Cultural Competency in Dramatherapy Training

By

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Author's Declaration

I hereby submit this thesis for the degree of Doctor of Philosophy to the College of Arts, Humanities and Education at the University of Derby. I have been supervised by Dr Clive Holmwood and Professor Huw Davies.

This thesis, with its appendices, is my intellectual property and original work, except for other authors' citations, which have been appropriately referenced in the text, captions, and in the bibliography at the end of the thesis. The original work has never been used in any other submission for an academic award.

PHD Abstract:

This research grew out of the researcher's experience encountered during their Dramatherapy training. It explores the concept of cultural competency and ways in which it can be embedded in the training. Many definitions of cultural competency have been put forth in the growing body of literature related to this subject. Each definition indicates that to become culturally competent, healthcare professionals must actively engage with people who differ from themselves. All the definitions identified in this research indicate that it is a journey that one never fully arrives at. The question that this research poses is 'when should this journey into cultural competency begin?' Does it start when one is in training to become a therapist or when one qualifies? All the participants that took part in this research indicate the importance of this journey starting earlier, while one is still undertaking the training.

This research highlights that there is a demand for cultural competency to be explored in-depth in Dramatherapy training programmes. One of the important points raised by participants in the research is that cultural competency is explored only when the students bring up the topic and then the lecturers would address it, which indicates that if the topic is not raised by the trainees, then it will not be addressed by the trainers.

This research also examines the policies of the British Association of Dramatherapists (BADth), who are the professional organisation for Dramatherapists in the UK, along with the Health and Care Professional Council (HCPC), who are the regulator for the

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Dramatherapy profession in the UK. In terms of discovering what emphasis is placed by BADth and HCPC's policy documents in relation to cultural competency, the findings indicate that not much prominence is placed on the concept.

This research uses a qualitative approach and the rationale for choosing this approach is that it's about discovering the experience of participants with regards to their Dramatherapy training. This forms the descriptive aspect of this study's methodology, where data is generated through words rather than numbers (Bricki, 2007). A triangulation approach was also used to check and establish the validity of the research by analysing the research questions from multiple perspectives.

The contribution that this research makes to the field of study, is through creating a tool-kit that provides a guide to Dramatherapy training institutions of how cultural competency can be embedded in the training. This PHD journey has been one that has met with many challenges and struggles. The most significant of these has been the silence around the topic. How does one capture silence, when the whole aim is to be vocal? One of the aims of this research has been to consider who holds the power to push forward the change that is required in Dramatherapy training regarding cultural competency, which again reflects this concept of being vocal around this issue.

The research concludes that all hold the power for change; Dramatherapy trainees can keep demanding that such topics be given greater emphasis. HCPC could also reinforce this in

their policies to the training institutions and Dramatherapy training institutions can choose to place greater emphasis on the topic and be willing to break the silence and discomfort around it.

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Glossary of Terms

BADth   British Association of Dramatherapists

BME   Black Minority Ethnic

CC   Cultural Competency

CRT   Critical Race Theory

HCPC   Health Care Professional Council

HE   Higher Education

HESA   Higher Education Statistics Agency

LERU   League of European Research Universities

NADTA   North American Drama Therapy Association

NHS   National Health Service

OFS   Office of Students

REC   Race Equality Charter

SOP   Standards of Proficiency

SET   Standards of Education and Training

UK   United Kingdom

Chapter One

Introduction:

Recent literature has demonstrated an increasing focus on the field of mental health, calling for the materialization of interdisciplinary ideologies (Mayor, 2012; Sue, 2007). In response, the clinical landscape in the medical, social work, mental health and academic fields are seminally shifting to recognize and focus on responding to oppressive systems. Current literature indicates a limited account of cultural competency within Dramatherapy research in the UK (Tam, 2019) and suggests that among the occupations of counselling and psychotherapy, Dramatherapists continue to overlook the concept of cultural competency. Now, more than ever, these issues cannot be avoided and events during 2020/2021 have reinforced this including, the impact of Covid-19, the death of George Floyd, the Black Lives Matter Campaign, the British Monarchy accused of racism with the Meghan and Harry interview and the release of the Race and Ethnic Disparities Report in March 2021. Douglas (2020) proposes that this topic is usually avoided, silenced and muted. This research adds to a growing body of inquiry into ethnic minority students' experiences of UK higher education, specifically the experiences that are being encountered on Dramatherapy training in the UK.

Many studies have acknowledged the difficulties that Black students face at predominantly white institutions, not only from underrepresentation but the perception and experiences of racial environments which can trigger feelings of depression, anxiety, alienation and

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other associated problems with mental health (Lawson, 2013; Pillay, 2005). A qualitative study conducted in 2019 by Hammond et al. explored the experiences of pre-registration physiotherapy education students from Black, Asian and ethnic backgrounds. The themes developed from the analysis of the data of participants' experiences from the study captured three areas. The themes of these students feeling '*like an outsider, everyone shying away and tip-toeing around the topic and, finally, the theme of the institutions saying they don't have much power and influence to change it*' (Hammond et al., 2019, p. 3). These themes are ones that this research also picks up on, with ethnic minority participants in the research expressing their feelings around not belonging and struggling to fit in, along with the training institutions not doing anything to address the issue. There was research conducted in April 2020, that used a 'Community of Inquiry' approach to explore Black, Asian and ethnic minority students' experience of university. The approach involved recruiting postgraduate students to explore what their experiences of learning were in institutions. The outcome of the inquiry was that it drew parallels between the attainment gap of ethnic minority students versus their white counterparts, suggesting that this was due to the students not feeling that they belonged and it mentioned that the retention of students from this background was an area of concern (Bale et al., 2020). This research discussed the impact of having a low number of academic staff coming from such backgrounds, which reinforced the feeling of loneliness and not belonging. The knock-on effect, as Clay (2018) mentioned is students from Black and Asian backgrounds not having role models to aspire to or even having thoughts of achieving a career in academia.

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This research examines HCPC (Health and Care Professions Council) , who are the governing body for The British Association of Dramatherapy, (BADth), and the experiences of qualified Dramatherapists' to discover who holds the power to drive forward change in the area of cultural competency within Dramatherapy training and most importantly, what this change will entail. Undertaking this PHD has become a way of taking that responsibility as someone who has received the training, to 'voice' and draw attention to this area of cultural competency which seems to have a real impact on ethnic minority students undertaking their training. However, others such as Bale et al. (2020) suggest that the onus should not be solely on Black researchers and that we all have a responsibility to undertake this kind of research. Eddo-Loge (2017) wrote about racism being a white problem and Brookfield (2019) suggests that white people should be the ones who examine their ways and their white privilege, rather than turning to black colleagues to be those who raise racial awareness issues (Bale et al., 2020).

Why Cultural Competency?

Many definitions of cultural competency have been put forth in the growing body of literature related to this subject. Each definition indicates that to become culturally competent, healthcare professionals must actively engage with people who differ from themselves. Several authors such as Awais and Yali (2013), Doby-Copeland (2006), Greene

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and Blackwell (2005), Hiscox and Calisch (1998), Robb (2014), Talwar et al. (2004) and Maat (2011) have advocated for cultural competency in art therapy, emphasizing the need to investigate the profession's lack of greater sociocultural inclusion. The literature on cultural competency suggests that as a concept it is something that is still fairly new, with no agreed definition (Well et al., 2016).

This research has highlighted a few definitions of cultural competency:

Lonner (2007) - *cultural competency is a continuum with no fixed endpoints, nor a total number of cultural competencies that can be reached.*

Davis (2020) - *cultural competency is a journey and how there isn't a single definition of cultural competency because it's a continually evolving process.*

Dunn (2002) - *cultural competency requires a fundamental change in the way people think, understand and interact with the world around them.*

The American Psychological Association (2017) - *cultural competency is incorporated in the role of cultural humility and considered as a lifelong process of reflection and commitment.*

All these definitions point to the fact that cultural competency is a lifelong process, it is a journey and is not something that one can ever arrive at. The question that this research does pose is, when should this journey into cultural competency begin for practitioners, is it when one has finished their training or while one is still training. The findings of this research do indicate that this journey into cultural competency needs to begin in the

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training, as most of the participants who took part in the research identified the need for this being a core part of the programmes. Some participants mentioned that they would not have had to struggle as much post-qualification with this subject if it had been explored in-depth in the training. This does show that to some extent cultural competency is being explored and it's not a concept that is 'foreign' even if direct references are not being made to cultural competency, it's still a concept that most of the participants felt they had explored in some form in their training. The issue that most of the participants agreed on was how it was not dealt with in-depth, and at times was only explored in one-day workshops.

One of the important points raised by participants from the online survey is that cultural competency is explored only when the students bring up the topic and then the lecturers would address it, which indicates that if the topic is not brought up by students then it will not be explored. Another point that is to be noted is that when these topic are brought up by students, as mentioned by participants, it is not always met with a positive response, rather, at times, with silence and with no conversation. This, again, is a reflection of the mental health service, with lots of writing detailing how ethnic minority individuals struggle to engage. The writings of Bowl (2007) take this a step further, by suggesting that these services have failed to consult these groups of people. There seems to be a parallel in terms of what ethnic minority people are encountering in the training, with this notion that the training is failing to capture or include their process as part of the experience being encountered as ethnic minority individuals on the programmes.

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This draws on the starting point that cultural competency within Dramatherapy training should be 'intentional'. It is not something that one has to get the courage to bring up but is something that you can physically see as being part of the programme curriculum. Even though there is no agreed definition of cultural competency or any set ways of how it can be embedded in a programme, there are, however, some models that can be adapted into training materials that can be incorporated into Dramatherapy programmes. This research explores some of these models from Bennett (1986) 'Developmental Model of Intercultural Sensitivity', to Cross et al.'s (1989) Model of Cultural Competency and Compinha-Bacote's (1998) Model of Cultural Competency, to examine how they suggest that these can be utilized in developing the subject. The research also offers practical implementation of how cultural competency can be embedded in Dramatherapy training and makes recommendations of useful exercises that can be used as part of this process.

This research has chosen to focus on the concept of cultural competency instead of Equality, Diversity or Inclusion (EDI) since the emphasis is about discovering how cultural competency can be embedded in Dramatherapy training and how students can be trained to be culturally competent therapists who are able to work with clients from diverse cultural backgrounds. It is not enough to simply discover if there is diversity or equality in the programmes but rather how students are being equipped to work with clients who are not from the dominant culture. As Dale-Rivas (2019) mentions, despite equality and diversity

and even the 2010 Equality Act, there is still institutional racism that works in overt and covert ways.

Terminology:

There have been many arguments on the use of terminology that refer to people from ethnic minority backgrounds. The killing of George Floyd has reinvigorated the debate, especially the use of the term 'BAME' (Black, Asian and Minority Ethnic) to describe those from ethnic minority backgrounds. The acronym BAME has attracted a lot of critics, for the reason that it does not accurately represent the needs of Black people. Aspinall (2021) suggests that BAME has obscured the real needs of the Black community: '*when other groups outside of the Black community are included in the same narrative, or considered for employment or for influential positions, it gives an inaccurate representation of Black people that are actually in the quota*' (Aspinall, 2021, p.1793). This was also captured in 'The Report of the Commission on Race and Ethnic Disparities' back in 2021, that recommended the term BAME be disaggregated, as it felt that it was unhelpful in understanding the disparities and outcomes for specific ethnic groups. I will not be using the term BAME, for the reasons stated above; I also feel it does not capture the specific needs of the diverse ethnic minority groups we have in the UK. In Chapter Three, when referring to documents that use the term BAME, such as the report from the Advance HE Statistical Agency, I have chosen to use the term in full, 'Black, Asian and Minority Ethnic' in order to clarify my position on the terminology.

Aim of the research:

This study aims to demonstrate how cultural competency can be embedded in Dramatherapy training. It will examine the emphasis that the Governing body, HCPC and BADth, its professional body, place on the importance of cultural competency, and how the training providers should embed this in their programmes. This study will also explore qualified Dramatherapists' experience of the training in relation to cultural competency, to determine what type of change they feel is needed and what that change will entail.

Objectives of the research

- To analyse HCPC/BADth perspectives on cultural competency and what their regulations suggest regarding how institutions include this in their programmes.

- To explore Dramatherapists' experience of their training in relation to cultural competency and to determine what type of change is needed in the Dramatherapy programme, to further embed cultural competency and what that change will entail.

- To demonstrate how cultural competency can be embedded in Dramatherapy training.

Research Questions:

- What is HCPC's position on cultural competency and what emphasis is placed in their regulations regarding this?

- What is BADth's position on cultural competency and how do they advise training providers to incorporate this in their programmes?

- What does cultural competency mean to Dramatherapy practitioners?

- What type of change is needed and what will this change entail?

- Who holds the power to drive forward this change?

It's important to note that the research aim has changed significantly, along with the research questions as the project developed. The original plan for this research centred around interviewing the four Dramatherapy programme leaders, who would have come from the University of Derby, Anglia Ruskin University, University of Roehampton and Central School of Speech and Drama, along with doing a focus group with their students. Despite my best effort and back and forth communication with the programme leaders, I was unable to obtain an interview from them or allowed access to their students. Their reason was that I had not provided them with enough information about the study for them to consent to taking part. I, on the other hand, felt that this was not the case and I believed I had provided all the information they requested. This has been a real journey, in terms of navigating through what can only be called the academic system, its power and control and how hard it is for those from ethnic minority backgrounds to do these types of research, when no-one wants to speak to you. It has made me reflect on the difficulty of how to shed light on an issue when the very people that you need to speak to about these issues are unwilling, uncomfortable and simply do not want to take the chance. I have had time to reflect on this and feel that this type of research will always provoke anxiety, due to the fear of being regarded as not being inclusive and diverse, and shedding a bad light on the

institutions. It is not the aim of this research to defame any institution, but rather to explore this topic of cultural competency in their programmes. It is sad that I was not able to convince the programme leaders of this fact and in the end I had to let go of the hope of them participating in the research. I subsequently turned my attention to gathering data from qualified Dramatherapists, particularly those who had a first-hand experience of the training. I think that, by focusing on the experience of Dramatherapists who had gone through the training, it meant that people had that distance to look back and reflect and be more inclined to speak rationally. I say this because of my experience of doing this PHD, with all the emotions and feelings that came up with the challenges of not being able to get the programme leaders or the students involved. I, at first, struggled to write this thesis in the first person; it was written in the third person format, where it was easier for me to contain my emotions and write, for example, that the 'researcher was upset' rather than say 'I was upset'. Every time I had to mention me and how I felt, I struggled. It became easier to silence me and what I was encountering to just get through the PhD, mirroring that survival mindset that participants from Focus Group 2 mentioned. This, again, is ironic, in that the hope of this research was to 'voice up ethnic minority experiences of this training, whilst I was silencing my own voice' in this process of doing the PhD. It's important to acknowledge the impact that this type of research can have, even on the individual undertaking the study.

Cultural Competency Research Map

Diagram 1
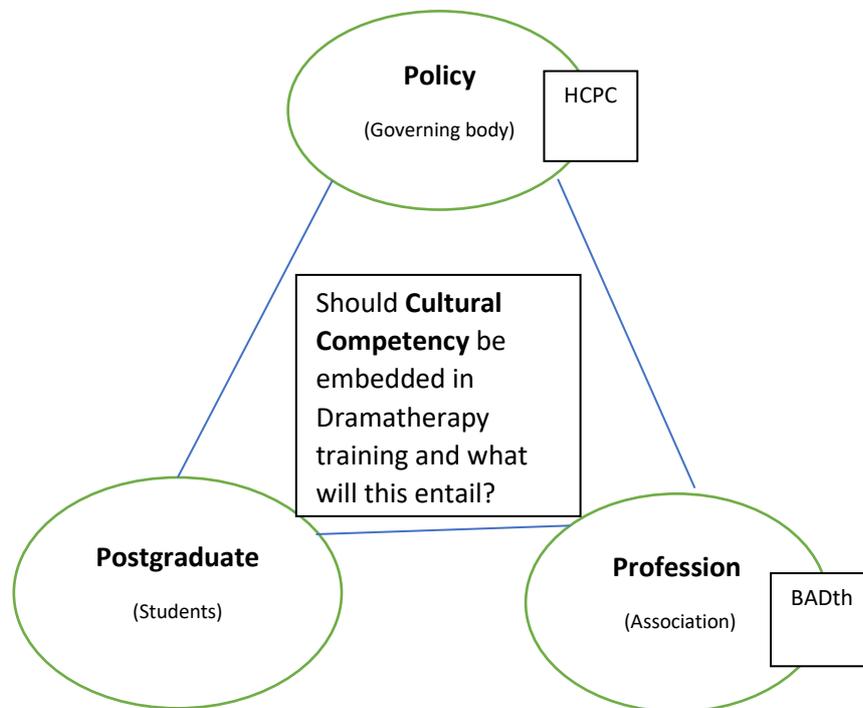
Diagram 1 captures the essence of this research, exploring how cultural competency can be

further embedded in the training by focusing specifically on the type of change that is

needed, what this change will entail and who holds the power to drive forward this change.

Each section of the figure, and its assigned title of 'Policy', 'Profession' and 'Postgraduate', is

aimed to reflect the relationship with the other elements in the model and their relevance

to this research. The title given to each of these sections evolves from this idea of exploring the research questions from these three angles, which captures Dramatherapy as a profession, the policy that governs the profession and most importantly the Dramatherapy trainees who are undergoing or have undergone the training. It is vital for this research that cultural competency and the relevance placed on it by the profession, policy and the students are examined to discover how it can become a core part of Dramatherapy training. Diagram 1 will act as a visual map for the research and it will be referred to throughout the research to recapture the aim of the study.

Research Rationale:

This research is needed because there is currently no research in the field that explores Dramatherapists experience of their training in the UK, specifically focusing on the experience of ethnic minorities. Although there recently has been more writings on ethnic minority experience of higher education and the attainment gap (Dale-Rivas, 2019, LERU, 2019, Joseph-Salisbury et al.,2020), there is still not much research on individual programmes or courses, an area that needs further attention in the hope – that it will provide more concrete facts of the experiences that are being encountered by ethnic minority students on UK higher education programmes.

