therapist's losses and discrimination experiences might assist in compassion and understanding to a client facing alienation, they can also evoke a therapist's unconscious disengagement from painful emotions or other countertransference effects. Dealing with one's traumatic history and continuing encounters of societal discrimination is crucial for determining therapeutic transference and countertransference. For instance, Galdi (2007) described her countertransference challenges while working with a Vietnam War veteran client. She mentioned how her own background as a political refugee from Hungary was intermingled with her client's traumas, triggering her own sense of helplessness.

Legha & Martinek (2022) explored the effects of multiple forms of racism, including microaggression, institutional, personal, and systemic racism, on professionals of colour and discussed how it continues to exist. Additionally, several qualitative studies featuring the experiences of non-dominant therapists highlight the challenges of dealing with racialized experiences from clients, colleagues, and supervisors in the field (Brooks-Ucheaga, 2023; Chika Stacy, 2017; Comas-Díaz & Jacobsen, 1995; Miu & Moore, 2021; Rastogi & Weiling, 2005; Tummala-Narra, 2016; Williams, 2018). These experiences have a significant impact on the mental health of these therapists and influence how they present themselves in whole or in part in the therapy room.

The literature has long acknowledged the connection between racism, oppression, and racial stress and how they affect the physical and mental health of those who encounter them (Anderson & Stevenson, 2019; Saleem et al., 2020; West et al., 2018). Furthermore, when dealing with these discriminatory situations, people of colour in the helping profession also endure distress and a decline in their own mental health (Adetimole et al., 2005; Brooks-Ucheaga, 2023; Iwamasa, 1996; Lumpkin, 2006; Marshall, 2004; Miu & Moore, 2021; Rajan & Shaw, 2008; Shell et al., 2022; Wieling & Rastogi, 2004). It is important to mention here that in an article which reviews the historical legacies and recent experiences of minorities in Canada, Williams et al. (2022) discuss how racism and various forms of oppression affect BIPOC Canadians in light of the country's increasingly diverse population. The review cites how post traumatic stress disorder (PTSD) can be caused by racism in conjunction with historical or cultural racial trauma (Matheson et al., 2021). This article by Williams et al. (2022) offers a model which shows that those who have been impacted by racially traumatic incidents may feel shocked, frightened, or enraged, which can result in PTSD symptoms. The need to unpack these experiences of BIMPOC therapists working in Canada is pressing, since they may have an influence on their professional identity as well as their own mental health.

Personal Accounts of Minority Background Therapists

Therapists from minority backgrounds have begun to publish their stories of discrimination within their profession and their therapeutic work with clients over the last number of years. Haldeman (2010) discussed the complexities of being a White, gay male therapist who has experienced discrimination as a gay man as well as power as a White, Euro American, able bodied, married, and financially secure man. His frank portrayal of the effects of his minority position and identity on his psychotherapy practice

emphasised the significance of confronting and monitoring our own negative emotions, as well as identifying our biases and/or lack of information about specific cultures (e.g., LGBTQ, racial, cultural, religious).

Other minority therapists have written on numerous quandaries that arise while dealing with clients. As a therapist with a visual impairment, Fanny Chalfin (2014) addressed her challenge of how much to communicate about her condition to her clients at the onset of therapy and also how self-disclosure may alter the client's early regard towards them. Some clients may feel "cheated" or deceived by the therapist with a disability or by the person who referred the client to the therapist (Chalfin, 2014). According to Comas-Diaz and Jacobsen (1995), therapists of colour symbolize a "coloured screen," the reverse of the "blank screen," in those the client's impressions are amplified due to the therapist's physical characteristics. A "racial majority" client may come to work through their own emotions of alienation by consciously and unconsciously identifying with the minority therapist's "otherness" (Comas-Diaz & Jacobsen, 1995).

Written as part of the autoethnographic study of a drama therapist of colour, called *Unapologetically Black* (Williams, 2018), one of the poems titled *The Nation's Bank* discusses the author's racialized experiences as an African American drama therapist in the United States, emphasizing how race influences her professional identity. Furthermore, *Voices of Colour* (2005), which contains first-person accounts of ethnic minority family and marriage therapists in the United States, Rastogi and Weiling discuss how the therapists shared that their racialized identities contribute to who they are as therapists at the present moment and that they have not received adequate training to deal with racialized encounters in the therapeutic field. The impact that conversations

on the racialized experiences of mental health professionals have on comprehending these professionals' cultural and professional identities is examined by these authors.

These accounts not only provide a great deal of insight, but they also demonstrate how intricate our minds are. It also shows that, despite the general public's tendency to view therapists as superhumans and the fact that they frequently place them on a pedestal, therapists are ultimately just like everyone else. The same essentially holds true for therapists from BIMPOC communities who work in Canada. Listening to them is essential if we are to meet them as fellow humans, and to support their holistic development as persons and therapists.

Impact of Stereotypes on Ethnic Minority Therapists

Client's assumptions about sociocultural background and location can impact the therapeutic alliance. These assumptions can also change the power structures in the therapist–client relationship since the therapist's minority status calls into question their sense of authority and, at times, trustworthiness (Tummala-Narra, 2016). This study further suggests that therapists of colour can often feel disempowered within the therapy room as they encounter these overt and covert forms of oppression.

The range of emotions experienced by therapists can be exhibited from the accounts of several minority therapists where they have written about their experiences as ethnic minority therapists (Adetimole et al., 2005; Rastogi & Weiling, 2005). When their clients made racialized remarks in their presence, it highlighted the feelings of uncertainty and insecurity in the therapist, making them self-conscious of the fact that they are belong to a minority culture. In these circumstances, the therapist is in a difficult position because these experiences can be even more jarring in a therapeutic setting. BIMPOC therapists in Canada are no strangers to these experiences as well as seen in

several instances in this chapter as well as the ‘Introduction.’ Their stories need to come out in the limelight to provide a rich understanding of their journey.

Systemic burden, increased burnout and vicarious trauma, racism, and racial trauma are all potential risks for BIMPOC mental health professionals (Miu & Moore, 2021). BIMPOC therapists are frequently reduced to a *token* representation. Outside of work, BIMPOC therapists may be hesitant to share personal issues with nonminority coworkers or friends. Minority professionals may feel overstretched to appear calm and collected, and to always contribute as the community's anchor because their own community may be experiencing racial injustice. Compassion exhaustion and vicarious trauma, which refers to emotional suffering caused by repeated exposure to victims of trauma in their employment, may cause increased fatigue among BIMPOC professionals.

Research on mental health professionals reveals that they are equally as stereotyped as the population at large, despite their professional objectives of healing people with mental health concerns (Harris et al., 2016). It is critical to determine whether BIMPOC therapists practising in Canada are experiencing the similar level of burnout as those reported in Miu and Moore's study in the US context (2021). Understanding their experiences can lead to increased empathy, allyship, compassion and consciousness among their coworkers, peers, supervisors, clients, and the entire professional community.

Underrepresentation of Ethnic Minority Professionals

There have been several calls for more representation of ethnic minority professionals in mental health fields in multicultural Western countries. Unfortunately, even though Canada is growing multiculturally, therapists of colour are still

underrepresented in the field of psychology and counselling (Cohen et al., 2022; Voices of Color, 2005; Sarr et al., 2022; Stewart et al., 2017). In any field, including mental health, representation is crucial. It is isolating and demotivating for BIMPOC therapists to have few mentors and peer who resonate with their experiences (Hewitt & Wheeler, 2004). They could feel isolated in their experiences and lack direction in navigating the challenges of managing the complexities of being a professional of colour in the mental health field built in a Eurocentric framework.

In a qualitative study done by Winning (2010) with nine mental health counsellors using grounded theory analysis, the researcher found the participants across the study frequently reported lack of motivation, loneliness and distressed within their workplaces where they have been serving as solitary counsellors. Having the status of minority can frequently make someone feel the *otherness* even at a workplace with many colleagues who do not resemble them or understand them. Hence, having a community is important for therapist's mental health (Hoshino & Junge, 2006; Legha & Martinek, 2022; McDowell, 2004; Pope & Tabachnick, 1994; Williams & Sharif, 2021).

Underrepresentation of therapists means there are very few to have walked the path of this complex identity negotiation that BIMPOC therapists in Canada have to traverse through. Consequently, this creates a massive gap in listening to these experiences, gaining validation, as well as the much-needed awareness around this area. Hence, these experiences should be brought into forefront to address this gap and contributing to literacy around this topic.

Social Justice and Advocacy in Minority Therapists

Many therapists, counsellors, and other helping professionals find that they are called to advocate for social justice (Arthur & Collins, 2014; Audet & Pare, 2017; Kwee,

2020). Working in this field necessitates a heartfelt commitment to advancing the empowerment and well-being of communities and clients, with a particular emphasis on equity and individual empowerment. Furthermore, working in the mental health profession entails understanding that personal issues are frequently connected with societal and systemic problems. Therapists and counsellors understand the close relationship between social considerations and the mental health of the broader community. This knowledge encourages therapists to incorporate advocacy in their work. A special issue, *Counsellors, Counselling, and Social Justice: The Professional Is Political*, by Arthur and Collins (2014) highlighted the detrimental effects of social injustice and cultural oppression on the wellbeing of clients, along with the significance of social justice in counselling. It presents the *Culture-Infused Counselling* approach, which encourages the application of social justice ideas to a range of clientele.

According to Parikh et al. (2013) which explored the elements that were correlational to social justice advocacy attitudes in play therapists, having a minority status was positively correlated with belief and action related social justice and advocacy in therapists. Conversely, in a journal article, Kwee (2020) calls upon nonminority therapists to engage in social justice work in several levels in their profession, furthering the idea and need of allyship for underrepresented groups. The present study hopes to inform allyship and community for BIMPOC therapists in Canada, creating an understanding of their experiences of cultural and professional identity negotiation – to stand with them in solidarity and compassion.

Summary of Literature Review and Research Question

In my introduction, I had described how validating and empathizing it had felt for me to listen to the stories and personal experiences of my colleagues in the BIMPOC

community who are now working in Canada, which is predominantly a White national culture. As mentioned earlier, when I was reviewing the literature, I found that how significant these experiences play in the professional and personal wellbeing of a therapist who have a minority background. Yet, there seem to be a dearth in research in this area. The literature on BIMPOC therapists' identity negotiation has been limited and has primarily focused on the context of practicing in the United States, with a particular emphasis on the impact of racialized experiences. Not only are most of the studies based on the United States, but there is also a lack of representation of all the community members of the BIMPOC groups. Canada is a predominantly multicultural country and there is a growing need for this to be studied in Canada.

Being a psychotherapist or a counsellor does not make an individual protected from the sociocultural burdens and impacts of racism on mental health. Ultimately, therapists are people too, and someone needs to listen to those who listen to others – actively, empathically, and compassionately.

So, keeping this in mind, the research question(s) that will be guiding my study are as follows:

- (a) “What are the voices of BIMPOC therapists in Canada that reflect their experiences of negotiating cultural and professional identity?”
- (b) “How are these voices individually and socially embodied and expressed by them?”

Voice is an essential component for my study. Not only does voice play key role in expression or development of an identity, but also when psychotherapists listen to others, there is an internal voice which engages in a dialogue with their inner self. Hillman and Rosenblatt (2017) define the psychoanalyst's voice as a manifestation of their own,

empowered professional identity. In this project, I want to listen to what my participants have to say about where and how they find their voices, if they have lost them. I want to understand how that affected their sense of cultural identity. I want to comprehend which voices and parts of themselves they choose to hide from the broader world.

To summarize, this project is based on the complex and diverse interplay of cultural undertones and a therapist's professional stances in the journey of navigating identity that BIMPOC therapists go through during their time in Canada. The goal of this study is to shed light on these experiences of the identity negotiation process as these BIMPOC therapists set out to make sense of their dual identities as professionals and members of their cultural communities. It is hoped that the project's findings will benefit not only BIMPOC therapists but also the counselling profession and the broader community as a whole by influencing training programmes, putting structured and unstructured support for minority therapists in place, and a more nuanced understanding of this identity negotiation process.

CHAPTER 3: Methodology

This qualitative study aims to understand the experiences of BIMPOC therapists working in Canada as they attempt to negotiate their cultural and professional identities. The exploration will be approached using the listening guide, a voice-centred relational methodology. Since identity development is dynamic and created through relationships with oneself, others, and the outside world, a relational approach seems relevant and essential to understanding the complexity of the phenomenon of interest. Furthermore, the Listening guide's feminist roots provide a rich starting point for exploring the experience of marginalized communities.

This chapter describes the researcher's paradigmatic stance in developing this project based on the voices of BIMPOC therapists in Canada, i.e., constructivism. An overview of how constructivism aligns with the project's voice-focused nature is provided in the following section. Here, the methods—which included recruitment strategies, sampling, data collection, and analysis—have been described in detail to examine the voices of the BIMPOC therapists that reflect their experience of negotiating cultural and professional identity and how these voices are embodied and expressed. Finally, the researcher's position and reflexivity, as well as research quality and trustworthiness, are discussed.

Paradigmatic Considerations

A paradigm in qualitative research is a way of viewing the world based on philosophical assumptions concerning the nature of research. It directs us to formulate specific queries and to use relevant exploratory strategies, also known as methodology, to show how we can go about studying the world (Ponterotto, 2005). A paradigm comprises four parts: ontology, or what we believe about the nature of reality; epistemology, or how

we know what we know; and ethics and values, or axiology, and what we hold true. These four parts form a paradigm (Patton, 2002).

This project is anchored in the constructivist paradigm, which holds that an individual's experiences and context form knowledge. Constructivism has additional layers, which will be discussed in more detail in a separate section. These layers highlight how this paradigm aligns with the research question and how the methodology fits with the paradigm.

Qualitative Research

A qualitative investigation's strength lies in exploring and recognizing in-depth descriptions of complex concepts (Mertens, 2019). The proposed study lends itself to a qualitative approach because it seeks to highlight the intricacies and interactions of voices and how they are embodied and expressed. Its primary goal is to understand the human experience through qualitative research (Morrow, 2006; Morrow et al., 2012). The goals of qualitative research differ from those of quantitative research in that, rather than attempting to arrive at generalizable findings applicable to abstract populations, qualitative research focuses on gaining a rich, in-depth understanding of the phenomenon of interest from the participants (Morrow, 2006).

In order to orient the exploration of the voices of BIMPOC therapists in Canada, a qualitative approach offers several benefits. These include the opportunity to integrate multiple data collection mediums, customize interview protocols to best suit participants, and stay flexible to engage emergent design features that may highlight otherwise concealed intricacies in the embodiment and expression of the voices of BIMPOC therapists in Canada.

Constructivist Paradigm

As previously stated, a constructivist paradigm holds the philosophy that we all have unique experiences and contexts, and that knowledge is formed based on these experiences and contexts (Mertens, 2009). The research question in this paper is based on a constructive paradigm with a transformative tilt to assist us in examining and elevating the voices of BIMPOC therapists in Canada. With the aid of this research, these communities will be un-silenced, which is in line with transformative interests within the constructivist umbrella.

The Listening guide (LG) will be used to gain a better understanding of the experiences of BIMPOC therapists working in Canada. It is a technique that draws on the layered structure of our psyche, which is portrayed through various voices. It examines research through a Feminist psychology lens, emphasizing giving voice to the voiceless while taking their contexts into account (Gilligan et al., 2003). LG methodology is qualitative, relational, voice-centred, and feminist. It focuses on the psychological intricacies of humans by paying close attention to voice. It accomplishes this through the creation and analysis of voice poems and by paying attention to pauses, hesitations and silences. Furthermore, the LG is distinctive in recognizing the meaning and significance of human relationships (Woodcock, 2016). Hence, it will justify and support the constructivist paradigm in this research.

The main objective of using the listening guide (Gilligan et al., 2003) in this study is to provide a space for the voices of BIMPOC therapists, which might often be overlooked. This approach hopes to empower them through storytelling. Experiences of identity, be it cultural or professional, are unique for each individual. With this focus, the assumptions associated with a constructivist paradigm are most appropriate for listening

to these experiences. This is how I see the world, and it is consistent with constructivism. Uplifting these voices adds another layer, which manifests as a transformative thread in my paradigm.

Ontology. Constructivism holds that there are as many kinds of realities as there are individuals and groups who construct them. As a result, realities are both a product of our minds and a societal or individual construct. According to this worldview, reality is circumscribed and ever evolving based on a person's context, geography, time, and the individuals or groups involved in each scenario, and it cannot be oversimplified into a single, uniform reality. The assumptions validate all civilizations' views and perceptions of reality. Personal realities coexist with group realities (Kawulich, 2012; Mertens, 2009). This resonates with me, and I hope for it to be reflected in my project. My experience, I believe, is defined by my contexts, and I believe it is critical to be cognizant of the participants' circumstances when exploring their experiences.

These ontological assumptions are also used in the listening guide. It essentially seeks to comprehend an individual's reality through their lens and ways of seeing the world and making sense of their experiences. Ontologically, constructivism in LG assumes that different individuals construct multiple realities reflecting on their own narratives. I agree wholeheartedly with this position because we all have different lived experiences and see the world through our own tinted glasses. This myriad of constructs can also be discovered in different historical and cultural contexts since our understandings of reality vary across cultures and epochs. This is because, according to LG and the constructivist paradigms, we create reality through our social interactions and the interpretations we make of those interactions. The notion that social context and

interaction shape our perspectives is central to LG's constructivist viewpoint (Gilligan et al., 2003; Woodcock, 2016).

Epistemology. Constructivists believe that an understanding of reality is different for different people because it is sociologically manufactured and heavily reliant on our psyches. As a result, assertions about what is true or false are culturally, historically, and contextually contingent. In this frame of reference, community stories, cultural beliefs, and views of transcendental and universal interconnections all have a position as allowable knowledge (Kawulich, 2012; Mertens, 2009).

Similarly, when we look at the Listening guide, we often talk about the Relational Cultural Theory (Jordan, 2017). Humans exist within the context of relational progression. According to Relational-Cultural Theory (RCT), development happens in relationships that are distinguished by reciprocated empathy, empowerment, authenticity, and the ability to express inner states. Disparities and disconnection interactions in relationships lead to disconnectedness and anguish within one's sense of self. So even though the relationship is so crucial to one's sense of self, we are constantly in a state of discernment in the relationship as we attune to others and determine whether we are secure to be oneself genuinely in that particular relationship (Gilligan et al., 2003).

This project focuses on the lived experience of BIMPOC therapists. Epistemologically, as researchers we aim to understand how these individuals have embodied and expressed these experiences associated with their cultural identity and professional identity. The formation of their sense of self and voice at any set moment is shaped by whether they have felt heard or not heard, comprehended, or misinterpreted. Their voice, and thus their sense of self, can become increasingly encouraged and

sustainable due to relationship experiences, or it can become dubious, hesitant, and suppressed.

Axiology. Because reality is often mind-constructed and mind-dependent, constructivists argue that social investigation is value-bound and value-laden. The paradigm used for investigation, the area of concern under inquiry, the methods used to collect and analyze data, how the findings are interpreted, and how the results are published will all be influenced by one's beliefs. As a constructivist researcher, one recognizes the study's value-laden nature and discloses one's views and biases toward the subject. Being neutral or objective is not a goal for constructivists (Mertens, 2019; Wagner et al., 2011).

By employing the Listening guide, I hope to create space for hearing the silencing and un-silencing that may occur in the voices of BIMPOC therapists working in Canada. The implications of this decision are discussed further in the chapter on anticipated outcomes below. My goal is to explain why a constructivist paradigm serves as the central paradigm informing this research.

Listening guide: A Qualitative Methodology

As stated above, on several occasions, the listening guide (LG) methodology is qualitative, focusing on relationships, voice-centred, and situated in feminist philosophies (Gilligan et al., 2003); it will be primarily used to examine transcribed interviews for this project. The LG concentrates on the psychological nuances of individuals by paying close attention to their "voice." It achieves this through forming and interpreting "voice poems" and listening carefully for "silences." Moreover, the LG is notable for highlighting the importance of social interaction, and its feminist underpinning offers room for those who may have previously been ignored to be acknowledged and listened to (Gilligan et al.,

2003; Hackett, 2015.; Woodcock, 2016). Through the use of listening guide, I hope to be able un-silence the silenced, to create a space to explore the experiences of BIMPOC therapists in Canada and to understand what themes emerge from their voices.

According to LG, a genuine relationship is critical to the research process. As a result, when it is helpful to the participant, the researcher implements appropriate self-disclosure of their own perspectives and biases. Power dynamics are minimized in this relationship; rather, it is an egalitarian approach that assists the participant in understanding that the researcher is more like an ally, walking alongside them and trying to view the world through their eyes (Gilligan et al., 2003; Hackett, 2015; Woodcock, 2016).

Voice is pivotal in the listening guide because it provides a medium of the relationship as well as a passageway for the intrinsic psychological world of emotions and experiences to be understood and heard by oneself and others. Voice is traced by integrating the psyche and embodiment, and as a language, it connects the psyche and the culture. As a result, voice is always embodied in culture and is in interplay with oneself and others (Gilligan et al., 2003).

All the transcripts were reviewed multiple times while listening for facets of voice, using the underlying ontological, epistemological, and axiological assumptions discussed above as a larger framework of reference. Since listening requires active engagement from both the narrator and the listener, these actions are referred to as listening rather than reading. There are four “listenings” steps when using the listening guide, during which the researcher begins to arrange multiple voices and follows their progression through the interview. “Listening for the plot, I poems, contrapuntal voices,

and composing an analysis are the four listenings” (Gilligan et al., 2003). All these steps will be discussed in detail below.

Data Analysis using Listening Guide

As previously stated, using the listening guide (LG) entails four steps: (a) listening for the plot, (b) listening for I poems, (c) listening for contrapuntal voices, and (d) composing an analysis (Gilligan et al., 2003).

First step: Listening for the plot. The central objective of the initial listening session is to pay close attention to the stories that participants offer. In order to listen to the broad overview of an individual's tale, the researcher must express a concise, yet rich overview of the basic trends and themes arising from the first listening. When a researcher listens to and reads interviews, a progressive appreciation of the participant's primary plot threads emerges, a process known as "listening for plot." The LG's first listening provides an outline of the informant's experiences to the researcher. The "plot" of the informant's narrative; emotional intensity; and recurring words, phrases, and images are all crucial considerations (Gilligan et al., 2003; Woodcock, 2016).

Second Step: I poems. While listening to the individual speak on their own terms, the second listening focuses on their "self-voice"; how they speak about themselves. When they refer to themselves, what exactly are they saying? What adjectives do they use to describe themselves? The words "I," and "me," are frequently used to indicate this. A researcher can listen for the informant's "thoughts, desires, wishes, needs, conflicts, and silences that are stated in the first-person voice" by following the participant's "I" statements. The "sense of I" is the individual's "psyche" that they bring to each question in the interview. Two laws govern the development of an I poem. To begin, extracting every first-person "I" from the given text, as well as the verb and any other seemingly

significant information (Gilligan et al., 2003; Woodcock, 2016). Second, adhering to the proper sequence in which the terms first appeared in the person's story. The lines are taken in a succession, but in distinct lines, as if they were lines in a poem (Gilligan et al., 2003).

Third Step: Contrapuntal Voices. Contrapuntal listening allows a researcher to concentrate on the myriad ways in which participants discuss their experiences. The third and fourth listening are designed to provide possibilities for the researcher to gain an understanding into how the participants relate to their lives, either as a means of learning or as a route of exploration. The derivation of two narrative themes that harmoniously intersect with one another or are in friction with one another is a significant component of these two listenings. This tension or intertwining of the two themes "contrapuntal." The most important aspect is to consider these two themes in relationship to one another (Gilligan et al., 2003; Woodcock, 2016).

Fourth Step: Composing an Analysis. The final phase in the Listening guide is to gather all the preceding stages and emphasize the subsequent themes and voices that help describe the responses to the research questions that provide a better understanding of the participant's perspective. Typically, these types of research activities involve a group of participants, and the final analysis entails identifying commonalities and contrasts in themes across the participants' voices (Gilligan et al., 2003). If the data collected necessitates a change or modification of the research question, the emergent features of qualitative research arise.

Data Collection

This section discusses the methods for recruiting participants, data collection and analysis, as well as ethical considerations and quality for qualitative research.

Participant Recruitment

The present study seeks to comprehend BIMPOC therapists' journeys of working in Canada in the context of their cultural and professional identities. Permission was sought from various locations to advertise the study's recruitment poster (see Appendix A). Posters were circulated on social media platforms like Facebook, Instagram, and LinkedIn. Word-of-mouth promotion through my colleagues and contacts was done to share this study with anyone they believe might be interested and recruited participants were also asked to share the research study with anyone they believe might be eligible.

Invitation emails (see Appendix B) included exclusion and inclusion criteria outlined in the following section. To seek a diverse set of experiences and theoretical orientations, invitations were also be sent to a diverse selection of counselling agencies, private practices, professional networks, and professional associations. Therapists received emails inviting them to nominate themselves or their colleagues for participation in this study. A variety of recruitment procedures were employed to obtain participants in this study. Each strategy used snowball sampling (Mertens, 2019) to assemble a purposeful sample of BIMPOC therapists and illuminate their lived experience of working in Canada.

Nine candidates were chosen based on their responses to the screening questions (see Appendix B for a screening interview script) and their self-identification as therapists from the BIMPOC communities with more than five years of experience practising in Canada. They agreed to engage in the research project and to have their interviews

recorded, transcribed, and analyzed. As therapists practising in Canada, these candidates were able to give several instances of how they navigated their professional and cultural identities. They also detailed the various ways in which they continued to build their identities as therapists. Participants in this research had a diverse range of backgrounds in both the agency and private practice areas, as well as an array of theoretical orientations and approaches to therapy. The participants' ages spanned from the mid-20s to the mid-50s. They self-identified from several intersections under the BIMPOC umbrella, and they were recruited from various locations in Canada. An overview of the study's participants can be found in Table 1.