The article by Gipson (2015), who is a Lecturer at the School of the Art Institute in Chicago, captures the discomfort students face when they begin to articulate issues of power and privilege. "*I have witnessed a kind of exaggerated discomfort when discussing issues of race. Teaching, as a young Black woman, adds a layer of contextual impact on the learning environment*" (Gipson, 2015, p.3). She goes on to say that the *'field of art therapy was predominantly White, so the profession would reinforce the comment. In the art therapy classroom, visible markers of difference like Black skin signal a threat to systems of White dominance, which use multiple forms of violence to maintain their status'* (Gipson, 2015, p.3). Hammond et al. (2019) also capture this when they mention the untold story of students from ethnic minority backgrounds and how the voice of these students offers a way of exposing and challenging the stories of the majority and the privilege. Lago and Thompson (1996) note that '*many white people are quite unable to cope with radical black perspectives and black people's pain and anger specifically in relation to racism'* (Watson, 2004, p.67). Watson (2004) goes on to mention this concept of 'survival' and how Black people simply survived their training by suppressing their views in order to achieve their qualification, a theme that was echoed by participants in this research, one of being in a survival mindset of just getting through.

Mckenzie-Mavinga (2005) highlights that training institutions also need to find a way to include the experience of African and Asian clients in the course, as these are potential clients that students will work with when they qualify as therapists. She draws attention to

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the overrepresentation of African-Caribbean people in mental health services and suggests that *'African heritage people are six times more likely to be sectioned under the Mental Health Act than white people and Asian people are four times more likely to commit suicide than white people'* (Mckenzie-Mavinga, 2013, p.295). This reflects my own personal concerns that the training didn't capture the diversity of client groups encountered once qualified and therapists wouldn't have the appropriate skills to work with this group. Maynard (2018) highlights in her article, 'To Be Black. To Be a Woman', exploring her journey of being a black Dramatherapist. She considers the role society plays in shaping the black identity and how research articles and the medical field all make assumptions about how black people are to see themselves or feel. Bowl (2007) supports this and suggests that research has relied heavily on the perceptions of the professionals and neglected to consult African-Caribbean service users themselves. This was a starting point for the interest in cultural competency and the curiosity about how Dramatherapy could be taken into the African culture/communities and what that would look like. Multicultural communities from diverse cultural and ethnic backgrounds exist across the contemporary world according to Darawshen et al., (2015) and Dramatherapists will regularly encounter people from these backgrounds in their everyday practice. Culturally competent practice has become a professional obligation according to Darawshen et al., (2015) and the American Art Therapy Association and the British Association of Art Therapy, suggest that therapists are responsible for developing multicultural competency and they must acknowledge cultural differences in their practice (Howie et al., 2013). This is significant in terms of Dramatherapy

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originating from a Western context, with most of its authors coming from similar backgrounds. Teaching cultural competency becomes essential in terms of bridging that gap of Dramatherapy being dominated by Western philosophy, to exposing students in training to clients from diverse cultures. Lorette (2017) sums this up in her work when she suggests that therapists and students in training do not have enough knowledge and understanding about other cultures, which affects the therapeutic relationship.

This research draws on Critical Race Theory (CRT), to contextualise the ethnic minority experience of higher education, the role racism plays in higher education and draws on the effect of those on the receiving end of it. The research also explores the role of British society and the concept by Joseph-Salisbury et al.'s (2020) of the UK not being innocent of racism and racism not being just a US problem. It also reflects on recent issues, such as the Black Lives Matter Campaign, the campaign for pulling down Cecil Rhodes' statue, racist incidents and hate crimes on UK universities campuses, the attainment gap for Black and Asian students and the impact of Covid-19 on Black and Asian communities.

Personal experience of the Dramatherapy training and the need for greater development in the area of cultural competency in the programme has been the inspiration for this PhD, as well as discovering how others felt about the topic and what could be done to change this. In relation to this I came across an interview conducted by Eugene Ellis (2013), the founder of BAATN (The Black, African & Asian Therapy Network). He conducted an interview with Nicki Cooper, a programme leader for professional qualifications and tutor at Place 2 Be, a

charity providing school-based emotional and mental health support services. In the

interview, Ellis talks about diversity being within the curriculum and how it is dealt with

objectively as an issue outside of the training but not subjectively and personally. He

highlights that there is little examination of what's going on in the space and how group

process in therapy training can be tough for some Black and Asian students. What was

interesting about the interview, was Nicki Cooper's response that '*unless someone forces*

people like me, the person who is writing the training programme and delivering the

training, to have the conversation then we won't think we need to'. She goes on to say

'when faced with any person of colour who was naming the difference between us, I would

be overcome with anxiety about saying the wrong thing, about upsetting them, or exposing

my ignorance' (Ellis, 2013, p.15). This, for me, is interesting because the difference between

us is always obvious and would always require a conversation. However, from Cooper's

statement, it could be concluded that the programme leaders, lecturers or even the White

students might not see the significance of this or even think of why it needs to be addressed

within the programme's context. Ellis' (2013) comment on psychotherapy training being

mostly a White privileged profession and how training and treatment have focused on these

populations, seems to reflect Nick Cooper's statement. Mckenzie-Mavinga (2005), in her

article entitled *'Is Counsellor Training Colour Blind',* draws on a study conducted by

Lawrence (2003), which surveyed counselling students about race and cultural issues during

their training. The survey highlighted that White students felt more comfortable than their

Black counterparts and the survey also highlighted that both White and Black students felt

that the race and culture of tutors affected the training experience (Mckenzie-Mavinga, 2005). This seemed to support Ellis' (2013) comment of therapy training being a profession that seemed to cater more for White people than any other race. This theme also came up in this research and one of the questions that was asked to the focus group participants was if they felt comfortable as a White or Black practitioner. The response showed that the White practitioner felt more comfortable during the training, then the Black practitioner, who said they felt uncomfortable.

There was an interesting quote in Mckenzie-Mavinga's article, which says '*most black people would admit that the most traumatic feature in their personal lives is to be black in a white society*' (2005, p.7). What was interesting about this article was that the training to become a therapist involved being in such an environment where you find yourself, in most cases, being the only black person in the group. What also was not helpful was a lot of the theory and methods used in therapy training which are assembled from a Eurocentric paradigm that reflects the perspectives of the White middle-class (Mckenzie-Mavinga, 2005). This is one of the main rationales for undertaking this PhD, and corresponds with the feeling that is evoked when you find yourself being the only Black person on the programme, not being able to identify with anyone or being able to 'voice up' what you're experiencing in the training.

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Dramatherapy Training in the UK

As part of this process of exploring the research questions, the four Dramatherapy training institutions in the UK needed to be examined to discover the theoretical framework that each institution draws from and how the concept of 'cultural competency' fits within their frameworks. The pioneers of Dramatherapy, along with its origin and roots in the UK, were also explored to discover the type of emphasis that was placed on issues of culture and competency within the field of Dramatherapy in the UK.

BADth, the British Association of Dramatherapists, is the professional organisation for Dramatherapists in the UK. Dramatherapy training was formally introduced in the 1970s and BADth was established in 1977 (BADth, 2020). It's important to state that BADth, was previously the governing body, but now undertakes an advisory role to HCPC, which means that they don't have the power to enforce policies and can only make recommendations which training providers can choose to follow.

Dramatherapy was first used as a term in the UK by Peter Slade (1912-2004), who coined the phrase 'Dramatherapy' as one word (Holmwood, 2014). Peter Slade's work has had a significant influence and impact on the historical development of Dramatherapy in the UK. Slade *'dedicated 60 years of his professional life proving the importance of drama to the process of healing and growth'* (Langley, 2006, p.12). He is also referred to as the 'great grandfather' of Dramatherapy (Holmwood, 2014). Slade was an actor and a teacher of Drama, who was interested in children's play; his first book was called the 'Child Drama' published in 1954 and his last book, called 'Child Play Its Importance for Human

Development' was published in 1995. He brought sessions on the subject of drama into schools and established relevant courses in educational colleges, with his work at the 'Rea Street Centre', achieving international recognition (Dodds, 2004). Following on from Peter Slade's development of Dramatherapy, were Billy Lindkvist and Sue Jennings. Billy Lindkvist was a pioneer in the use of drama and movement in therapy, creating the method known as the 'Sesame Approach'. The Sesame Institute was founded in 1964 and is heavily influenced by the work of Jung, Slade and Laban (Holmwood, 2014). Sesame acquired its own training institute in 1971 and has been responsible over the years for training hundreds of people in its discipline. Lindkvist was for many years director of the Sesame Institute in London, as well as a teacher on its course, which evolved into the MA in Drama and Movement Therapy currently taught at the Royal Central School of Speech and Drama in London (Holmwood, 2014). Sue Jennings, who had no knowledge of Lindkvist at the time, was an actress and a teacher, who went on to create the 'EPR' model (Embodiment-Projection -Role), along with the 'NDP' model (Neuro-Dramatic-Play) (Jennings 2011), both of which underpin dramatherapy practice today. Sue Jennings has also written many books and, similarly to Peter Slade, she is called the 'grandmother' of Dramatherapy (Holmwood, 2014). Jennings went on to create the Dramatherapy training course at St. Albans and then at Hatfield, which she ran from the mid-1970s until the late 1990s (Jennings et al., 1994). Jennings was responsible for establishing the British Association of Dramatherapists in 1977 (BADth, 2021). Slade, Lindkvist and Jennings arrived at their discovery of Dramatherapy independently, which meant that Dramatherapy evolved from a range

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of inter-connected disciplines, with Slade and Jennings being drama educators and Lindkvist an actress (Holmwood, 2014).

The above could explain why the Dramatherapy training is so diverse in its approach, depending on which university the training was undertaken at, as the emphasis and theories focused on were slightly different. There are currently four Dramatherapy training institutions in the UK which are: Central School of Speech and Drama and Roehampton University, both in London, the University of Derby, and Anglia Ruskin University (Cambridge), (with a new progamme opening in Scotland in 2022) with each programme placing a slightly different emphasis on the discipline. Central School offers the Sesame approach developed by Lindkvist, Roehampton offers a ritual theatre model approach, whilst Derby offers an integrated approach and Anglia Ruskin draws on a range of approaches, including intercultural practice and working collaboratively with music therapists on the programme (ARU, 2021). It's worth mentioning that Dramatherapy at Anglia Ruskin only opened in 2010, while the other three have been well established for many years.

The Sesame approach at Central School is more clearly distinct amongst Dramatherapy models and is reliant on the use of movement and story; '*As a particular method, it tends not to work directly with clients' 'literal' or life stories, but instead introduces an imaginative and symbolic landscape within which the client's personal experience is explored. Its*

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emphasis is on spontaneous and embodied play and the potential for psychological

movement' (CSSD, 2019, p. 3).

The MA Dramatherapy programme at Roehampton offers unique training within the Ritual Theatre process of Dramatherapy. Drawing on the theatrical observations of Peter Brook and the experiments of Jerzy Grotowski, as well as anthropological notions of 'rites of passage' and the importance of 'myth', the programme offers a structured developmental process for the clinical application of Dramatherapy at various levels (Roehampton, 2019). The integrated approach at the University of Derby uses a broad range of drama-based skills, including character, movement and voice work (Holmwood, 2014).

The fact that each programme places a slightly different emphasis on Dramatherapy, explains why Dramatherapy is so diverse in its approach and how there is no one specific way of working, but as Holmwood (2014) calls it an *'amalgamation of a variety of interconnected approaches'* which he suggests allows individuals or groups to work in similar but not identical ways (Holmwood, 2014, p. 67). BADth also highlights this in their website about how basic components of Dramatherapy training contain: knowledge of theory and research, assessment of skill practice, professional development, supervision and personal development, and goes on to mention that even though each programme has its own unique identity, there are basic components common to all the programmes (BADth, 2021).

Dramatherapy trainees in all four training programmes are expected to gain practical experiences through placements during the two years of the training. They also complete a

specific number of personal and group therapy sessions throughout the training period. It's important to note that even though the four training institutions are diverse in their approach to Dramatherapy, they still have basic components that all the four operate from, which is relevant in terms of this concept of cultural competency and how it can be incorporated in all four programmes. Alred (1999) mentions how *'There is no course structure that could map neatly into the trainee's experience. There can only be an approximation to it that contains safety, respect and challenge the messiness, frustrations, excitement, confusions, thunderclaps and welcome sunshine that a learning trainee engenders' (*Alred, 1999, p.256). This draws attention to the idea that no training programme can fully capture the experience and individuality of each student, rather it provides a space for students to use to explore ideas and emotions that are evoked during the course of study. Although, this relies on students having the confidence to express themselves openly and honestly without fear of rejection and other repercussion.

This is the heart of this research, in that it explores how training institutions can ensure that spaces are created in the programmes to consider issues of race, discrimination and this overwhelming feeling of loneliness by ethnic minority students. It's important that these conversations are not taking place as a one-off, but rather as a continuous process throughout the two years of the training and are intentionally brought up by the lecturers without waiting for the students to struggle to mention it. As someone who has undergone the training, this was something that consumed a lot of my thoughts. Dale-Rivas' (2019) report for the Higher Education Policy Institute, called the 'White Elephant in the Room',

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draws on this idea of the way individuals talk or don't talk about race and how they themselves are part of the practice which creates and embeds inequality. He goes on to mention that *'avoiding talking about ethnicity, when people have different outcomes that correlate with ethnicity prevents us analysing and challenging the causes of inequality'* (Dale-Rivas, 2019, p. 19). Merry et al. (1999) suggest that *'all good training courses include the examination of racist and sexist attitudes'* (Watson, 2004, p. 79). Thorne and Dryden (1993), on the other hand, state that effective training *'must involve a high degree of self-exploration on the part of trainees with the aim of increasing their self-awareness and self-knowledge…an unaware counsellor leading an unexamined life is likely to be a liability rather than an asset'* (Watson, 2004, p. 77). Although this makes references to counsellor training, it's something that can easily be applied to Dramatherapy training. This idea of race and culture is not regarded as an important aspect of training worthy of exploration. Watson (2004) mentions this concept of trainers training trainees in their own image and suggests that this happens when trainers have sole responsibility for devising the training programmes. Dramatherapy, originating from a 'Western ideology' and with most of its authors and lecturers coming from a similar background, can mean that emphasis is not placed on the issue of race and culture. It doesn't affect most people in the training or profession, since according to the BADth Equality Survey conducted in 2007 and 2015, ethnic minority people only account for a small percentage of the overall people in the profession in the UK. Smith and Tudor (2003) also draw on this point of traditional training failing to embrace the needs of oppressed and marginalized groups.

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Johns (1998) suggests that lecturers are best placed as the catalyst for change and this change can be achieved by ensuring the training teams are culturally and racially different. Lago and Thompson (1996) suggest that learning opportunities are limited for those who are a minority in the training and that when a particular group is represented in a staff team, the numbers of students from that group rise accordingly. Dale-Rivas (2019) also highlights this concept when he suggests that the effects of institutional racism can be seen in the under-representation of BME staff in UK higher education institutions and mentions that '*daily experience of racial marginalisation and exclusion remains deeply ingrained in the culture of higher education institutions*' (Dale-Rivas, 2019, p.12). Watson (2004) also draws on the point that it is almost certain that black trainees are a minority within the training group and how the nature of the training makes them particularly vulnerable. Logo and Thompson (1996) and Ridley (1995) highlight this need for trainers to be aware of the particular needs of the black trainee when issues of race and culture are being explored and suggest that black trainees, too, are to be challenged about their prejudices and assumptions. This is important as part of the process of creating an open and safe environment, where issues of race and culture can be discussed, and all views and prejudices can be challenged regardless of the race of the individual.

Even though the four Dramatherapy training programmes are diverse in their approach to Dramatherapy, cultural competency, as a concept, can still be incorporated into their framework. The pioneers of Dramatherapy all have different approaches, although the one thing they do have in common is that they are from a familiar, Western cultural background.

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The exception to this is Jennings, who has done extensive work internationally with various cultural communities and has completed her own PHD in Anthropology while living a year in the jungles of Malaysia. Jennings' experiences had some influence on embedding anthropological teaching on the dramatherapy training course at the University of Hertfordshire, although sadly this programme has now been disbanded.

Dramatherapy as a profession still isn't culturally diverse, with people from Black and Asian backgrounds being a minority, which seems to have an impact during the training. This was something that would not have been an issue historically because fewer people from ethnic minorities were entering the Dramatherapy profession, but this has now shifted and more individuals from these backgrounds are entering the profession. According to the BADth Equal Opportunities survey (2015), 1.03% identified as being Black or Black British, 2.06% as Mixed White and Asian and 2.06% as being Asian. Comparing this to the survey conducted in 2008, where there was no mention of anyone identifying as being from a Black or Asian background, out of the 290 participants that took part in the survey. This draws on my point that previous issues were not a problem because very few ethnic minorities were in the Dramatherapy profession. A statement made by Jennings (1997) in her book 'Introduction to Dramatherapy', about the importance of appropriate training for Dramatherapists and the need to discover the language of Dramatherapy that has its own 'coherence and identity', draws on the concept of finding identity as Black Dramatherapists and what that means in the profession. Jennings goes on to mention that this is an organic process, as programmes and ideas change and grow '*people seem to think that I mind when changes*

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take place and new discoveries are made. I should be very concerned if things did not

change. If dramatherapy becomes set in stone, then indeed that will be its death-knell'

(Jennings, 1998, p. 18). This sums up the importance of this research, in the sense that no-one feels out of place, specifically ethnic minority people, or if they do, they are able to have open conversations around their feelings which can provide the opportunity for learning and growth. As a Black Dramatherapist, it is only through undertaking this PhD that I feel I can speak up and contribute to the development of Dramatherapy, where issues of race and culture are given greater emphasis, especially in the training.

Summary

The overall aim of this research is to emphasise this topic of cultural competency within Dramatherapy training, how greater importance needs to be placed on the subject and to shed light on the experiences that are being encountered by those from ethnic minority backgrounds, as well as offering practical suggestions of how cultural competency can be explored in Dramatherapy training. The research concludes by emphasizing that all hold the power to drive forward this change and the need for collaborative working from the Dramatherapy training institutions, BADth, HCPC and the students for lasting change to occur.

Chapter Two

Literature Review:

This literature review will examine and draw on existing scholarship that centres on the notion of cultural competency, to situate its current application and prospective applicability to the higher education sector. Three fundamental research questions have guided this review: (a) What does cultural competency mean? (b) What does it look like in the higher education sector? and (c) How is it embedded in curricula?

The questions that are guiding the literature review are slightly different from the overall research questions. The rationale for this is due to the lack of research of cultural competency in Dramatherapy specifically; there would be little or no written material on the subject that one could use to draw analysis of the topic and how its being implemented in the training. Another change was the term cultural competency, since it is not a term that is widely used. Although it is growing in popularity as a terminology, it is still not as well-known as equality or diversity, for example. Therefore, it was important that the literature review focused on analysing the broader literature written on cultural competency in order to sum up a definition of the term and to explore how other programmes in the educational sector engage with this concept and how they implement it in in their programme, which is crucial in relation to how Dramatherapy training is to embed it in their own programmes. The three questions that guide this literature review focused on the central point of

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discovering how cultural competency is being incorporated in higher education

programmes, what it entails and how this can be adapted in a Dramatherapy context.