Table 1*Demographics of Participants*

Pseudonym	Age (years), Sex, Gender	Cultural identity	Years of Practice	Work Settings	Population/Issues/Theoretical orientation
Dev	32. Female, Cisgendered	South Asian, Indian, second generation Canadian	10	Agency and Private practice	Individual, adult, youth, group, solution focussed, Acceptance-Commitment Therapy
Bheena	Age not disclosed, Female, Queer	Indo-Trinidadian, immigrant/settler, first generation Canadian	13	Agency, educational institution, private practice	Trauma informed, decolonization informed therapy
Aaliya	31, Female, Cisgendered	South Asian, Bangladeshi, second generation Canadian	7	Agency, private practice	Trauma informed, cognitive behavioural therapy, intimate partner violence
Leena	Age not disclosed, female, cisgendered	Chinese Canadian, first	7	Agency	Children and youth, solution focussed, dialectical

Pseudonym	Age (years), Sex, Gender	Cultural identity	Years of Practice	Work Settings	Population/Issues/ Theoretical orientation
Zhara	26, female, cisgendered	generation Canadian Camerooni an, first generation/ immigrant Canadian	5	Agency	behavioural therapy Minority, psychoanalytic, parts work
Doris	31, female, queer	Chinese Canadian, second generation Canadian	7	Agency, private practice	Queer, minority population, art therapy, parts work
Bridge	55, female, cisgendered	Korean, first generation Canadian	20	Agency, private practice	Couples therapy, Gottman, person centered
Hazel	29, female, cisgendered	European- Latin, multiracial, first generation Canadian/i mmigrant	8	Agency, private practice	Intimate partner violence, trauma work, trauma therapy
Leila	Age not disclosed, female, cisgendered	South Asian Pakistani, first generation Canadian/i mmigrant	20	Agency, private practice, educational institution	Individual, youth, solution focussed

Inclusion and Exclusion Criteria

Ronnestad and Skavholt (2003) found that most therapists in the novice professional phase prior to the experienced professional phase had been working on average for five years. For this reason, therapists who have been practising in Canada for a minimum of five years have been included for this study. At the time of data collection, all participants had at least five continuous years of experience in Canada. The requirement to practise in Canada was necessary because Canada's context is a significant

aspect in this study. Additionally, participants were excluded if their professional experience had been outside of Canada during the period of five years.

Additionally, all the therapists identified themselves as belonging to a Black, Indigenous, Multiracial, or People of Colour (BIMPOC) community. Additionally, there was no exclusion based on country of birth. This also included individuals who have parents from different ethnic origins, including if one of the parents were Caucasian.

In each province of Canada, there are different regulatory bodies for the professions of counselling and psychotherapy. This profession is not regulated in many places as well. Since professional identity development is an integral part of the training of therapists who are trained from accredited schools and universities, this study has recruited participants who have been credentialed with a professional association or college in Canada. Since the development of one's professional identity is a key element of this study, doing this was an attempt to ensure that all participants have progressed through a similar process.

The therapist's professional credentials were confirmed with professional associations or colleges such as the College of Registered Psychotherapists of Ontario (CRPO), BC Association of Clinical Counsellors (BCACC), the College of Psychologists of British Columbia (CPBC), or Canadian Counselling and Psychotherapy Association (CCPA). This credentialled status is particularly important if they were to participate in the focus group, which was to serve as an additional step to the member check later in the study. Finally, because the study will be conducted in English, participants must be fluent in the language.

Data Collection Procedure

Therapists who agreed to participate in this study were contacted for an initial interview over the phone or via Zoom that lasted approximately twenty minutes (see Appendix C for a screening interview script). This process offered an opportunity to clarify terminology and help both researcher and participant proceed in the study with a shared understanding of the study's purpose.

Background information was then be obtained (see Appendix D), as well as informed consent (see Appendix E). In-depth, semi-structured interviews were conducted on a date set collaboratively by the researcher and participant. Semi-structured interviews provided the researcher with an opportunity to obtain a rich, detailed description of the participants' experience (Willsher & Goel, 2017). A semi-structured interview guide (see Appendix D) was used to guide the interview process.

The Listening guide emphasizes the importance of rapport building as a vital foundation from which the sharing and listening will occur (Gilligan et al., 2003). As the principal investigator, I began the interview with an introduction of myself and the research project, after which I spent some time building a connection with the participant. Throughout the interview, the interview guide provided a flexible structure to explore the topic of interest. Interviews took anywhere from one to one and a half hours, and recordings were encrypted and stored under pseudonyms decided by the participants.

Interviews were conducted in person or over Zoom and were recorded over the Zoom platform. The Zoom platform was used for the purposes of transcription and allowing supportive others to join interview procedures. An encrypted Zoom account was used to ensure the privacy and security of the data. Recordings were downloaded quickly (for example, within a week) and completely deleted from the online Zoom archive.

The participant was then thanked and sent a debriefing form to complete the interview process (see Appendix F). The debriefing form contained information related to the study and follow-up information for the focus group. If participants chose not to attend the focus group, an email of initial findings will be sent out, providing participants with an opportunity to offer feedback, make changes, or provide additional reflections. This served as a member check process in the study.

Data Analysis

Although gathering the necessary data is an essential first step in the analysis process, transcription of the data is the next step. Transcribing allows the researcher to become more immersed in the participants' stories and begin to tune in to the plot, remaining curious about the when, where, what, with whom, and why of what is shared. In addition to recording the explicit words spoken during the interview, pauses, laughter, hesitation, and other nonverbal and paraverbal cues were identified and recorded when they clarified meanings being shared during the interview process. This information added to our understanding of the implicit meanings embedded in participant's voices. The listener was aware of and explicit about their reactions to the story being told at this point in the analysis, marking the notes and reflections in their research journal.

Following the transcription process, each interview was listened to several times. Each listening was visually represented by underlining the relevant aspects of the data with coloured pencils (Gilligan et al., 2003). The different listenings were not intended to be separate components of the experience, but rather were integrated into a more complete and representative illustration of the complexities of human voices and experience. Beginning with the first listening, the listener was aware of and explicit about her reactions to the story being told, noting, and reflecting on the notes and reflections.

Beginning with the first listen, the researcher highlighted facets of the data that express the narrative and placement of their narrative. An approach that was used at each stage of the analysis was marking the transcript with notes, summaries, and reactions in order to stay in touch with the data and embark on an empirical journey through the multi-layered ensemble of voices (Gilligan et al., 2003).

During the second listening, "I" statements were recorded and transferred to a separate document to create I poems. Following listenings were used to identify, define, and listen for contrapuntal voices one by one. Gilligan (2015) advocated for the use of a research team, in which two or more researchers act as listeners to identify voices in the data. The researcher used research lab resources and colleague connections to aid in the analysis process, thereby creating a space for open dialogue and discussion and increasing the rigour and credibility of the interpreted themes from the data. Voices were examined in aspects of each participant's unique formulations as well as shared themes and patterns among participants.

Following the completion of the analysis and thematization of the voices, participants were invited to participate in a focus group. The focus group was thought to provide an opportunity for participants to connect, discuss, and reflect on the themes that emerged from the data. An optional focus group invitation was sent out to participants after the completion of analyzing the data. Despite an interest shown at the time of the interview by all nine participants to attend, there was a lack of response when the invitation was sent out. This was primarily due to the excessively busy schedules of all the participants who were from various parts of the country. The purpose of the focus group was to allow for connection and dialogue and to disseminate the study's findings to

the participants, I moved to offer the participants an alternative written format of member check process.

As a part of this process, I emailed a document to the participants with an option to debrief about it through a written response to the email or with a telephone or Zoom session. In this document, I began by providing a brief description of the methodology used, i.e., the Listening Guide, including an explanation of what voices are. Following that, I provided a synopsis of how I heard their individual stories. This is not based on specific instances in the interview, but rather a broad overview of how I have attempted to understand their world. This included the prominent voices as discussed in this chapter for each participant. This provided an opportunity for the participants to provide their reflections, their experience of the interview along with a chance to modify or add to my interpretation of the voices. During this stage of the analysis, the researcher encouraged the participants' participation in the co creation of meaning emerged from the voices, employing critical values of a constructivist research stance (Mertens, 2019).

Rigour and Quality

This study is situated in a constructivism paradigm and the following steps were taken to ensure the rigour and quality of this project. I believe it is important to point out that the voices and themes that emerged from the transcript examined the numerous frameworks and viewpoints that constructed the participants' realities, with a focus on their unique journey of cultural and ethnic identity along with professional identity.

The emphasis was placed on exploring personal perspectives rather than focusing on reliability, validity, and generalizability. For this kind of qualitative research, credibility, transferability, dependability, and confirmability are among the rigour as well

as trustworthiness criteria and techniques that have been articulated by Lincoln and Guba (1986).

Credibility

For credibility, the analysis was done in collaboration with a research team comprising of my peers and a methodology expert. It was a joint team effort right from the plot summary to highlighting the voices, getting perspectives for the I-poem, and drawing out broader themes. The member checking process was used as an opportunity to ensure that my analysis accurately reflects participants' experiences and contributes to the rigour and quality of this project (Creswell & Miller, 2000).

Transferability

The rich narrative was utilized to try to cultivate transferability by describing the voices of cultural identity and professional identity and the journey through embodying, expressing, belonging, and living these voices in considerable detail, including the details of the formative influences on their work as therapists, feelings and emotions of the participants, and sentiments of the researcher. The researcher attempted to provide vivid accounts through plot summaries.

Dependability

Individual signatures on consent papers for each participant and signatures on a confidentiality agreement by each member of the research team were collected, strengthening dependability. Furthermore, the interviews were conducted via an encrypted Zoom software version and in a private setting for both in-person and virtual modalities. The transcripts were password-protected. Lastly, the relational approach was a crucial element for this project. The signed contract marked the norms of the relationship between the researcher and the participant, like trust, feeling of safety, confidentiality, etc.

thus helping to nurture mutual confidence, understanding and rapport – a critical feature that fostered the dependability of this project.

Confirmability

Confirmability was strengthened by collaborating and discussing with each research team member while analyzing the data. The section for reflexivity and the position of the researcher included here also enhanced confirmability since it declares the biases and perspectives of the researcher.

The Position of the Researcher

The relational constructivist researcher acknowledges their inseparable position and influence in the process of research and embraces an exercise of reflexivity to comprehend, interpret, and communicate the experiences of the participants most reliably throughout the project, as opposed to attempting to remove themselves from the research process to achieve objectivity (Mertens, 2019; Morrow, 2006).

The process of reflexivity begins with becoming aware of the researcher's positions in relation to the topic of interest and broader contextual factors. I found myself ardently passionate about enriching my knowledge about therapists from this community. This is because, as stated in the introduction, I, the principal investigator for this study, identify myself as both a member of BIMPOC community and a therapist working in Canada. It may be worthwhile to state that being an ethnic minority comes with its own set of challenges and struggles. Moreover, professional identity development is essential and can come with its own set of challenges as well. The constant struggle of trying to readjust one's identity, balancing cultural identity and professional identity, and being effective in their work as a therapist is quite demanding and often lonely.

I come in as an individual, a therapist and a researcher who understands the aforementioned experiences as they are a part of my world as described in the 'Introduction' chapter. Being a constructivist and a psychotherapist who has her orientation in Feminist psychotherapy, I acknowledge the uniqueness of these journeys and recognize that my experience might be similar or different, wholly, or partially, to that of the participants of this project. For this purpose, I engaged in reflexive journaling throughout the duration of the project. This journal recorded my responses, reflections, insights on the research topic as well as how I am engaging with it.

Illustrations

To deepen the aforementioned reflexive process, I engaged with the participants' stories through creating visual representations using metaphorical art as a medium. These art pieces have been included in Chapter 4 along with the I-poems from participant's narratives. The response arts were created as a response to the interviews and the plot summaries of the participants which were done while reflecting on these experiences. The response arts were then adjusted and modified in response to the constructed I-poems, and finally shared alongside the results from the analysis. For instance, in the illustration made in response to Dev's account, a winged figure actively cuts through the symbolic ropes of oppression, representing a proactive dismantlement of societal chains.

Personally, I found great satisfaction in this process. The act of creating art allowed me to confront my own biases, emotions, and preconceptions, which were entwined with the accounts of the participants. This prompted me to consider how my personal encounters influenced how I perceived and comprehended their experiences. It allowed me to visually represent and organize my reflections in line with the principles of constructivist paradigms. Being someone who process bigger phenomena using images,

creating art seemed to be an ethical and meaningful way in which I can honour the experiences of the participants as well as my own. It was also incredibly rewarding because of the healing element that art organically has.

Keeping these rationales in mind, throughout the journey of this project, I felt an enthralling passion for deepening my understanding and uplifting these voices. All these criteria were consistent with the Listening guide methodology. This was especially crucial, since at its core, the Listening guide methodology emerges from a constructivist paradigm, necessitating the researcher to consider these aspects of trustworthiness and transferability.

Ethical Consideration and Power Dynamics

Lastly, ethical considerations have been taken into account by considering the benefit of the researcher and the participant in understanding the experience of professional and cultural identity negotiation of BIMPOC therapists working in Canada. This study has been approved by the Human Research Ethics Board (HREB), and changes recommended by them have been implemented in this document.

The power dynamics that come with the position of being a researcher have been balanced by using member check processes. This provided an opportunity for participants to interact, discuss, and reflect on the themes that emerged from the data. This allowed for participants to offer clarifications, adjustments, or additions to their accounts. They also had the opportunity to correct anything that the researcher has misinterpreted or misrepresented. The member check process also included questions for participants to reflect on and express their feelings about being a part of the project. During this analysis stage, the researcher has encouraged participant participation and empowerment while distributing control and power inherent in the researcher's role.

CHAPTER 4: RESULTS

In order to provide a roadmap of this chapter, I will begin by presenting an overview of the data analysis results using the listening guide. This will help address the questions: “What are the voices of BIMPOC therapists in Canada that reflect their experiences of negotiating cultural and professional identity?” and “How are these voices individually and socially embodied and expressed by them?” The listening guide (Brown & Gilligan, 1992) is a qualitative inquiry method that seeks to access the deeper layers of the spirit of individuals through deliberated listenings to embodied voices that can be perceived and articulated to the world as a whole (Gilligan et al., 2003). Hence, the listening guide assumes in this manner “that the psyche, like voice, is contrapuntal (not monotonic) so that simultaneous voices are co-occurring” (Gilligan et al., 2003, p. 159). The listening guide offers a method that actively and openly resists a reductionist way of sophisticated issues into simplistic classifications and instead seeks to shed light on the nuanced nature of participant's multifaceted stories (Gilligan, 2003, 2015).

It is worth mentioning here that it has been an honour to listen to these individuals. I hope to be able to showcase the diverse experiences and identities of nine participants, aged 26 to 55 years, who are all BIMPOC therapists working in various parts of Canada. All participants have been employed in this field for at least five years or longer at the time of the interviews. We noticed and labelled voices unique to participant's individual experiences, and voices that overlapped or were similar between multiple narratives. Three broad categories emerged from the voices: voices of suffering in silence, voice of action/resistance and voices of thriving in hope.

The relational framework of the listening guide emphasizes that participants' inner lives are not simply an impenetrable space, but rather a fluid interaction of relationships

with oneself, others, and the outside world. The fundamental questions that underpin this listening strategy are multifaceted and focus on "who is speaking and to whom, telling what stories about relationships, in what societal and cultural frameworks?" (1992, p. 21; Brown & Gilligan). According to Carol Gilligan (2003), one of the Listening Guide's main goals is to bring actively silenced voices to light. As was mentioned in the previous chapter, this methodology aims to not only make the voices heard but also to encourage the audience to "listen" to it. This is a way to pay attention to the voices of BIMPOC therapists, which frequently fall between the cracks and are overlooked in mainstream academia and research. As a result, in addition to sharing the distinctive stories of my participants and the voices that emerged from listening to those stories, I also try to discuss how listening to those stories is deeper and more unique than simply hearing them.

Participant's Stories

The participants' narratives will be shared, highlighting the most significant voices that emerged from these stories. Additionally, I will select and share I-poems from each participant's account that I believe reflect their experiences as therapists. Along with the I-poems, I will share a brief description of the illustrations with the artwork created by me as a way of reflecting on my experiences listening to these voices and stories and how I perceived their stories. The chapter will also include reflections on the member check process. The concluding section of this chapter synthesizes the common voices heard among all participants' narratives. As stated above, the synthesized voices were categorized into broad categories: voices of suffering in silence, voices of action and voices of thriving in hope.

Dev's Story

Dev identifies as a 32-year-old female, second-generation Canadian therapist. She culturally identifies as a brown-skinned South Asian Indian person. Upon meeting her, I was instantly struck by her down-to-earth, compassionate, and easy-going presence. Her journey of navigating identities related to her profession and culture commences with hurt and struggle and shifts to actively resisting oppression and building resilience within herself through acceptance and finding connection and belongingness within the profession and her community. In the course of our interview, Dev opened up about her experiences with oppression, from graduate school to her workplaces. She described how this oppression slowly crept into her inner world, causing her to internalize these experiences and stereotypes about her culture.

Dev shared one specific incident that perfectly encapsulated her struggle with racialized experiences. Dev recalled how eager she was to pursue her dreams of becoming a therapist and meet people from various walks of life when she first began graduate school. Little did she know that an exercise about privilege in her university class would leave her feeling hurt and discriminated against, making her question her own worth and place in the world. One of her instructors introduced the class to an exercise designed to raise awareness about privilege and its consequences. Each student was asked to stand in a line, facing the rest of their classmates. They were then asked a series of questions, to which the students would respond by moving forward or backward accordingly, which would indicate their level of privilege. As the questions began, Dev felt a heavy weight in her chest. Dev felt that the questions highlighted the differences between her and her peers glaringly. Dev, standing at the end of the line, witnessed almost all her classmates move forward, leaving her behind. Her heart sank, and a sense of isolation consumed her.

Dev shared that the questions unmistakably emphasized the disparities that Dev experienced daily; this vivid realization hit her hard. She shared that each question seemed to chip away at her self-esteem, underscoring the painful truth that her family had navigated a challenging path to be in Canada. Suddenly, her identity, which she had always held with immense pride, felt like a burden. This experience felt like an attack on her identity; she shared that suddenly, she was made aware of how she looked and who she was and that the dissimilarity with her peers was clear as day.

I am watching this representation of all these white people just past me and, I am just standing in the back of the room going, Okay? Well, thank you so much! Not only have you pointed me out and alienated me, but now I'm really recognizing how far behind I actually am. It blew my mind. I did not recover from that for a while. It took me a really long time.

As I listened to this, I recognized multiple voices in Dev's narrative; a voice of struggle and a voice of feeling oppressed. The voice of feeling oppressed represented an internal struggle brought on by her experiences with oppression and discrimination. While the voice of struggle was laden with feelings of anger, hurt, pain and exhaustion from these encounters. The afore-mentioned account is one of many incidents described by Dev that contributed to her feelings of oppression. To add to this, Dev recalled incidents at her workplace, including casual remarks about her and her community made by her coworkers.

I remember those conversations being really heavy. It took me probably two years to really be able to make sense of what happened [and] work through it to a point where I didn't feel okay. I had to walk around with all these walls so high.

Why is it just because of my skin colour? It is skin. I have no control over it. I think that's where the exhaustion came from, and I'm still exhausted by it.

She recalled how these racially tinted encounters isolated her from other people who did not look like her, and she used the metaphor of erecting "walls" around herself to describe what she was going through.

I found myself, maybe a little bit too free like that and was in judgment of myself. After that incident, I thought I need to have more boundaries, and I maybe need to put up a few more walls and not be so open and discuss my story with just anybody.

This voice of struggle was accompanied by a voice of disconnection. The voice of disconnection was characterized by the sense of loneliness she felt from the oppression. To elaborate, the disconnection arose from being able to relate with others as there were very few people of colour around her in the professional setting. She explained that she felt no one would understand her, so she stopped sharing her experiences.

All my instructors, barring maybe one, were white. Who am I supposed to go to for support? If these people do not even understand where I am coming from? It is not represented very much and so, I have not lost the feeling of walking into a room of professionals and still looking around, [and] going, okay, [but] where are the people of color?

As I reflected on Dev's account, two significant voices emerged; these were the voice of identity conflict and a voice of internalization. To describe them, the voice of identity conflict in her story was represented by self-doubts and minimization of her own experience by herself, while the voice of internalization was represented by negative judgment towards herself and labelling herself with something negative. These two voices

often emerged in her story in conjunction; hand in hand with each other and were represented in her narrative in a very nuanced manner.

But there is always this tiny voice in my head, [that says] are you pushing too hard? Are you going to ostracize yourself? Are you going to become that person who is always bringing up culture? Who is always making it a race thing?

Dev shares about trying to casually act as if she was able to take the racialized comments sportingly. She talks about her internal dialogue in those moments:

I would laugh and every time I left there was like this little inner hate that would grow bigger and bigger, and I was so ashamed of it. And yet I would go along with it.

Gradually, as the interview progressed, a voice of resistance emerged in Dev's account. This voice is described by fervor and strength. The voice of resistance comprises her expression of anger and unwillingness to tolerate these oppressive experiences anymore. This was expressed through her dialogue through several ways of expressing her anger and disappointment at the systemic inequity and injustices related to culture and ethnicity. Furthermore, it went beyond just disapproval of these oppressions and emerged into forms of resisting oppression and advocating for herself and others. Dev shares with her voice of resistance here as she speaks about her feelings towards these oppressions:

You know this is something as human beings we deserve. This is our lived experience. We deserve to talk about it. We deserve to be comforted, and we deserve to advocate for ourselves. I don't think we no longer have the option of sitting back, and just letting these things happen to us.

Dev shared about finding her voice as soon as she realized this fire of advocacy and resistance in herself. She says:

I, till this day, think about that, and I have no idea where that person came from. I

have no idea where that voice came from, but I was just so sick and tired of it.

And then, I never went back to being that person who did not say anything.

The final voices that emerged in Dev's story were the voice of identity reconstruction and the voice of connection. The voice of identity reconstruction comprised of creating a new identity, a new way of seeing herself after traversing through these experiences. Whereas the voice of connection comprised of the support, belongingness, and connection she felt in the profession that helped her move towards this new identity. Dev shares this voice of connection with a healing quality, cradling her with support and community. She shares:

My peers have always been a big part of my life. Having that community, if you have had a rough client, or if you have had a rough day, you just get to talk to people who are going to understand it.

As I reflected on the process of reconstructing identity for Dev, I heard themes of self-awareness and incredible resilience. She was progressively developing an inner strength that compelled her to speak her own truth. The voice of identity reconstruction remained prominent throughout the interview and seemed grounded in the here and now as Dev spoke from a wise, self-aware, and solid self. This is evident as Dev shares:

If it's coming out of my mouth, it's coming out of my mouth. You know, and if you're going to fire me for it, then so be it. I'm not going to put up [with] that, because I am not going to condone it, and I am not going to sit there for that kind of abuse. You know there's a 0-tolerance policy here.

To explain this process a bit further, identity reconstruction doesn't always come with a voice that is bright and joyful. The voice of identity reconstruction heard in Dev's

life has a way of acknowledging her pain and accepting that this struggle will always impact her life and way of being. This voice weaved between other voices throughout the interview, landing on a seemingly grounded awareness and acceptance of “the way things are,” and demonstrated her capacity to “let it be.” This is indicated as Dev candidly shares:

If I'm being fully honest with you, you know, and I don't know if it's ever going to fully disappear. I think there's a part of me that will continue to have that almost chip on my shoulder I don't feel like I have the ability to ever remove fully.

Contrastingly, it is worth mentioning here that the voice of connection that evolved from Dev's life has enormous significance for her identity. It was a voice that came from Dev finding a sense of belonging, empathy, support, and understanding from others – both from the nonminority and the minority community within the psychotherapy and counselling profession. This voice appeared to have acted as one of the major catalysts for her voice of identity reconstruction. This voice accompanied Dev through her journey of finding identity, showing that she is not alone. Dev shared about her supervisor, who was one of her biggest allies in this identity negotiation process. She shared how even being a White person, how her supervisor understood her, encouraged her, and nudged her towards embracing her whole self. Dev says:

I had a supervisor at one of my practical sites. She passed away a couple of years ago, and she was a very big part of creating who I am as a therapist. She saw me, for who I was. She had an enormous impact on me because she was able to show me how I can actually connect my two identities. How do I authentically be myself, not only parts of myself?

The embrace and support Dev found within her cultural community are a powerful reminder of the importance of finding people who understand and appreciate our unique experiences and backgrounds. What is more important, Dev's experience italicizes the importance of both nonminority and minority communities for standing as allies with BIMPOC therapists, empathizing with them and accepting them. Dev's journey of discovering her professional identity through a supportive network in the psychotherapy community exemplifies the incredible power of genuinely caring for one another in this profession.

Presented below are Dev's I-poem and an illustration I made as I was reflecting on her account. A winged female figure can be seen in the artwork actively cutting through the ropes that are holding her down. The ropes signify various forms of oppression and struggle, yet the act of cutting represents an active and intentional obliteration of whatever is holding her captive.

Dev's I poem:

Who am I?
I don't know
who I am.
who I was
How do I?

I worked.
I found.
I needed to
I lead.
I can
I struggle a lot.
Am I asking?
Am I doing?
I know.
I'm doing.
I say,
I feel,
I pride,
I know but



I struggle a lot.
I'm very aware.
I need to remember.

I think.
I am.
who I was.
then I'm growing
and I'm wrecking.
But I'm still.
Here, I am.
I am.

Bheena's Story

Bheena identifies herself as an Indo-Trinidadian queer, brown-skinned woman, a first-generation immigrant/settler in Canada who passionately devotes her life to advocacy and spreading awareness about racism, oppression, White supremacy, and the struggles faced by marginalized groups in Canada. She also lives with a disability. Bheena and I met for the interview after she sent me a heartfelt email wondering if I would be willing to interview someone who had been forced to quit her job due to racism and systemic oppression for my project. I felt inspired by her from the get-go. I was moved by the resilience she displayed as I listened to her describe her journey of finding who she is, through the voice of struggle, the voice of resistance, and the voice of empowerment, and I was filled with hope as I listened to the voice of connection throughout the interview. As we journey through Bheena's story, we will talk about these voices in detail.

Bheena has been involved in the mental health field since 2010, assuming various roles at different workplaces. However, Bheena's early experiences in the mental health field opened her eyes to the harsh realities of systemic marginalization that continue to exist within the profession. At one of her workplaces, despite her qualifications, she found herself in a position that did not match her educational level and training. It soon

became clear that her White counterparts were being given preferential treatment. Frustration and disappointment settled deep within Bheena's heart as she realized the barriers she faced simply because of her race and culture. Instead of the treatment she had hoped for, she was met with indifference and silence when she voiced her concerns. Her supervisor and even the employee union, whom she had thought would support her, remained silent on her journey towards equity.

As I reflected on Bheena's story, the first voices to emerge were the voices of struggle and the voices of feeling oppressed. The voice of feeling oppressed was characterized by several instances of facing systemic oppression, and marginalization. While the voice of struggle painted the emotional and physical ramifications manifested from wrestling with these experiences of prejudices. I listened to this voice of struggle intertwined with the voice of feeling oppressed in her account. She described her shock, numbness, dismay, anger, sadness, hurt, frustration, and exhaustion to the multiple instances of oppression and racialized experiences. She shares:

I am a brown woman. I am familiar with threats. I remember sitting there feeling violated, and yet knowing that I did not have the safety to acknowledge that that is what was happening, because I had this one year at least in this white, cold city. And so, I remember trying to make it seem as if it was just a matter of time. I remember leaving that meeting feeling extremely violated, calling the Union representative only to find out that she was like the cousin of this woman.

As Bheena's story unfolded, the voice of resistance emerged. This was an action-focused voice which actively pushed back against oppression. However, I listened to how this voice of resistance was frequently in tension with the voice of struggle as she was navigating these experiences of oppression. Bheena seemed confined in an endless loop

of getting hurt, fighting back, and finally becoming exhausted no matter where she ended up working. Some of the quotes that Bheena shares capture these voices:

So, in 2016, I was served a letter from the executive director that said I was hired to practice social work, not social justice. And he went on to say that my social justice discussions were making staff feel uncomfortable.

Bheena's voice of struggle was a representation of her sorrow and hurt, and she attempted to adjust and adapt by downplaying her own suffering and hoping that it might pass. As I journeyed with her while she narrated her story, I listened to the voice of disconnection she experienced. This voice of disconnection was symbolized by feeling isolated, invalidated, dismissed, and minimized; it closely followed her voice of struggle, intertwining it, emerging in conjunction frequently.

Bheena, however, refused to be silenced. She recognized the importance of fighting for change and challenging the oppressive systems that stood in the way of progress. She decided to take a bold step and speak out about the discrimination she faced. As I listened to the voice of resistance, another voice emerged: the voice of empowerment. Bheena's voice of empowerment is characterized by bold and well-informed advocacy steps, heavily tinted with a powerful force, recognition of her choices, knowledge of the issues and feeling empowered to find creative ways to weather them. In Bheena's account, these two voices- the voice of resistance and empowerment came through loud and clear. Bheena's examination of race, culture, and the counselling profession posed some challenging but important questions for me. It motivated me to reframe my perspective on equity. In the following section, she expresses herself vehemently and candidly, giving us a glimpse of the interplay of these inner voices. She says:

I would push back against any of us being voiceless. I would say we are actively silenced. Right? I would say that we are all very much in possession of a voice, but we are disproportionately silenced based on things like race, gender, class. I think we need to understand the active work at play when we are talking about the silencing process. It is not like a fluke. It is not like the wind blowing, and you no longer have a voice. It is intentional on the part of certain groups.

On another occasion, Bheena talks about shifting her role from being a counsellor at a university towards a deliberate role of advocating for students from the marginalized population in that university. She shared how at that time it felt right to push back, speak up and shift into what is more meaningful for her. This exhibited a voice of identity reconstruction, which is characterized by building a new identity by that individual by being attuned to what she needs and what her values are currently. In this context, she says:

I am going to pivot into this role which would allow me to directly advocate on behalf of students. And so, I moved into that role, and I was enjoying that role in terms of advocating for students.

As Bheena continued her work, she shared that the loneliness she felt in those moments of injustice became her companion. Here, the voice of disconnection, which is represented by feeling a disconnect and isolation while encountering racialized experiences can be listened to prominently. On further reflection, the voice of resistance seemed to be in tension with this voice of disconnection and the aforementioned voice of struggle. It seemed from her narrative that she longed for a supportive network of like-minded individuals who shared her passion for equality and social justice. Despite these

challenges, she remained steadfast in her mission, fighting tirelessly to ensure that her voice, along with those of the minoritized groups she championed, was heard. She shares:

It was difficult for me to be the only racialized person in the department, or at the training, or, you know, in the space more generally. Not having any other racialized people who could validate that experience for you was brutal.

However, Bheena's journey was not without its own silver linings. Her advocacy work sparked conversations, rekindled connections, challenged beliefs, and began to shift mindsets within the mental health field. She is a celebrated writer and artist within the field and continues to engage in advocacy work. I listened to the voice of empowerment repeatedly in Bheena's story; this was characterized by the seeds of change that she is gradually sowing with her unwavering determination. Bheena shares:

A lot of the work that I do now is probably things that do not fit into the typical MSW practitioner box. There are lots of people who get MSW to be a therapist, and I thought that would be the path for me. But I no longer engage in this conventional role.

Over time, Bheena's voice grew louder and stronger, resonating with individuals from all walks of life who joined her in the pursuit of justice. I listened to a voice of connection in Bheena's account. This voice in her story was characterized by moving towards community, finding like-minded people, connecting with communities, and helping others relate to one another. This voice became evident as Bheena discussed her various unconventional strategies for decolonizing mental health by bringing minority individuals together through writing workshops. It appears that Bheena has built her own community and developed her own sense of identity. Together with her community, she is paving the way for a more inclusive and equitable mental health system. Bheena talks

about how she engages in advocacy work by facilitating discussions that upend the status quo and give long-marginalized people a voice.

I find Bheena's commitment to challenging racism, oppression, and Eurocentric supremacy in the mental health profession to be admirable. Her experience serves as a reminder for therapists to be in solidarity with one another and to acknowledge the intersectionality within the minoritized umbrella. Her story necessitates me to confront my biases as well as determine when it is appropriate to make room for others by moving aside when it is not our turn. Bheena's explanations of her efforts to demystify therapy, make mental health accessible, and create safe, inclusive, and embracing spaces for marginalized people strike one as a beacon of hope.

Presented below are Bheena's I-poem and an illustration I made as I was reflecting on her account. The illustration depicts a figure rebuilding themselves from disintegrated fragments of themselves. This disintegration and reintegration is symbolic to Bheena's voice of identity reconstruction. The figure's melancholic expression indicates that this breakdown and rebuilding is bittersweet and includes both suffering and freedom.

Bheena's I poem:

I am stuck here
I think, what I felt
I'm bad
but I stayed
I inhabited this place

I worked
and I worked
I juggled
I transferred again

Then I felt like
I could speak
so, I figured that
I can!

I can't just switch off,
So, I pitched
I moved
I grew

I feel as if I've been able
I did
I was
I am!

I talk about how power works
I imagine
I hope
I wish
That is why I write.



Aaliya's Story

Aaliya identifies as a 31-year-old brown-skinned South Asian Bangladeshi woman. We met online for the interview. As she was running late for work, Aaliya asked if she could do her makeup while answering my questions. Despite being an unconventional request, I heartily agreed because it felt like a raw relational approach, embodying the fundamentals of the feminist ideologies of the Listening Guide. I mention

this here because it appeared to me that applying makeup while talking about her experiences was not only helping her cope but also making her feel empowered.

As Aaliya started narrating her story, she shared how she had always been incredibly proud of her nationality and cultural background. She was raised as a second-generation Bangladeshi Canadian and was taught to embrace her roots and excel in the opportunities that were presented to her. Aaliya has been working as a therapist for the past 6-7 years, assisting women who have experienced relational violence.

However, Aaliya's journey had not been without its challenges. As a woman of colour, she had been on the receiving end of marginalization and discrimination throughout her career. As she was sharing this, I listened to the voice of feeling oppressed and the voice of struggle emerging in her story. The voice of feeling oppressed bore the experiences of stereotyping and microaggressions that Aaliya faced and witnessed in her workplace; while the voice of struggle encompassed the shock, pain, numbness, sadness, hurt and so on while she tried to make sense of these experiences and trying to understand what it means for her identity in Canada. She vividly recalled instances where she felt disempowered and unsafe in her workspaces, unable to advocate for herself and her fellow coworkers. These voices in Aaliya's story had a quality of heaviness, filled with pauses, hesitation, and pain as she recounted her experiences of feeling marginalized, unheard, and perpetually fighting an uphill battle. The following quote from Aaliya captures these voices:

I remember just reliving the experience on my drive home and thinking about all these other things that I wanted to say to her. Me being in like an entry position versus her being someone in a more senior position and the fact that there were

lots of other people around at the table. There were so many compounding experiences as to why I don't feel like I could speak up.

As evidenced by Aaliya's quote above, one particularly troubling aspect of her work was witnessing her supervisor's misalignment with the principles she claimed to practise in the non-profit organization. Rather than working from a trauma-informed, feminist, and anti-oppressive lens on which the organization was founded, her supervisor seemed to stereotype the community Aaliya belonged to. This deeply affected her because she was able to experience firsthand the negative impact of such assumptions and stereotypes on the internalization of oppression and the systematically perpetuated prejudice that impacted people of colour in this organisation. Witnessing those in positions of power's lack of awareness and accountability was even more disheartening as they perpetuated racial trauma and further marginalized individuals like herself.

I listened to the voice of internalization as Aaliya described her struggles with systemic oppression. This voice of internalization in Aaliya's story can be described as the struggle to pinpoint and understand if her experiences were valid – at times, minimizing and invalidating her own experiences. She says the following quote, which captures her voice of internalization:

I was also trying to make sense of the statement in my head: is this racism, or is this something else? And do I have a space? And being able to call this out? All of these barriers are like things that we have to think of as people of colour that you know. I remember feeling really shut down and really upset.

As I reflected on these quotes, I could hear the voice of identity conflict. This voice as characterized by grappling to understand who she was and what her values were after these racially tainted experiences. She even points out these voices while discussing

her internal experiences as a therapist of colour. This was laden with a feeling of “less than” in the face of oppression as she compared herself to the members of the dominant culture. The voices of identity conflict and internalization possessed a quality of uncertainty, self-doubt, and questioning her encounters with racism. Aaliya speaks through the voices of internalization and identity conflict and shares how it has gradually trickled into the way she views professionalism, which has been heavily whitewashed. She recognizes that colonization and oppression have perpetuated these preconceptions in herself and her family. I can relate to her and feel an embodied grief and realization as she shares:

People are going to see my name and my skin colour and make huge assumptions. And that may be the reason they do not choose to work with me. I actively change the texture of my hair and believe that somehow straight hair is professional, which, in reality, has no place here or there. That like idea of professionalism and how much it is just, White.

As noted above, Aaliya also encountered clients who assumed broad stereotypes based on her appearance, name, and accent. It was disheartening for her to lose potential clients due to their preconceived notions or biases. Yet, she remained resilient, knowing that her skills and abilities as a therapist were not determined by these external factors.

Another voice that came through Aaliya’s story was the voice of resistance. The voice of resistance emerged as she described her experiences of resisting the marginalization she faced. This voice had a quality of strength, demanding accountability, and surety. This voice was emotionally laden with anger, advocacy and breaking the barrier of silence. Aaliya shares:

The main reason that I felt really empowered in being able to speak up about. All of this is because these were collective experiences from the other BIPOC people as part of our team, and so that also felt like really validating to me that you know everybody else is experiencing.

Despite these hardships, Aaliya found solace and solidarity in her current position in private practice. Here, she finally had the agency to work with clients who genuinely appreciated and gravitated toward her cultural identity. Aaliya's background and lived experiences became invaluable assets in her role as clients sought her out for their unique needs. It brought her boundless joy and satisfaction to be able to provide a safe and inclusive space for those who sought her guidance. I listened to the voice of connection as she talked about how her current supervisors' anti-oppressive, feminist outlook gave her courage, a sense of optimism and recognition. This voice can be described as a soothing voice that cradled Aaliya in belongingness, community and support through her clients, colleagues, and supervisor. In relation to her supervisor, Aaliya says:

My current supervisor is so trauma-informed, so, and she's also a person of colour. I think about how differently like those imbalances of power are actively being shared and dismantled in our relationship. My voices, there's space for my voice and how much that creates a difference in me being comfortable, to speak out about certain concerns or me being comfortable to name challenging pieces, and how much I am experiencing growth in my field now versus how I was before.

Aaliya's story ends on a note of validation and hope. The value of the voice of connection in her story sheds light on how incredibly powerful and significant connections can be for the development of the personhood of a BIMPOC therapist in Canada. She yearns for greater representation of Black, Indigenous, Multiracial, People of

Colour (BIMPOC) therapists in the field. Aaliya passionately believes that diversifying the profession would not only enhance the level of care provided to clients from various backgrounds but would also challenge the oppressive voices and structures that continue to exist.

Presented below are Aaliya's I-poem and an illustration I made while reflecting on her account. The illustration depicts a figure who is confined behind a glass panel. The glass screen represents the numerous types of oppression, struggle, and internalizations recounted by Aaliya in her story. The subject in the artwork makes direct eye contact with the observer, with a look that conveys awareness, indignation, and a need for connection.

Aaliya's I-poem:

I'm a person.
I think,
I feel,
I shut down.

I think
I've internalized.
I know that.

I didn't.
I expected they would.
I used to think.
I felt terrified.
How am I supposed to say?

But now I've been finding,
I can.
I am.

I feel again.
I was.
I am.
I am finding myself.



Leena's Story

Leena identifies herself as a female first-generation Chinese Canadian therapist. We met online for the interview. She informed me during our meeting that she wanted to participate to learn more about what these topics meant to her personally, as she often tends to cope by downplaying her experiences and is still figuring out what her identity means to her. She immigrated to Canada when she was five years old. Leena shared that her journey as a child and youth therapist began with her personal encounter to reconcile her Canadian identity with her Chinese cultural heritage. She shared that she views her identity in general, as a complex tapestry of experiences.

Identity narrates her story, her voices of navigating her cultural and professional identity start with a voice of connection but slowly unfolds a voice of oppression, a voice of struggle, entangled with voices of identity conflict and internalization. All these voices will be described in detail with occasional quotes from the interview that might help exemplify them. As she reflects on these issues during the interview, she can be heard realizing that her Southeast Asian heritage frequently leads to assumptions and stereotyping, both within and outside her community, as well as within the profession. She also acknowledges that she is still working on discovering a true sense of belonging within her identity.

As I listened to Leena, I felt the sense of security that we often tend to feel when we are compelled to ignore these instances of oppression. It seems safer not to engage with it when we are in it. It is obvious that this safety aids in our coping, but it also makes us feel dissociated and disembodied; this is what emerged from Leena's story as she reflected on how dissociated and disembodied, she feels most times when reflecting on the issues of her identities. Whatever way we choose to deal with our racialized

experiences, Leena's story raised many questions for me. When a 5-year-old needs to find a place in a community, what other option does she have but to internalize the oppression and look away from the detrimental effects?

As mentioned above, Leena's story started with the emergence of the voice of connection. This voice can be described as a sense of support, belongingness, and community. Living in one of the biggest cities in Canada, Leena discovers a sense of attachment and richness in the multicultural community around her. She shared how the diversity and inclusivity of the city continue to provide her with opportunities to connect with people from various cultural backgrounds. She finds solace in this environment and realizes that her identity is not limited to one sole culture – but to a myriad of intersections embedded within her identities.

However, her experiences also shed light on the struggles she faces within the BIMPOC communities. While finding belongingness, Leena encountered several instances where she felt racialized and unsafe within her very own Chinese community, which frequently criticized her multicultural and quite evident Canadian way of being. This realization highlights the complexity of navigating multiple identities and the challenges that arise when one's own community fails to provide a safe space just to be who you are. She shares:

I also found that in those two places I felt like I was actually quite miserable in those organizations, and I felt like it was just too Chinese for me. And maybe just certain cultural roles played out.

As Leena shared these accounts, I listened to the voice of identity conflict emerging. This voice in Leena's account had a quality of confusion and uncertainty regarding who she was and where she belonged. Here in this quote, her voice of identity

conflict is quite palpable, highlighting the voice of struggle as she tries to find a place in the professional and personal world:

My identity? I think identity is always really interesting for me, because obviously it's on a spectrum, yes, I just don't feel like I am either, or sometimes.

Along with this, as I reflected on Leena's story, I also heard the voice of internalization. In Leena's account, the voice of internalization comprised of an imposed embarrassment for her cultural identity, a feeling of inferiority from her non-minority peers and colleagues as well as a self-imposed negative judgment on her Chinese identity. These voices of identity conflict and internalization were intertwined with each other. She says:

I think most of the time I really hide and leave my Chinese identity at the door.

But then, when I am working with families of the same cultural identity as me, I do find it very challenging, and I think I would really try to keep it professional and really minimize it.

Another voice which emerged from these two voices, as an offshoot, was the voice of disconnection. For Leena, this voice of disconnection often accompanies her and can be described as her feeling alienated from both the Canadian identity as well as her Chinese identity. This, in turn, seems to affect her professional identity as a therapist. She shared that she feels like she does not fully belong in either world; hence, she does not know who she truly is. Even growing up, Leena shared about how she struggled to find a sense of community in either culture. Perhaps this yearning to know what her identity is helps her relate more to her teenage clients, who are known to grapple with identity at this developmental stage. She shares how she finds her youth clients to be more "forgiving" and nonjudgmental of her.

Gradually, Leena's voice of feeling oppressed emerged. This voice is characterized by feeling stereotyped, discriminated against, and marginalized in and out of the therapy room. She briefly shares with her voice of feeling oppressed here:

It was just a really strange remark I'm like, okay, I don't really know what that means. I think it goes away for me quickly. Is there like an undertone there? Does she mean something else?

Quite evidently, in her questions in the previous quote, this voice of feeling oppressed was, seemed to be always in tension with the voices of internalization and identity conflict – always rationalizing her experiences of her oppression when she shared. Moreover, throughout her account, the voice of identity conflict seemed scaffolded – studded frequently in her story of negotiating her professional and cultural identities. It is important to highlight the incredible way in which Leena's voice of internalization and identity conflict has helped her to cope. Leena shares with context to her voice of internalization here:

Growing up in a White supremacy mindset and the idea that to be Caucasian means naturally there is more power. I do not know where that came from. It is probably because of colonization history in my culture. So, placing being white as better and that it comes naturally with a certain respect. There is a little bit of feeling inferior to be Chinese.

Throughout the interview, Leena's voice of connection is also constantly audible quite frequently. She talks about supportive instructors and supervisors, especially from the non-minority population, who have genuinely been there for her and have been key influences in helping her find her identity. In addition, she discusses her experiences working with children and young people, describing how she finds them to be unbiased,

nonjudgmental, and more open-minded than adults. Her voice of connection had the quality of finding support and a sense of belonging, conjuring a metaphorical picture of a lost sailor who, in a tempest, finally finds the shore. A quote to illustrate this voice of connection:

I feel like when I'm working with teens, that age is more forgiving, and I feel like they grew up in the in the culture and generation where they are just like more tolerant, more understanding.

To elaborate on the importance of connection in her life, Leena shares, despite the difficulties she faces, she is grateful for the support she receives in Canada. She acknowledges the opportunities and resources available to her, allowing her to pursue her passion as a therapist. Through her work, she witnesses the adaptability and resilience of individuals from diverse backgrounds who integrate into a new culture. However, she also recognizes that this adaptability often comes with a cost - a denial, internalization, and self-doubt concerning experiences of oppression.

Reflecting on Leena's story, it strikes me how she attempts to minimize and invalidate her encounters with racism, and she acknowledges this during the interview. I realize that the internalization of oppression is a coping mechanism that many minoritized individuals adopt, normalizing their experiences to assimilate and survive. I find myself torn between the realization and constant struggle of individuals of immigrant status and how negotiating identity starts early – even before journeying as a therapist.

Leena's story serves as a reminder to empathize with others who may be going through similar challenges. It prompts me to acknowledge the strength and resilience of individuals like her and to offer support and understanding. It also emphasizes the importance of creating safe spaces within communities, where individuals can

authentically express themselves without fear of judgment or harm. Leena's narrative highlights the complexity of balancing cultural identities, the challenges faced within and outside communities, and the coping mechanisms that arise from experiences of oppression. She sheds light on how allyship from other regardless of their membership to the minority or the dominant culture is unimaginably helpful in providing BIMPOC therapists with validation and a sense of comradery and is in turn facilitative in forming a new identity for themselves.

Presented below are Leena's I-poem and an illustration I made while reflecting on her account. The illustration represents a mandala and at its center, two majestic Koi fishes elegantly swim, like Yin and Yang. The Koi fishes' gazes meet, conveying a sense of perception and resolution in their quest for a connection between their contrasting cultural and professional identities, as Leena explained in her story. Jointly, they represent the balancing energies of the cosmos, the harmonious equilibrium between yin and yang in the quest for identity for Leena.

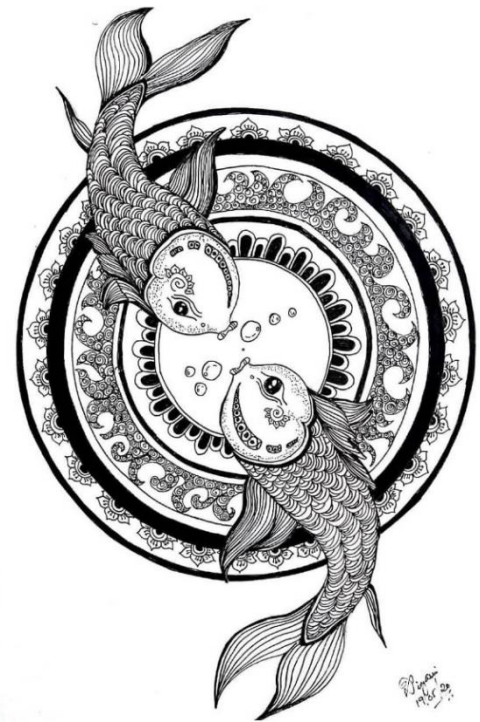
Leena's I-poem:

I think it's fine
I just continue
I do usually
I feel like I have to
So, I did.

I was actually quite close
I did not feel supported
I don't know what happened
I felt uncomfortable
Then I felt okay
I had to

I just took it as okay
I had to
I just don't have the control
I struggle
I still struggle

I am okay
I am grateful
I know that
I trick myself
Maybe I am not
But I am okay
I am okay.



Zhara's Story

Zhara identifies as a first-generation Black female immigrant settler in Canada who was born in Cameroon. She immigrated to Canada with her parents when she was eight years old. She is an accomplished therapist and social worker at the age of 26, making a significant difference in the lives of people of colour. She specializes in working with minoritized individuals, helping them navigate several concerns in Canada. Zhara responded to a poster call for participants on social media for this project. We met online for an interview. Zhara expressed her joy at the increased conversations and research taking place to voice these issues in psychotherapy during the screening call. She expressed that she was eager to participate and tell me her story.

While listening to Zhara, I got the impression that her path to where she is today was paved with resilience, determination, and a burning desire for social justice. Zhara shared that the transition to a new country was not without challenges and that the journey of negotiating identity for her began even before entering the field of counselling and psychotherapy. Growing up speaking French, she had to take English classes to adapt to her new surroundings. During this time, Zhara started to become interested in learning about the subtleties of oppression, culture, and identity. As Zhara shared her experiences with racism and her decision to become an anti-racist advocate, the voice of feeling oppressed and the voice of struggle emerged. The voice of feeling oppressed consisted of racial discrimination based on her skin colour, accent, and minority status, whereas her voice of struggle consisted of hurt, feeling rejected, and making her feel categorized as the "other." Zhara shared:

We were very divided from the rest of the school, like we had our own building, our own everything. And I think that is what created the segregation. I really saw how segregated things were.

Throughout the interview, Zhara's voice of feeling oppressed was audible. Unfortunately, and perhaps unsurprisingly, her experiences with systemic oppression and racism were not limited to her personal life; they manifested themselves in her profession and during her graduate school training as well. She described an incident in which one of her instructors, whom she described as a White, older male, made an overgeneralized remark about the Black and people of colour communities. She explained how it offended her and gave her a sense of inferiority. The voice of struggle came through here, charged with an emotional quality of sadness, hurt, and exhaustion. Unfortunately, Zhara

described how she still gets distressed and traumatized whenever she thinks about the incident. In this context, she says:

He made a lot of people, including myself, feel like we just did not fit in, and our experiences were not valid, and were not valued enough to be research worthy - if that is the right way to put it.