Method

Diagram 1.1 The Literature Review Model (Machi et al, 2009, p.5)
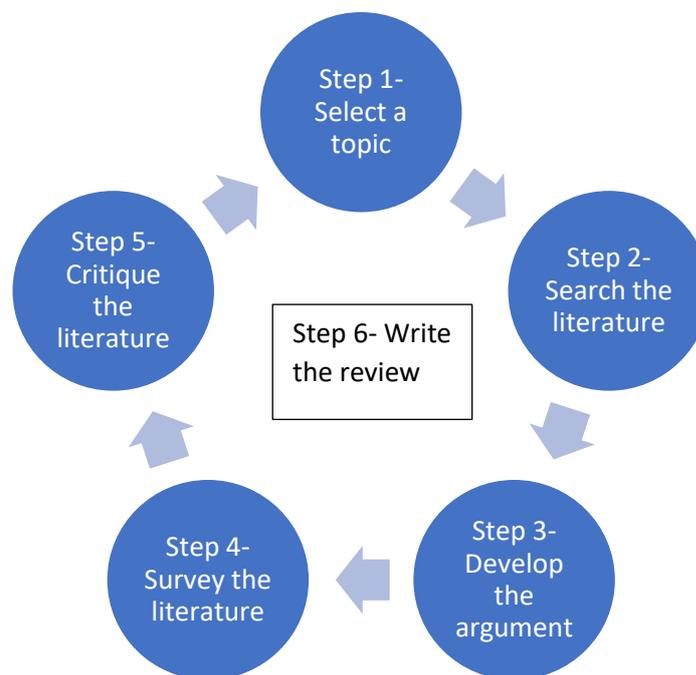
This literature review will follow Machi et al.'s (2009) model, which details a six-step

process, in this case exploring the term cultural competency, its historical development and

definition. It will draw on various authors' definitions and the wider context of what cultural

competency means in training and education, focusing on cultural competency in the curriculum.

This review uses an integrative approach, having sourced predominantly qualitative research findings. The review draws primarily from the literature in the United States where cultural competency theory and practice are most prominent and prolific. The review covers journals, articles, books and book chapters. It will also examine the grey literature, government reports and frameworks and conference papers. Literature was sourced electronically from various academic research databases - Google Scholar, CINAHL, AMED, Medline and ProQuest. This covers step 2 of Machi et al.'s (2009) literature review model, which is to conduct a literature search. The search strategies focused on specific terms such as cultural competency, cultural competency in education and training, cultural competency in a curriculum, cultural competency models and measuring cultural competency. Articles were selected according to whether the concept of cultural competency was defined or described and key words from reference lists of selected articles were also included.

 This captures the first two research questions of what cultural competency means and what it will look like in the higher education setting, by providing an overview of prominent theory and discourse and bringing to light the binding thread of common attributes, behaviours, knowledge and skills seen to be fundamental to its practice. Defining cultural competency will be step 3 of Machi et al.'s (2009) literature review model, which looks at developing the argument. This section examines the definition of cultural competency, the

historical development of the term and teaching cultural competency in education. This review then moves to cultural competency in a curriculum, providing the backdrop needed to address the third and final question for review. It explores how cultural competency has been embedded in other programmes and curricula, drawing on how it was implemented, what the programme entails and its outcome.

Historical development

Historically the term cultural competency has been used with other terms and its origin is difficult to trace from the numerous authors who have used the term to identify practices that relate to social justice. The term cultural competency became evident in the mid-1990s and 2000s where further attempts were being made to recognise and respond to the growing health needs, cultural practice and expectations of diverse communities. The writings of Thorpe and Baker (1995), Wells (1995), Leininger and Mefarland (2002), Compinha-Bacote (2007) and Papadopoulos et al. (2008), and more recently authors such as Kirmayer (2012) and Davis (2020) have documented evidence of approaches and strategies in an attempt to address the health disparities of ethnic minorities groups.

 The first person to introduce the term cultural competency was Woodson, a historian born to enslaved parents in 1927, who thought that the problem with society at the time was based on a racial and cultural misunderstanding (Hanley, 1999). Prichman (1965) was another earlier writer on the topic and others such as Driver (1977, 1980), Tomine (1980)

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and DeSantis (1990) have all also written about the subject. Prichman's (1965) early writings on intercultural competence drew on the idea that, in order to be equipped for intercultural business, a businessman needs to be able to identify with other cultures. Prichman's (1965) idea still holds relevance to the notion of cultural competency today; even though he wrote this from a business perspective, it can be applied in the health care and education sector.

It was the work of Madeleine Leininger (1985) and her publication of the 'Culture Care, Diversity and Universality Theory' that drew attention to the topic of transcultural care within the nursing profession and beyond and which prompted the discussions on cultural competency.

Today, the term cultural competency continues to grow in health, education and business. Stewart (2012) suggests that the term has assumed a position alongside terms such as equal opportunity, diversity and multiculturalism. He suggests that all these terms overlap and the underlying themes are this attempt to address areas of discrimination across social structure (Stewart, 2012).

Defining cultural competency

Before cultural competency can be defined, it's important to explore the two words 'culture' and 'competency' from which the term derived. Davis (2020) draws on the concept of the term culture resisting definition, like cultural competency and mentions that it's

slippery and even chaotic as a concept. Cai (2016) suggests that the term culture and competence are complex concepts, without a consensus on either of the terms. Billington et al. (1991) highlight that during the eighteenth and nineteenth centuries, culture was associated with hierarchies and it was to reaffirm superiority or dominance of one culture over another. Davis (2020) suggests that it is this context of culture reaffirming superiority that has been one of the cogs in the machinery of oppressive colonial regimes. Grillo (2003) draws on the idea of 'culture re-emerged' which acts as a fulcrum for tense debates and discussions on multiculturalism, ethnicity and belonging. Collins et al. (2010) sum this up, when they suggest that practitioners in Western countries cannot justify an approach to practice which does not incorporate culture, as the populations continue to change and evolve. It goes on to mention that culture must be located at the centre of all the work with clients (Collins et al., 2010).

Frawley et al. (2020) mention that many training programmes grow out of the cultures and intellectual traditions of the dominant society, and focus on cultural awareness, which effectively reinforces the dominant culture. Abrams et al. (2009) and Garran et al. (2013) mention that many programmes avoid critical thinking which addresses ongoing traumas that arise from colonisation and racism. Yoon (2012) emphasises that without critical thinking, cultural competency becomes a safe alternative and complicit in avoiding difficult conversations about racism and individuals' beliefs. Frawley et al. (2020) draw on this point of cultural competency having the ability to relate to people who may be of different

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cultures to oneself, including all aspects of culture such as race, gender and sexuality. They also suggest that in order to relate to difference effectively, it is fundamental that one knows oneself and mention the importance of not only understanding worldview but how it was formed as well as biases and where they come from, stating that it is harder to discover this, especially for those from dominant White cultures (Frawley et al., 2020).

A widely regarded notion is that culture is a dynamic, fluid concept that is constantly evolving. Eagleton (2000) suggests that the term culture, derived from the Latin words associated with the idea of 'Cultivation', 'Caring' and 'Tending to', is a notion that is relevant to culture care, which is one of the essences of cultural competency, further mentioning that through this context, culture is seen as positive, rather than being used to justify a Western supremacy over non-Western countries. This draws on Dirlik's (1987) point of culture being viewed as a way of seeing and making the world, which has the potential to transform and liberate practice. Fernando (2010) reinforces this idea of culture being dynamic and changeable and mentions that culture is difficult to define or pin down. More recently, Davis (2020) supports this point of culture not being viewed as frozen or fixed in a time or place but rather it must be seen as dynamic, evolving and subject to continual transformation and innovation. Mitchell (1995) suggests that culture is socially constructed and actively maintained by people in society and draws on the point of culture being symbolic, active and constantly subject to change. 'Competency' on the other hand is understood to be about being qualified to do a task and Davis (2020) suggests that it's '*being qualified for the task of culture, as in having effective, appropriate and legitimate*

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skills, experience, abilities and, perhaps, qualities in the matter of culture (Davis, 2020, p. 22). This idea by Davis (2020) draws on the point of cultural competency, which means that one is able to understand and interpret culture, both one's own and that of others. The International Council of Nurses defines competence as a level of performance, which should demonstrate effective knowledge, skills and attitudes of nurses (Jirwe et al., 2006). It also goes on to mention that cultural competency is about having the knowledge, skills and attitudes one needs, in order to care for people from diverse cultural backgrounds.

Cultural competency has emerged as an important counterbalance for the movement for evidence-based mental health care according to Kirmayer (2012), which tends to lead to a one size fits all approach. Approaches to cultural competency have been dominated by the work in the US, which configures cultural differences in specific ways that reflect its history, demography and politics (Kirmayer, 2012). It was not until the mid-1980s that the term cultural competency became prevalent in healthcare literature, particularly in nursing, clinical psychology and social work. Occupational therapy was slow to follow and only within the past few decades have occupational therapy scholars been writing about cultural competency (Wells et al., 2016).

Cultural competency has numerous definitions and interpretations, according to Carrizales (2010), who suggests that each definition is underscored by a focus for organizational change to better serve ethnic minority people. Fernandopulle (2007) refers to cultural competency as the ability of organizations and individuals to work effectively in cross-

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cultural or multicultural interactions. Lonner (2007) outlines cultural competency as a continuum with no fixed endpoints, nor a total number of cultural competencies that can be reached. Wells et al. (2016) suggest that a universally accepted definition is not available and that cultural competency is complex and, rather, that it is an ongoing process. Whaley (2008) highlights this when he suggests that there is even confusion with the terminology of 'Cultural Competency', and education providers 'often get bogged down with the terminology'. Seeleman et al. (2009) suggest that cultural competency, as a concept or strategy, is not yet fully developed and argue that the terminology itself suggests culture and ethnicity, which are two different notions. They also suggest that the practical implementation of cultural competency is problematic, in that there is no clear way of fully integrating it into a curriculum. *For the teachers and curriculum developers unfamiliar with the subject, it is not always clear what should be taught'* (Seeleman et al., 2009, p. 230). Jirwe et al. (2006) support this when they suggest that there is no clear consensus about the components of cultural competency and, therefore, educators have a hard task when planning curriculum. They suggest that the definitions and core characteristics of cultural competency vary, so it's important to identify and clarify this. Davis (2020) draws on this point of cultural competency being a journey and how there isn't a single definition of cultural competency because it's a continually evolving process.

Dunn's (2002) definition of cultural competency began by questioning what it is, and he explores it from the angle of what it's not. He suggests that it is not something that can be taught in traditional ways, it's not a technical skill that one can master nor a problem-solving

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skill that one can develop and it is not a communication technique that one can refine. It is suggested that cultural competency requires a fundamental change in the way people think, understand and interact with the world around them (Benuto et al., 2020). The American Psychological Association (2017) draws on this concept of cultural competency being a process that simply doesn't end because the psychologist is deemed competent, suggesting that cultural competency is incorporated in the role of cultural humility and considered as a lifelong process of reflection and commitment.

Both Dunn's (2002) definition and the American Psychological Association's (2017) definition suggest that it is not a skill or technique that can be mastered, but rather that cultural competency is a lifelong process of reflection and learning, which one simply never arrives at. This concept is important to draw on in terms of this study, as the research seeks to explore how cultural competency can be incorporated in Dramatherapy training and how students and practitioners are to engage with it.

Campinha-Bacote (1999) developed one of the most used definitions of cultural competency in healthcare. With Campinha-Bacote's definition, cultural competency is displayed when a practitioner recognises differences in culturally-determined health beliefs and behaviours, respects variations that occur within and among cultural groups and alters practice to provide effective services for clients from diverse backgrounds (Wells et al., 2016). While considering this definition, Suarez-Balcazar and Rodakowski (2007) assert that cultural competency requires personal growth and first-hand experience (Wells et al., 2016).

Cultural competency requires us to not only tolerate or be sensitive to others but also respond to them in a particular fashion (Wells et al., 2016). Many definitions have been put forth in the growing body of literature related to culture and cultural competency. Each definition indicates that to become culturally competent, healthcare professionals must actively engage with people who differ from themselves. Several authors such as Awais and Yali (2013), Doby-Copeland (2006), Greene and Blackwell (2005), Hiscox and Calisch (1998), Robb (2014), Talwar et al. (2004) and Maat (2011) have advocated for cultural competency in art therapy, emphasizing the need to investigate the profession's lack of greater sociocultural inclusion. Kirmayer (2012) suggests that culturally diverse societies, which are expressed through the dominant culture such as social institutions and health care systems, regulate what sorts of problems are recognized and what kind of social or cultural differences are viewed as needing attention. Rodríguez et al. (2019) emphasise that health disparities are related to prejudice and discrimination. In 1967, Gordon Paul famously asked *"what treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances" (*Benuto et al., 2020, p.18). Benuto et al. (2020) go on to say that this remains relevant, in terms of advancing cultural competency.

Frawley et al. (2020) emphasise the concept of cultural competency being about relationship, trust and dialogue, dialogue with oneself and with others. They suggest that, as one gets to know and understand oneself better, one becomes better able to know and understand others and, like in any relationship, sometimes one is ready for the conversation

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and at other times one chooses to avoid the prickly parts. Frawley et al. (2020) also states that cultural competency is the work of untangling, unpicking and revealing layers as one moves through life, '*we move forward, then circle back to revisit and gain more understanding, more knowledge and more practice, enabling us to engage at ever-deepening levels' (*Frawley et al., 2020, p.32). Chen et al. (2020) mention that more than ever now, students need to be equipped with cultural competency to meet the ever-increasing diversity in the population. The tragic death of George Floyd highlights the significance of this. The impact of the Black Lives Matter Campaign seems to have also raised awareness of the importance of cultural competency in education and practice.

Cultural Competency in Education and Training

Even though this research explores how cultural competency, as a concept, can be taught or incorporated in Dramatherapy, there are no current studies in this field that explore this concept. The exploration of literature will, therefore, take into account studies in other fields which have had significant implications for the development of cultural competency in education and training. This section will be step four of Machi et al.'s (2009) model, which is about surveying the literature. It will explore some of the studies conducted in other fields, such as mental health services like counselling, nursing and medicine, to examine how cultural competency, as a concept, is being incorporated in training and in education.

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The need to prepare professionals for interacting with clients from different cultural backgrounds has increased, according to Frisby (2018). He advises that professionals that train individuals to deliver effective health care without them having any specific knowledge of cultural groups they might potentially care for, will not know what questions to ask to provide culturally competent care (Frisby, 2018). Davis (2020) also highlights that in culturally diverse societies, the dominant culture which is expressed through social institutions such as the mental health service, regulates what sorts of problems are recognized and what social or cultural differences are viewed as worthy of attention. This draws on Frisby's (2018) point of ethnic minorities being underrepresented in the core mental health professions and how many providers are inadequately prepared to serve culturally diverse populations. Hall (1997) also mentions this point, by suggesting that unless counsellors, psychologists and others in the mental health fields are prepared to work with racially/ethnically diverse populations, their fields will remain vulnerable to facing obsolescence. The commission report on mental health (2003) highlights some interesting points of mental health systems not keeping pace with the diverse needs of racial and ethnic minority clients and how the system has neglected to incorporate respect or understanding of the histories, traditions, beliefs and languages of culturally diverse groups (President's New Freedom Commission on Mental Health, 2003). Even though this refers to the American health system, it can equally be applied to the UK mental health system. Fernando (2012) draws on this point of the issue of race and culture within the mental health services in the UK being highlighted in literature since the 1980s, indicating that

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services lack respect for service users and are out of touch with Black and minority communities. He also goes on to mention that the models of mental illness used by professionals do not acknowledge cultural diversity in society nor include service users in planning or delivering services and the initiatives for service provision led by black people are not valued or properly supported (Fernando, 2012). This draws on White's (1970) point of how difficult, if not impossible, it is to understand the lifestyles of black people, using traditional theories developed by white psychologists to explain to white people. Judy (2009) has questioned how useful western approaches are to people who are not embedded in its culture, suggesting that white, western approaches are not the only way that is valid and different cultural methods can be integrated or used alongside traditionally western methods (Judy, 2009). Sewell (2008) also mentions that knowledge of non-western cultural approaches can help professionals better understand their clients. This draws on Judy's (2009) point of '*even a client who knows that you know nothing of their culture and feels that western culture is very alien, can open up to white professionals if they show themselves to be alive to other approaches to life*' (p.128).

Sue and Sue (2016) mention that training for cultural competence is a phase that is familiar at the pre-service or in-service level of training in counselling psychology. Yet Frisby (2018) suggests once in practice that many therapists are not familiar with the cultural worldviews, lifestyles or histories of racial/ethnic groups, even if they have explored it at pre-service level.

The American National Education Association Policy dated 2008 draws on this idea of the cultural gap in many of the nation's schools and how educators struggle to 'better serve' students from cultures other than their own. The Policy also states that the cultural gap between students and their teachers can be a factor in the student's academic performance and contribute to achievement gaps among different student groups (NEA, 2008). The Partnership for Public Education (2017) reflects the above point by also drawing on this concept of educational settings that reflect the demographics of students, as this leads to improved student outcomes, especially for populations of students at risk. It mentions that because of the low percentage of ethnic minority teachers and students, it becomes important that biases and values are checked to ensure that it does not negatively impact the ethnic minority student's education. Even though this refers to American education systems, it can equally be applied to the UK's education system. Stewart (2012) draws on this idea of the UK's understanding and application of the term cultural competency in higher education being strongly linked with issues relating to 'equality and diversity'. The Partnership for Public Education (2017) states that cultural competency can be incorporated into the classroom setting through multiple strategies and emphasize that educators can develop an understanding of both their students' cultures and how their own cultures influence their teaching. Davis (2020) points out that cultural competency can only be achieved through organisational and institutional change, to bring about a shift away from entrenched racialised behaviours, attitudes and values based on preconceived prejudices or discriminatory ideas. Kirmayer (2012) recommends that health services and mental health

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promotions must consider culture in order to be ethically and clinically effective. Benuto et al. (2020) draw on this concept of cultural competency transforming practice, rather than being added as a consideration in practice.