Zhara's own experiences of marginalization, isolation, and invalidation shaped her understanding of what her clients were going through. She knew firsthand the impact of racism on mental and physical health, and she strived to address these issues holistically. But amidst her professional successes, Zhara also grappled with a deep yearning to search for her roots, to connect with her heritage and truly belong to an identity.

This yearning became more pronounced as she faced the undue stress and burden that minoritized groups often carry in a society with racialized hues. She saw the stark contrast in how her white counterparts navigated the world without the added weight of discrimination. It was not just the larger systems of oppression that affected her, but also the microaggressions she encountered from non-minority people in positions of power. Sadly, she shared that these experiences were not isolated to her alone; they trickled down to her family members as well.

She discussed the underrepresentation of minoritized therapists and therapists of colour in the profession. As she described feeling pressured to represent her community as the spokesperson for her organization, her voice of struggle was evident as she spoke of feeling burnt out and exhausted. Her exhaustion was palpable, as evidenced by frequent sighs, a low pitch in her voice, and her words, as she says:

During black history month and see all the black students looking to me to see if I'm going to do anything, but I am too busy, because I am the only black therapist

and the whole board, and everybody calls me every single time. It's just draining, so I rather isolate myself than have to deal with white fragility. How do I support my clients? That's also affecting me very deeply on a personal and professional level.

In relation to underrepresentation of therapists of colour at her organization, the voice of disconnection also surfaced. This voice possessed aspects of seclusion, a sense of separation, and isolation. A yearning to belong and to be a part of a community was also present in this voice. Zhara states:

I feel very isolated, even from my colleagues. They are amazing people, but they just do not get it like they just do not have to experience what I experience. They do not have to hold their breath during Black History month.

As Zhara spoke about her racialized experiences, a voice of resistance was discovered. This voice of resistance in Zhara's story was found to be actively pointing toward and speaking against the injustices – taking the shape of a spokesperson rather than a bystander. Her voice could be heard rising in volume and pitch with a combination of resolve, rage, and power. This voice seemed to wrestle with the voice of oppression and the voice of struggle. She says:

I always say to people who cannot actually take a stand and say no, then you are part of the problem. I am sorry like you really are.

Zhara discovered her affinity for working with youth and families from her own community. Here, a voice of connection came through, which was tinged by solidarity, sense of community, comradeship and understanding. She believed that by incorporating a systemic, psychoanalytic, and trauma-informed approach, she could help break the cycles of marginalization and provide a safe space for healing. Zhara indicated that advocacy

became her second nature, as she tirelessly fought for the rights and well-being of those who were often ignored or invalidated.

The voice of empowerment was one of the loudest voices heard throughout Zhara's transcript. Zhara's entire story was greatly influenced by this voice. In her narrative, this voice of empowerment can be described as a sense of certainty, self-awareness, and informed consent. This voice started to sound extraordinarily strong. Zhara was able to reclaim her power and control from the systemic oppression with this voice. The following are some quotes that demonstrate her voice of empowerment:

I became my first high school black president ever; till this day nobody else has been black and a president at that school I made a lot of initiatives come to life for kids of immigrant backgrounds.

I aim to be respected when I engage with you. I do not get to be, I do not want to be, I do not need to be liked. I do not need you to agree with me. I do not need you to accept me. I could care less; I just want you to respect me.

However, through it all, Zhara shared that she has learned the importance of picking her battles. She understood that to thrive, she needed to create her own safe spaces while saving her strength for the battles that really mattered. It was a delicate balance to know when to fight for change and when to seek solace in moments of peace. I listened to the voice of identity reconstruction here, which was embodied in such a way as to inform Zhara of the security her mind and body need to function and the resources her soul needs to flourish. This voice possessed a sense of tranquilly, composure, and objectivity. This voice guided Zhara to recognize what was important to her. It had a tone of clarity and calmness. Even so, I occasionally detected a voice of struggle with a

melancholic undertone in this identity reconstruction. Overall, though, it appeared that Zhara was thriving and rejecting these oppressive forces. Zhara says:

I have stopped wanting to be at the table; I do not need it. I have created my own people. I have created my own safe spaces. I have created my own way, and it is going to sound terrible. But again, I also think that sometimes, as people of colour, we need to stop begging for acceptance like if somebody does not want to accept you, who you are as much as it sucks, we are in a white space that has power. It is like peddling against when there is someone determined to misunderstand you. Some fights are not worth it, and sometimes we could self-preserve if we just chose our battles better and chose what to fight about.

With clients she works with, Zhara aims to bring a profound understanding of the lived experience of marginalization and a dedication to fostering a feeling of comradeship. She approaches her work with deep compassion, drawing from her own hardships and triumphs. Zhara's advocacy transformed as an integral part of her work. Zhara ended her story by saying that in her heart, she carried the hope for a future where marginalization, discrimination, and inequity would be relics of the past.

Presented below are Zhara's I-poem and an illustration I made while reflecting on her story. The illustration represents a feminine figurine walking towards the horizon on a full moon night amidst the flowing lake. This imagery is a homage to the ancestral wisdom, strength and awareness Zhara embodied while describing her account. It represents a deep inner knowledge of self and bare vulnerability that was studded in Zhara's voices of identity reconstruction as well as empowerment.

Zhara's I-poem:

I saw
I struggled
I felt so isolated
I really worked hard
But I just could not

Then I realized
I don't have to
I don't expect
I could care less
I just want
I want you to respect me

I will only engage with some
I value
I respect

I am going to wear
I am going to change my hair
I don't have to listen

I create my own space
I take a lot of joy and pride
I pour into them
I genuinely support
I am
Who I am!



Doris' Story

Doris identifies herself as a 31-year-old female, queer, second-generation Chinese Canadian art therapist who has been practicing in Canada for the past seven years. We met online for the interview. While listening to Doris, I was struck by how important it is for her to adhere to and embody the principles of decolonization. Doris began the interview by asking how accessible the project's findings would be. She continued by saying that she believed most academic research had been colonized and Eurocentric; so, she questioned how the nonacademic public would be able to access it. Several voices

emerged as I listened to Doris. Doris' quest for navigating identity appeared to be an ongoing endeavor, and I felt humbled to be able to join her in it.

With her parents originally from Hong Kong, Doris identifies both with her cultural Chinese background and her Canadian identity. She specifically focuses on providing therapy to individuals who identify as racialized, queer, and neurodivergent. Throughout her career, Doris has increasingly found herself drawn towards working in supervision with counselling students. It is within this role that she aspires to challenge and address the harmful effects that the psychotherapy industry has had on students from diverse cultural backgrounds, particularly those that differ from the majority in Canada. Doris feels a deep desire to create a supportive and empowering environment for her students, wanting to counteract the systemic barriers they face within the field.

As evidenced by the preceding paragraphs, a voice of empowerment was clearly audible from the start of my conversation with Doris. In Doris' story, this voice can be described as a knowledge of her power, her priorities, and actively decolonizing narratives in the Canadian context of psychotherapy. When she spoke, there were undertones of asserting control and taking charge to create rituals and practices for her job and life, which reflected her values and decolonization of healing practices. These practices are inherently relational, Doris says:

My personality is you know. at this point in my life is very just like. take it or leave. If you don't, if you take issue with any part of me as a person or as a therapist that doesn't have to show up in therapy.

Additionally, Doris highlights how much she cherishes the chances for connection that come with being a therapist. I listened to the voice of connection here. This voice was very appreciative of being part of something, companionship with others, and social

solidarity. This voice did not limit itself to connection in the profession, this voice extended to clients who might speak the same language as her (i.e., Cantonese), to her supervisees, to clients who might have similar lived experiences or identities and so on. I did, however, also feel a distinct yearning for connection in Doris' story. Through this voice, she speaks about embracing parts of her cultural identity and adapting it to fit with her therapeutic style. These two themes were interwoven throughout the transcript with this voice of connection. Doris says:

Sometimes it feels especially like a point of pride when I get to, for example, say something in Cantonese that there is no other word for it in English, and it is the Cantonese-speaking client, and that moment of connection that transcends; it is just like cross-language. It feels really special.

Doris mentioned in her account that she has found herself distancing from the training in the therapeutic modalities she received during her master's degree. Instead, she adopts a more comprehensive approach emphasizing art therapy, parts work and prioritizes human connection, considering her client's identity and the intersections. This shift stemmed from her frustrations with non-profit and medically oriented organizations that she perceives as offering superficial solutions without truly addressing the needs of the individuals they aim to serve. Here, I listened to this voice of resistance and a voice of struggle.

The voice of resistance in Doris' account was characterized by a proactive approaching decolonizing mental health in her own way, while resisting institutional oppression. While the voice of struggle was characterized by the expression of sadness, frustration and hopelessness at the oppressive systems experienced by her in the mental health care. These voices were intertwined with one another. A tone of exhaustion and

numbness could be heard beneath Doris' voice of struggle. While her voice of resistance had a theme of certainty, knowing what her deal-breakers and priorities are. She speaks about her experiences while working at non-profit agencies:

It makes it so clear that the system is not designed for the people. They promote and market themselves in a way that makes capitalism feel better about itself. It is like, oh, yes, we have nonprofits, we have some funding. They burn staff out; they burn everyone out, there is no safeguard. There is no care like support for any of the staff that are that work at nonprofits.

Despite these frustrations, Doris has found solace and fulfillment in her private practice, where she can authentically connect with her clients. She believes that by prioritizing genuine relationships and trust, she can provide healing not only to her clients but also to herself. Doris particularly enjoys working with clients who share her cultural experiences of co-dependency, as she can relate to their struggles and assist them in processing their own experiences. In her work as a therapist, Doris brings forth her cultural practices of hospitality to create a welcoming and safe environment for her clients. However, in her role as a supervisor, she feels the need to stifle aspects of herself to allow her students to develop at their own pace. Doris fears that fully expressing herself may hinder their growth, and thus she restrains her cultural identity to some degree. While Doris acknowledges the importance of cultural relevance in therapy, she also recognizes that not all aspects of her cultural background may pertain to her clients' needs. Instead, she prioritizes embracing her true self, no longer wanting to diminish her own presence as she has done in the past. Through this process of self-discovery, Doris aims to build connections and trust with her clients and students on a deeper level.

Doris's reflections on empowerment, inspired by her lived experiences, stand out in her narrative. Although she acknowledges her continuous growth and development, Doris recognizes the areas of herself that she knows well and understands that her current priority is to establish connectedness with her clients and students. However, a question arises as to whether the parts of herself that she holds back could hinder her personal growth and authenticity. The systemic oppressive forces that have influenced her tendency to protect these aspects of herself may have contributed to this dynamic. It is worth considering whether allowing those parts to be present would enable Doris to transition from self-awareness to authenticity, both in her interactions with clients and in her role as a supervisor. Finally, as I reflect on Doris' account, it becomes amply clear to me, that connections within the profession (and beyond the profession) provide a solid foundation for journeying through this identity negotiation process.

Doris' I-poem and an illustration I created while pondering on her narrative are both included below. The artwork depicts a figurine floating upwards despite the shackles on her feet, connected to a hefty chest beneath the water holding all the presumptions and internalizations. I observed an upward movement in her story, where she is oddly calm as she navigates her cultural and professional identities, as well as a profound sense of understanding where she is in the present.

Doris' I-poem:

I take them on
I'm very much an open book
I run
I work
I'm quite selective
I have designed

I really value connection
I love working with folks
I value hospitality
I value connection
However, I wish
I was more
I had more

I grew up
I could not connect
I found
I connected
I found
I am still searching
I fear
Maybe I will someday.



Bridge's Story

Bridge was one of the first participants to contact me about getting their story out there. We met for the interview on a chilly spring evening in February. I was immediately struck by the warmth and gentleness of her presence. As I listened to her story, Bridge's account struck me as one of resiliency, advocacy, and self-discovery. As a self-identified first-generation Korean immigrant woman in Canada, she has carried the burden of her family's immigration experience her entire life.

Bridge arrived in Canada at the age of two, thrust into a new country and culture with her parents, who had limited financial resources and English language abilities. As the oldest child in her family, Bridge took on the role of translator and caregiver for her younger siblings, supporting her parents in their transition to Canada. Bridge gained a

profound empathy and understanding for the struggles faced by immigrant families, particularly those with limited socioeconomic status, language barriers, and experiencing unfair treatment, as a result of personally witnessing her parents' struggles firsthand.

As Bridge began to narrate her story to me, I quickly picked up on the weight of her words. Her experiences were spoken in a voice that was heavily shrouded by a sense of oppression. This was the voice of feeling oppressed, which echoed with the countless incidents from her childhood was tainted with oppressive experiences at interpersonal, institutional, and systemic levels. She shared that these incidents left lasting impressions on her life. I paid close attention to these voices as she spoke, fully conscious of the undertones present. They spoke of insidious oppressive forces in a new country that made Bridge and her family feel inferior and outcast. It was a voice that mocked and belittled her and her family, leaving behind scars that ran deep and wide.

As the words poured from her lips, I could not help but be struck by her voice of struggle. This voice comprises a pang of deep pain and sorrow from these experiences of oppression. Her voice embodied her battles against the repressive forces that surrounded her and the hardships she had to endure. As I listened to these experiences, the voice of struggle, and the voice of resistance, emerged. In Bridge's account, the voice of struggle bore the pain and emotional labour that she carried from the experiences of marginalization. Contrastingly, the voice of resistance was characterized as a constant combat and to survive this feeling of "otherness" towards herself and on behalf of her family, continuing unto her clients. It told us stories of her resistance and how she had battled tirelessly against a system that attempted to minimize her significance. These voices seemed to be intertwined, as if infused with one another and it was hard to separate them. This gives us a glimpse of how layered these voices can be in our psyches.

As she spoke about the struggle and resistance towards oppression, I found myself resonating with her experiences. I, too, have felt the sting of oppression and the turmoil it can bring. The hurt and pain she carried within her voice were all too familiar. Her voices mirrored the scars she still carries from her encounters with oppression, which continues to exist. She recounts one such incident that happened to her while she was transiting, in which a non-minority youth made fun of her and her language because he assumed she did not speak English. She shares:

He thought I could not speak English. So, he is pretending to speak Chinese, obviously it was not Chinese; he was mimicking, because he was just trying to get under my skin. And I am Korean. It is still happening. The discrimination is still very real.

Bridge shared each incident with raw vulnerability, making sure I understood the profound impact they had on her life. Through her words, I could feel the weight she still carried, the burden that had yet to be fully lifted. It was a voice that sought acknowledgment, understanding, and validation, a voice that longed to be heard and seen, to be believed and valued. In listening to Bridge's narrative, I found myself not only listening but also bearing witness to her story. I was aware of how critical it was for her for someone to listen, acknowledge her lived experiences, and extend compassion and support. Bridge's voice, filled with the pain and struggle of her past, deserved to be honored and validated, just as every voice that speaks against oppression should be.

It was the personal experience of negotiating identities since childhood that drove Bridge to pursue a career in counselling, as she saw the profound impact that support and guidance can have on individuals facing similar challenges. With her decades of experience in the field, Bridge has worked in both private practice and a government

agency, where she has seen firsthand the discrimination faced by minorities, non-English speakers, and those with limited economic resources and education.

Bridge's advocacy for marginalized communities is clear in her words, as she speaks honestly about the systemic barriers they face. Here, I listened to two voices which were intertwined with each other – these were the voice of empowerment and the voice of identity reconstruction. The voice of empowerment in her story can be described as a self-awareness and insight into who she is and what her choices are. While the voice of identity reconstruction comes from a grounded sense of self which Bridge has created for herself after being in this negotiation process for a long time. She shared that she recognizes the importance of cultural competency and multiculturalism in therapy, even though it was not emphasized during her own education. Bridge's sense of responsibility to be self-reflexive and examine her own cultural biases is commendable, as she acknowledges that her own values may diverge from traditional Korean perspectives. Bridge provides us with an advice of what might aid this identity negotiation process as she says:

You have to do a little bit of the work to do about your value system and where it comes from, and what you want to hold on to, you know, and that is, you know, whether it would be culture or your religion, or just your values in general, you have to do some work on what you are going to make with what's important for you.

Despite divergence from some aspects of her cultural identity, Bridge remains strongly connected to her Korean culture through her participation in Korean church/ministry communities. However, she indicated that she is also willing to question and challenge certain cultural norms, particularly those that uphold a deeply embedded

patriarchal system within her community. This struggle of questioning her own values and personality traits, such as her shyness, adds another layer to Bridge's journey of self-discovery. Throughout the interview, it is evident that Bridge has navigated her cultural and professional identity with limited supportive figures. This has pushed her to seek her own path in understanding intersectionality and the impact of cultural identity on socio-economic status. Her ability to articulate these complexities highlights her clarity and awareness.

Engaging in this interview about personal and professional identity seems to have been a transformative experience for Bridge. It provided her with an outlet to voice her struggles and challenges in negotiating conflicting cultural systems. It allowed her to explore the gray areas of her own values and question the internalizations she may have absorbed from both her cultural identity and the dominant White culture in Canada. As she questioned and pointed out several of her self-doubts, judgements on herself, and criticizing herself, I listened to the voice of internalization. She says:

Some assumptions that come up that way, but that colors the way I perceive myself or how I expect others to treat me.

Bridge shared that her journey as a first-generation Korean woman has shaped her into a compassionate and dedicated counsellor, someone who utterly understands the struggles faced by immigrant families. Through her work, she continues to be a bridge over troubled waters for others, supporting and guiding them through their own unique challenges. It is important to mention that Bridge's voice of connection was audible towards the end of the interview. This voice can be described as belongingness in the professional community and feeling supported to explore and question her values and biases. Bridge emphasized that this process of identifying and discovering herself has

been possible because of the supportive network of therapists she is currently working with. These professionals belong to both minority and non-minority communities. Bridge highlights that even though her current professional network consists of professionals who are newer into the profession, they have been incredible sources of support for her identity negotiation process. She ends with a note that she wished she had similar support during her counsellor education experience, which she indicated not receiving then.

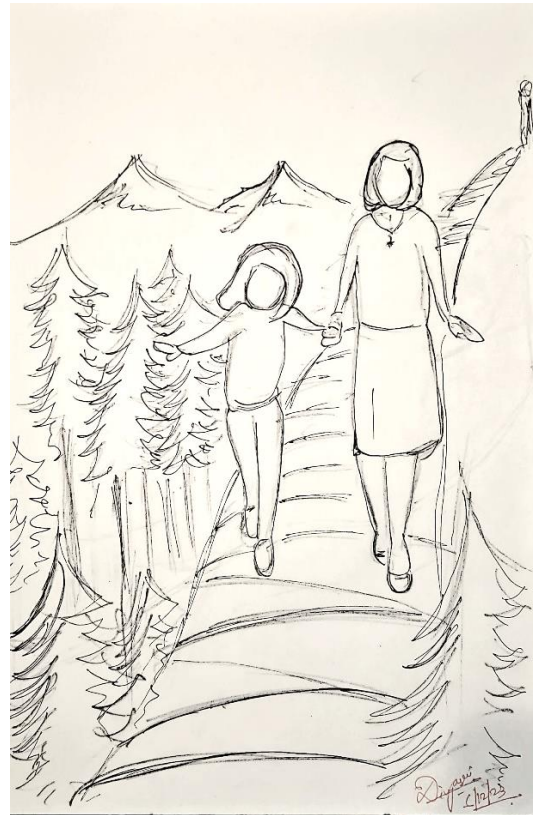
Bridge's I-poem and an illustration I created while pondering on her narrative are both included below. The artwork depicts two figures, a woman and a little girl travelling across a bridge against a backdrop of what appears to be Canada. As I listened to her story and the pseudonym she used for this project, it appeared that Bridge had served as a source of connection and support for her parents as they navigated their lives in a foreign land with a new culture and language. The two figures here represent her cultural and professional identities, complementing and supporting each other in the same way she did for her parents.

Bridge's I-Poem:

I saw how it was
I had to be with them
I constantly
I translated

I know the feeling
I survived
I feel for them
I still struggle

Maybe I am
I still question
I understand the struggle
I will support

*Hazel's Story*

On a bright, sunny spring afternoon, Hazel and I met for an interview. She seemed hesitant to participate at first, as evidenced by her low, hushed voice, paused speech, and her request for confirmation that all identifying details would be anonymized. But slowly, she began to open up and share her story.

Hazel, a 29-year-old female therapist, comes from a rich and distinct heritage that combines European and Latin-East Indian cultures. She identifies herself as a first-generation immigrant settler in Canada. She immigrated in 1994 as a baby with her family. Fast forward to the present times, Hazel has been committed to this work since 2014, specializing in assisting clients dealing with relational trauma, particularly sexualized trauma. She began her career in agency work and now runs her own private

practice, where she finds immense joy in empowering survivors of relational violence on their healing journeys. As I reflected on Hazel's story of professional identity, the voice of empowerment emerged. This can be described as a voice infused with a zeal and principle to work with and support marginalized people and women through the anti-oppressive, intersectional feminist lens of psychotherapy and counselling. She brought up significant issues regarding power dynamics and how, as therapists, we hold a certain level of power in the therapy room, which she seeks to balance by working in partnership with her clients. Hazel shares:

It is a very congruent and natural outpouring of where I come from, and my own interaction with power that informs the counselling room for me in terms of knowing that as a therapist I have a lot of power in the room.

Hazel's journey into this profession began with an internship at an organization where she confronted the reality of being one of the few people of color. While she felt supported by her supervisor, there were moments that revealed a sense of isolation and hurt. Here I listened to the voice of disconnection. This voice can be described in her account as a sense of not being able to share her experiences with others, a deep sense of loneliness within the profession and a fear of being outcasted. As she speaks about these experiences, it becomes evident that she is actively processing them, acknowledging the impact they had on her. This is where the voice of oppression also surfaced. This voice is colored with Hazel's experiences with institutional oppression. She raises critical questions about oppression, intersectionality, and its consequences on her identity. During the interview, she appeared to be proactively navigating the hurt, oppression-imposed guilt, and oppression-imposed shame, which further identified the voice of struggle. This

voice of struggle can be described as the hurt, pain, and sadness she faced because of systemic and institutional oppression. She shares:

When I took over the counselling program, I was still fairly young, and I was in charge of people who were in their sixty's- seventies, and there was there was some strong push back against me, being their boss and so I think race and age played a really important piece in that. They were white women in their seventies who had not necessarily been challenged. I think that there are a lot of factors in place that had that made for some really hurtful conversations.

As evident by now, intersectionality is a dominant theme in Hazel's narrative, encompassing age, sex, gender, skin color, religion, and more. She reflects on the nuanced stereotypes and assumptions imposed on her based on these intersecting identities, both within and outside her profession. Hazel delves into the power dynamics that define recognition and feelings of empowerment or disempowerment within systemic oppression, emphasizing the importance of understanding these complexities in therapy.

For Hazel, finding safety and adapting through acculturation, such as adjusting her last name and attire, has been crucial. This struggle is intertwined with her experience of growing up with mixed-race identities and continually exploring what identity means to her in this world. Here I listened to the voice of internalization. This voice is described in her story as a constant nagging inner questioning of her experiences and sometimes minimization and invalidation of these encounters. However, she shared that she feels more closely aligned with her European heritage, still unraveling the significance of her Latin-East Indian identity. She suspects that her mother's intergenerational internalized oppression and shame, stemming from colonization, may have influenced her own

connection to her Latin-East Indian roots – perpetuating the voice of internalization in herself. She shares:

I was very aware of this racism that my own family perpetuated in terms of seeing anybody who is white as more professional or and more attractive, or these kinds of things.

Within Hazel's story, there exists a sense of self-awareness and a deep understanding of her place in the world. She actively chooses to create a sense of safety and security within the systemic power dynamics and assumptions she encounters based on factors such as age, gender, and skin colour. Here, I listened to the voice of identity reconstruction of her unique positioning. She named the pieces that are important for her and pieces that she is unwilling to compromise. She says:

I step out of my professional hat slightly and talk as a woman of colour. Being able to join in that way, even though our race backgrounds are very different, being able to support her and what she is doing in her own self-advocacy as a woman within that community feels special; to be able to come alongside in a very real way that makes a difference.

Alongside this knowledge, in Hazel's story, there exists an undeniable yearning and sense of belonging to her heritage. She grieves being away from it for so long and continues to navigate the complexities of her identity. I listened to both the voice of connection and the voice of struggle here. These two voices were scaffolded with one another in the interview. The voice of connection was described by her sharing moments of feeling supported and connected by colleagues in her professional community. However, her voice of struggle in this context revealed that she is still looking and

yearning for true belonging in the world. She expressed that in this world, she and people of mixed race often feel caught in the middle.

Nevertheless, Hazel's story is inspirational for therapists. It sheds light into the process of identity negotiation. It unravels that BIMPOC therapists, by demonstrating resilience, empathy, and an unwavering commitment to assisting others, often recognize their own unique identities and privileged and powerful positions. However, they genuinely thrive in connections and support from their colleagues, and they need to be listened to and validated.

Presented below are Hazel's I-poem and an illustration I made while reflecting on her story. The illustration depicts a face of a woman which emerges from a burst of various shades of the same colour that are intricately woven through her cascading hair. These shades represent various forms of identities and intersectionality for Hazel. Each strand represents her journeys through these various combinations of identities and her current act of negotiation of the cultural and the professional. The eyes of the figure depict an expression of a quiet sense of contemplation and introspection, characterizing how I experienced Hazel's presence in the interview.