Henderson et al. (2018) advice that cultural competency training should be mandatory in all health professionals' training and draws on Betancourt and Green's report (2010) on the importance of including relevant training for health care practitioners if quality and equitable care is to be delivered to culturally diverse clients. Betancourt and Green (2010) suggest that cultural competency training should be a core part of curriculum and assessed formally in health education. Thackrah et al. (2013) draw on this idea of cultural competency training improving the quality of health care and reducing health disparities by practitioners learning about sociocultural factors linked to health beliefs, practices and utilisation of services. Lopez-Littleton et al. (2015) emphasise Betancourt and Green's (2010) point of cultural competency needing to be a core part of the curriculum and by just adding the topic to a discussion or incorporating a few ideas into an existing course will not accomplish much and it will fall short in giving the level of importance it deserves.

Cheung et al. (2002) conducted a study, which assessed 51 occupational therapy students in England to find out what their perceptions of cultural competency were. The result was that the majority of students had limited awareness of other cultures and insufficient training in the subject. Chen et al. (2020) draw on this point that faculties need to identify their own cultural competency and need to know what and how to teach, in order to effectively promote student learning in this area. Chen et al. (2010) suggest that teaching cultural

competency should emanate from the institution where they recruit diverse staff and students and place more effort on recognizing diversity and inclusion. Gipson (2015) also comment that when educators critically examine traditional ways of knowing, they can then empower students to think through destructive ideology. Bell (1994) emphasises that students can become empowered when teachers begin with their own vulnerability. Lopez-Littleton et al. (2015) refers to the notion of universities being a fertile ground to achieve cultural competency, because they are best placed in introducing students to new concepts. Through students' interactions with the faculty, staff and other students from different backgrounds, it can introduce them to this concept of cultural competency. Lopez-Littleton et al. (2015) also mentions that by advancing cultural competency in programmes, it will therefore increase one's capacity to not only understand but to address the gaps in programmes in these areas. Frawley et al. (2020) highlight that for cultural competency to develop within the higher education sector, it will require a whole institution approach and a strategic commitment to implement culturally competent teaching, learning, academic research and employment spaces. Frawley et al. (2020) also draw on the challenges of cultural competency in education, suggesting that individual behavioural change is often the focus, rather than systemic behavioural change being promoted.

Sudsomboon et al. (2007) describe competence-based education as the education that enables an individual to perform anything practically, using a set of knowledge and skills acquired through effective training. Nachuah (2021) states that Competence Based Education and Training can be described as the educational approach that enables

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professionals to have the required competences to be successful in their jobs. She also suggests that knowledge, skills and attitudes, which make up the essentials of a profession, are not transmitted as separate learning activities or subjects, but rather these competences are developed in an integrated way through assignments and activities that come as close as possible to the actual context of the profession (Nachuah, 2021).

Cultural Competency in the Curriculum

This section will be step 5 of Machi et al.'s (2009) literature review model, which looks at critiquing the literature, through analysing how previous knowledge of the topic answers the research question. It will focus on cultural competency in a curriculum, examining how others have embedded it into a curriculum and what it entails. It will be guided by the third key research question, of how cultural competency is embedded in a curriculum?

Carrizales (2010) suggests that the notion of incorporating cultural competency into the curriculum of higher education is not new and that higher education programmes for the health profession have explored and practised teaching cultural competency for the past three decades. Beach et al. (2005) draw on this concept of cultural competency training being found to improve the knowledge as well as the attitudes and skills of health professionals and, in a review of studies conducted in 1980, discovered that cultural competency education also affects patient satisfaction (Beach et al., 2005)

Ronnau (1994), in a study of cultural competency in social work education, outlines three objectives for educators in moving students toward cultural competency. The first objective

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is to raise the students' awareness about the importance of being culturally competent, the second is to create an atmosphere in which students and teachers can ask questions and share their knowledge about cultures and the third is to increase the amount of information the students have about cultures, including their own. Ronnau (1994) also outlines the values of a 'culturally competent professional' that students should become familiar with and mentions six key areas. The first key area is that cultural competency requires a commitment and acknowledges a lack of knowledge about other cultures and a commitment to learn about them. Secondly, a culturally competent professional accepts that differences exist between people of different cultures and thirdly, a professional must be self-aware and recognize the influence of his or her culture. Next, the culturally competent professional will be aware of the different meanings that behaviours may have among different cultures. The fifth key area is the recognition that knowledge acquisition is an ongoing process and finally, Ronnau (1994) points out that culturally competent professionals will be able to make use of the cultural knowledge they have gained and adapt their practice to meet the needs of the people they are serving.

Lopez-Littleton et al. (2015) states that the goal of cultural competency in education is to improve the ability of health care providers to deliver services to individuals whose culture, behaviours, or needs differ from that of the provider. Medical education programmes have strategically integrated cultural competency into required curricula using a variety of pedagogical approaches, according to Kitzes et al. (2007). They mentioned that some of these efforts include creating independent courses, community-based training programmes,

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health disparity trackers and diversity training across the curriculum with a goal of improving clinical encounters and for the training programmes to prepare students to deliver services to diverse populations (Kitzes et al.,2007). The American Association of Colleges of Nurses (AACN) supports a cultural competency-based curriculum in support of social justice and advocates for the integration of cultural competency in all academic nursing curricula in support of patient-centred care that acts *'in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation'* (American Association of Colleges of Nurses, 2008, p. 29). The Association of American Medical Colleges (AAMC) endorses cultural competency efforts by asserting that it is an integral part of the curriculum along with professionalism and ethics (Association of American Medical Colleges, 2005).

The University of Central Florida's (UCF) College of Medicine Programme offers an innovative, high-tech physician training curriculum, where students receive training in cultural differences and communication skills in their first year and the curriculum requires that students receive academic training that assures they are capable of delivering culturally competent care during the clinical encounter, with an ultimate goal of improving health outcomes (University of Central Florida, 2013). Carrizales (2010) outlines four conceptual approaches in making a culturally competent curriculum - Knowledge-based, Attitude-based, Skills-based and Community-based. Carrizales (2010) states that knowledge-based programmes highlight information such as definitions about culture and related concepts, while attitude-based curricula underscore the impact of sociocultural factors on patients'

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values through self-reflection. Skill-based educational programmes focus on learning communication skills and applying them to negotiate the patients' participation in decisions. Adding to the three conceptual approaches just described, Anderson et al. (2007) introduce a community-based approach in their exploration of cultural competency in nursing education and emphasise the importance of community involvement in all aspects of cultural competency from education of, to the eventual practice by, health practitioners. They propose a four-way partnership with community members, health professionals, students and faculty to work together in defining cultural competency relevant to their community. Anderson et al. (2007) mention that when a community is involved, cultural competency in education or practice becomes '*complementary and linked components that enhance and reinforce each other and ultimately lead to improvements in service'* (Anderson et al., 2007, p. 57). Carrizales (2010) also advice that the four content areas, knowledge-based, attitude-based, skills-based and community-based, have the greatest potential when they are evaluated and practised collectively.

The introduction of competence-based education and training in an education setting leads to competence-based curricula, according to Nachuah (2021). She states that a competence-based curriculum enables the learners to master the knowledge, skills and attitudes needed for the world of employment and general life. Nachuah (2021) highlights that this type of curriculum will be activity oriented, where learners perform various tasks as a means of equipping them with knowledge and skills related to their profession. However, she draws on this point of how the development of materials for a competence-based

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curriculum is lacking and has not kept pace with these developments. Nachuah (2021) also

states that many educational institutions portray themselves with a competency-based

educational concept, on the level of concrete educational programmes, although in practice

this philosophy does not materialize. Foster (2001) implies that this is caused by the holistic

character of competence-based curricula, which confronts teachers with the very complex

instructional design task of integrating theory and practice through problem solving in real

world contexts and tasks. Watts et al. (2008) support this and state that the challenge of

cultural competency in curricula is the design and how a best practice model for integration

of cultural competency in the curriculum has not been established and remains a challenge

for educators. Nachuah (2021) emphasises this point of the traditional knowledge-based

curriculum not being very demanding in terms of the design of the learning task and how

the learning materials only contain a disjointed practice that consists of isolated knowledge

and skills that make up the whole task. On the other hand, a competency-based curriculum

requires teachers to think holistically in terms of the whole authentic task that competent

professionals perform. Van Merriënboer and Kirschner (2001) highlight that learning tasks

should consist of meaningful whole task experiences with integrated knowledge and skills,

where the teacher is not only aware of principles and strategies used by experts to solve

typical types of problems within a profession but is able to create a series of problem

situations for students to enable them to apply these principles and strategies in order for

them to become competent. Nachuah (2021) draws on the challenges of implementing a

competence-based curriculum in education and training, which relies on the readiness of

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both teacher and students. Hatmanto (2011) mentions that the ideal condition of competence-based curriculum is that both teacher and students are ready to experience the teaching and learning process, although in reality the opposite condition happens, and students and teachers are not ready to learn or teach competence. Nachuah (2021) also mentions that another challenge of implementing competence-based curriculum in education and training is that students attending these classes should be proactive, but instead, students still position themselves as passive learners. She draws on this point that in order for change to occur, where there is a shift from a knowledge-based approach to a competence-based approach, it requires not only teachers to change their mindsets but also students need to change too (Nachuah, 2021).

Doby-Copeland (2006) proposes strategies for cultural competence course development within Art Therapy and draws on how important it is to explore the effect of the training programme's influence on the trainee, as well as the effect of the trainee's beliefs on the clients they treat. She draws on the point of art psychotherapy theories being based on Eurocentric values and beliefs, which are routed in the philosophies of individualism and lack information about differing cultural values and worldviews (Doby-Copeland, 2006). Leach and Carlton (1997) point to the misguided notion that training models, based on European examples, can be applied universally, and they advocate viewing such models with a multicultural lens for relevancy. Doby-Copeland (2006) also mentions that training professionals must make a commitment to organizational cultural competency, by including cultural diversity materials in all relevant course work, having open discussion with its

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faculty to determine the appropriateness of their training programmes for its consumers and developing mission statements that outline the value of cultural diversity. Sue et al. (1992) emphasise this point of how professionals who have not had training in cultural competency to work with clients from diverse cultural backgrounds are being unethical and are potentially harmful. Doby-Copeland (2006) also supports this, by suggesting that Art Therapists, who are endeavouring to teach cultural diversity courses without having been trained to do so, are engaging in unethical practices. Pederson (1994) also draws on the point that to teach courses that relate to cultural diversity, one must demonstrate the commitment to develop individual cultural competency and successful progress through the domains of self-awareness, knowledge and skills. Pederson's (1994) three-stage process of cultural awareness, knowledge and skills are essential competency areas for developing any training model according to Doby-Copeland (2006). Pederson (1994) warned that students cannot develop cultural competency without having an opportunity to go through all three stages. He emphasises that a needs assessment must be completed to determine the students' current level of multicultural competence before the design of the training programme can go ahead. Doby-Copeland (2006) also points out that each Art Therapy training programme has its own mission, philosophy, history and approach to training. It is important for faculty planners to teach courses related to art therapy and culture to develop their own training approach according to their programme's philosophy (Doby-Copeland, 2006). This is particularly useful in terms of Dramatherapy training programmes in the UK that are very diverse in their approach, therefore programmes will need to be designed to

fit each of the individual Dramatherapy courses. Panzarella (2009) points out the importance of weaving cultural competency into the curriculum and how it sends an important message that it is a valued and necessary skill, where students recognise that cultural competency is not just of interest to the teaching staff but rather regarded as an important aspect of clinical practice.

Models of Cultural Competency

Various models of cultural competency have been developed in the US according to Kirmayer (2012), who suggests that these have been promoted through textbooks and training materials as strategies to improve clinicians' skills. Despite these models, Kirmayer (2012) mentions that therapeutic interventions are still being presented in a way that ignores the fact that the basic concepts used to frame human problems and solutions emerged from a particular cultural history, which continues to bear the traces of that history. Kirmayer (2012) states that cultural competency needs to be critically assessed and re-thought to identify alternative models and metaphors that better fit the needs of patients.

Milton Bennett, in 1986, created the 'Developmental Model of Intercultural Sensitivity' known as the DMIS or the Bennett Scale. This is one of the influential models in the fields of intercultural communication, engagement and equity (Bennett, 2017). The DMIS model describes the standard ways in which people experience, interpret and interact across cultural differences. Bennett (2017) implies that by recognizing how cultural difference is

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being experienced, predictions about the effectiveness of intercultural communication can be made and educational institutions can create learning that is tailored to facilitate the development of intercultural sensitivity. Bennett (2004) states that the reason for creating the DMIS was that he wanted to explain why some people seem to be better able to communicate across cultural boundaries while other people didn't seem to be able to do this. He explains that if he was able to find out why this was, then trainers and educators could 'do a better job' of preparing people for cross-cultural encounters (Bennett, 2004).

Bennett's DMIS model draws on this idea that as people become interculturally competent, there is a change in the quality of their experience, which he calls the move from Ethnocentrism to Ethnorelativism. Bennett (2004) suggests that the term Ethnocentrism refers to one's experience of their culture as 'central to reality' and Ethnorelativism to mean the opposite of Ethnocentrism, where one experiences their culture as one of many realities among many other viable possibilities. Bennett (2017) also goes on to mention that the more ethnocentric one is, the more one avoids cultural differences by denying their existence or raising defences against them. He states that the more ethnorelative one is, the more they seek cultural differences, through accepting its importance and adapting their perception to take it into account (Bennett, 2017).

Bennett's (2004) DMIS model is divided into six stages of intercultural sensitivity and communication, beginning with 'denial,' the perception that one's cultural perspective is the only real, accurate or valid interpretation of reality. Bennett (2017) proposed that denial occurs when people fail to recognize distinctions among cultures or consider them to be

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irrelevant. The second stage is 'defense', which Bennett (2004) suggests is the state in which one experiences their culture as the only viable one or the only good way to live. The third stage is 'minimization', which Bennett (2017) describes as occurring when one assumes that others share their distinct cultural worldview and perceive their cultural values as fundamental or universal human values that apply to everyone. The fourth stage of the DMIS model is 'acceptance', which Bennett (2004) mentions occurs when people recognize different beliefs and values shaped by cultures and suggests that, in educational settings, acceptance manifests in a change to curriculum. The fifth stage of the DMIS model is 'adaptation' which occurs, according to Bennett (2017), when people are able to adapt their perspective of other cultures and interact in a relaxed, authentic and appropriate way with people from different cultures. The final stage of the model is 'integration', which Bennett (2017) states happens when one's identity or sense of self evolves to incorporate the values, beliefs, perspectives and behaviours of other cultures in appropriate and authentic ways. Bennett (2004) proposed that in educational settings, integration occurs when the staff demographics mirror the diversity of the students and when a multicultural curriculum is taught. Bennett's six developmental stages of intercultural communication and sensitivity could be a useful tool in exploring 'experience of differences' in Dramatherapy training. The model could be used to explore what stage students were at, what stages the students related more with and what could be done to move them along the stages. The only criticism of the model is that it does not provide details of how this can be incorporated in a curriculum or taught practically.

Cross et al.'s (1989) model of cultural competency emphasises three key elements of cultural competency, the first one being self-awareness, the second being culture-specific knowledge and the third one having skills that promote effective socio-cultural interactions. The model explores behaviours from a cultural destructiveness to cultural proficiency, where one's attitude, policies, practices and ethnocentrism is challenged and changed, in order to develop respect and acceptance of cultural differences. Stewart (2012) mentions that Cross et al.'s model offers opportunity for one to become proactive in developing cultural proficiency. Cross et al.'s (1989) three key elements of self-awareness, cultural knowledge and skills of cultural competency are reflected in many definitions and models of cultural competency. Compinha-Bacote's (1998) Model of Cultural Competency in the Delivery of Health Care Services captures all three of Cross et al.'s (1989) key elements. Compinha-Bacote's (1998) Model of Cultural Competency focuses on five key areas, 'cultural awareness', 'cultural knowledge', 'cultural skills', 'cultural encounter' and 'cultural desire'. Bauer et al. (2015) suggest that Compinha-Bacote's model is set out as a process in which health care professionals continually strive to work, within the cultural context of clients, families, or community and that it is a '*process of becoming culturally competent, not being culturally competent'* (p.706). The model considers cultural competency, not as a consequence brought about by certain factors but as a process, where the health care practitioner attempts to achieve greater efficiency and ability to work in a culturally diverse environment.

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Cultural awareness is defined as the ability to self-examine and explore personal biases, stereotypes and assumptions that we hold about individuals who are from a different culture to that of our own (Compinha-Bacote, 2007). Cultural knowledge, according to Compinha-Bacote (2007), involves seeking and obtaining knowledge of diverse cultural groups, such as cultural values, health-related beliefs and practices. Cultural skills are defined as the ability to use appropriate cross-cultural communication and interventions that are culturally sensitive (Compinha-Bacote, 2007). Cultural encounter is defined as a process that encourages the health care practitioner to directly engage in cross-cultural interactions with clients from culturally diverse backgrounds (Compinha-Bacote, 2002). Cultural desire, according to Compinha-Bacote (2002), is the motivation of the health care practitioner to want to engage, rather than have to engage, in the process of becoming culturally aware, culturally knowledgeable, culturally skilful, and familiar with cultural encounters. Compinha-Bacote (1999) draws on this point of people not caring about how much you know, until they first know how much you care. Compinha-Bacote (2002) also goes on to suggest that It is not enough for the health care practitioner to merely say they respect a client's values, beliefs and practices or to go through the motions of providing a culturally specific intervention but rather for them to have a real motivation or desire to provide care that is culturally responsive. The five key areas of Compinha-Bacote's (1998) model of cultural awareness, cultural knowledge, cultural skills, cultural encounter and cultural desire have an interdependent relationship with each other and Compinha-Bacote

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(2002) states that it doesn't matter when the health care practitioner enters into the process, all five key areas must be addressed and experienced.

Rogers (2008) examined 27 counselling and psychology programmes and identified four features that these programmes share in common, the first one being the use of an 'integration model of multicultural training', which involves infusing the programmes with multicultural theories, research and perspectives. The second point mentioned is 'students acquiring' clinical skills with diverse clients through placements; the third point is 'research' in the training, focusing on diversity issues and students having the opportunities to develop their research skills in these areas. The final area mentioned is 'cross-cultural knowledge' and 'comprehensive examinations' of students' knowledge and skills of multicultural issues (Rogers, 2008).

All these models mentioned above, from Bennett's (2004) DMIS model, to Compinha-Bacote's (1998) model and Cross et al.'s (1989) model, focus on various key elements of cultural competency, but none of them detail how these key elements can be practically incorporated into a programme. Even though these models are a useful guide in terms of discovering areas of cultural competency that can be explored with students, Dramatherapy programmes will still need to find a way of practically incorporating some of the key elements mentioned of cultural competency in their programme design to be more suited to the nature of Dramatherapy being a creative and practical profession.

Measuring Cultural Competence

Panzarella (2009) emphasises that measuring cultural competency is a necessary element to determine if cultural competency in the curriculum is meeting its objectives. Echeverri et al. (2010) proposed that assessment of cultural competency can be classified in four categories: evaluation of the cultural competencies of the individual; evaluation of the implementation of cultural competency in the organization; evaluation of the delivery of culturally competent services and programmes and evaluation of curriculum, education and training programmes in cultural competency.

Med (2009) explored a framework for enhancing and assessing cultural competency in training and mentioned that cultural competency curriculum is unlikely to be introduced in a vacuum and is more likely to be added to existing courses. Med (2009) asked questions such as 'what more is needed?' and 'how much is enough?', drawing on the Tool for Assessing Cultural Competency Training (TACCT) created by the Association of American Medical Colleges. Med (2009) mentioned that the TACCT assessment tool was revised from 67 to 42 learning objectives covering six areas of learning. The six areas mentioned by Med (2009) are health disparities, community strategies, bias/stereotyping, communication skills specific to cross-cultural communication, use of interpreters and self-reflection. The tool was designed to be used across different health profession disciplines and for educators to select from the learning objectives to build their lectures, workshops or curricula using the TACCT. The main limitation of this tool is that it is not specific in how one measures the achievement of students' learning objectives and the clients' outcomes.

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Ponterotto and Austin (2005) created a Multicultural Competency Programs Checklist, that has been used to examine counselling training programmes. Each of the checklists is rated as 'Met' or 'Not Met' and multicultural competency is measured as met when 30% or more of the programme faculty are racial/ethnic minorities, multicultural issues are integrated into all the written assignments, students are exposed to multicultural clients and the physical surroundings of the training reflects an appreciation of cultural diversity. This highlights D'Andrea and Daniels' (1991) points of counselling training being located along a continuum, where the training needs to recognize values and infuse multicultural issues into its programmes. It also suggests that training must have culturally diverse representation of students and faculty and have integrated multicultural issues in all areas of the programmes.

Kumas-Tan et al. (2007), in their article of the Measures of Cultural Competence, examine ten cultural competency measures commonly used. They draw on Compinha-Bacote's (2002) Inventory for Assessing the Process of Cultural Competence among Healthcare Professionals known as IAPCC and the revised version of IAPCC-R, as having a good internal consistency and reliability. Compinha-Bacote's (2002) IAPCC measure consists of 25 items, with four-point Likert scales: very aware to not aware; strongly agree to strongly disagree; very knowledgeable to not knowledgeable; very comfortable to not comfortable; very involved to not involved. Kumas-Tan et al. (2007) mention Sue et al.'s (1994) attitudes, knowledge and skills model of cultural competency known as the Multicultural Counselling Inventory (MCI), suggesting that it's a good, acceptable and valid measure. Sue et al.' s

(1994) MCI measures consist of 40 items and a four-point Likert scale with 'very inaccurate' to 'very accurate', it has one general multicultural competency factor and four specific factors: multicultural counselling skills; multicultural awareness; multicultural counselling relationship and multicultural counselling knowledge. Kumas-Tan et al. (2007) also cited other models such as Cross et al.'s model of cultural competency, known as Cultural Competence Self-Assessment Questionnaire (CCSAQ), Ponterotto et al.'s (1995) Quick Discrimination Index known as QDI and Sue et al.'s (1992) model, MAKSS47 and MAKSS-CE-R that was revised in 2003. Kumas-Tan et al. (2007) question how reliable these models of cultural competency measures are and mention that most of them were developed without patient input and based on predominantly white, middle-class, highly educated populations. Others such as Stanhope et al. (2005), Boyle (2001) and Betancourt (2003) have advised that the existing measures may not be completely relevant to trainees and questions the validity of these measures. Paez et al. (2007) also raise this concern and stating that no one assessment tool could be found within the literature which could be said to be reliable and valid in its measurement of cultural competency in different contexts. Kumas-Tan et al. (2007) propose that developing measures that assess cultural humility and actual practice are needed if educators in the health professions and health professionals are to move forward in efforts to understand, teach, practise and evaluate cultural competency.

Alternatives to Cultural Competency

While it is vital that professionals are culturally competent, Kirmayer (2012) indicates that this alone is not enough and emphasis has to be placed on professionals' competence in the areas of culture, to adapt practices rather than just respect and engage in the other's lifeworld. For this reason, some authors, such as Sue et al. (1992), Tervalon and Murray-Garcia (1998) and Papps and Ramsden (1996), have advocated for alternative concepts such as 'cultural humility', 'cultural responsiveness' and 'cultural safety'.

The notion of 'cultural safety' was developed in the 1980s in New Zealand in response to dissatisfaction with the medical care according to Papps and Ramsden (1996). Kirmayer (2012) suggests that compared to the emphasis in cultural competency on practitioners' skills, cultural safety moves beyond the concept of cultural sensitivity to analysing power imbalance, institutional discrimination, colonization and colonial relationships. Anderson et al. (2003) suggest that cultural safety does not require developing 'competence' through knowledge about the cultures with which professionals are working, but instead cultural safety requires one to recognise the social, historical, political and economic circumstances that create power differences and inequalities in the health system. Kirmayer (2012) mentions that there is not enough research on cultural safety, particularly on its positive outcome in training or practice. Kirmayer (2012) also mentions that as a model, cultural safety is not a transparent concept but, like cultural competency, it requires unpacking and further specification in terms of how its to be implemented in training and the health care system.

'Cultural humility', unlike cultural safety, draws on a lifelong commitment to self-evaluation and critique, redressing power imbalance and developing a mutual beneficial and non-paternalistic partnership with communities according to Tervalon & Murray-García (1998). Dickinson et al. (2021), in their book 'The Drama Therapy Decision Tree', they draw on this concept of cultural humility being about an understanding that every interaction needs to be 'other-oriented' and how clients' values, opinions and points of view are placed at the centre of the therapeutic actions and prioritized. They also mention that the clients' view of themselves, in terms of their origins and intersectionality, is more important than the therapist's knowledge of their culture (Dickinson et al., 2021). Hook et al. (2013) also draw on this concept of cultural humility being other-oriented in relation to cultural identity that is important to a client. Cultural humility has been described as a 'process model' of cultural competency by Campinha-Bacote (2002) and Waters et al. (2013). Chang et al. (2012) and Rosen et al. (2017) states that it complements cultural competency training and Danso (2016) suggests that cultural humility adds little more than semantic appeal to cultural competency.

Scholarship in cultural humility has just begun to emerge, according to Abe (2019), who suggests that most of the empirical work is based on an operational definition of cultural humility that focuses on its interpersonal, other-focused orientation reflected in an openness to the cultural background of others, as perceived by others such as Hook et al. (2013) and Mosher et al. (2017). Abe (2019) also draws on how models of cultural competency and cultural humility both recognize the central importance of attending to

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culture and that cultural humility places emphasis on others' 'ways of being', rather than

mastery of a set of competencies 'ways of doing' in working with others. Several scholars

such as Fisher-Borne et al. (2015) and Walters et al. (2016) view cultural humility as a

distinct alternative to cultural competency because of how issues of oppression, privilege,

and the need for social justice can be potentially addressed, which underscores key

limitations in the cultural competency literature. Abe (2019) also draws on cultural humility,

suggesting that it includes a discrepancy between its original conceptualization as a

multilevel concept and an empirical literature that largely treats it as either an individual

characteristic or as relational judgements and a lack of consensus on the extent to which it

differs from cultural competency in practice.

'Cultural responsiveness', compared to cultural humility, is defined as an approach that

recognises and uses worldviews to guide professional practice (Ladson-Billings, 1992;

Nakanishi and Rittner, 1992). Often articulated in multicultural societies such as the USA and

Australia, cultural responsiveness approaches incorporate cultural knowledge of diverse

ethnic groups to respond to the needs of distinct cultural communities according to

Giovanangeli et al. (2016). They mention that in education this involves understanding and

embedding students' backgrounds into education curricula so that students can benefit

from learning about their own cultural identity, which can increase self-awareness

(Giovanangeli et al., 2016). Several authors such as Gutierrez-Mayka et al. (1998) and

Roberts et al.(2011) states that in health care, cultural responsiveness requires

organisations and practitioners to be aware of cultural baselines and diversity in patients

and to respect patients' cultural perspectives as a way of delivering culturally congruent care. Giovanangeli et al. (2016) advice that the acquisition of cultural knowledge about a community and its members becomes a key feature of this approach, which allows professionals to operate in a culturally appropriate manner and to be more responsive to and accepted by the communities they serve.

The literature mentioned above highlights that 'cultural humility', 'cultural responsiveness' and 'cultural safety' are alternatives to cultural competency and that it adds another layer. However, Kirmayer (2012) raises the point of professionals being culturally competent alone is not enough and that these other layers of 'cultural humility', 'cultural responsiveness' and 'cultural safety' are needed. Kirmayer (2012) also draws on the concept of it not being enough to just respect and engage in the other's lifeworld but rather adapt services to meet the needs of the 'other'. Like cultural competency, none of the authors who mention this concept of 'cultural humility', 'cultural responsiveness' and 'cultural safety' provide a practical way of how it can be captured in training or education.

Summary

This literature review was guided by three fundamental research questions which were: What does cultural competency mean? What does it look like in the higher education sector? and How is it embedded in curricula? These questions focused on exploring the concept of cultural competency, its meaning, how it fits into education and training and,

most importantly, how it can be incorporated in a curriculum. Since this research is about the concept of cultural competency being embedded in Dramatherapy programmes, it is crucial that the literature review is guided by these key questions to discover currently how it's being embedded in other programmes and how effective this is. Machi et al.'s (2009) literature review model has also guided the literature review in terms of organising and structuring each section, knowing what to include in each of the six steps and selecting readings to analyse for each of those sections. Step 6 of Machi et al.'s (2009) model is to write the findings, which has been undertaken throughout the literature review.

This literature review highlights that cultural competency is an evasive concept, difficult to define and involves an ongoing journey. Many of the authors who wrote about cultural competency emphasise that it's the journey, rather than the destination or the definition that is important. In fact, it is debatable whether those engaged in a cultural competency journey will ever reach a final destination, given the continuous pathway of learning that cultural competency represents. Nevertheless, there needs to be a whole university approach to providing policies and programmes that support academic and professional staff and students to navigate their way through a culturally competent landscape. Authors such as Lopez-Littleton et al. (2015), Chen et al. (2010) and Panzarella (2009) have stressed that cultural competency needs to be a core part of the curriculum and just adding the topic to a discussion will accomplish little. Panzarella points out that cultural competency in the curriculum sends the message that it's valued and necessary for clinical practice.

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The challenge of establishing cultural competency in the higher education sector has been addressed in a number of ways in various articles, reflecting the diversity of perspectives aligned with the concept. One of the main challenges is the practical implementation of cultural competency in a curriculum and what should be taught. If universities are to develop cultural competency through their policies and programmes, they will need to identify and clarify the definitions and characteristics of cultural competency they are focusing on as Doby-Copeland (2006) points out that each Art Therapy training programme has its own mission, philosophy, history and approach to training, which is true for Dramatherapy training in the UK. What this means is that each of the training courses will need to develop their own approach to how they incorporate cultural competency in their programmes. Approaches in making a culturally competent curriculum have focused on four areas - Knowledge-based, Attitude-based, Skills-based and Community-based. Cross et al.'s (1989) model, Bennett's (1986) model and Compinha-Bacote's (1998) model also guide how cultural competency can be embedded in a curriculum.

Frawley's (2020) point of cultural competency being a community work and how you cannot be a cultural competency island, draws on this idea of how the concept can only be developed in relationship to others. Another critical aspect of cultural competency is how to engage with it and, if the focus is only on the individual, then it could miss the imperative to enhance institutional enablers and dismantle barriers. Cultural competency is about creating change and Nachuah (2021) suggests that for change to occur, students, teachers and the institutions need to change their mindset. Frawley (2020) emphasises that cultural

competency is not a warm and fuzzy 'tick a box' exercise to make individuals feel good and it is not enough to be only aware of our context and cultures, it is also necessary to take action.

Having established how others view this notion of cultural competency, it's important to establish personal understanding of the concept. From the researcher's perspective, cultural competency is about 'voicing' and acknowledging cultural differences and working together to not only understand these differences but having an awareness of how this can impact the therapeutic relationship. Cultural competency in Dramatherapy training, therefore, needs to be about enabling open conversations about 'race', 'culture' and 'difference', without it creating an offence or people becoming defensive. It's important that everyone is able to voice this and that these conversations are not only taking place by the few ethnic minority students within the training. Dramatherapy training providers need to ensure that these conversations are taking place regardless of any ethnic minority students present on the training, as the client group encountered will come from various cultural backgrounds. There are many models and definitions of cultural competency and there is no specific way of incorporating it into a programme, which means that Dramatherapy training providers can adapt it to fit their specific programmes.

Even though there isn't a universally accepted definition of cultural competency and it is regarded as a lifelong process, the question now remains whether this process should start when the Dramatherapist is qualified or when they are in training.

Chapter Three

Theoretical framework

This section uses a systematic approach to explore the theoretical framework behind the research. It will draw on Critical Race Theory to contextualise institutional racism and ethnic minority students' experience of the education system. It focusses specifically on universities and this notion of the curriculum being 'White', to highlight the challenges faced by these groups and the role higher education plays in addressing racism and discrimination in its institutions. It will also explore the role British society plays with regards to racism, how it's perceived here in the UK and this concept of racism being an American problem.

Britain is a multi-racial society which has been formed, to a large extent, by the immigration of people from countries with very distinct social, political and economic histories (Fernando, 1995). As a result, there are substantial differences in the needs and requirements of the diverse cultural groups in British society and these differences are reflected in how services are planned and delivered. Renée Emunah (2016) succinctly synthesizes how, more than ever, emerging generations are increasingly cognizant of the necessary cultural competency required when working with a diverse range of clients in a pluralistic society. Tam (2019) indicates that anti-oppression education cannot be sufficiently facilitated by Dramatherapists without properly developing cultural competency.

This research has chosen to focus on the concept of cultural competency instead of Equality, Diversity or Inclusion (EDI), since the emphasis is about discovering how cultural competency can be embedded in Dramatherapy training and how students can be trained to be culturally competent therapists who are able to work with clients from diverse cultural backgrounds. It isn't enough to simply discover if there is diversity or equality on the programmes but rather how students are being equipped to work with clients who are not from the dominant culture. As Dale-Rivas (2019) mentions, despite equality and diversity and even the 2010 Equality Act, there is still institutional racism which works in overt and covert ways. Köllen et al. (2018) draw on the concept of EDI being rarely expressed explicitly and seldom embedded in moral philosophies and they mention that most research in EDI implicitly values equality as something morally good, which is borne out of political beliefs and has no ethical grounding.

The tragic death of George Floyd and the impact of the Black Lives Matter Campaign seem to have raised awareness of the importance of equality and diversity in education and practice. A statement released by John Barwick, the Chief Executive of HCPC, regarding the death of George Floyd and the Black Lives Matter Campaign relates to how this has prompted them to think about their employees and registrants concerning what they are doing to tackle racism and discrimination, as well as what they are doing to promote EDI (Barwick, 2020). What was interesting about the statement was that he mentioned that, as a health care professional council, they have a responsibility to speak up for things to change. One might ask why they didn't speak up until now and why it took the tragic death

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of a black man for greater emphasis to be placed on the issue. He also mentioned in the statement that equality and diversity training will be mandatory; it will be interesting to see how this is reflected in their Standards of Proficiency and how educational providers incorporate this in their programmes. BADth also released a statement in June 202O regarding the killing of George Floyd. The statement begins by emphasising that Black Lives Matter 'always' and draws on the point of the emotional toil and labour it takes to try to explain to non-Black people what it means and feels like to be Black. What was interesting about the statement was the mention that in order for significant change of systemic problems, there needs to be change regarding thinking on knowledge about race and privilege. It goes on to state that '*we are keen to further our work in ensuring that dramatherapists further their cultural competencies by examining our conscious and unconscious biases and move towards working from an anti-oppressive ethic, whilst contributing in creating systemic solutions for our collective challenges*' (BADth, 2020, p.1). This seems to be acknowledging that greater emphasis needs to be placed on cultural competency within the profession and that Dramatherapists can no longer justify the lack of emphasis on this issue. The statement ends by mentioning that '*white peers are to speak to each other about what they have learned or want to learn rather than this falling on the shoulder of the oppressed black people to educate their own oppressor*' (BADth, 2020, p.2). This highlights Garran et al.'s (2015) point of how it's not up to people who are subjugated to educate their oppressors about their experience and oppression. The facilitation of oppressed groups sharing their trauma can be harmful, with the potential to retraumatize,

alongside a degree of emotional, psychological and intellectual challenges (Tam, 2019). This is significant in that BADth is acknowledging the experiences of their black colleagues and giving voice to it, as usually these conversations, from personal experience, seem to be taking place by the minority and light is never fully shed on the issue. It will be interesting to see what practical change will be undertaken to tackle this issue in the profession and how it gets filtered down to the training institutions for change to be made in the programmes.

HCPC Equality, Diversity and Inclusion Policy 2018-2020

It's important to examine HCPC's Equality, Diversity and Inclusion Policy document for 2018-2020 to explore their stance and emphasis placed on cultural competency. The introduction of the document states that HCPC want to be a fair and inclusive regulator and are set up to protect the public and recognise that in the UK the public is culturally rich and diverse. The document then went on to state what Equality, Diversity and Inclusion mean to HCPC. It begins by defining what each one means for HCPC and suggests that *'Equality means that everybody has the same opportunities and is treated with the same respect'; 'Diversity is concerned with representation and valuing individuals for the different perspectives they have to offer' and 'Inclusion means ensuring that everybody has a voice and a means to participate, which may involve making reasonable adjustments to our usual processes'* (HCPC, 2020, p.5). What is interesting about these definitions by HCPC is that they highlight Diversity and Equality being more about valuing differences, everybody having the same

opportunities and all being treated the same. This almost makes assumptions that this will automatically apply to everyone and not consider the impact of discrimination and lack of under-representation that ethnic minority groups face in academia. In the case of Dramatherapy, where most of the staffing is from one particular group as is the profession as a whole, how then can those who are not from that dominant group have the same opportunity or their differences valued. It was interesting to discover that the first HCPC Diversity Data Report published in 2020 did not reflect the concept of everyone having the same opportunity and being treated the same within their document on equality and diversity. Instead, it highlighted the significant differences of Black and Asian registrants compared to their white registrants and it also drew on HCPC staffing, showing the lack of diversity in senior positions, with a majority of managerial staff being white. This, again, reflects the notion that EDI is not enough and, in reality, it is not represented in practice, as in the case of HCPC and Dramatherapy training.