Hazel's I-Poem:

I felt isolated
I came up against power
I was told
I was put on the spot

I would say my identity is
extraordinary
That's where I'm careful
I have to be.
I didn't know what to say
I don't want to

But I am learning to find my voice
So, I really pushed back
I said
I made it clear
I can't speak for all

I am still on a journey
I wish
But I feel supported
I feel privileged
I am grateful.



Leila's Story

Leila and I met for an interview over the summer. As I began interviewing her, I sensed a very candid, self-aware, and resilient presence from her. Leila's story is one of resilience and determination as she navigates the world of therapy as a South Asian Pakistani woman wearing a hijab in Canada.

Leila has been a therapist for over two decades, with the last 16 years spent in Canada. Despite her qualifications and experience, Leila had to face extra challenges in building her practice because she was not from the country. Leila's journey towards negotiating her personal and professional identities was studded with aspects of self-reflection, a strong value on authenticity, and a desire for acceptance and belonging.

As previously stated, Leila identified as a female, second-generation South Asian Pakistani immigrant in the United States of America and first generation in Canada. One of the major hurdles that Leila had to overcome was the perception of her head covering as solely a religious symbol and tool for stigmatizing her and her community. In her capacity as a therapist, she was routinely questioned in various organizations and workplaces about how her hijab affected her clients. This caused her to become acutely aware of how her clients were viewing and judging her in several ways. Unfortunately, this resulted in her losing a sizable portion of her clientele who were uncomfortable with her transition to wearing a hijab. I listened to the voice of feeling oppressed here. This voice was described by her being regarded differently, as being inexperienced and being outcasted as a result of her decision to embrace her cultural and religious identities. She shares:

There was this assumption with religiosity when you are wearing hijab. My supervisor told me see if you can have some other religious head covering.

Another supervisor asked, how do you think it might impact our clients, or said, we try to not show like religious elements in our practice.

Furthermore, a voice of struggle unmistakably rose alongside the voice of feeling oppressed. This voice held scars from being rejected due to her skin tone, cultural background, and religious affiliation. This was a voice that arose from the agony of being unable to embrace who she was and what she valued about her culture in a Eurocentric context within the profession of counselling and psychotherapy in Canada.

As evident in the previous quote, as she shares, Leila contemplates the direct and hidden discriminations she encounters because of her appearance. She questions whether people choose or refuse to have her as their therapist based on their biases. This

discrimination not only affected her practice, but also made Leila fear for her professional future. She reflects on the fact that in society's perception of a therapist, the image that comes to mind is often that of a non-minority European descent male or female therapist, which does not align with her own identity. Furthermore, Leila raises critical questions on whether the profession is reflective of equity and diversity principles at all – given there are so few representations of BIMPOC therapists in Canada. She shares:

You do not necessarily come into a therapy room thinking your therapist is going to be a brown person. Because then all the generalizations that you have about this person being an immigrant, or having an accent, or not having the appropriate education, or they are going to have cultural influences, come true. All these generalizations that people have, does come into play when they're trying to pick a therapist.

This quote illuminates that harsh reality of BIMPOC therapists in Canada. Leila talks about how difficult it has been for her to fully embracing her cultural identity because of fear of ostracization. However, she emphasized that while she is proud of her South Asian Pakistani heritage, she also feels a sense of belonging to her current home in Canada. As I reflected on Leila's conundrums, the voice of identity conflict emerged. This was characterized a feeling of ambivalence to her identities. This duality is complicated by the harmful stereotyping she faces as a Pakistani Muslim woman in Canada, forcing certain parts of her identity to be hidden.

Leila spoke passionately about the overwhelming sense of disconnection she experienced within her profession and academia. As she shared her thoughts, the voice of disconnection reverberated through her words. Leila described this voice as the profound feeling of being the odd one out, as if nobody utterly understood or could relate to her

unique experience, her identity, and her cultural background. In a field centred around understanding and healing, the sense of isolation weighed heavily on her. In her pursuit to help others, Leila yearned for a space where she could authentically connect with like-minded individuals who could empathize and appreciate her perspective. Leila shares in this context:

All my professors were white. I kind of missed having someone who had a cultural understanding of something a little bit, maybe different. There is like one Japanese professor, everybody else is white, so it is a very white-oriented profession. I had hoped for being able to experience or have some cultural experience where somebody looked a bit more familiar. Someone was resembling me a little bit. I did not have that in my training.

Despite feeling disconnected and isolated, Leila discusses finding connection, support, and belonging within the therapist community. She speaks with a voice of connection here. This is a voice which can be described as a source of support, community, and belongingness. This is highlighted in her professional circle, where even though some people may not identify with her cultural makeup, they are incredibly supportive of her as she navigates the heavily tinted world of intersectionality. She shares:

I find myself being very fortunate to have some of these relationships with other therapists who are now my friends. You know what I will have people over to my house, like, you know, like 75% of people in my friends' group are other therapists.

Furthermore, Leila remains hopeful and determined. She shares that she believes identity as an integral part of who we are as individuals and mental health practitioners. She emphasizes the importance of leaving judgment behind and meeting clients where

they are, regardless of their religious or cultural backgrounds. Leila's reflection on self-awareness and authenticity further underscores her commitment to providing the best care for her clients.

I heard both the voice of empowerment and the voice of identity reconstruction here. The voice of empowerment was defined by a deliberate decision to continually reflect on oneself and recognise one's own prejudices, assessments, and distinctive positions for herself, her clients, and her students. At the same time, the voice of identity reconstruction was concerned with carving out a place for herself in her own way. These two voices had an undercurrent of assurance, self-awareness, and a sense of humility. She says:

It goes back to leaving your own judgment at the door. Being able to meet the person where they are at; at the same time, once you build, trust and rapport with your client, they do allow you to be who you are. Show them from your perspective, where your own lived experiences are some of the concerns they have, or a situation they find themselves in, that even though we might be from a different culture, there is like a shared humanness.

Leila's story also prompts the listeners to consider their own journey and the biases they may face. It encourages them to remain self-aware and true to themselves, despite societal or cultural expectations. Leila shares that while progress has been made, systemic issues still exist, and it is the responsibility of mental health practitioners to be cognizant of these challenges in order to provide the best care for their clients. She says:

There are times where there can be certain clients where you faced discrimination in the therapy room, where you know it would not be fair for you to work with

them, and you just identify that. I would refer you up because somebody else would be a better fit.

In conclusion, Leila's story is one of strength, resilience, and hope. Despite the obstacles she faces as a South Asian Pakistani woman wearing a hijab in Canada in the field of therapy, Leila remains determined to be true to herself and provide the best care for her clients. Her story serves as a reminder to embrace one's authentic self and to navigate the complexities of identity with self-awareness and empathy.

Presented below are Leila's I-poem and an illustration I made while reflecting on her story. The illustration depicts a face of a woman wearing a hijab and embracing who she is. The blossoming flower signifies an ever-increasing desire heard in Leila's account to progress towards authenticity and connection. The figure's closed eyelids signify a profound state of meditation in which one explores one's inner world in order to establish a connection with the outside world.

Leila's I-Poem:

I did not realize
I changed
I was not aware fully
I was shocked

I couldn't help but think
Maybe I am
Maybe I was
Maybe it was because who I am

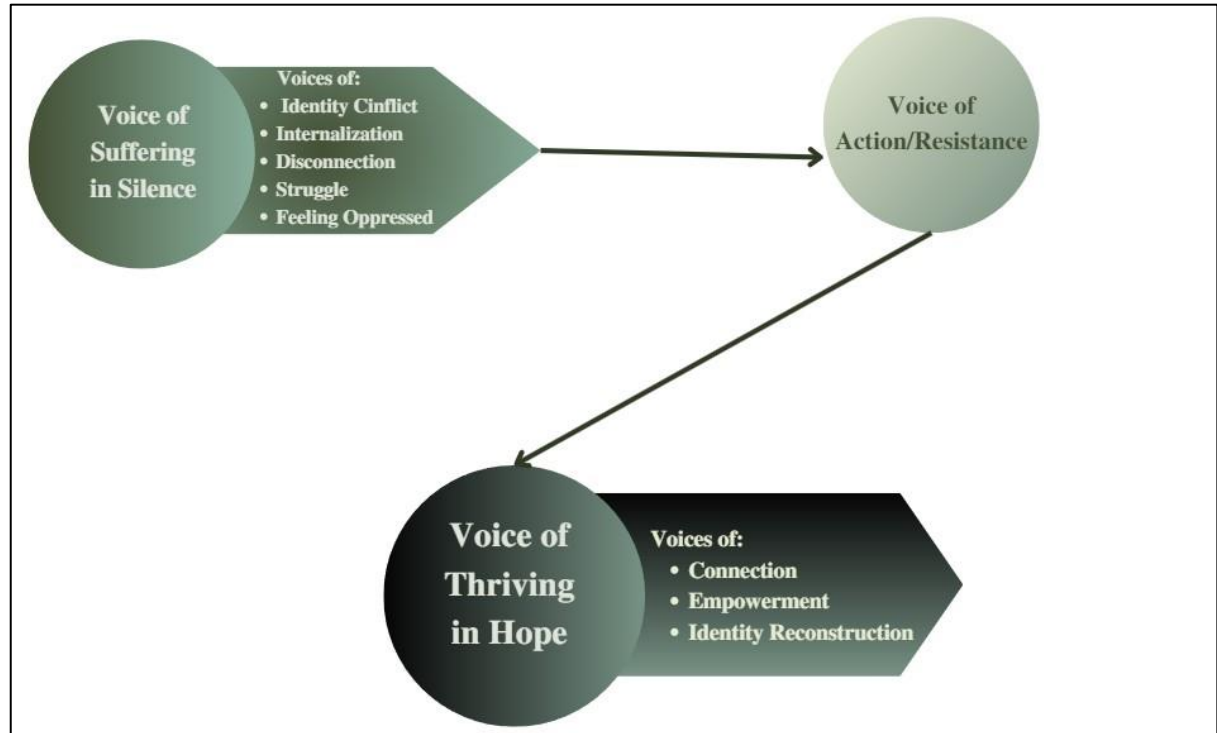
I cannot
I will not
I am.



Synthesized Voices of Participant Stories

As indicated in Table 1, 2 and 3, the three voice themes comprise 63 markers that were found in the transcripts. The diverse ways that the voices in each transcript are identified and labelled capture the special characteristics and nuanced aspects of the voices that each participant experienced telling their story. The following section describes in detail the synthesised voices of all participants' narratives. After examining the voices in each therapist's story, we contrasted and compared the voices across all interviews. Nine broad voices encompassing these 63 markers were then derived. The voices were then divided into three major categories: the voices of silent suffering, the voice of action/resistance, and the voices of hope and thriving. The voices of suffering in silence comprise the voice of identity conflict, the voice of internalization, the voice of disconnection, the voice of struggle and the voice of feeling oppressed. Then the voice of action/resistance emerged as an active resistance of oppression. Finally, the voices of hope and thriving consist of the voice of connection, the voice of empowerment and the voice of identity reconstruction. While each narrative was unique in its own way, there were intersections where a myriad of commonalities emerged. The voices of feeling oppressed, disconnection, struggle and identity conflict were heard in the stories of all the nine participants. These commonalities illustrated their collective pain, pointing to the harsh realities of systemic barriers that not only BIMPOC therapists but BIMPOC communities in Canada grapple with. The voice of action/resistance was common in most participant's accounts. As action, advocacy and resistance look different for different individuals, we listened to various distinct shades of this voice in participants' narratives. To add to this, the voice of thriving in hope and the voice of action/resistance often accompanied each other. Many BIMPOC therapists in this project who thrived in hope

were often driven by a desire to dismantle and resist oppressive systems. The voices of empowerment, and connection were shared among participant's stories. Distinctively, the voice of identity reconstruction seemed to be in a spectrum for participants; some of the participants were already aware what their unique identities were, while some were still engaged in a process of reconstructing it. It is important to mention here that on many occasions, tensions were apparent between the voices of suffering in silence with the voices of thriving in hope and voice of action/resistance. This can be understood through a range of dilemmas ethnic minority individuals encounter when navigating their experiences of oppression. These tensions brought to light the complexities confronted by BIMPOC therapists in Canada while negotiating their cultural and professional identities in Canada. It seemed as if most stories started with the voices of suffering in silence, followed by the voice of action/resistance, and then finally finding the voices of thriving in hope. Figure 1 exhibits a diagrammatic representation of the direction in which the voices emerged from the narratives of the participants.

Figure 1*Journey of negotiating identities*

A brief visual representation of the three categories of voices is given in Table 2, Table 3, and Table 4 below.

Table 2*Voices of Suffering in Silence*

Voices	Description	Markers	Participants
Identity conflict	Uncertainty with self and confusion regarding identity	ambiguity with self, self-doubt, confusion, not knowing, uncertainty	4,6,7,8,9
Internalization	Passing negative judgment towards self and labelling oneself	internalization of oppression, labelling oneself, judgment towards self, shame, self-criticism	1,3,4,7,8,9
Disconnection	Feeling isolated from others	misfit, isolation, disconnection,	1,4,5,7,8,9

Voices	Description	Markers	Participants
Struggle	Struggling internally because of oppression	loneliness, not belonging struggle, hurt, sadness, invalidation, exhaustion, burden of advocacy, powerlessness, fear of being outcasted/judged, sacrifices, losing voice	1,2,3,4,5,7,8,9
Feeling oppressed	Feeling discriminated against	Facing racial discrimination, actively silenced, judgment, marginalization, stereotyping, microaggression, prejudiced, judged, assumption	1,2,3,4,5,7,8,9

Note: 1 = Dev, 2 = Bheena, 3 = Aaliya, 4 = Leena, 5 = Zhara, 6 = Doris, 7 = Bridge, 8 =

Hazel, 9 = Leila

Table 3

Voice of Action/Resistance

Voices	Description	Markers	Participants
Action/Resistance	Resisting oppression and voicing out/acting on feelings of anger	resisting oppression, pushback, advocacy, action, anger	1,2,3,5,6,7

Note: 1 = Dev, 2 = Bheena, 3 = Aaliya, 5 = Zhara, 6 = Doris, 7 = Bridge

Table 4*Voices of Thriving in Hope*

Voices	Description	Markers	Participants
Connection	Finding belongingness and support	belongingness, connection, acceptance, community, thriving, support, solidarity, hope, inclusivity	1,2,3,4,5,6,7,8,9
Empowerment	Sense of informed consent and having power and control	thriving, I am, sense of self, spread awareness, social justice, informed choice, conscious decision, power and control	2,5,6,8
Identity reconstruction	willingness to accept one's situation and re-creating a unique identity	adaptation, acculturation, self-awareness, resilience, insight	1,2,5,6,7, 8,9

Note: 1 = Dev, 2 = Bheena, 3 = Aaliya, 4 = Leena, 5 = Zhara, 6= Doris, 7 = Bridge, 8 = Hazel, 9 = Leila

Voices of Suffering in Silence

The voices of suffering in silence took various forms in the participants' stories, but they all had one thing in common: their attempts to express themselves were constantly suppressed and muffled by both overt and covert oppressive forces. These voices were characterized by voices of feeling oppressed, struggle, identity conflict, internalization, and disconnection, and this was an overriding theme of their voices being actively silenced. Phrases like “I struggle,” “maybe I did not,” “I could not,” “I was,” “who am I” could be heard in this theme. These voices are explained in detail below:

Identity conflict. This is a voice which can be heard in several participant's narratives. This had an undertone of a complex and ongoing struggle faced by these

therapists with minoritized status, often arising from oppressive and discriminatory systems. These individuals during the interview shared about how often they would question their beliefs, values, and emotions, leading to confusion, self-doubt, guilt, and frustration. The complexity of identity conflict is evident in the participants' narratives even during the interview, as they find themselves torn between their subjective experiences and larger societal structures that perpetuate discrimination.

The struggle between oppressive external forces and personal values can create an internal storm of conflicting ideologies, causing individuals to question and reevaluate their fundamental perceptions about themselves and the world around them. This voice also reveals a pervasive sense of self-doubt, as individuals struggle with the authenticity of their convictions in the face of societal pressure and discrimination.

The emotional burden of identity conflict is evident in the narratives, as individuals navigate their journey towards finding a balance between their professional identity and their cultural identity. They experience confusion, emotional entanglement, guilt, frustration, and denial, often questioning the validity of their emotional responses to oppression. For instance, they would often question whether they are facing racialized experience at all. Aaliya shares:

I was also trying to make sense of the statement in my head was like, is this racism, or is this something else? And do I have space? And being able to call this out?

This narrative voice underscores the emotional struggles inherent in identity conflict, shedding light on the daily turmoil in therapists or individuals with minoritized status grapple with. This voice had an element of confusion and not knowing where the

participants could situate themselves, painting a muddled reality of their existence. Leena speaks:

But I think identity one is always really interesting, because obviously on a spectrum, and never really just do not feel like I am either, or sometimes.

Another theme resonating through narratives is the voice of identity conflict manifesting as relentless self-judgment. Participants often second-guess themselves, questioning the legitimacy of their struggles and the significance of their experiences. This self-critical voice emerges as individuals attempt to reconcile conflicting internal forces, navigating the complex dynamics of their identity struggles. Dev shares:

But there is always this tiny voice in my head that is like - Are you pushing too hard? Are you going to ostracize yourself? Are you going to become that person who is always bringing up culture?

Internalization. The voice of internalization was unmistakably present throughout the participants' accounts, leaving behind a lasting impression of that internalization, which is very deep-rooted, systemic, and intergenerational. It carried with it a distinct flavour of internalized oppression, as the participants would constantly find themselves judging and labelling themselves. One could hear traces of shame for their cultural identity and persistent self-criticism for not adhering to the supposedly superior standards set by Eurocentric supremacy. This voice echoed the deep-seated beliefs ingrained within society, perpetuating the inferior minoritized status that had been imposed upon them by an invisible racial hierarchy.

The voice of internalization often created a distance between the participants and their cultural identity, as they found themselves aspiring to the idealized whitewashed standards of academia and professionalism. They internalized the belief that to be

successful or accepted, they had to conform to the perceived norms and expectations set by the dominant culture. This internal voice served as a constant reminder to the participants that their cultural identity was not enough, that it fell short of the set standards. It eroded their confidence and self-worth, making them question their abilities and qualifications. Hazel indicates:

I have a very White name. I don't have my picture on any and website or anything like that, so that when you look me up you don't see me because I think that having that name has probably brought me more business, because people think I am some old white woman, and have said that so much very often when I meet them in person.

Whether it was regarding their linguistic proficiency, behavior, or appearance, this internal voice constantly demanded perfection according to the Westernized standards. The participants felt that they were not allowed to be themselves, that their own cultural expressions and values were belittled and marginalized. Aaliya shares:

I actively change the texture of my hair and believe that somehow straight hair is professional, which in reality has no place here or there. Just like the idea of professionalism and how much it is you know, White.

This voice of internalization is probably deeply embedded within the participants' psyche, presumably perpetuating their feelings of inadequacy and internalized oppression. It revealed the power and influence of the dominant culture, making it difficult for the participants to fully embrace their cultural heritage and be proud of it.

Disconnection. The voice of disconnection echoed throughout the stories shared by countless individuals, resonating with a profound sense of loneliness and isolation stemming from their cultural identity and the systemic oppression they faced in

professions predominantly occupied by members of dominant culture. In the narratives of these participants, this voice emerged vividly, haunted by the belief that nobody could truly comprehend their struggles, thus compelling them to withhold their experiences and cocooning further within untold narratives.

This voice carried the taste of suffering in solitude, an undeniable bitterness permeating every word. Fragmented from the tapestry of society, these individuals found themselves adrift, disconnected from others who failed to grasp the depth of their marginalization. The voice of disconnection spoke of the overwhelming weight of being unseen, unheard, and invalidated, creating an even deeper chasm between their racialized experiences and the world around them.

In the face of dismissive gestures and minimalization, the voice of disconnection grew louder, more desperate. It whispered the cruel reality of feeling insignificant, confined to the periphery of a profession that should embrace diversity and inclusion. Participants spoke about the tokenism and underrepresentation of BIMPOC therapists, instructors, and supervisor in all levels of the mental health profession and training institutions. These stirred emotions of loneliness and feeling a lack of support for their marginalized experiences, as participants craved for a place to belong in the Canadian mental health community and allyship from their colleagues. Zhara shares:

I feel very isolated, like even from my colleagues. They are amazing people, but they just do not get it like they just do not have to experience what I experience. They do not have to hold their breath during Black History month. It's just draining, so I rather isolate myself than have to deal with White fragility.

These individuals felt stranded in a vast sea, their voices seemingly lost amidst the crashing waves of indifference. The voice of disconnection embodied the profound

sorrow that came with witnessing their unique perspectives being trivialized and their identities rendered invisible. They yearned for spaces where their stories would be acknowledged, validated, and embraced instead of shunned or ignored. Dev stated:

It is not represented very much and so, I have not lost the feeling of walking into a room of professionals and still looking around, going. Okay. Where are the people of color?

The voice of disconnection encapsulated an immense longing for a sense of belonging and understanding, aching for a community that shared their struggles and celebrated their resilience. It cried out for an end to the silence forced upon them, hoping to shatter the barriers of systemic oppression that perpetuated their isolation. Dev asks:

Who am I supposed to go to for support if these people do not even understand where I am coming from?

Struggle. In the stories shared by the participants, a poignant and powerful voice of internal struggle echoed through their experiences as BIMPOC therapists. This voice resonated with an intense psychological conflict and turmoil that reverberated within them, representing the deep pain and wounds inflicted by racialized comments and acts of marginalization. The participants spoke of the burden carried by this voice, laden with hurt, anger, sadness, and grief from being consistently outcasted and excluded.

The sheer exhaustion that accompanied this internal struggle was a common theme threaded throughout their narratives. Dealing with the constant barrage of racialized experiences and the weight of these hardships left them feeling drained and fatigued. It was a weariness born from years of combating oppression, both within and outside the therapy room, and constantly having to navigate the shock, numbness, dismay, and frustration that accompanied these encounters.

Beyond their personal struggles, this voice bore the weight of advocacy, carrying the responsibility of being the sole spokesperson or representative for minoritized individuals. The participants spoke of the pressure placed on them by the broader BIMPOC community and their profession to be the advocate and voice of those who shared similar experiences. This burden of representation was an added layer of complexity and vulnerability, often leaving them feeling powerless and fearful of being outcasted or judged.

The internal struggle also entailed the ongoing necessity for sacrifice. Participants expressed the constant need to make sacrifices to navigate their professional and personal lives while grappling with the effects of systemic racism. This entailed giving up parts of themselves, compromising their values, and consistently battling to be recognized and respected in a world that often dismisses their voices.

Perhaps, most profoundly, this voice spoke of the experience of losing one's voice to speak out. The participants recounted moments where their expressions of frustration, anger, or dissent were stifled, ignored, or invalidated. This silencing added another layer to their internal struggle, intensifying their feelings of powerlessness and frustration.

Bheena recalled:

I remember sitting there feeling violated, and yet knowing that I did not have the safety to actually acknowledge that that is what was happening, because I had this one year at least in this white, cold city.

Overall, the voice of internal struggle that resounded in the stories of the participants captured the depth and complexity of their experiences as BIMPOC therapists. It encompassed the psychological conflict, pain, and wounds inflicted by racialized experiences, and was weighed down by exhaustion, powerlessness, fear, and

the constant need for advocacy. This voice represented the profound and ongoing challenge of navigating a system that often fails to recognize and validate their experiences and inflict and perpetuate systemic oppression. Aaliya recounts:

I remember feeling really shut down and really upset and very protective because that was not true for my family, although it might be true for lots of other people. Oh, it just felt really offensive.

Feeling Oppressed. The voice of feeling oppressed resonates loudly within the stories of BIMPOC therapists. Their narratives shed light on the racialized experiences they have faced, not only in their personal lives but also within their chosen profession. These experiences come from various sources, including supervisors, instructors, institutions, other therapists, colleagues, and even clients, further emphasizing the pervasiveness of such oppression.

Racial discrimination based on physical attributes, such as skin color, accent, hair, and overall physical appearance, has been a common thread in their stories. These therapists are stereotyped simply because of the culturally identifying elements within them, which are seen as markers of their difference. The color of their skin, their accent, or even their hairstyles become grounds for discrimination, as they are perceived as not conforming to the dominant culture's norms.

This voice painted the distressing reality of BIMPOC therapists being actively silenced and not finding the safety to voice out their feelings against racialized experiences. Furthermore, through this voice participants shared how their voices or perspectives would often be marginalized or dismissed, making it difficult for them to express themselves fully. This silencing not only undermines their professional growth

but also perpetuates the idea that their experiences and perspectives are less valuable or worthy of attention. Zhara informed:

He made a lot of people, including myself, feel like we just did not fit in, and our experiences were not valid, and were not valued enough to be research worthy - if that is the right way to put it.

Through this voice, feeling judged is another common experience shared by these therapists. They shared how they felt they were constantly under scrutiny, subject to biased judgments based on preconceived notions about their race or cultural background. These judgments were often rooted in stereotypes and misconceptions, which strip away their individuality and pigeonhole them into limited and skewed frameworks.

It is noteworthy that the manifestation of these oppressive experiences often takes the form of microaggressions, subtle acts or statements with discriminatory undertones. These microaggressions can range from intrusive questions, insensitive remarks, or dismissive attitudes, all of which serve to remind BIMPOC therapists of their otherness. Microaggressions may seem small in isolation, but they accumulate over time, chipping away at the therapists' self-esteem and sense of belonging.

On a broader scale, this voice highlighted how prejudices and assumptions against BIMPOC therapists, or their cultural identities are prevalent. This was evident when the participants shared that the mere existence of a minoritized status and a different skin color was often used as a basis to question their competence, education, and expertise. These doubts perpetuate the harmful stereotype that BIMPOC individuals are somehow inherently less capable or knowledgeable. Bheena says:

Every time other folks who worked with patients would meet the 3 new hires, they would automatically look at my degree, see the white person, and ask her if she

were the part timer, and I would get to clarify. No, I am a part-timer, and then they would say, oh, but you have your masters, and I would say yes, I do.

Voice of Action/Resistance

The voice of action/resistance in participants reverberated throughout their narratives, marking a profound shift from quietly enduring to bravely asserting themselves. Although this voice was characterized solely by the voice of resistance, its strength was undeniable as it drove them to break free from the shackles of systemic oppression and marginalization. This voice compelled the BIMPOC therapists to speak out and take tangible steps towards change. This voice of action/resistance/resistance not only gave them the agency to challenge oppressive systems but also allowed them to reconnect with their own sense of personhood. Through this process, participants share how they reached a point where they could not take it anymore. They came to recognize the injustices inflicted, what they had been denied and were emboldened to fight for the rights they deserved. Phrases like “I will not,” “I resist,” “I pushback” are studded in these voices.

The voice of action/resistance was heard as a strong, fiery voice in the narratives of the participants. It challenged the systems and structures of hierarchy that perpetuate inequality and discrimination. It demanded accountability and called for systemic change. This voice sought to dismantle oppressive practices within the therapy profession and worked towards creating a more inclusive and affirming space for all individuals.

The participants expressed that this voice of action/resistance was vital in their work as therapists, as it allowed them to challenge biased assumptions and provide a more culturally responsive and sensitive approach in their practice. It empowered them to centre the experiences of marginalized communities and to actively engage in their own

ongoing education and growth. This voice gave them the courage to call out a racialized experience by its name instead of shielding and perpetuating the White supremacist agenda. Bheena indicates:

I would push back against any of us being voiceless. I would say we are actively silenced. I would say that we are all very much in possession of a voice, but we are disproportionately silenced, based on things like race, gender class. I think, we need to understand the active work at play when we are talking about the silencing process.

Furthermore, this voice of action/resistance recognized the importance of solidarity and collective action. It fostered principles of social justice within the participants in order to create meaningful and lasting change. It emphasized the importance of building alliances and amplifying the voices of those who have been historically marginalized and silenced.

Overall, the voice of action/resistance among BIMPOC therapists was a powerful force that drove advocacy efforts and challenged oppressive systems. It provided the participants with the strength to navigate the complexities of their profession and to work towards a more just and equitable society – for themselves and for other minoritized individuals. Doris shares:

One of my one of the things that I really am very clear about with folks who are thought suicidal is that I have a very clear no-cost policy. So, the college mandates us to report any, you know, imminent serious risk and, I tell clients specifically like I am willing to risk my license if it means that you can feel safer to talk to me about wanting to die.

Voices of Thriving in Hope

The participant stories reflected a voice of thriving in hope that was very growth-focused, relational, and focused on using resources to reengage or engage in cherished activities that reflected their cultural and professional identities. This voice embraced authenticity, assuring themselves to be empowered in their own skin.

These phrases like “I am,” “I will,” “I choose” indicate a sense of empowerment and agency, as participants took action and made choices that reflected their desire to thrive. They expressed a sense of taking control of their own lives and actively pursuing growth and improvement. The voices of thriving in hope highlighted the importance of social connections and support in the participants' journey. They talked about engaging with others, seeking out relationships and connections that fostered their growth and well-being. These relationships provided encouragement, guidance, and practical assistance, enabling participants to navigate these challenges of negotiating identities.

Furthermore, through this voice participants shared how they recognized and made use of the resources and opportunities around them, whether it be in the form of knowledge, skills, support networks, or other external factors. They were resourceful and creative, finding ways to make the most of what they had to achieve their goals and pursue their valued activities.

Overall, the voices of thriving reflected a proactive and determined mindset, characterized by resilience and adaptability. Participants approached their journey of negotiating identities with a sense of perseverance and willingness. They were flexible in their approaches, open to learning and growing, willing to adjust their strategies as needed as well as adopting ways of self-preservation. This theme included the voices of

connection, empowerment, and identity reconstruction, which are discussed in detail below.

Connection. The voice of connection was heard as a relational voice through all participant's narratives. It highlighted the importance of creating an inclusive and supportive environment where therapists can feel seen, heard, and valued as well. This voice emphasized the need for therapists, especially those from BIMPOC communities, to have spaces where they can share their experiences and challenges related to racism and discrimination.

This was a voice that came from therapists from BIMPOC communities in Canada, finding a sense of belonging, empathy, support, and understanding and allyship from others. This voice talked about how true allyship works and goes beyond being non-racist but being anti-racist. This voice spoke of support systems who took accountability and validated and empathized with the experiences of BIMPOC therapists. Through this voice, therapists were able to find solace and strength, knowing that they were not alone in their struggles. It encouraged therapists to actively engage in anti-racist work, by actively challenging and dismantling systemic racism.

Furthermore, this voice emphasized the need for therapists to connect, collaborate, and support each other in their professional journey. It highlighted the power of allyship and how therapists from BIMPOC communities can find strength and comfort in the shared experiences of others. It encouraged therapists to find healing and restoration through this sense of connection, attesting to the transformative potential of support systems within a profession – from both minority as well as non-minority professionals.

To me, this voice was like a balm to the parts of the therapists who were inflicted with racial injuries. This voice is a testament which shows how in this profession and in

the broader world, we must move from self-care to caring for others. This sense of connection and support is an antidote to racial trauma and wounds. This voice fostered a sense of safety - not only within this profession but within the world - reminding therapists from this community that they were not alone and did not have to carry the burden of advocacy alone. This voice had a healing quality, capturing the essence of the profession of psychotherapy and counselling. Dev shares:

I had a supervisor at one of my practical sites. She passed away a couple of years ago, and she was a very big part of creating who I am as a therapist, you know.

She saw me, for who I was. She had an enormous impact on me because she was able to show me how I can actually connect my two identities.

In conclusion, the voice of connection was a unifying force that emphasized the importance of allyship, support, and understanding in the therapy profession – both from minority as well as dominant communities. It highlighted the power of community, fostering a sense of belonging and safety for therapists from BIMPOC communities. This voice encouraged therapists to actively fight against racism, both within and outside the therapy room, and to prioritize the well-being of others alongside themselves. Leila shares:

I think I find myself being very fortunate to have some of these relationships with other therapists who are now my friends. 75% of people in my friends' group are other therapists.

Empowerment. The voice of empowerment was heard in the participant's stories as a strong, determined voice. This voice had the undertone of surety and clarity, a sanguine nature of taking control of one's own lives or making decisions that impact them. This voice spoke of the true meaning of informed consent. It involved participants

displaying their self-esteem, confidence, and abilities, enabling them to achieve their goals as therapists, fulfill their potential despite these challenges, and have not a bystander approach but an active voice in decision-making processes. This voice came through as a sense of autonomy, independence, and self-determination for therapists of the BIMPOC community in Canada.

This voice of empowerment was not afraid to address the systemic barriers and social injustices faced by members of the BIMPOC community – whether they are therapists or people at large. It urged all therapists to recognize their privilege and actively dismantle oppressive structures within therapy. Through their narratives, participants highlighted the importance of cultural competence and the need for therapists to constantly educate themselves on the diverse experiences of their clients, colleagues, and supervisors.

The voice of empowerment emphasized the significance of creating a safe and inclusive therapeutic space and a workspace, where clients and fellow coworkers feel comfortable sharing their stories and trust that their voices will be heard. It emphasized the importance of validating and affirming the lived experiences of individuals from marginalized backgrounds, and the need to approach therapy from an intersectional perspective that considers the multiple layers of one's identity and experiences. Bheena says:

So, I write. It is because I want there to be things that people who are marginalized can go and google and find and know that they're actually completely right in what they're thinking.

Participants also articulated the necessity of challenging traditional therapeutic approaches that may perpetuate harm or reinforce stereotypes. They advocated for the

incorporation of culturally responsive and trauma-informed practices that reflect the diverse needs of the BIMPOC community. Moreover, the voice of empowerment emphasized the importance of collaboration and community-building in therapy. Participants highlighted the power of collective action and the need to work together to advocate for systemic change. They called for therapists to stand in solidarity with their coworkers and clients from minoritized positions, amplifying their voices, and supporting them in navigating oppressive systems.

Overall, the voice of empowerment that emerged from the participants' stories was one of strength, resilience, and determination. It encouraged therapists to recognize the power they hold and use it responsibly, and to consistently work towards creating a more inclusive and equitable therapeutic environment. This voice reminded us that as therapists, we have the power to facilitate healing and change, and that it is by default a responsibility in this profession to do so in an empowering and anti-oppressive way.

Bridge shares:

You have to do a little bit of the work to do about your value system and where it comes from, and what you want to hold on to, you know, and that's, you know, whether it'd be culture or your religion, or just your values in general, you have to do some work on what you are going to make with what's important for you.

Identity Reconstruction. Throughout the interviews, one could discern the voice of identity reconstruction gradually taking shape within the participants. It was as if they were undergoing a transformative process, developing their own unique voice and inner strength that motivated them to express their truth. This voice of identity reconstruction was pervasive, shining through the interviews, and seemed firmly rooted in the present

moment. The participants spoke with a maturity and self-awareness that reflected a solid and grounded sense of self.

As the conversations ebbed and flowed, this voice of identity reconstruction weaved in and out, mingling with other voices, but always returning to a place of deep awareness and acceptance of "the way things are." It exuded a capacity to "let it be," acknowledging both the limitations and opportunities present in their journey of negotiating their cultural and professional identities. It was a voice that resonated with wisdom, guiding the participants to understand their priorities and the non-negotiable aspects of their identity. Doris says:

My personality is you know, at this point in my life it is very just like, take it or leave.

Moreover, this voice of identity reconstruction demonstrated a keen sense of self-preservation. The participants recognized the safety they needed to share their experiences, displaying a discerning understanding of how much to disclose. It was a voice that embraced authenticity, which is the cornerstone of a therapist's personhood. Through this process of reconstruction, the participants had come to comprehend, accept, and carve out a space for themselves in the world.

The emergence of this voice was akin to a phoenix rising from the ashes of oppression. It symbolized the triumph over adversity, the resilience to overcome systemic barriers, and the courage to rise above the circumstances that sought to confine and silence them. The voice of identity reconstruction represented a powerful liberation, enabling the participants to reclaim their agency, shape their narratives, and assert their presence in the world.

Overall, the voice of identity reconstruction observed within these participants spoke volumes about their strength, resilience, and determination to be heard. It embodied their journey of self-discovery and transformation, signifying the profound impact of understanding, accepting, and embracing their true selves. Zhara shares:

I have stopped wanting to be at the table. I do not need it. I have created my own people. I have created my own safe spaces. I have created my own way.

It is noteworthy that the narratives of all the 9 participants moved from voices of suffering in silence to voices of action, finally finding voices of thriving in hope. Despite, the harsh realities of being situated in a minoritized intersectional status within the field of psychotherapy and counselling in Canada, this finding was a hopeful beacon of validation. It exemplifies how these individuals were and continue to be incredibly resilient.

Member Check Process

Out of nine participants, five responded to the email and all five of them provided their responses in a written form. All the participants who responded agreed with the interpretations of their experiences along with the prominent voices that emerged from them. One of the participants requested me to change how their pseudonym was spelled out. This has been honoured and reflected in this chapter.

It is worth mentioning that on asking how their experience of the interview process was, the participants mentioned how grateful and excited they were that finally research is focused on these voices that often fall through the cracks of the Whitewashed academic and professional conversations. One of them shared how they felt it was time to go beyond just conversations and for us all to act. One of the participants, Bheena, talked

about how the interview process was a good reminder of how the hurts and wounds persist within them and how it provided them with some resolution. She shares:

This process was a good reminder of how hard I tried to hold onto that psychotherapist role. This process may have prompted me to reflect more about why I am never willing to do that again. I am taking away some closure from this process.

One of the participants, Leena, shared that the negotiation of the identity is still an ongoing process for them and would take a while to simmer. She shared in the member check process:

I do believe this is an ongoing process. More like reminding myself constantly of where I belong in moments where I do not feel I belong anywhere.

This participant, Leena, further spoke about the process of engaging in the interview and shared that it helped them reflect on several facets of their identity that goes beyond the therapist role. She says:

It was fun to dig deeper into what it means to be BIMPOC to me. What particularly stood out as well was that this identity encompasses so much of who I am, well beyond who I am as a therapist. And I think that being a therapist plays a small role of who I am, where as my identity as Chinese is all-encompassing throughout different identities in my life.

In summary, the extensive examination of the Listening Guide approach allowed for the intricate storytelling of the participants' experiences balancing their cultural and professional identities. This process of listening brought several voices to light, which were further tagged into three broad categories- namely, the voices of suffering in silence, followed by the voice of action/resistance/resistance and finally the voices of thriving in

hope. The layers and interweaving of these voices are exquisite; these voices can sometimes even contradict one another. This offers us an insight into the complex processes that lie beneath the surface of BIMPOC therapists' mental frameworks in Canada by illuminating their extensive process of negotiating the identity negotiation path.

CHAPTER 5: DISCUSSION

The study was designed to build an understanding of the experiences of therapists from the BIMPOC (Black, Indigenous, Multiracial, People of Colour) communities in Canada that reflect their journeys of negotiating their cultural identities with their professional identities. Listening Guide methodology allowed us to hear from and support them as they navigated the challenge of balancing their cultural and professional identities. The previous chapter focused on the three key voices that arose from the participant's wealth of experience, which they voluntarily and generously shared. And with that, the question that emerges is, how can we better comprehend these experiences of identity negotiation? I try to address these issues in this chapter by providing a brief overview of the rationale and the research question, which is followed by a candid account of the researcher's reflexivity. Considering the pertinent literature, this chapter will then situate these voices within a few larger themes. These themes may help us better understand the implications for future research and the unique experience of identity negotiations of BIMPOC psychotherapists in Canada. A discussion of the project's implications, strengths and limitations will follow, concluding with potential future research directions.

Summary of Rationale and Research Question

The purpose of this study was to address the following research question(s): “What are the voices of BIMPOC therapists in Canada that reflect their experiences of negotiating cultural and professional identity?” and “How are these voices individually and socially embodied and expressed by them?” By posing these questions, we hoped to shed light on how these individuals manage their cultural and professional identities. The

study aimed to comprehend the many layers of the identity negotiation process carried out by BIMPOC Canadian therapists.

Working in a role that prioritizes taking care of others can sometimes muffle the voices of BIMPOC therapists; thus, our objective was to understand the experiences of balancing cultural and professional identities and, in turn, offer a safe space for these voices to come out. By applying a relational, constructivist, and transformative theoretical lens and employing the listening guide methodology, the research team approached each participant as therapists and as individuals from BIMPOC communities living and working in Canada. This helped collaboratively create a more comprehensive account of navigating their identities as therapists in Canada, both within and beyond the profession. Several voices emerged during this process, providing insight into what it is like to hide and lose one's voice and then recreate an identity through an empowered stance and connection with the broader community.

Researcher Reflexivity

Since I mentioned in Chapter 1 how very personal this project has been to me, I think it is crucial to share my experience with the process of reflexivity. As I reflect on the journey of delving into this project, I feel honoured and privileged to be able to take on this task. Although I have barely scratched the surface, and there are still so many intersections and layers to uncover and engage with, I feel this research process has changed me. It has provided me a lot of insight into myself inhabiting a coloured female body in Turtle Island; and I feel humbled and grateful for these changes in me – both personally and professionally.

As I embarked into this study, as someone who experiences and processes many emotions somatically, I noticed many somatic shifts in my body. When I listened to the

accounts of oppression, I occasionally felt a visceral anger and a tightness in my jaw; other times, I oscillated between joy and hope, beamed with lightness and freedom in my body through the fluttering in my gut; while there were times I felt emotionally struck by the sadness as I profoundly connected with many of these accounts. These embodied experiences provided me with in-depth first-hand reflection and reminded me how embodied these voices are even when we only express them with words. It might be worth mentioning, despite my knowledge of the numerous changes I would undergo as advised and anticipated by my supervisor(s), I was pleasantly surprised by the scope of them. The voices of the participants deeply resonated with me, enhancing my own awareness, and sometimes pleasantly shifting my perspectives, indicating how intricately layered these voices are within the psyche of an individual. It made me aware of the number of intersections we often tread upon, as human beings and as therapists. These intersections tint our internal experiences, our interactions with one another and, most importantly, our identities.

In engaging with the voices of suffering in silence, I felt a sense of sadness because, for so long, these voices have been not only ignored but at times actively silenced. It also relieved me that so many of the participants could articulate and express these experiences, hopefully opening the door for many others who can be inspired to finally break free from the shackles of silence by sharing their stories. My understanding of human suffering from not being able to embrace our multiple identities and being forced to hide parts of ourselves has broadened. In addition, I learned about the multiple accounts of BIMPOC therapists' suffering, which goes beyond my limited experience with identity negotiation. To add to this, I have been immensely motivated by the resolve and determination of these BIMPOC therapists as I listened to their voices of action. It

reminds me of a quote from a speech I attended at the Canadian Counselling and Psychotherapy Association Conference, where the speaker stated that advocacy and resistance may take various forms in various individuals (Oriuwa, 2023). So, it made me realize how true this is and how it has come forth through the participants' voices of resistance and in me undertaking this project. Alternatively, listening to the voices of thriving in hope filled me with optimism and feelings of admiration for the participants and their allies. It helped me understand how this line of work extends beyond the widely held belief that self-care is sufficient; caring for one another in a professional setting promotes healing and makes this profession sustainable (Oriuwa, 2023). To explain this a bit further, it called attention to the strength of allyship in creating a space where these experiences are acknowledged, validated, and supported—even by those who do not identify as members of marginalized communities. Furthermore, for me, the importance of empowerment of my clients as a clinical objective was further highlighted and enhanced by the voices of thriving in hope. It endorsed the fact that informed consent is something that all humans possess, despite what we are occasionally led to believe; clients have the capacity to choose what is best for them.

Furthermore, professionally, as evident so far, working on this project has shaped me immensely as a mental health clinician. I discovered that I was starting to be more open to different intersections within my clients rather than assuming what their identities are. I learnt to recognize the significance of making one's voice heard by providing a safe and nonjudgmental environment. Through a constructive and relational framework, I gained an appreciation for the power of stories and how they can resonate and give someone a sense of validation and support when heard in safe spaces. I found myself drawn towards the voices in the stories of my clients, which goes beyond just hearing

them; rather truly trying to listen to them. Another aspect that I have learned through the reflexive process of this research is self-preservation, in which I am learning to understand and recognize what is safe and empowering for my clients and me. As the experience under this umbrella is diverse and cannot be adequately represented by a single person, I am aware that I do not want to be the voice of every letter in the BIMPOC community. Instead, I could use my work to share my story, speak my truth, and assist clients in realizing and comprehending their own truths. It has emphasized the importance of me stepping aside when it is not my turn and facilitating others to speak about their experiences.

Summary of Findings

This section of the study will offer a summary of the findings and look at how they compare to and add to previous research. I will then highlight the emergent findings that are similar to previous research on negotiating professional identity and cultural identity for BIMPOC therapists, followed by a discussion of the novel contributions of this research.

The nine therapists from BIMPOC communities in Canada who took part in this study graciously and wholeheartedly offered detailed accounts of their experiences navigating their professional and cultural identities. As the data was gathered and analyzed, it became clear that renegotiating their unique identities was a dynamic process involving an amalgamation of multilayered voices related to their professional experiences as therapists, their internal selves, and the world at large. The voices that emerged as a result of this can be visualized as a metaphorical journey in the ocean in which each participant progressed through stages of experiencing different voices related to their racialized experiences within and outside of the profession, followed by the

realization of the power of their action-focused voice, and finally carving out an identity for themselves as well as finding sustainable and supportive connections that helped them in the process.

The participants appeared to have voyaged through a turbulent storm of sorrow and loss, feeling as though their voices were muffled by the loud roar of both the internal and external tempest. While recognizing the voices of suffering in silence, the participants shared the layers of suffering through voices of feeling oppressed, identity conflict, internalization, disconnection, and struggle. While recognizing the voices of suffering in silence, the participants shared the layers of suffering through voices of feeling oppressed, identity conflict, internalization, disconnection, and struggle. The voices of suffering in silence were heard as participants recounted their experiences of suffering, deeply wounded with oppression and discrimination faced by them in their professional hats and the society at large.

The voices of action, on the other hand, spoke of participants' unwavering determination and advocacy against discrimination and their combat against systematic oppression. As they discussed these experiences, the participants discussed various forms of action, how they pushed back, and how they resisted systemic oppression directed at them and others in the community. Through the sharing of these voices, participants seemed to be travelling as sailors, full of vigour and determination to bring the ship ashore, rather than merely being passengers on a ship that had encountered a storm.

Lastly, the voices of thriving in hope emerged as the participants shared their stories of empowerment as proactive change agents in their own lives, experiences of connection as they talked about the tremendous support they received from White counterparts and from members of their own communities both inside and outside their

professions, and finally, their process of identity reconstruction as the participants at last carved out a place for themselves, both in society and in the therapeutic field, by prioritizing their values and exercising their right to choose. These voices portrayed the participants as active agents in their own lives; they were the torchbearers of awareness and clarity for themselves, and others like them. In a metaphorical sense, it seemed as though the storm had passed, and their ship—which held the various facets of the participants' identities—was sailing across a calm ocean as they shared these experiences, full of hope, resiliency, and surety. There are those who are still sailing but seem to be moving forward with ease, whereas others have made it to the shore and feel comfortable with their identities.

Connection to Existing Literature

In this section, I explore how this present study converges to what we already know about the identity negotiation process of BIMPOC therapists in Canada. While building on prior research, the intention is to establish a foundation for understanding how this current study intersects with and contributes to existing scholarly discourse on the experiences of BIMPOC therapists in Canada in balancing their cultural and professional identities. The purpose is to reemphasize what is already known and to deepen our understanding of the novel findings.

The present study aligns with the extant literature which underscores the interplay of cultural identity and professional identity for not only ethnic minority professionals in general but mental health clinicians also. The interaction between cultural identity and professional identity has been studied to some extent (Rastogi & Weiling, 2005; Slay & Smith, 2011; Tummala-Narra, 2016; William, 2018). These studies, done in the context of United States, have shed light on how ethnic/cultural identity influences the development

of professional identity for ethnic minority mental health professionals. The results of this study support those of the earlier research by emphasizing how BIMPOC therapists continue to work towards balancing their personal and professional identities.

The primary contributions of the findings of the present study are to broaden the body of knowledge by shedding light on the process of identity negotiation and identity reconstruction for therapists from BIMPOC communities in Canada. These voices have not received enough attention in mainstream academia within the Canadian context. The findings highlight how BIMPOC therapists in Canada have not just survived but are now thriving by reconstructing a unique identity for themselves with the help of their internal resources as well as through the supportive connection with others. Instead of focusing solely on what has been lost and silenced, this study focuses on the hopeful voices and how we can replicate these hopeful experiences.

The Relation of Cultural and Professional Identities. It was abundantly clear in this study that existing research on the cultural/ethnic identities of BIMPOC therapists, while limited, is an important consideration in the development of their professional identities. Findings in this research speak to this interplay of the cultural identities and professional identities. These insights from the present study are consistent with earlier research that has examined how minority cultural identification, gender, and ethnicity influence professional identities among BIMPOC individuals from diverse professions (Norman & Tang, 2016; Slay & Smith, 2011). Additionally, these findings reinforce the body of literature that suggest the important connection between cultural identities and professional identities for BIMPOC mental health practitioners in particular (Alves & Gazzola, 2011; Millán, 2010; Tummala-Narra, 2016).

To tie into the aforesaid points, prior research has indicated the internal juggling of identities amongst minoritized populations in general (Jackson, 2002; Lamsam, 2014; Ting-Toomey, 2015). The findings of this study converge with this aforementioned extant literature and highlight the constant process of negotiation of identities for BIMPOC therapists in Canada. This is particularly evident from the voices of struggle, identity conflict and internalization. In addition, these themes are consistent with previous body of work that suggest race, gender, age, and skin colour have an impact on an emerging therapist's identity by causing feelings of inferiority and impostor syndrome (Rajan & Shaw, 2008; Tummala-Narra, 2016; Watson, 2004). To add to this, results from the present study corroborate prior literature that suggest that the task of negotiating cultural and professional identity is further intrigued due to the systemic oppression and idealization of Eurocentric standards (Slay & Smith, 2011). Hence, this constant oscillation between embracing and distancing oneself from the cultural identity in relation to a therapist's professional identity come as no surprise. Nonetheless, it does add to the process of identity negotiation that BIMPOC therapists in Canada go through. The impact of this continual negotiation is discussed in the following section.