The League of European Research Universities (2019) states that there is a growing body of literature that highlights the disadvantages in academia for groups that are not 'the norm' and students of colour tend to be more conspicuous in a predominantly white academic environment. Solomos and Back (1996) mentions that ethnicity is a social construction devised to create a boundary between people and it is policed by contemporary racism (Watson, 2004). The HCPC Equality, Diversity and Inclusion Policy document (2018-2020) does mention that in '*situations where people with a protected characteristic might suffer disadvantage, compared to people without, because of their protected characteristic. We*

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have a responsibility to prevent such disadvantage (or, if this is not possible, to minimise it) wherever possible' (HCPC, 2020, p.6). It doesn't, however, mention how this will be achieved or monitored to ensure this is not taking place.

Inclusion, defined by HCPC in this document, mentions the concept of everyone having a voice and being able to participate. It fails to provide practical ways of how this can be incorporated or evidenced in the training institutions and what is being done to address the issues of those who are not from the dominant group saying that they don't feel included or their voices are not being heard. Simply ensuring students have access to learning and, in this case, HCPC saying everyone has a voice and is able to participate, does not necessarily demonstrate inclusivity. Instead, a critical examination of the lecturers and students' perceptions about experiences of feeling not included is needed (Peters, 2015). LERU (2019) suggests that to achieve EDI, university leaders and managers at all levels would need to familiarise themselves with the large body of literature on the disadvantages faced by underprivileged groups. When comparing this document to the HCPC document on Proficiency for Arts Therapists and the documents on Standards of Education for training providers, it's evident that equality and diversity in the document for the education providers is broad and not specific and it also doesn't identify how the education providers are to incorporate it in the training, other than mentioning that they are to have Equality and Diversity policies in place. There is no mention of what happens when ethnic minority students feel discriminated against because of a lack of diversity within the training. In the Proficiency for Arts Therapists document, it mentions that trainees are to be aware of the

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impact of culture, equality and diversity on practice. It, however, doesn't give practical suggestions of how this awareness can be achieved and how education providers are to ensure this awareness is being developed in students through the course content.

The HCPC Action Plan for Equality, Diversity and Inclusion (released in July 2020) talks about global racial discrimination and health inequalities being well documented for decades and how some of the disparities have been 'starkly' brought forward in recent months (HCPC, 2020).). It's interesting to note that these disparities have been brought into focus and conversations have been driven by the events that involved the death of George Floyd, the Black Life Campaign and the global responses to racism. What was interesting is that the Action Plan goes on to say how important it was to demonstrate that Equality, Diversity and Inclusion are the key focus for HCPC as a regulator and employer. It also mentions how employees and registrants are watching closely to see how they, as an organisation, respond and how they have seen an increase in requests for information about their work in these areas (HCPC, 2020). According to the document released by Charlotte Rogers, the Policy Manager in HCPC (2020), she says '*this is only the start of the conversation ….as an organisation we need to do more……to keep learning and recognise the need for change'* (HCPC, 2020, p.1). She goes on to mention that the key changes in the standards being consulted on are around the role of Equality, Diversity and Inclusion and exploring specifically the importance of ensuring that practice is inclusive for all service users. This seems to be a positive move forward from their earlier Equality, Diversity and

Inclusion Policy of 2018-2020, which doesn't emphasise the need for change and the impact of racial inequality, and ensuring that services are inclusive to all. The Equality, Diversity and Inclusion Action Plan suggests that in the past two years there have been a significant increase in Equality, Diversity and Inclusion related activities and how they, as an organisation, have lacked clear lines of leadership, ownership, visibility and accountability (HCPC, 2020). What is significant about the action plan is the mention of Equality, Diversity and Inclusion not being operationalised across all areas of the HCPC organisation and a low awareness of the Equality, Diversity and Inclusion action plan or how it is embedded. This highlights the significance HCPC has previously attached to this concept of Equality, Diversity and Inclusion in their standards and it does not come as a surprise with regards to why education providers are not driven to ensure this is a priority when HCPC, the policyholder itself, is slow to implement this and, by their own admission, there is a low-level awareness of their Equality, Diversity and Inclusion action plan. HCPC states that the Equality, Diversity and Inclusion strategy for 2021-2026 will be a 5-year timeline, where registrants, service users and employees/partners will be involved in the development of the contents of the strategy. They go on to mention that in order to set the message about the Equality, Diversity and Inclusion as a priority area, a named senior executive team member will be appointed as a sponsor/organisational representative for Equality, Diversity and Inclusion. Contact was made with the HCPC Policy Manager for Equality, Diversity and Inclusion, to ask questions about its policy in relation to cultural competency and around aspects mentioned in its proficiency for Arts Therapists document and its Education Provider

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document. Plans to achieve these discussions via an interview could not be accommodated by HCPC and instead a written response to the questions was provided. Their response will be analysed and discussed in the Findings Chapter (5) to draw a conclusion on their stance on cultural competency, what it means to them as an organisation and what they are doing to ensure this is being incorporated in the training institutions they regulate.

Critical Race Theory

Before Critical Race Theory (CRT) can be explored, it's important to first consider the terms race and racism which are the bedrock of the concept. Various authors such as Malik (2003), Solomos et al. (1996) and Carter (1995) define 'race' as an artificial social construct used to identify colour and difference both by theorists who deny it and yet continue to use it in their writings. Ponterotto et al. (1993) suggest that the term 'race' has significant social consequences, in that it makes assumptions about people based on their racial characteristics. Malik (2003) supports this, by pointing out that it's on the basis of race that racism exists. Richards (1997) warns against the use of racial labels which identify self and others and argues for the affirmation of some 'common humanity' whilst acknowledging cultural difference. Dalal (1993), however, draws on the point that those who object to the term 'race' are to some extent denying reality. Racism, on the other hand, has been defined as a system of ignorance, exploitation and power used to oppress people based on their ethnicity, culture and colour (Yosso, 2005). Cole (2004) draws on a wider definition of

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racism, which incorporates overt and covert oppressive and discriminatory practices. Cole (2004) suggests that racism exists in many forms, in different historical and geographical locations and is related to economic and political factors. Douglas (2020) draws on an article published in the British Journal of Psychiatry in 1997, which suggests that racism is a form of discrimination that stems from the belief that people should be treated differently according to phenotypic difference. Mckenzie (2002) also suggests that racism has many forms, with direct attacks being less common than perceived discrimination in interpersonal communication or inequity of services or justice. Many of the attempts by theorists to define racism focus on the misuse of power and power differentiation between White and Black people, with race being a key factor of racism and racist ideology. Watson (2004) draws on the effect of racism, how it systematically denies the needs, rights and access of opportunity to one social group while perpetuating acts of privilege to members of another group. Watson (2004) suggests that Black people, or those who are labelled as non-white, are usually the group or groups of people who are denied access of opportunity. This captures Eleftheriadou's (1994) concept of racism as a form of social control of a group or groups of people who are deemed uncontrollable. This draws on the concept of Critical Race Theory being about trying to address the endemic presence of race and racism within society (Warmington, 2020). Yosso (2005) suggests that Critical Race Theory in education is the theoretical and analytical framework that challenges the way race and racism impact educational structures, practices and discourses. She also goes on to point out that this acknowledges the contradictory nature of education and how education often oppresses

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and marginalizes while still maintaining the potential to emancipate and empower (Yosso, 2005). Abrams et al. (2009) suggest that Critical Race Theory asserts that racism is an ordinary everyday occurrence for people of colour and mentions that because racism is ordinary and embedded, its structural function affects the way one thinks and often becomes invisible, particularly to people holding the racial privilege. When applying this concept to Dramatherapy training, one could question if having a White majority teaching team and students, with Black and Asian people being a minority, is the reason why the training focuses little on issues of race and racism because it doesn't affect the majority who are White.

Breen et al. (2019) suggest that at the heart of Critical Race Theory is that racism is normal and not unusual in society. Delgado (1995) suggests that racism has formed an ingrained feature in society, where it looks ordinary and natural to the people in the cultural society. This, again, draws on this idea that those who are considered as racially privileged don't see the difficulty others, who are not in those positions, face. There is no surprise to see that those who are not in these positions of privilege seem to be the ones who are raising these concerns. Reflecting on the rationale for doing this research, it stems from being the only Black person on a Dramatherapy training programme and feeling like issues of race and culture were not being given much depth on the programme. This draws on Delgado's (1995) point of how equal opportunity rules and laws that insist that Black and White are treated alike, only produce injustice. It also mentions how equality doesn't deal with the issue of everyday racism that Black people face regularly. Breen et al. (2019) point out that

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even though there are policies that promote anti-racism, their focus, however, seems to be on addressing unambiguous forms of racism that normalise what should be considered as extreme such as microaggression.

Background

Critical Race Theory (CRT) emerged from the Civil Rights Movement as a component to study and analyse the law (Abrams et al., 2009). Delgado (1995) suggest that CRT is the scholar's answer to 'critical legal studies', a class-based critical analysis that fails to critique the role that law plays in subjugating Black people. CRT emerged in the USA in the 1980s and Warmington (2020) suggests that CRT is rooted in the traditions of independent Black 'Atlantic' political thought, which stems from Dubois and Fanon who have shown little concern for being validated by Eurocentric liberals or Marxists. Warmington (2020) suggests that CRT arrived in England in 2003-2006 and that it was an educational researcher, rather than legal scholars who first adopted the term. He suggested that it took this long to arrive, because the UK did not have the same history of civil rights legislation as the USA (Warmington,2020). Educational researcher David Gillborn was the first person in the UK to present a paper on CRT, at a conference, and subsequently published it entitled 'Education Policy as an Act of White Supremacy' (Gillborn, 2005). Warmington (2020) also points out that the first CRT conference in the UK happened in June 2009, took place in the University of London and organised by Higher Education Academy's Centre for Sociology,

Anthropology and Politics. In terms of published work in the UK on CRT, the first book-length publications was by Preston in 2008 entitled Whiteness and Class in Education and by Gillborn (2008) entitled Racism and Education. CRT was the influential development of what is being promoted as the UK's first undergraduate Black Studies degree created in 2017/18 at Birmingham City University (Warmington, 2020).

 Crawford (2019) suggests that CRT has developed as one of the most important academic perspectives on racism within the field of education. Gloria Ladson-Billings and William Tate are known as academics who introduced CRT to education research in the context of a curriculum, while Derrick Bell is known as being the forefather of CRT, introducing the framework in the context of education law in the USA (Ladson-Billings, 1998). Nelson (2020) suggests that CRT in educational research offers scholars the ability to critically examine the historical and societal impacts of education policies and practices, as well as addressing the inequities arising from historical and contemporary education laws, policies and practices. Nelson (2020) also advices that scholars who employ CRT are able to effectively ground their work in the context of race and racism, push back against traditional notions of education and educational research, centre their research in the lived experiences of Black students, and produce research that serves to liberate oppressed people and use interdisciplinary perspectives to understand the multiple manifestations of racial oppression. Crawford (2019) also draws on the point that CRT challenges the traditional claims of the education system and views institutions as not being objective or neutral. Warmington (2020) draws further on this by suggesting that it is only when racist practices threaten to destabilise

rather than secure elite power, that it is in the self-interest of the elites to address racism through legislation and policy. Warmington (2020) suggests that CRT, in this way, rejects the assumptions that powerful elites in 'racist' societies reform willingly. Bell (1992) wrote that *'for too long, we have worked for substantive reform, then settled for weakly worded and poorly enforced legislation, indeterminate judicial decisions, token government positions …(Bell, 1992, p.13).*

Implementation of CRT

Abrams et al. (2009) draw on the point that even though CRT integrated into a curriculum has the potential to move students towards critical thinking and informed practice and action around racism, privilege and oppression, it does come with various limitations. They suggest that the biggest limitation is making space or time in an already crowded curriculum to include CRT readings and applications, drawing on how faculty are not familiar with CRT or its applications which makes it even more challenging in trying to incorporate it into the training. Like Cultural Competency, practical implementation and familiarity with the concept is an issue. Singh et al. (2019) suggest that CRT is useful in counsellors' training and can be a powerful theory to combine with traditional counselling theories that may not centre around inequalities in the conceptualization of the role of the counsellor and client in counselling. Singh et al. (2019) also suggest that CRT offers a counter to the traditional and predominant counselling theories that were not developed to address the mental health

needs of people of colour. Exploring this concept in relation to Dramatherapy programmes, CRT could be used alongside cultural competency as a way of embedding issues of race, culture and racism in the programme and of evaluating its impact on the therapeutic relationship. This could be the starting point of introducing these topics into Dramatherapy programmes and a shift from a Eurocentric-dominated theory to incorporating a diverse approach and theories that do not fit into the western ideology. This draws on Singh et al.'s (2019) point of how traditional counselling theory may utilize culturally competent ways. However, they are often situated in a paradigm that focuses on the individual, when the source of difficulties is rooted in the oppressive structure in the environment. This, again, confirms that it is not enough that these issues are explored at an individual level but rather for real change to happen, it needs to be addressed on a corporate level. Reflecting on the research map, this is one of the things this research has tried to do, by exploring the research from three angles, the educational institution, governing body, HCPC and the association, BADth.

Reactions to CRT

There have been many criticisms of CRT and Warmington (2020) mentions that when it initially emerged in the UK, it was met with hostility by a fraction of the academic community, who were predominantly White and viewed themselves as Social Democrats or Marxists. Warmington (2020) points out that as soon as the earliest CRT papers were

published, they were met with a hostile reception, which in turn provoked a series of published exchanges between pro and anti CRT camps. Some of the criticisms of CRT are that it is imported from the USA, which has little relevance in the UK (Persons, 2015). Others, such as Cole (2017), implies that CRT essentialises race and homogenises White people, with its analysis applying a rigid Black and White binary. Hayes (2013) states that CRT is not a theory at all but is, at best, a perspective or a set of beliefs about racism. Warmington (2020) draws on how UK critics of CRT have relied on a set of rehearsed criticisms, which focus on the discourse of derision that locate public pronouncements on racism within racialised hierarchies of credibility and authority. Warmington (2020) also suggests that CRT's 'foreignness' seems to be a problem and mentions that implications of CRT in the UK have done little in terms of being grounded in the social and educational sectors. Warmington et al. (2018) draw on how education itself has seen a retreat of the race equality drives that were implemented in the wake of the Macpherson Report, which was to narrow the school curriculum that excluded diversity and citizenship, and that Ofsted had also dropped the race equality policies from their school inspection criteria. Due to the recent movement in the UK to 'decolonise the curriculum' with campaigns such as 'why is my curriculum white?' and the 'Rhodes must fall', along with the Black Lives Campaign and the 'Subnormal' scandal that surfaced recently, all these pointed to this notion of racism being a greater problem than it would like to perceive and one that is foreign to UK's society and its education system. Warmington (2020) draws on how these issues have promoted international dialogue and offered conceptual tools to highlight race and racism in a time

where politicians and commentators have, to some extent, decided that race and racism are 'closed' issues. This, however, highlights that even though there are critics of CRT, issues of racism are perceived differently in the UK, with the UK regarding it as less of an issue than in America. Recent events of 2020 and 2021 have shown that this is not the case and a closer look at the UK education system and society as a whole is needed in order to address this issue. This draws on Joseph-Salisbury et al.'s (2020) article entitled 'The UK is not Innocent: Black Lives Matter, Policing and Abolition in the UK', which draws on how racism isn't only a US problem, but rather endemic and pervasive in the UK context, manifesting itself at every level of policing.

George Floyd and Black Lives Matter

In 2020, the world witnessed a brutal murder of George Floyd by a Minneapolis police officer. George Floyd's death sparked a global protest in support of the Black Lives Matter Campaign. The Black Lives Matter movement emerged out of a historical and urgent need to reflect on the realities of Black communities and their own understandings of how both structural and interpersonal racism experienced daily have an impact on Black lives. Joseph-Salisbury et al. (2020) suggest that the Black Lives Matter protests highlight the enactment of state violence against Black bodies and draws on the point of light being shone on racism and policing in the UK, quoting '*too often in the United Kingdom, we are met with the refrain*

that racism and violence are solely US problems' (Joseph-Salisbury et al., 2020, p.22).

Joseph-Salisbury et al. (2020) also mention that the recent Black Lives Matter protests in the UK have emphasised the importance of turning the gaze to British racism, drawing on the rally cry of the 'UK is not innocent' and how racism underpins events such as the Grenfell Tower fire, the Windrush scandal and the unequal impact of the Covid-19 pandemic. Like the death of George Floyd, the Black Lives Matter protests in the UK have urged protesters to speak the names of the many Black lives lost following police contact in the UK. The two names that have defined the UK protests were Shukri Abdi and Belly Mujinga, which appeared on placards and chanted by protesters. Shukri Abdi was a 12-year-old refugee from Somalia who was found drowned in Greater Manchester's River Irwell. The police at the time denied any foul play, although the inquest into the case revealed that Shukri's family were right to be concerned. The case drew attention with issues of policing, as well as with the education system that does not do enough to prevent or challenge racist bullying (Joseph-Salisbury et al., 2020). Belly Mujinga, on the other hand, died from someone spitting at her who claimed to have coronavirus while working in her role as a railway ticket office worker. She fell ill with the virus days later after the incident and died. Her colleague and her sister shared how much Belly begged not to work on the concourse, especially without personal protective equipment, given her respiratory problems. The employers sent her back out to work on the concourse, even after she was spat at (Weaver et al., 2020). Joseph-Salisbury et al. (2020) sum up the Black Lives Matter protests of 2020,

reflecting the frustration and anger at the racism experienced here in the UK with people no longer prepared to keep quiet.

Institutional Racism

The topic of institutional racism in higher education has been put back on the agenda according to Dale-Rivas (2019) and he states that racist incidents and hate crimes on campuses, with an increased awareness of the black and minority ethnic attainment gap, have given rise to the issue. He goes on to suggest that the higher education sector has had to confront difficult questions about the role that universities play in the reproduction of structural inequalities and suggests that '*it is not the first time that these issues have been raised, but universities are now under more pressure than ever before to explain the attainment gap*' (Dale-Rivas, 2019, p.23). Burnett (2021) also draws on this issue and mentions that UK universities have been called upon to acknowledge and address systemic racism within their institutions. She draws on the point that universities need to begin to have open conversations about racism, as well as ensuring that ethnic minority students feel a sense of belonging at their institutions (Burnett, 2021).