Feelings of Oppression and Marginalization. The present study revealed that BIMPOC therapists in Canada experience both subtle and overt oppression, which aligns with existing literature on stigma, marginalization, and systemic oppression experienced by ethnic minority communities in Canadian context (Williams et al., 2021, 2022). These findings are also in line with Tummala-Narra's (2007, 2020) research on discrimination specifically against therapists of color, who face obstacles in Eurocentric settings and feel obligated to go above and beyond to demonstrate their abilities. In addition, the results from this study is consistent to prior literature on workplace microaggression (Sue et al.,

2007). It adds to previous body of literature by highlighting the covert forms of oppression experienced by ethnic minority professionals particularly in the field of counselling in Canada (Adetimole et al., 2005; DeLapp & Williams, 2021). Participant Bheena discusses being pushed to the side for speaking out against institutionalized oppression. This was reflected in Hazel and Aaliya's stories; each of whom related how they had received criticisms from those in authority for raising issues regarding racially charged incidents at their workplaces. Participants Zhara, Aaliya, and Bheena discussed explicitly how these experiences have negatively affected their emotional, social, and physical wellbeing. This is congruent with research that highlight difficulties that non-dominant therapists encounter with clients, coworkers, and superiors have a substantial negative effect on their mental well-being and how they perform in the therapy setting (Legha & Martinek, 2022). It is tragic that professionals of colour continue to be impacted by this issue. Thus, the findings demonstrate that the counselling profession is not invulnerable to being on all sides of concerns such as discrimination, judgements, prejudices, and biased behaviours. These experiences cause immeasurable pain and struggle as explained in the next section.

Hurt and Exhaustion, Burnout, and Silent Struggle. The findings from the present study are aligned with the body of literature that highlight the link between racism, oppression, and racial stress, affecting physical and mental health (Matheson et al., 2021; Williams et al., 2022). Results from this study resonate with the existing knowledge that people of colour in the helping profession also experience distress and a decline in their mental health due to these discriminatory situations (Miu & Moore, 2021; Shell et al., 2022). Consequently, when participants in this study courageously and forthrightly recounted their experiences of oppression and marginalization, there appeared

to be an echoing pain across all of them –validating the silenced voices as well as supporting what is known. Through a variety of voices, the findings explored a range of experiences, including struggle, shock, numbness, hurt, pain, sadness, loss, hypervigilance, burnout, and tiredness. Each voice reverberated with the lasting effects of oppression on their personal and professional lives. Bridge describes how she still thinks about that day and how she feels retriggered and upset whenever she wants to speak her regional language in public. Hazel discusses how she feels numb and shut down while recalling those events, mimicking her reaction when she faced oppression at work. Dev adds that she was initially stunned and could not believe it; she also shares that every time she looks back on these memories, a tremendous loss and anguish for the parts of herself she has lost, consume her. Some participants, who at first expressed shock at discovering these racially charged events, talked about how this grief has altered them and turned their wounds into scars; they know that they might find it challenging to be able to think about the world in the same way. They talk getting triggered in the discriminatory Euro-centric mindsets, hurting their cultural wounds repeatedly.

Additionally, findings from the present study point to the gap in training in dealing with racialized encounters within the profession. This is convergent to existing literature, calling attention to the importance of equipping these professionals with resources and much needed support (Brooks-Ucheaga, 2023; Cabral & Smith, 2011; Richardson, 2011; Yang & Hayes, 2020). It is critical to recognize that structural forces and lack of support contributing to the pervasive discomfort endured by these professionals.

Furthermore, congruent to extant literature, the findings illuminated the intense burnout BIMPOC therapists experience from dealing with their client's and their own

personal suffering due to racial oppression, further exemplifying the importance of research on the gaps in the systems (Legha & Martinek, 2022; Shell et al., 2022). To illustrate these findings, voices from participant Zhara spoke about the constant exhaustion from the burden of advocacy that is disproportionately put on her and how she feels guilty and pressurized when she declines these requests. Participant Hazel discussed how in an agency she worked, she was exhausted of having to be a spokesperson and representative for the employees of colour, which led her to leave agency settings altogether.

Internalization and Identity Conflict. Much in line with previous research on internalization, self-doubt, and shame frequently experienced by individuals because of racialized experiences, findings of participant's voices that represented this internalization and identity conflict emerged (Beagan & Etowa, 2009; Chalfin, 2014; Gran-Ruaz et al., 2022; Matheson et al., 2021; Williams et al., 2022). In her story, Dev spoke about how she was embarrassed to bring food from her culture to work because she was afraid that her coworkers would think she smelled "Indian," as they had joked about someone else once in her presence. Another participant, Leena, shared how she does not reveal her cultural identity to her non-minority clients, fearing they would think of her as inferior. This was echoed in Aaliya's account as well when she shared about actively changing her hair, dressing in a Westernized way, and talking while mimicking a Western Canadian accent to sound more professional; she confessed that she is aware of how internalized and Eurocentric the idea of professionalism is in her mind, and yet she struggles to embrace her cultural identity in these spaces.

In accordance with literature on the feeling of ethnic minority individuals' feeling of inauthenticity while using code/frame switching to adapt and acculturate, the findings

such as the voice of identity conflict emerged (West et al., 2018). The research participants of this present study furnished a comprehensive and intricate narrative on regarding their struggles with uncertainties and confusion over their genuine identity, as well as their struggles with the concept of authenticity. One of the guiding concepts in the mental health counselling and psychotherapy field is authenticity. Nevertheless, participants wondered how they can be completely authentic when they are unsure of their genuine identities. How can they practice authenticity when their voices are perpetually constricted by oppressive forces? To demonstrate this, one of the participants, Doris, talked about how she constantly struggles to figure out which aspects of her Chinese identity, Canadian identity, and therapist identity she should embrace and which ones she should keep separate. She went on to say that she sometimes finds it difficult to answer questions about her identity. To further explain this with participant Leena, from the beginning of our interview, Leena's hesitant and conflicted tones reflected this same ambiguity. She acknowledged feeling unclear about who she is and said she only felt comfortable expressing some aspects of her cultural identity in places where there are more people of colour. This brings the topic of isolation and disconnection with others, which is explained in the following section.

Disconnection and Isolation. The findings of the present study highlighting the yearning and feeling of loneliness are in line with research that emphasizes that even in diverse Western nations like Canada, there is a dearth of ethnic minority mental health specialists (Cohen et al., 2022; Sarr et al., 2022). In relation to this, Dev, one of the participants, used her experiences of isolation during her training and while working as a therapist to illustrate this fact. She continued by saying she experienced tensions while talking about her experiences being racialized for fear of being dismissed as

"overdramatic" and invalidated. Zhara, a participant from another session, expressed her wish that her organization had more supervisors and peers who resembled her. She indicated that dealing with these events alone has left her feeling burnt out and overwhelmed. While another participant, Leila, spoke about her *hijab* and shared how it is her hope to see more Muslim women in the profession wearing this religious head covering as she knows no one who can relate to this experience currently. For BIMPOC therapists, who may feel alone and undirected in handling the difficulties of their profession within a Eurocentric framework, this underrepresentation can be demoralizing and isolating.

The present study's findings converge with the literature that is already available highlighting the significance of a community for therapists' mental health (Legha & Martinek, 2022; Williams & Sharif, 2021). Many of the participant's narratives echoed themes of longing for connection, community, allyship and belongingness within the profession. Both, Doris', and Hazel's accounts reverberated with this voice of yearning. Doris discussed about the systemic barriers and power dynamics within the mental health field where she finds herself lacking a true ally who would understand her intersectional viewpoints of being an ethnic minority, queer, and disabled person. Hazel spoke about the yearning in a way she found with a few of her supervisors and coworkers who have been her true allies, and she wishes there were more of that network of support for her. The power of connection and allyship is explored extensively later in this chapter.

Social Justice in the Helping Professions. As already mentioned in the literature review section, the field of mental health often touches into advocacy and social justice work (Audet & Pare, 2017; Kwee, 2020). The study's findings, which underscore the professionals' innate capacity for advocacy and empowerment, are consistent with the

body of literature. Minority therapists, in this study, having experience in walking the path of unique challenges, recognize the link between individual difficulties and social concerns and stress the significance of integrating advocacy into their practise to enhance community mental health, converging with existing literature on this aspect (Parikh et al., 2013). These are expressed through voices of anger, resistance, pushback, and change. These acts of resistance and advocacy took varied forms for different people, revealing how subjective and personal these actions can be. Participants discussed their goals and strategies for decolonizing mental health, including embracing multicultural perspectives, empowering clients through choice and informed consent, adapting language to express empathy, and even proactively resisting oppression from institutions. They also emphasized the importance of direct advocacy work for minoritized people and their strong identification with it.

Connection, Support and Allyship. As mentioned in this paper earlier, the value of support and a sense of community within the profession was shared by all participants in the current study, from supervisors and instructors to coworkers and even clients. The importance of having a supportive professional network for taking care of the psychological wellbeing of mental health professionals has been stressed repeatedly in the existing literature (Posluns & Gall, 2020; Thériault et al., 2015; Zahniser et al., 2017). Supporting the present study's findings, Williams & Sharif (2021) explained allyship as a demonstration of antiracist behaviours, advocacy, validation, and support by non-minority members. These results were demonstrated through voice of connection, where participants pointed to their desire of allyship from nonminority professionals. To illustrate the significance of this allyship, participant Dev shared how her coworker and friend, who she identified as White and her true ally, was like a balm to her parts which

were wounded by racial trauma. This was also corroborated by Leena, who talked about the support she received from one of her instructors at her graduate school who could really support her and be there for even though she did not have the experience of walking her experience. She added that she considered this experience as a hopeful reminder that there is support available and there is a community in the counselling profession who are true allies.

To reinstate the aforementioned concepts, the strength of the support and experience of allyship within the professional community have been unparalleled. In order to make progress towards empowerment and un-silencing themselves, participants of this current study discussed how connection has been crucial to them as BIMPOC therapists because it has given them a sense of support, validation, and belonging. They have found safe places for open talks, and a collective understanding was generated by forming ties with other therapists in the field who are of a similar ethnic background or who have gone through similar challenges. Through these relationships, the therapists were able to build a feeling of community and use cultural insights and collective wisdom to better meet the needs of both them and their clients. One of the participants, Aaliya talked about how she feels incredibly supported in her supervision with a professional who identifies as a member of BIMPOC community and how it has been an influential factor in her psychological wellbeing. In addition, one other participant, Hazel, in her narrative, discussed how she became an advocate for social justice issues because of her former supervisor, who was also a person of colour. She went on, saying that following this, she finds the most meaning in the field by doing advocacy and empowerment work with her clients.

In addition, consistent to the extant literature, the present study's findings highlight the significance of relational connection with clients (Békés & Hoffman, 2020). Participants discussed methods of decolonizing therapy for minority clients (based on ethnicity, age, gender, abilities) and how shifting away from the restricted narratives of interventions in therapy and instead focussing on relationships have been immensely empowering for them. They stress on the fact how spaces like these which are open and non-judgmental have been reparative for their racial wounds.

As evidenced by the former substantial section, connection and true allyship have truly been significant and a turning point in the participants' silent suffering, propelling them towards empowerment and resilience. These narratives lead into the next section, which with the help of the relational methodology that served as the foundation for this project highlights its novel additions to the body of literature. The subsequent part aims to encapsulate the depth of the relationship with oneself and others in the light of negotiating cultural and professional identities by BIMPOC therapists in Canada.

Novel Contributions

This section will focus on the novel contributions of this paper into the expansion of the existing body of literature related to the cultural and professional identity negotiation of BIMPOC therapists in Canada. So far, the existing body of literature has focussed solely on the interaction of cultural identity and professional identity, but the complex process of negotiation of cultural identities with professional identities for BIMPOC therapists in Canada have been neglected. The purpose of this section is to view this identity negotiation process in new light.

Listening Guide and BIMPOC Therapists. To the best of my knowledge, this is the first study to use the listening guide methodology to explore the subjective voices of

BIMPOC therapists in Canada who are working to reconcile their professional and cultural identities. A rich account of the numerous facets of the voices that are present in these individuals—more than words can express—was uncovered as this research addressed the wide and overarching theme of embodiment and expression of these voices. By exploring the participant narratives, the Listening Guide technique and the relational framework of this study allowed the richness of these voices to come to life, illustrating a flow on the embodiment and expression of these voices as the participants took us into a journey through their identity negotiation process.

Listening for contrapuntal voices from participants was a great technique to grasp both the places of suffering and thriving for those therapists from BIMPOC cultures navigating their identities, as well as how both experiences might manifest in tandem and discordance. Furthermore, the foundational paradigm of this methodology based on anti-oppressive and feminist principles are exemplary of how powerful this method can be in paying attention to voices that fall through the crack by actively un-silencing them. This was captured in the reflections of the participants of this study during the member check process as they were invited to share their experiences of participating in this study.

A participant, Doris shared, how she felt empowered while sharing these experiences in a welcoming and relational dialogue. She added:

The space that you create as an interviewer is very welcoming and relational. It was enjoyable in the sense that when you are asked to reflect on yourself and your practice and when you verbalize it helps crystallize it in your mind a little bit more. Your work is so meaningful and necessary, and it was my pleasure to be a part of it.

The Listening Guide is positioned to continue providing a strong and perceptive approach of investigation into the experiences of marginalised therapists as actual experiences and bringing silenced voices to the forefront become increasingly critical and as qualitative methodologies gain prominence.

Canadian Context and the “M” in BIMPOC. Up until now, the majority of the literature on this topic that is available has been on the experiences of mental health practitioners within the framework of the United States (Adetimole et al., 2005; Miu & Moore, 2021; Tummala-Narra, 2007, 2016). According to the *Number and Proportion of Visible Minority Population in Canada, 1981 to 2036*, the country is becoming more multicultural with each passing year due to the increase in visible minority populations (Government of Canada, Statistics Canada, 2023). According to studies, oppressive forces persist in Canada, perpetuating the marginalization of minority populations here (Williams et al., 2022). As previously indicated, therapists are not exempt from receiving these racialized experiences. An intricate and nuanced process of identity negotiation is offered in this country because of its unique distinct geo-socio-political context. The current study expands on previous research on identity negotiation for therapists from BIMPOC communities, specifically working in Canada, thereby addressing the aforementioned issues. To the best of my knowledge, this study is the first of its kind in Canada to directly address these concerns by incorporating the voices and experiences of BIMPOC communities here at large. Additionally, as previously stated, while the experiences of all the letters under the BIMPOC umbrella cannot be generalised, the beauty of this study lies in the inclusion of as many voices as possible within the scope of a master's level thesis rather than focusing on a specific ethnic minority (including the voices of “M” for multiracial individuals in the BIMPOC terminology). This has only

been possible because of unique and vivid multicultural landscape that Canada has to offer to its people.

Thriving and not just surviving. So far, the causes, types, and effects of these experiences have been the main topics of the literature that has been based on the professional identity and cultural identity negotiation process for therapists. What this means is, what factors contribute to BIMPOC therapists' challenges of juggling identity? What kinds of specific encounters are these? And what are the repercussions of having to deal with these situations? The question of how therapists effectively negotiate this negotiation process remained unanswered. Moreover, the existing body of literature, understandably enough, concentrated solely on the pain and suffering that these therapists endured. However, the findings of this study went beyond what was already known, adding to the literature on the resilience, strength, courage, and development mentality of these individuals who are thriving in their freshly carved identities as a result of this negotiating process. The stories of the therapists in these communities resonated with voices of hope and thriving that went beyond mere survival.

What is more interesting is that this present study contributes to the several factors that have been key to this stance of thriving for these participants. These emerged as therapists graciously shared their experiences of finding healing and finding themselves in this process. These factors were heard through voices of empowerment, resilience, courage, insight, belongingness, connection, support and so on. As mentioned earlier, these voices were further divided into three major umbrella – the voices of empowerment, the voices of connection and the voices of identity reconstruction. This significant contribution of the findings of this study to the body of literature is not that it verifies or amends what has already been discovered but rather that it adopts an approach that is

attentive to the internal and external resources of these individuals, thereby giving rise to hope for healing after suffering. This acts as a breath of fresh air, restoring faith in humanity in general. This study focuses on what will happen if we approach the identity negotiation process with an open mind to the best of our abilities while also acknowledging the suffering and struggle against oppressive forces instead of only focusing on the specific questions of cause, kind, and impact. The underlying idea is that these findings offer dynamism and depth to understanding the process of creation of a unique identity in a way that many past approaches have not prioritized. It will be discussed in the implications section of this chapter on how this understanding can be like a beacon of hope for other BIMPOC therapists and minority therapists in Canada as well as how these findings can aid allies to support them in this process.

Embodiment of Voices of BIMPOC Therapists. The final contribution of this study is the embodied quality of the voices. In order to illustrate the embodied quality of voices, Butler (2004) in her book *Undoing Gender* share how our voices inherently have an embodied quality when they are expressed. She writes:

Speaking requires the larynx, the lungs, the lips, and the mouth. Whatever is said not only passes through the body but constitutes a certain presentation of the body. The speaking is a sounding forth of the body, its simple assertion, a stylized assertion of its presence. I am saying what I mean: but there is a body here, and there can be no saying without that body.

When I read this quote, it reminds me of the accounts of the participants in this study. In moments of sharing, their postures, facial expressions, and tone spoke volumes about how their voices of identity negotiation were embodied or disembodied. While a great deal of research has been done on the relationship between embodiment and voice,

little of it focuses on the embodied nature of the voices of BIMPOC therapists managing several aspects of their identities in Canada. The embodied quality of the Listening Guide methodology facilitated in this discovery. The prior research has solely addressed the psychological and sociological components of these experiences; however, the current study examines a deeper layer of these experiences by emphasizing embodiment. This is illustrated further by a snippet of what Aaliya shared while discussing a racialized experience at her workplace, in which she stated that she felt "shut down" and "numb," and her gaze dropped to the floor, with her body shifting into a closed posture along with a heavy hesitation in her voice as she shared this. With her eyes closed and her arms crossed inside her body, Dev revealed that she gets queasy when she thinks about the word "privilege." Hazel's voice grew quiet and hesitant, and I could see her shifting in her chair and avoiding eye contact as she talked about how worried she was that her identity would be exposed since she was taking part in this study. While Bridge's voice became enthusiastic as she discussed how she decolonized therapy in her own practise, and she was observed to be engaging and beaming throughout. Similarly, in their individual interviews, Leena and Zhara were shown beaming with hope and satisfaction, with compassionate presence and continual eye contact as they spoke about the support of their supervisors and mentors. As the researcher, I gained significant insight into the participants' nonverbal and paraverbal communication during the interview and transcribing procedures. This allowed me to observe aspects of the participants' sharing that were either unavailable or limited in earlier studies. However, it is important to mention here that there is more scope to deepen the understanding of the embodiment for the identity negotiation process of BIMPOC therapists in Canada. This present study has explored the embodiment in limited ways, paving the way for future research.

Implications***Research & Future Directions***

There is more to unravel in this journey of identity intricacies with the therapists from BIMPOC communities in Canada as exhibited by the dearth of literature in this context. The findings of this study strongly suggest that the negotiation of cultural and professional identities is a significant and dynamic process in the lives of BIMPOC therapists who have been practising in Canada. This makes it crucial to conduct additional research in this field with a focus on other intersectionality within this context. More precisely, studying the nuances in specific ethnocentric studies might be helpful in better comprehension of these experiences. Furthermore, more research into the mental health of BIMPOC therapists will help in identifying unique stressors and recognizing the systemic challenges they face in Canada. To take it a step further, the identity negotiation process of professionals from various helping professions in Canada might illuminate the parallels and supplementary layers of this process, facilitating a deeper understanding of these lived experiences.

Participants in this study candidly shared about their experiences of navigating these complexities. This can inform further studies on the exact process of what helped them and what did not work for them in these experiences. Additionally, these complexities can be different with various layers of intersection with the BIMPOC identity. Hence, these findings might inform future research into further intersections like age, gender, orientation, and so on of individuals negotiating identities in this profession. Additionally, based on the individualized and collective concerns highlighted in this study and prior literature, it is a clinical and research priority to focus on providing supports and resources to help BIMPOC therapists in Canada manage the issues at hand.

In addition, this project aims to motivate other academics to investigate the identity development of BIMPOC therapists at the spectrum of their careers and to spark discussion about what these experiences are like for them. According to Rutherford (2020), psychology has always attempted to be perceived as a "hard science," much like other scientific fields. This has led to the perception of therapists as people who have stable, picture-perfect lives. However, the findings from this study humanize these experiences. This can be furthered by research on the relational aspects of counselling, and how it influences identity formation in ethnic minority therapists in Canada can be explored in depth.

In accordance with the studies that explored the anti-oppressive measures that can be taken institutionally to support the development of therapists and professionals in the helping field, this study recommends and hopes to inspire further research into how specifically these measures can be effective in the Canadian context (Legha & Martinek, 2023. 2022; Williams et al., 2023). Furthermore, the findings from this study can inform program evaluation research for counsellor education in different institutions, especially ones which are accredited by a professional body. In addition, program evaluation research can also be used to explore mental health workplace settings such as agencies and private practices to promote the health and well-being of these professionals in Canada and promote true allyship and community for them.

Lastly, as mentioned earlier, there is more scope for future research to explore the professional and cultural identity negotiation of BIMPOC therapists in Canada in a more embodied manner. This can be done through research methods and techniques that allow for extensive embodied exploration of this topics, such as through art, music, and other movement focussed methodologies. Research into the embodied qualities of this topic

will further deepen our understanding of how the identity negotiation process is very somatically and viscerally personified and is connected to our way of being in the world.

Professional

It has been extensively studied and has been found in this study how institutional and systemic barriers contribute to the challenges for mental health therapists from the BIMPOC communities (Adetimole et al., 2005; Clauss-Ehlers et al., 2019; *Voices of Color*, 2005; Wieling & Rastogi, 2004). The findings from this study hope to inspire changes at the systemic level, starting from graduate training schools for counsellor education, supervision strategies, increasing representation for ethnic minority therapists, supervisors, and instructors, and inspiring true allyship.

The identity negotiation process for therapists begins with their training in counselling and evolves throughout their career (Alves & Gazzola, 2011; Sharma, 2005; Slay & Smith, 2011). Training programs play a crucial role in professional identity development (Cohen et al., 2022; Watson, 2004). Hence, the findings from this study hopes to inform research that can look into making counselling training programs more diverse and inclusive. It is essential for clinicians to understand the impact of oppression, inequity issues, and racial trauma on the physical and general health of marginalized communities. Cohen (2022) suggests incorporating multicultural contexts, promoting cultural humility, ensuring minority representation, fostering community, providing training, advocating for social justice, addressing multicultural knowledge, and organizing special supports for minority students to improve counselling education and training. The findings from the present study endorses these recommendations. They might be helpful in equipping BIMPOC therapists to thrive successfully in their career in navigating their identities as they embark on their journeys in this profession. This is

especially true as many of them shared their experiences in training which were immensely helpful in building their identities.

Furthermore, the role of supervisors in negotiating the identity of non-dominant therapists has been emphasized in literature. Legha (2023) emphasizes the need for anti-oppressive supervision, while Williams et al. (2023) emphasize the importance of equity-based approaches and multicultural education. Tummala-Narra (2023) emphasizes the need to consider the experiences of racial minorities and adopt open, vulnerable, and humble supervisory environments. This research aims to inspire supervisors to be a driving force and mentor in the journey of BIMPOC therapists.

Furthermore, the well-being of therapists is crucial for their professional identity and ethical clinical outcomes (Baldwin et al., 2007; Thériault et al., 2015). This study highlights the impact of systemic barriers, racialized experiences, and internalization on the mental health of BIMPOC therapists. Ethnic minority therapists often face physical, cognitive, emotional, and social effects from negotiating identity challenges, which can impact their overall personhood and effectiveness in therapy (Brooks-Ucheaga, 2023; Cohen et al., 2022; Williams et al., 2023).

Creating a personalized care plan for these therapists that takes into account both internal and external factors, validates their experiences, and works collaboratively to understand their wellness is essential. This comprehensive approach requires easy access to both individual and group mental health support. Understanding the multilayered psyche of a BIMPOC therapist navigating these challenges can help non-minority professionals develop targeted interventions and a relational approach for supporting and helping these individuals. More importantly, therapists often experience vicarious trauma when working with clients who may be experiencing similar challenges (Buchanan et al.,

2006; Posluns & Gall, 2020). This occupational risk is a significant occupational risk for mental health practitioners. This research could help these professionals address their own vicarious traumas and address significant countertransference issues in therapy.

In addition, the findings of this study hope to invite colleagues, supervisors, peers, and clients to stand in solidarity with the BIMPOC therapists in the crossroads of professional identity and cultural identity. One of the participants, Dev shared something which really warmed my heart. She said that this experience helped in restoring her hope in community. She told me that her colleague told her that even though she does not have the experience of sharing her identity, she is willing to learn in ways she can support her in finding it. This experience has been echoed many times in other participants narratives, where the importance of connection, solidarity, belongingness and true allyship have been underscored. This is in line with the findings as mentioned earlier in this chapter, prior to this section. In a study, exploring the construct of racial allyship of non-minority members with minority communities, Williams & Sharif, (2021) describe true allyship to be not only providing support and validating the experiences of individuals, but it is advocating for equity, empowerment, and representation of these communities. A report on advocacy and social justice on behalf of marginalized people in counselling psychology by Kwee, (2020) illustrates several ways non-minority clinicians and mental health researchers can practise proactiveness in their allyship. She highlights the importance of situating oneself in their intersection within the myriad of identities. Furthermore, she sheds light on how advocacy can inform multilayered changes at personal, relational, organizational, communal, and cultural levels. This report also highlights the beauty of humility and solidarity. The findings from this study are in accordance with the aforementioned literature. Participants in this study shared how

connection and support have been driving forces for them to situate themselves in a newly constructed empowered stance – a rejuvenated identity. This demonstrates that allyship and connection are the need of the hour. Belongingness and community can be incredibly healing and helpful for therapists from BIMPOC communities in Canada to steer through the obstacles of identity search.