It's important to explore this concept of institutional racism and the Macpherson (1999) report defined institutional racism as the collective failure of an organization to provide an appropriate and professional service to people because of their colour, culture or ethnic

origin. It can be seen or detected in processes, attitudes and behaviour which amounts to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people (Macpherson, 1999). Mckenzie (2002) also draws on this point of institutional racism often being indirect and mentions that an institution may not set out to discriminate but through its rules and policies it does. The term institutional racism was first used by Carmichael and Hamilton (1967) who used the term to highlight how racialised inequalities were not naturally occurring but a function of actions operating within institutions. Nazroo et al. (2020) suggest that institutions have an important role, which places them at the meso-level between the structural and the interpersonal. Drawing on how institutional settings represent sites where structural forms of disadvantage and interpersonal racism meet. Phillips (2010) suggests that by placing institutional racism within a wider nexus of structural and interpersonal process, it reveals how institutional practices produce both agential overt and unwitting practices of individuals and interacting causal structural conditions.

Research has shown that there is a long history of underprivilege and disadvantage for some populations, resulting in complex issues for access to and through higher education (Cheung & Egerton, 2007). Some issues, such as social class, may be less overtly constructed as an 'ethnicity issue' in current times compared to other factors such as an intersection of ethnicity with specific characteristics, yet they continue to contribute to differential outcomes in students (Husbands, 2019). LERU (2019) draws on this concept of universities

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being shaped and influenced by the societies in which they were founded and suggests that they are also places where people came together to offer a scholarly critique of society, and to challenge the status quo. '*This can be more effectively achieved if universities are seen to actively represent the range of perspectives held by the national and international communities they serve' (LERU, 2019, p.17).* However, this suggests that universities are still biased against underprivileged groups and the treatment is often so small that it goes unnoticed if it's not monitored or researched, mentioning that a molehill eventually adds up to a mountain (LERU, 2019). Burnett (2021) points out that higher education, as a whole, has struggled with the conversation of racism and has refused to acknowledge that racism exists in the higher education sector or been aware of racial inequality within their own institution. She goes on to mention that discomfort of the discussions about the issue does not absolve their responsibility to address racial inequities within the academy (Burnett, 2021).

In 2017, the Journal for Race, Ethnicity and Education published a special issue entitled 'Building the anti-racist university'. The journal highlighted that the UK higher education sector has a wealth of research that captures the challenges faced by ethnic minority students at undergraduate level but had little on the postgraduate level (Ahmet, 2020). The data from the Higher Education Statistics Agency in 2017/2018 on all postgraduate taught study in the UK showed that 77% identified as White, 8% as Black, 10% as Asian and 3% Mixed with 2% as Other (HESA, 2019). The Office for National Statistics (2018) estimated that the UK population, as of 2017, exceeded 66 million people. The 2011 Census data

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showed that the population of England and Wales was 56.1 million. 48.2 million people

(86.0%) were from White ethnic groups, while 4.2 million (7.5%) were from Asian ethnic

groups, 1.9 million people (3.3%) were from Black ethnic groups and 1.2 million people

(2.2%) had Mixed ethnicity. It would seem that on the basis of the UK population as a

whole, the ethnic representation in postgraduate taught study is 10% above the UK average.

In comparison with those who identify as White, the number is staggering. Williams et al.

(2019) state that this is due to ethnic minority students being less likely to receive research

council funding, which they suggest will affect their opportunity to go on to doing a PHD.

This echoes Bale et al.'s (2020) point of the number of ethnic minority staff in academic

institutions being even smaller compared to those who identify as 'White' and they drew on

the 2017-2018 Equality, Diversity and Inclusion Report, showing that 93% of the academic

staff identified as White and only 5% identified as those from ethnic minority backgrounds.

This was also reflected in the retention rate and the 2017-2018 report which showed that

83% of students from ethnic minority backgrounds continued their studies compared with

90% of white students (Bale et al., 2020).

  Ahmet (2020) mentions that there is a wealth of research on institutional racism in

universities in the UK, although little research has been carried out to examine the

intersections between the spatial dimension of the university and race. This draws on

Anderson (2014) who claims that educational institutions are white spaces. Hamilton (2017)

suggests that 'Whiteness' is both invented and used to mask its power and privilege. He

goes on to mention that the power of whiteness is ideologically reproduced and legitimated

in the educational market by the dominance of an ethnocentric curriculum that prioritizes European history and culture as the default cultural position (Hamilton, 2017). Ahmet (2020) goes further by suggesting that colonial histories are inscribed on the campus and architecture of many of Britain's oldest and most celebrated universities. Oxford University, in March 2019, announced that it was going to investigate its role in colonialism, due to the controversy surrounding the statue of Cecil Rhodes at the Oriel College (Fazackerley, 2019). The controversy drew on how campus buildings named after these people become embedded within the university fabric and are then celebrated. In 2016, a campaign for the removal of the Rhodes statue at Oxford began and it was only in 2020 that Oxford University announced that it would be removing the Cecil Rhodes statue. This was largely influenced by the Black Lives Matter protests that took place all around the UK over the summer of 2020 and in Bristol the statue of the slave trader Edward Colston was torn down (Guardian, 2021). According to the Guardian News published in May 2021, Oxford University have recently backtracked on their decision to remove the statue and ignored the views of the Independent Commission. The Guardian also mentioned how anti-racism campaigners felt betrayed and felt the 'insincerity' of Oxford University's commitment to wanting change (Guardian, 2021). The Education Secretary, Gavin Williamson, however, welcomed the news of the Cecil Rhodes statue not being removed and suggested that one must learn from the past, rather than censoring history (Guardian, 2021). This statement by Gavin Williamson, who was the Education Secretary at the time, draws on the views of those in power and neglects to acknowledge the feelings or trauma inflicted on Black people. The release of the

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Commission on Race and Ethnic Disparities report published in March 2021, entitled the 'Making of Modern Britain', sums this up. The report draws on the notion of Britain no longer being a nation with systems that are deliberately rigged against ethnic minorities, whilst acknowledging that disparities do exist but suggests that very few of these are directly linked to racism. It goes on to mention that '*too often racism is the catch-all explanation and can be simply implicitly accepted rather than explicitly examined'* (Commission on Race and Ethnic Disparities, 2021, p. 8). The question now is 'what is modern Britain?'.

 Covid-19 has shown the mistrust of ethnic minority people of the systems, so much so that they are refusing to take the vaccine, even though they are four times more likely to die from the virus than White people (Khunti et al., 2020). Razai et al.'s (2021) article draws on a survey conducted in December 2020, which showed that vaccine hesitancy was highest among Black people, followed by Bangladeshi and Pakistani. Razai et al. (2021) suggest that the vaccine hesitancy is caused by the historical mistrust of the government and public health by ethnic minority people who have experienced systemic racism and discrimination. Khunti et al. (2020) also draw on this point of the demand to address health inequalities facing ethnic minorities dating back at least two decades and its only through the global pandemic of Covid-19 that this has been taken seriously. Authors, such as Smith et al. (2020) and Leitch et al. (2020), states that the Covid-19 pandemic exposed the inequities that have existed for hundreds of years. Leitch et al. (2020) also mentions that health promotion is not affecting meaningful change for Black communities quickly enough and mention that it's

not sufficient to hold an 'unspoken' intention to research and publish health inequities or to create interventions to patch up the divide experienced in Black communities without centring race as the primary and legitimate determining factor. This draws on Jean's (2020) point of open discussions of racism against Black community being discouraged by those who hold the power in society.

Inclusive Curriculum

There is an increasing concern recently for education to promote learning that develops and extends students' awareness to discrimination and white privilege and to embracing inclusivity (Husbands, 2019). In 2014 a movement called '*Why is My Curriculum White?'* sought to highlight the challenges of studying a non-inclusive curriculum. It suggested that this type of curriculum does not recognise contributions of knowledge from those outside the mainstream with a heteronormative identity (Keval, 2019). The movement to decolonise the curriculum has gathered momentum across several UK universities. While its contextual brief was founded on rejecting a philosophy curriculum that is dominated by colonialist ideology and the views of 'dead White men', the message is consistent: scholars from diverse ethnicities and knowledge are being excluded from mainstream curricula (Muskett et al., 2017). Husbands (2019) suggests that for BME students studying an unrepresentative curriculum, invisibility becomes a felt experience throughout their time at university. Consequently, universities are turning their attention to meeting the challenge of providing

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an inclusive curriculum as one way of improving the student experience. Anzaldua's (1990) suggestion of *'if we have been gagged and disempowered by theories, we can also be loosened and empowered by theories'* (Yosso, 2005, p.70). This highlights this idea that through the same channel that ethnic minority people have been oppressed and silenced, it can be the very channel that empowers and gives voice.

Inclusive curricula can reinforce student-centred learning experiences (Barr & Tagg, 1995; Burnard, 1999; Taylor, 2000) and place students at the heart of teaching practice as responsible learners with fuller participation. The overall aim of an inclusive curriculum, according to Carey (2012), is to provide a quality learning experience that caters for students from a wide range of backgrounds. Although delivering this kind of curriculum may be experienced by staff as challenging, by simply incorporating diverse practices such as being culturally reflective and enabling open conversation about the issues with students will raise awareness of the impact it does have on ethnic minority students. An inclusive curriculum recognises and responds to the intersecting effect of different social locations such as lived experiences of disability, ethnicity, gender and class (Husbands, 2019). In an article by James Muldoon (2019) entitled *'Academics: it's time to get behind decolonising the curriculum'*, he suggests that students at British universities are calling for reading lists to include more black and minority ethnic writers (Muldoon, 2019). The article refers to this concept of decolonising universities, which doesn't mean that we eliminate white authors

from the curriculum but rather challenge the longstanding biases and omissions that limit how we understand politics and society (Muldoon, 2019).

Guidance from the Equality Act (2010) and Disability Equality Duty (2006) encourages inclusive teaching in which learning materials are provided promptly with wider use of mobile technology to support learning. At face value, these changes reflect a more inclusive curriculum, as they can support students from a range of backgrounds; however, unless BME students' and staff perceptions for experiences of structural inequalities are addressed, such attempts may also be perceived as cosmetic or, worse, tokenistic. Husbands (2019) suggests that institutions have a response to this, by offering mentoring to BME students or unconscious bias training to staff as first-line responses to issues arising from the effect of cultural deficit perspectives. There have also been concerns for the effectiveness of this and BME students, BME staff and Students' Unions consider these initiatives as nothing more than 'tick box' exercises (ECU, 2016; SOAS Students' Union, 2016; Stevenson, 2012).

There have been various articles published by the Guardian regarding racism in UK universities and their failure to tackle the issue. In one of these, Josephine Kwhali talks about this idea of the unconscious bias and suggests that '*after years of anti-racist debates, policies, strategies, universities banging on about increasing diversity if it still is unconscious, there really is something worrying about what it will take for the unconscious to become conscious*' (Guardian, 2016, p.1). Another story by the Guardian (2019), draws attention to black students' experience of their training and suggests that most of them were often the

only person of colour in the room, while the faculty, the curriculum and most of the

students were, of course, white (Guardian, 2019). This refers to James Muldoon's (2019)

point of ethnic minority students needing to see themselves reflected in the curriculum as

'legitimate' creators of knowledge. He goes on to suggest that it's not enough to simply

include a few ethnic minority authors in the curriculum but it needs a transformation from a

culture of denial and exclusion to a consideration of different traditions of knowledge

(Muldoon, 2019). Peters (2015) suggests that the issues have been that western philosophy

itself has been part of the problem rather than part of the solution and goes on to state that

'*of all disciplines, it has seemed most resistant to tackle race seriously'* (Peters, 2015, p. 644).

Tam (2019) mentions in her research how privileged individuals need to be confronted with

their own power and recognize how they benefit from dominant systems. Christine Mayor

(2012) acknowledges that they were made aware of their whiteness early on, having grown

up in Bermuda and suggests that others, however, may never come to this awareness (Tam,

2019). Blott (2008) communicates how "culture, difference, and power are constantly

present in the therapeutic encounter and therapists have an ethical responsibility to

acknowledge these forces and confront them explicitly" (Blott, 2008, p. 438).

Dramatherapists are recommended to uphold equality in clinical practice according to

Christine Mayor (2012), who addresses an absence of discourse on race in Dramatherapy

research and practice. Race plays a significant role within the therapeutic relationship that

must be acknowledged as *performed*, *encountered* and *embodied* (Tam, 2019)*.* Stewart et

al. (2014) comment on the importance of higher education institutions needing to create space for anti-oppression dialogue. Sue et al. (2009) suggest that research shows that psychotherapy schools are beginning to incorporate cultural competency within theoretical approaches, with most of the content focused on intervention techniques. However, Bassey et al. (2013) oppose this singular focus on interventions and techniques, emphasizing the cultural obligation to build on the personal and professional learning capacity of the therapist. Others such as Logo and Thompson have mentioned that addressing issues of race and culture is a 'risky' venture rather than a positive enterprise and mention that the past history of poor reputation of race and culture has created an atmosphere of intense feelings of guilt, anger and blame when this topic is brought up. Thomas (1992) sums this up when he mentions that '*it is extremely difficult for any form of racism, accrued from a lifetime of socialisation, to be brought to personal awareness, yet this is indeed what needs to take place so that our practice is not dominated by what can be termed 'societal racism'…personal attitudes and assumptions need to be re-worked and re-examined* (Watson, 2004, p. 81). CRT, along with cultural competency, can be used to diversify curriculum, enable open conversations on difficult topics such as race and racism and expose students to other theories that have not originated from a western ideology, to ensure that training programmes are being inclusive and diverse.

Access and Participation Plan (2019-20) documents

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The Office For Students (OFS) backed up by the Government's Race Disparity Audit announced that, for the first time, universities will be set targets to reduce the BME Attainment Gap (Dale-Rivas, 2019). As part of this research, it would be useful to explore the Access and Participation Plan document for each of the four Dramatherapy training institutions. Access and participation plans were introduced in the OFS regulatory framework in 2018 as the first ongoing condition of registration for universities wishing to charge fees above the basic amount to qualifying persons on qualifying courses (OFS, 2021). The plans require universities to outline their approach to improving equality of opportunity for underrepresented groups to access, succeed in and progress from higher education. It would be useful to discover what the non-continuation rate is like for ethnic minority individuals compared with their white counterparts in the universities. It would also be useful to discover specifically what the non-continuation rate is like for Dramatherapy training, which would provide an overview of the disparity of students dropping out of the training and identify the background of these students dropping out.

The OFS are responsible for monitoring Access and the Participation plans to make sure that the universities are honouring the 'commitments they make to students in these plans' and to take action if they do not. The universities set their own targets for working towards the OFS national targets and addressing areas where there are specific gaps in inequality and opportunity in their own organisation (OFS, 2021). The first plans will be in force from 2020-21 according to OFS. The OFS engaged Nous to conduct a review of the effectiveness of its regulatory reform to access and participation. The review seeks to understand

whether changes in regulation, from access agreements to access and participation plans, are leading to increased ambition and changes in behaviour required for better outcomes for underrepresented groups in higher education (Nous, 2020). The report found that universities' commitment set out in their target plan should bring about significant progress towards reducing inequalities in access and participation if implemented successfully (Nous, 2020).

 The Access and Participation Plan document dated 2019-20 for the University of Roehampton was explored, looking specifically at their non-continuation rate. The data on the document presented shows that the Black, Asian and Minority Ethnic category was one of the three underrepresented groups who were performing significantly below the benchmark (Roehampton, 2021). It showed that Black students have 80% continuation rates, which is 6% lower than the non-BLACK, Asian and Minority Ethnic entrants in 2015/2016. The document also mentions that attainment and progression gaps for these groups remain a priority for the university, with a specific focus on Black students. It suggests that over the past five years, they have made some progress in narrowing these gaps in continuation, attainment and graduate outcomes but the problem still persists (Roehampton, 2021). The Central School of Speech and Drama University Access and Participation Plan dated 2019-20 was reviewed, showing their non-continuation rate to have increased from 4% to 6% and mentioning a simultaneous increase in students presenting with mental health issues (CSSU, 2021). The document also mentioned that there are fewer Black, Asian and Minority Ethnic applicants than White applicants, although Black, Asian

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and Minority Ethnic applicants have a better chance of gaining entry to the University (CSSU, 2021). The Access and Participation Plan for 2019-20 at Anglia Ruskin University was explored and it mentions that they have been able to reduce their non-continuation gap between BME and white students and the figures were reduced from the disparity of 9.2% in 2014/15 to 5.8% in 2015/16 (Anglia Ruskin University, 2018). The University of Derby Access and Participation Plan 2019-20 showed that their non-continuation rates of Black African male students in 2014-15 was16.0% and white female students was 6.8%, showing a disparity of 8.8% (University of Derby, 2018).

These figures show that work still needs to be done in exploring the reason behind the non-continuation rate of Black, Asian and Minority Ethnic students. As mentioned, it would have been useful for this research to discover what these figures were for students on the Dramatherapy training.