Personal

Lastly, it has been extensively covered in the researcher reflexivity section of this chapter illustrating how personally validating and comforting the research process and the findings have been for me. Furthermore, participants shared that engaging in this process and learning about the themes in the member check have been healing and insightful for them. To further this, one of the participants, Bheena even shared about how she was taking away some closure about her identity negotiation process in learning about the voices from her story during member check. It is my hope that the findings from this research will be incredibly validating and affirming for other BIMPOC therapists in Canada. It is hoped that these professionals will engage in community, fostering connections, embodying empowerment, exercising informed consent while journeying through their identity negotiation process. This in turn might provide hope and courage for BIMPOC therapists to not be scared to recreate their distinctive identities.

Strengths & Limitations

A relational, constructivist approach to the current research's exploration of the negotiation process of cultural identity and professional identity allowed for co-construction of knowledge and the free-flowing emergence of voices as the dialogue continued. This approach helped in un-silencing the voices which are often muffled and fall through the cracks of mainstream academia and research. Feedback received from the

participants during the interviews as well as the member check process endorsed this approach. Participants shared that felt listened to, validated and supported through the research process.

In addition, my desire was for the therapists who volunteered to participate part in the study to feel as though they were given the chance to speak about things that they would not normally be able to open up about. It was intended that by sharing stories of their personal and professional development, participants would leave feeling inspired and empowered by their professional endeavours and individual experiences. This was enabled by the member check process where they shared that the participation in the research helped them gain awareness into their identity negotiation process which they were able to articulate and express more freely and intricately. Some participants shared how the research topic helped them feel validated since they always thought they were alone in the balancing act of identities.

Moreover, owing to the intentional sample size of nine participants, the rich knowledge provided by the participant's narratives and the subsequent reflection offered a unique understanding of the voices present in BIMPOC therapists' experiences with identity negotiation that was lacking or limited in previous studies. Given the thorough analysis that the listening guide approach entails, the findings of this study could potentially be a first step towards more research on the complexities of identity journey for BIMPOC therapists. However, the present study is limited in exploring the several intersections within identity journey such as age, gender, ability, socioeconomic status, and so on which may provide richer findings on the identity exploration process for therapists. Despite this, this study was able to recruit participants from multiple locations across Canada - paving the way for more contextual based future research which might

address specific provinces here. In this regard, it is crucial to note that it would have been extremely valuable to have heard the voices of individuals from the indigenous population within the BIMPOC banner in Canada. Considering the longstanding struggles with overt and covert oppressive forces faced by these individuals, it would have contributed to a nuanced and multi-layered understanding of managing the conflict of cultural and professional identity as an indigenous person living in Canada. It is envisioned that more studies in the future will directly contribute to this.

To add to this, the extensive effort invested in establishing and implementing a comprehensive research procedure contributes significantly to the strengths of this study. By personally transcribing all interviews and revisiting them after participating in the interview process, a thorough engagement with the data was achieved, facilitating a detailed analysis and reflective approach. Not only did I document pauses, nonverbal cues, and variations in tone and pace from both face-to-face and virtual interviews, but I also chose to include these aspects in the transcript. In my view, this decision enhanced the depth of analysis beyond what could have been accomplished if I had outsourced the transcriptions.

Nonetheless, even though LG is an embodied methodology, and the present study honoured the embodiment of the identity negotiation process for BIMPOC therapists in some way, this study had a limited scope in tapping into the embodied qualities. There is more possibility to explore and comprehend this embodied experience in an in-depth manner. Perhaps, conducting all the interviews in person or by using more embodied methodology in isolation or in conjunction with LG might be a way to expand on this knowledge further.

Furthermore, another limitation of the research is that the focus group that was initially intended could not be conducted because of time constraints and accommodating every professional's schedule. Potentially, this could be addressed by more studies examining the perspectives of BIMPOC therapists that surface in group settings. However, it is important to mention that the Listening Guide methodology does not require researchers to conduct focus groups or member checks because of the comprehensive analysis process that is done in a research team. Even so, the member check process, bracketing of the researcher's experience, and the team analysis approach strengthened the rigour and quality of this study.

Conclusion

The present study focused on the voices of BIMPOC therapists who are navigating both their cultural and professional identities in the Canadian setting—a topic that is often overlooked in mainstream research. This was made possible by an in-depth interview with nine BIMPOC community professionals who have been practising for more than five years across Canada. They willingly and graciously shared their experiences. I embarked on this study responding to an internal calling, which prompted me to undertake the responsibility for listening to these voices. Through thorough analysis by employing the listening guide methodology, several voices emerged which were then arranged into three categories – the voices of suffering in silence, the voices of action and the voices of thriving in hope. Through our analysis of the voices, we discovered that BIMPOC therapists in Canada transcend the silent suffering and go on to create a unique identity through a connected and empowered manner of living, working, and thriving in their profession. With this research, I aimed to shed light on the complexity of relationships both in and out of the therapeutic setting, as well as the professional and

cultural selves involved in a therapist's negotiation of identity as a minority member in Canada. In addition to the implications already discussed by the study's findings, these voices are hoped to help other BIMPOC therapists in Canada feel less isolated and more hopeful. They might also aid in understanding these experiences and guide changes to the profession's policies that support inclusion, diversity, and equity. Finally, it is wished that the stories of the BIMPOC therapists in this study may act as a catalyst for non-minority professionals to stand in support and solidarity, illustrating true allyship with BIMPOC therapists of Canada.

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APPENDIX A

Online Recruitment Poster

(A full copy of this document available upon request.)

Your voices as Multicultural BIPOC therapists in Canada

We invite you to share your lived experiences as a BIMPOC (Black, indigenous, multicultural, people of color) therapist in Canada

If you are:

- a BIMPOC psychotherapist, currently working in Canada for 5+ years
- Credentialed with a Professional association
- Can spare 90 mins

To know more

SCAN ME

To participate please contact

To thank you for your participation you will be compensated with 25\$ Amazon or Starbucks gift card for your time

APPENDIX B

Invitation Email

Hi (insert name here),

My name is Divyasri Chakraborty, and I am a Counselling Psychology student at Trinity Western University. I am conducting a research study exploring the lived experience of BIMPOC (Black, Indigenous, Multiracial, People of Colour) therapists, working in Canada. As part of the study, I am interested in interviewing individuals who have been practicing therapy for at least 5 years. The purpose of this study is to gain a greater understanding of how therapists from the BIMPOC community navigate their cultural identity and professional identity in their careers as psychotherapists working in Canada.

I am writing to you today to see if you know anyone who might be interested in participating in this study. Specifically, I am looking for psychotherapists with the following characteristics:

- Is from the BIMPOC community.
- Is actively practicing therapy and has been for at least 5 years.
- Be currently credentialled with a professional body in Canada, such as BCACC, CRPO, CPBC, or CCPA
- Must be proficiently fluent in English, as interviews will be conducted in English.

If you or someone you know has these qualities and might be interested in participating in this research study, please pass along the information and have them contact me, either by phone at (insert phone number here) or email at (insert email address here).

APPENDIX C

Phone / Email Initial Contact

Introduce myself as a master's student in counselling psychology from Trinity Western University Briefly explain the study and its purpose.

- Explain that participation will involve an interview of approximately 90 minutes and optional attendance at a focus group to take place at a later date.
- Provide information about the purpose of the study. I am looking for individuals who are from the BIMPOC community and working as a counselling psychologist or psychotherapist in Canada.
- Explain the concept of cultural/ethnic identity and professional identity and talk about lived experience.
- Talk about how voices are expressed and embodied (Explain)
- Indicate that I need to ask a few questions to ensure that they are a fit for the study:
 - Do you currently work and live in Canada?
 - Do you identify from the BIMPOC community?
 - Have you been practising as a psychotherapist for at least 5 years to the potential participation date?
 - Are you credentialled with a professional association?
 - Are you willing to commit to an interview of approximately 90 minutes?
 - Is there anything I can do to make the interview more comfortable for you?
- Offer accommodation options.

If they are a fit:

- Let them know, ask them if they are interested in participating, and if they have any questions.

- Thank them for their time and arrange next steps to set up an interview.
- If the interviews are to be conducted over video-conferencing software, ensure that the participants will have a safe and private location of their choosing to participate in the interview. If the interviews are in-person, the participant can choose a location (within BC) that best suits them.
- Ask if they would like to receive an Amazon/ Starbucks gift card worth 20\$.

If they are not a fit:

- Thank them for their time and briefly explain why they are not a fit. Offer to be in touch with the results of the research.

APPENDIX D**Demographic Information**

Kindly fill out the form. Fields marked with an asterisk () are mandatory. Thank you.*

Participant Information

1. Name* _____
2. Gender* () Male () Female () Other
3. Current Age _____
4. Country of Birth* _____
5. Ethnic Background* _____
6. Professional Body of registration or licensing* _____
7. Number of years working as a psychotherapist or counsellor* _____
8. How long have you lived in Canada? _____
9. How long have you been practising therapy in Canada? * _____
10. Do you work at an organization/clinic or a private practice? _____
11. Briefly describe the theoretical orientation from which you practice, or your approach to therapy.

12. Describe your history of work environments as a psychotherapist or counsellor, including the primary clientele, you worked with and the environment within

which you worked. You do not need to disclose the name(s) of organizations or agencies.

Description of Environment (agency, private practice, transition home, etc.)	Clientele Type	Years Worked

APPENDIX E

(A full copy of this document available upon request.)

Participant Consent Form

Listening to the Listeners: The Voices of BIMPOC therapists of Canada

Principal Investigator: Divyasri Chakraborty, MA Counselling Psychology

Student

Department of Counselling Psychology, Trinity Western University

As a Graduate student at Trinity Western University, I am required to conduct research as part of the requirements for a Master of Arts degree in Counselling Psychology. This research is part of a thesis. It is being conducted under the supervision of Dr Deepak Mathew. You may contact my faculty supervisor by email at [REDACTED]

Faculty Supervisor: Dr Deepak Mathew, PhD, Associate Professor, Department of Counselling Psychology, Trinity Western University

Purpose: You are invited to participate in a research study exploring the voices of psychotherapists and counsellors from BIMPOC (Black, Indigenous, Multiracial, People of Colour) community in the context of their cultural and professional identity. You were invited to participate because you or your peer(s) and/or colleague(s) have identified you as someone who is a good fit for this research and would like to share their lived experience with us.

The purpose of this study is to understand the voices of therapists from the BIMPOC community through their lived experience of working in Canada. We seek to develop a greater understanding of what these voices are, how these voices are embodied and expressed, and how do the therapists live and belong while balancing their cultural and professional identity while working in a predominantly White profession in Canada.

Study Procedures: As a participant, you will be asked to participate in two interviews in total,

both of which will take place over the video meeting platform Zoom or in person, according to your preference and convenience, and will be recorded.

The first interview will take approximately 90 minutes, during which you will be asked to share how your journey to developing as a therapist has taken place, where your cultural identity and professional identity come together and diverge and how relationships with peers, clients, colleagues and supervisors have played a role in this journey. Following the end of this interview, you will be able to choose a pseudonym you feel comfortable with in order to ensure anonymity. This pseudonym will be used instead of your real name, and any identifying information will be removed.

The second interview will serve as a member check, during which you will have the opportunity to go over a summary of your transcript and engage in the interpretive process of data analysis. The researcher will ask for your input at this time to ensure the findings accurately reflect your experiences.

Potential Risks and Discomforts: Risks associated with this research are minimal but may include discomfort from discussing personal views and experiences of

development and growth, cultural identity and negative and positive experiences in this context with an unfamiliar person. The researcher, who will be conducting all the interviews, will do her best to create a safe and comfortable space for you to share your experience. If at any point you feel uncomfortable or distressed, the interview will pause, and you will be able to choose to continue when you feel ready or end your participation.

Potential Benefits to Participants and/or to Society: Participating in this study will assist clinicians and researchers to better understanding the voices of BIMPOC therapists in Canada. The knowledge arising out of this study aims to contribute to understanding the unique journey of this community. Further, it is the hope of the researcher to shed light on the knowledge to provide a safe space for fellow members of this community, BIMPOC therapists to grow.

Confidentiality: *Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.* For example, audio tapes and transcripts will be kept in a password protected folder on the researcher's computer. Paper copies of transcripts will be kept in a locked filing cabinet, which is located within the researcher's locked office. Audio tapes and transcripts will be kept until the completion of the research, and Trinity Western University has approved this study as meeting all its requirements for the completion of a thesis for the Master of Arts in Counselling Psychology program.

"Please note that due to COVID-19 and geographical barriers, many of the interviews are hosted by "Zoom" which is a video-conferencing software company located in the USA. All responses to the survey will be stored and accessed in the USA. This company is subject to U.S. laws, in particular, to the U.S. Patriot Act that allows authorities access to the records of internet service providers. It has been deemed unethical by Canadian Research Ethics Boards to save research data on a USA server for a long-term period, according to Canadian law and research ethics. However, it has been determined that for a short-term period, maximum of ten days, is acceptable to keep research data before it needs to be downloaded to a Canadian server. If you choose to participate in the interview, you understand that your responses will be stored and accessed in the USA for a maximum of ten days before being downloaded to a Canadian server. The security and privacy policy for Zoom can be viewed at <http://www.zoom.us> "

Data Maintenance: All data will remain confidential and adhere to the same storage practices as counselling data. Audio files will be transcribed and made anonymous with identifying information removed. The primary researcher will be responsible for monitoring data, analysis, and disposal. Anonymized transcripts will be kept in the MA Counselling Psychology department at TWU for 10 years. Audio recordings will be destroyed after they are transcribed and analyzed. The reason they will be kept during the analysis process is to be able to verify the accuracy of the transcripts should any questions arise. After 10 years, any remaining hard copies of the interviews will be shredded, and electronic copies will be permanently deleted.

Remuneration/Compensation: A \$20.00 gift card (Amazon/Starbucks) will be provided for participating in this study. The gift card will be given to the participants at the start of the interview.

Contact for information about the study: If you have any questions or desire more information with respect to this study, you may contact the principal researcher, Divyasri Chakraborty by phone at [REDACTED] or by email at [REDACTED], or the faculty supervisor, Dr Deepak Mathew by email at [REDACTED].

Contact for concerns about the rights of research participants: If you have any concerns about your treatment or rights as a research participant, you may contact the Ethics Compliance Officer in the Office of Research, Trinity Western University at [REDACTED] or [REDACTED].

Consent: Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without losing your reward. Your withdrawal from this study is not possible after the researcher has removed all the information which may identify you, as it will then be impossible to identify who you are. If you choose to keep your own name as identification for your story in this research, you will be unable to withdrawal from the study after the data has been integrated into the data set. However, requests to change your name for publication of the research will be honoured.

Additionally, data obtained from this study may be used for future research. You may indicate below if you do not wish it to be used in future research. It will not be used after the completion of this study.

Do you consent to allow your data from this study (in anonymous form) to be used in future research?

☐ Yes ☐ No

Signatures: Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records. Your signature indicates that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study.

Research Participant Signature

Date

Printed Name of the Research Participant

APPENDIX F

(A full copy of this document available upon request.)

Focus Group Consent Form

Listening to the Listeners: The Voices of BIMPOC therapists of Canada

Principal Investigator: Divyasri Chakraborty, MA Counselling Psychology Student

Department of Counselling Psychology, Trinity Western University

Faculty Supervisor: Dr Deepak Mathew, PhD, Associate Professor, Department of
Counselling Psychology, Trinity Western University

Purpose: You have been invited to participate in a focus group as a part of this project facilitated by Divyasri Chakraborty. This focus group is intended to be an opportunity to not only go over the results of your individual interviews and determine if they are an accurate reflection of your experiences, but also to hear from others about their own experiences and work as BIMPOC therapists in Canada. It is hoped that by participating in this study, you will gain a sense of community and feel more empowered in your work as therapists and clinical counsellors.

Procedure: As part of this study, you will be placed in a closed group of 6 – 12 individuals who have participated in this study. This group will take place through a virtual platform through Zoom. The principal investigator will ask you several questions while facilitating the discussion. Your responses will remain confidential, and no names will be included in the notes taken from the focus group.

Your participation in this focus group is optional and voluntary. The researcher, who will be conducting all the interviews, will do her best to create a safe and comfortable space for you to share your experience. If at any point you feel uncomfortable or distressed, you will be able to choose to continue when you feel ready or end your participation.

Please note that there are no right or wrong answers to focus group questions.

The purpose of this group is an invitation to hear the many voices and perspectives of the participants of this study. Kindly refrain from interrupting fellow group members out of courtesy. Feel free to be honest, even if your responses contradict those of other group members.

Potential Risks and Discomforts: Risks associated with participation in the focus group may include a possible social risk and discomfort from discussing personal views and experiences of development and growth, cultural identity and negative and positive experiences in this context with colleagues from the same profession. Hence, the following confidentiality clause has been added to respect the privacy and integrity of participants of this focus group.

Confidentiality Agreement: *Should you choose to participate; you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the study.* The principal investigator will analyze the data, but—as stated above—your responses will remain confidential, and no names will be included in any reports.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. For example, audio tapes and transcripts will be kept in a password protected folder on the researcher's computer. Paper copies of transcripts will be kept in a locked filing cabinet, which is located within the researcher's locked office. Audio tapes and transcripts will be kept until the completion of the research, and Trinity Western University has approved this study as meeting all its requirements for the completion of a thesis for the Master of Arts in Counselling Psychology program.

"Please note that due to COVID-19 and geographical barriers, many of the interviews are hosted by "Zoom" which is a video-conferencing software company located in the USA. All responses to the survey will be stored and accessed in the USA. This company is subject to U.S. laws, in particular, to the U.S. Patriot Act that allows authorities access to the records of internet service providers. It has been deemed unethical by Canadian Research Ethics Boards to save research data on a USA server for a long-term period, according to Canadian law and research ethics. However, it has been determined that for a short-term period, maximum of ten days, is acceptable to keep research data before it needs to be downloaded to a Canadian server. If you choose to participate in the interview, you understand that your responses will be stored and accessed in the USA for a maximum of ten days before being downloaded to a Canadian server. The security and privacy policy for Zoom can be viewed at <http://www.zoom.us> "

Data Maintenance: All data will remain confidential and adhere to the same storage practices as counselling data. Audio files will be transcribed and made anonymous with identifying information removed. The primary researcher will be responsible for monitoring data, analysis, and disposal. Anonymized transcripts will be kept in the MA Counselling Psychology department at TWU for 10 years. Audio recordings will be destroyed after they are transcribed and analyzed. The reason they will

be kept during the analysis process is to be able to verify the accuracy of the transcripts should any questions arise. After 10 years, any remaining hard copies of the interviews will be shredded, and electronic copies will be permanently deleted.

Contact for information about the study and the focus group: If you have any questions or desire more information with respect to this study, you may contact the principal researcher, Divyasri Chakraborty by phone at [REDACTED] or by email at [REDACTED], or the faculty supervisor, Dr Deepak Mathew by email at [REDACTED]

Contact for concerns about the rights of research participants: If you have any concerns about your treatment or rights as a research participant, you may contact the Ethics Compliance Officer in the Office of Research, Trinity Western University at [REDACTED]

Consent: Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without losing your reward. Your withdrawal from this study is not possible after the researcher has removed all the information which may identify you, as it will then be impossible to identify who you are. If you choose to keep your own name as identification for your story in this research, you will be unable to withdrawal from the study after the data has been integrated into the data set. However, requests to change your name for publication of the research will be honoured.

Additionally, data obtained from this study may be used for future research. You may indicate below if you do not wish it to be used in future research. It will not be used after the completion of this study.

Do you consent to allow your data from this study (in anonymous form) to be used in future research?

☐ Yes ☐ No

Signatures: Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records. Your signature indicates that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study.

Research Participant Signature

Date

Printed Name of the Research Participant

APPENDIX G**Interview Guide**

Introductory Script: *Thank you for your interest and willingness to be a part of this project. Your participation in this research is greatly appreciated. As you know, this research project seeks to understand the experience of working in Canada as a therapist from the BIMPOC community (explain BIMPOC if needed). I want to invite you to share as much or as little about your journey in this profession in this country as you feel comfortable with. I have some questions that can act as a flexible guide for our conversation today, and there are no right or wrong answers; rather, I am most interested in learning about your experience. If you would like to end the interview, take a break, or skip a question, you can let me know at any time as we chat. Do you have any questions before we begin? Is there anything that would be helpful for me to know about you before starting? Is there anything I can do to make participating in the study more comfortable for you?*

1. Contextual Component

- a. Preamble: As you are aware, we are interested in the experiences of individuals from BIMPOC communities working as therapists in Canada while focusing on the act of balancing their Cultural identity (BIMPOC) and Professional identity (Psychotherapist/Mental Health Counsellors). In this interview, the goal is to gather information about your experiences and how they have affected you.
- b. As a way of getting started, perhaps you could tell me a bit about your work (Probes: clientele, modality, training, years of experience etc.)

- c. How would you describe your ethnic/cultural identity and background?
2. Narrative Component: Using the listening guide to analyze the research question, “What are the voices of BIMPOC therapists in Canada that reflect their experiences of negotiating cultural and professional identity?”
 - a. Tell me about the most significant relationships and experiences, positive and negative, during your work as a therapist here.
 - b. How would you describe your identity as a clinical counsellor/psychotherapist?
 - c. Tell me about your experiences of balancing your cultural and professional identities.

Probes:

1. Where do you feel your professional identity has to be separate from your cultural identity, and where do they converge? (Where do they separate, and where do they meet?)
2. How do you feel about displaying parts of your cultural identity in your profession?
3. What parts of your cultural identity do you feel safe to display in your profession?
4. What parts of your cultural identity have you felt need to be hidden in your profession?
5. Probe list (challenges of getting work here; change over time in professional/cultural identity, Marginalization, or support)

6. Demographic Component: (*Check the form and ask if anything is missed*)

Interview End Time: _____ **Length of interview:** _____

APPENDIX H**Debriefing Form**

(A full copy of this document available upon request.)

Thank you for taking part in the present study seeking to understand the experiences of BIMPOC therapists in Canada in the context of their cultural and professional identities. Your participation and willingness to share your experience is invaluable to this work and very much appreciated!

After all the individual interviews have been conducted, an email invitation will be sent out for optional participation in a focus group which will be conducted via Zoom. At this event, I will share preliminary findings and themes that have emerged from the data. Space and time will be provided for feedback, reflection, and engagement with the researcher and other participants.

Please feel free to contact the primary researcher, Divyasri Chakraborty ([REDACTED]) or the research supervisor, Dr Deepak Mathew ([REDACTED]).

If you have any concerns about your treatment or rights as a research participant, you may contact Elizabeth Kreiter in the Office of Research and Graduate Studies, Trinity Western University at [REDACTED] or [REDACTED].

Thank you again for your generous participation and contribution to this project.

APPENDIX I**Follow-Up Email**

Thank you for your participation in the interview. In this email, we will review the summary you received of your interview to check that you feel it is accurate and reflects the content we covered, as well as your I poem generated from the data analysis process. This will offer you an opportunity to debrief and ask me any questions.

Questions:

1. After reading through the summary of your first interview, do you feel it is accurate and reflective of the content we covered?
 - a. What stands out to you?
 - b. Is there anything you would like to change or clarify?
 - c. Is there anything that surprises you?
2. What have you discovered, or have you had any greater insights through this process?
3. What has this process led you to reflect on, if anything?
4. Is there anything that has not been talked about that you would like to include in your interview?
5. Do you have any questions for me?
6. What are you taking away from participating in this process?
7. Please indicate if you would like to be a part of the Focus Group which will be held via Zoom.

APPENDIX J**Follow-Up Focus Group Interview Prompts**

Script: Thank you for joining us for our focus group. This focus group is intended to be an opportunity to not only go over the results of your individual interviews and determine if they are an accurate reflection of your experiences, but also to hear from others about their own experiences and work as BIMPOC therapists in Canada. It is hoped that by participating in this study, you will gain a sense of community and feel more empowered in your work as therapists. We will start with introductions, in which everyone here will say their name and a little bit about themselves. We will then review the study's results, as well as the summary you received of your first interview to check that you feel it is accurate and reflects the content we covered. During this time, you will each be given a copy of your I poems generated from the data analysis process. I will also ask you a few questions and offer you an opportunity to debrief and ask me any questions.

Questions:

1. After reading through the summary of your first interview, do you feel it is accurate and reflective of the content we covered?
 - a. What stands out to you?
 - b. Is there anything you would like to change or clarify?
 - c. Is there anything that surprises you?
2. What have you discovered, or have you had any greater insights through this process?
3. What has this process led you to reflect on, if anything?
4. Is there anything that has not been talked about that you would like to include in your interview?

5. Do you have any questions for me?
6. What are you taking away from participating in this process?

APPENDIX K**Data Analyst Confidentiality Agreement**

As a member of the team using the Listening guide to analyze transcripts, you will be in possession of personal, and at times sensitive, information about individuals, possibly including their identities, locations, as well as their study transcripts. You are expected to keep all information confidential and dispose of all materials appropriately and in a timely manner.

I, _____, agree to maintain full confidentiality in regard to any and all recordings and documentation received from Divyasri Chakraborty related to her project on lived experience of BIMPOC therapists in Canada.

Furthermore, I agree:

- To hold in the strictest confidence the identification of any individual that may be inadvertently revealed during the transcription or recorded interviews, or in any associated documents.
- To not make copies of any recordings or computerized files of the transcribed interview texts, unless specifically requested to do so by Divyasri Chakraborty.
- To store all study related recordings and materials in a safe, secure location as long as they are in my possession.
- To return all recordings and study related documents to Divyasri Chakraborty in a complete and timely manner.
- To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.
- I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the recordings and/or files to which I will have access.

Printed Name

Date

Signature