Advance HE released a Students' Statistical Report on Equality and Higher Education in 2020, paralleling the overall increase in student numbers. The report stated that there were pronounced differences in continuation and degree awarding outcomes for White and Black, Asian and Minority Ethnic students, with lower rates of ethnic minority students continuing or qualifying and receiving a first/2:1 compared with their White peers which suggests that outcomes varied considerably by ethnic group (Advance HE, 2020). There were particularly wide gaps observed between White and Black students in relation to

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continuation and degree attainment (Advance HE, 2020). Advance HE was formed in March

2018, following the merger of the Equality Challenge Unit, the Higher Education Academy

and the Leadership Foundation for Higher Education. It aims to assist higher education by

exploring the main equality challenges faced by students and directing their efforts to

overcome them. Advance HE also released a Staff Statistical Report in 2020, presenting

details of the age, disability, ethnicity and gender of the higher education workforce in the

academic year 2018/19. The report mentions that the analysis is based upon data drawn

from the HESA staff records 2003/04 to 2018/19 (Advance HE, 2020). The report suggests

that staff working in higher education sectors have become more ethnically diverse, with an

increase in Black, Asian and Minority Ethnic staff, although it goes on to mention that

inequalities still persist, with lower proportions of both UK and non-UK Black, Asian and

Minority Ethnic staff than White staff on open-ended/ permanent contracts (Advance HE,

2020). What was interesting about the report was this mention of low numbers of Black,

Asian and Minority Ethnic individuals becoming professors or being a part of the senior

management team in these sectors. The report suggests that among UK academics, the

proportions of White and Black, Asian and Minority Ethnic staff who were professors was

11.2% and 9.7% respectively, giving a difference of 1.5 percentage points (Advance HE,

2020). The report does go on to mention that there were notable differences within Black,

Asian and Minority Ethnic groups and suggests that 16.7% of UK Chinese academics were

professors compared with just 4.5% of UK Black academics. The gap in professorial status

between non-UK White and non-UK Black, Asian and Minority Ethnic academics was wider;

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9.3% of White academics were professors compared with 3.6% of Black, Asian and Minority

Ethnic academics. This proportion was again particularly low among non-UK Black

academics at 2.2% (Advance HE, 2020). The report also shows figures of White senior

managers accounting for 0.9% which is double the Black, Asian and Minority Ethnic

academics, who only accounted for 0.4% (Advance HE, 2020). The report does draw

attention to the differences in pay between White academic staff and Black, Asian and

Minority Ethnic staff. It suggests that 14.5% of White staff compared to 5.9% of Black, Asian

and Minority Ethnic staff were on the highest pay spine of '£61,618' or more. What this

shows is that the difference between White academics and Black, Asian and Minority Ethnic

academics is still incredibly significant in every area. Exploring this within Dramatherapy

training in the UK would highlight the significant overrepresentation of White academics

with very few from Black, Asian and Minority Ethnic backgrounds. Dale-Rivas (2019)

captures this in his report when he mentions that students face barriers to success due to

race and ethnicity at every stage of their higher education journey and BME staff also face

barriers from being less likely to have permanent contracts and senior roles and less likely to

have complaints and grievances upheld (Dale-Rivas, 2019).

LERU's (2019) paper on Equality, Diversity and Inclusion at Universities highlights this issue

of the universities needing to address their community as a whole when tackling this issue

of equality, diversity and inclusion. It suggests that '*the focus of many efforts has been*

either on staff issues or on students issues, rather than on addressing the needs of the

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university community as a whole' (LERU, 2019, p.9). What this does suggest is that it's not enough to address one part of the equation and not the other. Only focusing on Black, Asian and Minority Ethnic students' experience would not capture the other part of the equation which was Black, Asian and Minority Ethnic staff experiences. As mentioned by Advance HE Staff Statistical Report (2020), Black, Asian and Minority Ethnic staff are facing disparities compared to their White academics and this does highlight this issue of inequality within the education sector felt by both Black, Asian and Minority Ethnic students and Black, Asian and Minority Ethnic staff. The Race Equality Charter (REC), launched in 2016 by the Equality Challenge Unit, is now part of the Advance HE. The REC's aim was to improve the representation, progression and success of minority ethnic staff and students within higher education (REC, 2016). Dale-Rivas' (2019) Higher Education Policy Institute Report mentions that the REC has been found to offer the potential to address racism by creating a framework for where difficult conversations can take place and specific actions can be planned to address the issue. He goes on to mention that research has shown that although the REC has been found to offer a potentially powerful framework for beginning to address institutional racism in higher education institutions, more investment and incentive is needed in order for it to be as effective (Dale-Rivas, 2019).

The REC process requires those participating from higher education to form a self-assessment team, who complete a report on the institution's current position regarding race and equality (Dale-Rivas, 2019). They are also to compile a four-year action plan to address concerns noted on the report. As a result of this process, the higher education institution is

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awarded either a Bronze or Silver level REC award, which shows their commitment to work on race equality (Dale-Rivas, 2019). The REC currently has 75 higher education institutions involved and Anglia Ruskin University and Roehampton University are members (REC, 2021). It would be interesting to discover what differences this makes to the culture of the universities involved in tackling these issues of inequalities within institutions and why the other institutions are not joined up with the REC.

Summary

This chapter uses a systematic approach to explore the theoretical framework behind the research. It draws on Critical Race Theory to contextualise institutional racism and ethnic minority students' experience of the education system, to highlight the challenges faced by these groups and the role higher education plays in addressing racism and discrimination in its institutions. It explores the role of British society, reflecting on recent issues, such as the Black Lives Matter Campaign, the campaign for pulling down Cecil Rhodes' statue, racist incidents and hate crimes on campuses, the attainment gap for Black and Asian student and the impact of Covid-19 on Black and Asian communities. It also draws on various scandals that surfaced in 2020/2021, such as the Subnormal scandal and the British Monarchy accused of racism in the Megan and Harry interview (Douglas, 2020). All of these point to this concept highlighted by Joseph-Salisbury et al.'s (2020) article of the UK not being

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innocent of racism and racism not being just a US problem. This draws on the idea that racism in the UK has almost been underplayed and focus now needs to be placed on the impact of racism in the UK. When relating this in the research, in terms of wanting cultural competency to be embedded in Dramatherapy training, it's paramount now that a whole university approach is needed. Change in the Dramatherapy curricula is not enough, the universities as a whole need to place significant importance on embedding cultural competency in its institutions for lasting changes to occur.

Chapter Four

Methodology:

The core methodology used in this research is verbal narratives to collect the experience of participants. The use of story was a key element to this, in that I was able to collect the narratives and stories shared by participants regarding their Dramatherapy training experience, to explore my question of how cultural competency was being addressed in the training. It was important to explore the value of incorporating other research methodologies that are not necessarily based on Western paradigms, such as African research methodologies that are based on the use of story and oral narratives to pass on knowledge. I wanted the research method used to draw on this concept of story and storytelling, the re-telling of participants' experiences and most importantly capturing that essence of African custom of storytelling. Sarpong (1991) and Mkabela (2005) suggest that storytelling is a custom that is rooted in verbal narrative and passed on from generation to generation in the context of community living and activities. Owusu-Ansah (2013) mentions that African knowledge, and its method of acquisition, has a practical, collective and social or interpersonal slant. The works of Mpofu (2002) and Nsamenang (2006) show that indigenous conceptions of intelligence, for example, emphasise the practical, interpersonal and social domains of functioning which are quite different from the cognitive 'academic' intelligence that dominates Western concepts. Likewise, Nsamenang (1995) suggests that learning for the African child is mostly peer-oriented and participatory with less adult

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instruction, which is consistent with a generally collective African self-concept (Mpofu, 1994).

The choice to focus on the emphasis of story and storytelling as a methodological process involved this notion that this is at the heart of Dramatherapy, as most of the technique that Dramatherapists use is rooted in story or story-making in some form. What is needed now, is naming where some of these methods we are using come from, what country and what culture. Owusu-Ansah's (2013) statement draws on this saying of *'in the African wisdom of openness expressed in the proverb the river is flooded by tributaries, we dare say that to get a more complete and realistic understanding of the world we need to value all the available alternate ways of knowing and investigating that of Africa and those of others'* (p.4). This statement really draws on this idea of valuing all cultures and not hailing one way over another, which at the moment is dominated by Western cultures over others. The benefit of incorporating alternative methodology such as this, is that it exposes students to another way of knowing and learning that isn't necessarily rooted in what is considered the Western 'academic' way. Asante (2006) draws on the point that the hallowed concepts and methods within Western thought are inadequate to explain all of the ways of knowing because *'universality can only be dreamed about when we have "slept" on truth based on specific cultural experiences'* (p.168). Therefore, he argues that all cultures' ways of knowing are to be respected and valued in their uniqueness. This draws on Stanfield's (2016) point that the method and procedures we use in research are still culturally biased, racist and still trapped in a historical moment dominated by global capitalism - Bhabha (1994) calls it *'colonial*

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nonsense' about the *'other'.* This draws on the notion of evaluation being about value and what is evaluated, which according to Stanfield (2016) depends upon the realities that are seen, suggesting that one must consider what is valuable knowledge, and for whom that knowledge is valuable. Adelowo (2012) points out that African research methods and methodologies are as old as civilizations. Elabor-Idemudia (2002) suggests that before colonization, the African culture was richer, with many appropriate ways of gathering, discovering and uncovering knowledge. However, Elabor-Idemudia claims that the issue now is that these ways of knowing have become invalidated and side-lined by the Western way of knowing. Elabor-Idemudia (2002) suggests that these approaches have imposed a superior versus inferior relationship around the knowledge of African people and have enforced Western paradigms, methodologies and ideologies on how knowledge is to be passed on. The application of using story as a paradigm in this research, to explore cultural competency, aims to reflect the concept of viewing knowledge from different cultural perspectives. McAdams (1997) suggests that Africans are storytellers by nature and the use of storytelling is an inherent part of the tradition and way of life. Therefore, it is not surprising that this theme of story and telling story is rooted in this PHD.

Qualitative Methodology

Using a qualitative approach for this research was also another way of emphasising this concept of verbal narratives, a theme that is rooted in the African tradition of storytelling.

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This research uses qualitative methodology rather than quantitative, which generates words rather than numbers as data for analysis (Brikci, 2007). Miles et al. (2005) suggest that the qualitative method aims to answer questions about the 'what', 'how' or 'why' of a phenomenon rather than 'how many' or 'how much' which are answered by quantitative methods. Atkins et al. (2012) suggest that qualitative research focuses on presenting or interpreting people's views, interactions, or values. Exploring these views can allow qualitative research to reveal particular thoughts or opinions which enhance the ability to gain an understanding of participants' experiences of the research questions and their experiences of cultural competency within their training. Brikci (2007) draws attention to this point of qualitative methods being about understanding the experiences and attitudes of the participants. This is the rationale for choosing qualitative inquiry over a quantitative study, as it's about discovering the experience of participants with regards to their training, which forms the descriptive aspect of this study's methodology, where data is generated through words rather than numbers. This research is also not using a quantitative approach because sample sizes are small, and the focus of the research is about emerging themes which can only be captured through verbal narratives, the lived experience of participants.

Grounded Theory

This research uses a grounded theory approach, which was developed by two sociologists, Glaser and Strauss (1967, 2009). They defined grounded theory as '*The theory that was*

derived from data, systematically gathered and analysed through the research process' (Khan, 2016, p. 226). Glaser and Strauss emphasise the concept that grounded theory is all about the data collection and analysis. Punch (1998) draws on the idea that grounded theory is not a theory at all, rather it is a method, an approach where theory will be generated on the basis of data and therefore be grounded in data. Others have suggested that it is an approach that allows one to be self-aware, to be able to see oneself from others' perspectives and to be able to adapt one's behaviour according to the situation (Mead, 1934). Heath et al. (2004) mention that social interactions create meaning and shape society through shared meaning, which predominate over the effect of society on individuals. At the heart of grounded theory is the idea that researchers will not enter the field free from assumptions or ideas (Glaser, 1978; Strauss, 1987). This is one of the reasons for using the grounded theory approach which sees the researcher as a social being who experiences ideas and assumptions that can contribute to the understanding of the social processes observed (Heath et al., 2004).

I did not want the research to centre only around my experience and therefore the data needed to be drawn from a variety of sources to lessen bias and to give it a greater degree of objectivity. To counter researcher bias, this study used data triangulation to juxtapose predisposed concepts and personal beliefs, as well as ensuring that it was data-driven and not clouded by personal assumptions, even though others have suggested that no-one can claim to enter the field of research completely free from the influence of past experience (Heath et al., 2004). Glaser (1978) and Strauss (1987) both draw on this concept, suggesting

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that the researcher should enter the field open to realising new meaning through the data gathered and analysis. Becker (1993), on the other hand, stressed that while the researcher may enter the field hypothesising, they need to remain sensitive to the interpretations and meanings given to the situation by the social world being studied. For this research, the social world being studied comes under the umbrella of the institutions, the universities and the Dramatherapy programmes. Becker's (1993) point reiterated what I have considered, in terms of the approach taken with those involved in the study, being sensitive to information, presentation of findings and being factual and data-led.

Regular supervision with supervisors also helped in this process of keeping bias in check and remaining grounded in the data and analysis, as discussions focused solely on the data collected. Throughout this process of undertaking this PhD, I also had regular therapy sessions, which became my reflective space to explore the emotions and feelings that were being encountered as part of this journey. This was a useful tool in processing things that were emerging, being able to reflect and being honest on the impact it was having on this research. This was particularly useful in processing my feelings towards the Dramatherapy training institutions, having had many conversations about them taking part in this research; in the end, it was to no avail. Their reason was that they needed more detailed information about the research before they would agree to participate. Even though I had provided significant background information about the research, they felt that this was not enough information to cover what they were requiring.

To deny that I wasn't upset or took it personally, would be wrong. I did see it as a rejection and wondered many times if they would have agreed to take part if it was coming from a White researcher. It wasn't just about them not agreeing to take part in the research, it affected the original idea of the study significantly, from focusing on the Dramatherapy training institutions and students, to not being able to gain access to either. The research focus had to change within a short timescale, in order to obtain the relevant ethical approval, which caused a major delay to the research. The experience encountered on the journey of undertaking this PhD has become central to the research, in terms of what it means to be an ethnic minority person working in the field of research. The reception that the study received reinforced the silence that always seems to be around this type of topic, as stated by Acosta et al. (2017).

Triangulation

This study used a triangulation approach in analysing the data gathered from the online survey, interviews, focus groups and report. The aim of this was to draw emerging themes from the data analysis and compare similarities from the data, such as the online survey, interviews or focus group participants all raising the same point regarding this concept of cultural competency in Dramatherapy training. What this does do is that it strengthens the argument that this research is making regarding this notion of cultural competency in Dramatherapy training, by comparing the different data sources and arriving at similar

themes, to help establish validity. It is not just the researcher who feels that this concept of cultural competency needs to be embedded in Dramatherapy training; the 36 participants from the online survey, along with the two participants from the interviews and the five participants from the focus groups all confirmed this idea.

The starting point to the process of triangulation is defining what it is and according to Guion et al. (2002), triangulation is a method used in qualitative research to check and establish validity in the studies by analysing the research question from multiple perspectives. Carter et al. (2014) have also mentioned that triangulation is the use of multiple methods or data sources in qualitative research to develop comprehensive understanding of the phenomena. Turner et al. (2009) suggest that '*triangulation relies on the idea of using two known points to locate the position of an unknown third point, thus forming a triangle'* (Turner et al., 2009, p. 171).

There are various forms of triangulation and Mathison (1988) suggests that they are 'methodological', 'investigator' and 'data triangulation'. Bekhet et al. (2011) draw on methodological triangulation as being a mixed method approach that consists of both qualitative and quantitative data. They suggest that the investigator triangulation, on the other hand, allows multiple researchers to collect or analyse data, depending on the research context, while data triangulation is carried out by a sole researcher (Bekhet et al., 2011). Carter et al. (2014) suggest that methodological triangulation is the use of multiple methods of data collected about the same phenomenon, while investigator triangulation

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involves the participation of two or more researchers to provide multiple observations and conclusions. They further mention that data triangulation involves the collection of data from different types of people, including individuals, groups, families and communities to gain multiple perspectives and validation of data.

This research takes both a data and a methodological triangulation approach.
Bekhet et al. explain that: *"with triangulation, researchers can use two research methods to decrease the weaknesses of an individual method and strengthen the outcomes of the study"* (2011, p. 41). The methodological approach that this research uses, involves collecting data, from a variety of sources, focus groups, interviews and online survey, to identify similarities in the data and emerging themes.

Diagram 2 Overview of the Methodological Triangulation

Phase 1 online survey with students/ qualified Dramatherapists

Phase 2 HCPC's response

Phase 3 Interviews with BADth

Phase 4 Focus groups with qualified Dramatherapists
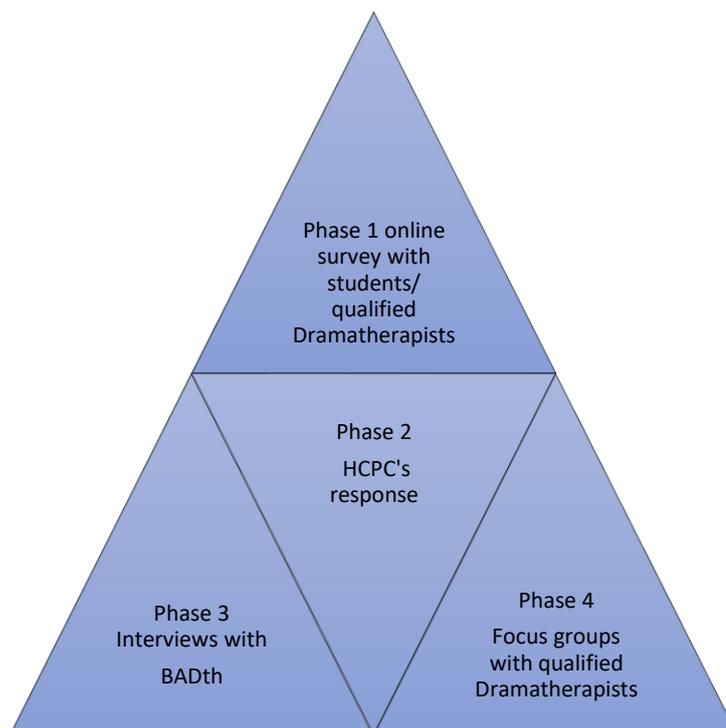
Application of the Triangulation Protocol

In order to facilitate the application of the triangulation protocol, a detailed process was undertaken, starting with Step 1, which Famer et al. (2006) refer to as the sorting stage. This involved sorting the findings from each set of data collected through the online survey, interviews, focus groups and HCPC report, to review its contents and identify key themes. Famer et al. (2006) suggest that this will create unified lists of themes to compare and be used to summarize similarities and differences between the data. Step 2 is Convergence Coding, which Famer et al. (2006) suggest involves identifying themes from each data

source, comparing the findings to determine the degree of convergence and characterizing

the degree and type of convergence using the following typification of concurrence or

nonconcurrence within themes/areas. Below is an example of how this process was carried

out.

Diagram 2.1 Application of the Triangulation Protocol:

Step 1: Sorting

Online Survey

Overrepresentation of those from White background

Dramatherapy is female-dominated

Cultural competency was not addressed

Cultural competency is 'awareness', 'understanding' and 'openness'

Cultural competency should be core part of the training

People are not aware of the BADth Intercultural Good Practice Guidelines

BADth Inclusion and Visibility Subcommittee

Create space to enable conversation

Make visible the non-visible

Dramatherapy training does not do enough

HCPC policies are vague and not specific

BADth is not able to enforce things

White standards do not consider cultural differences

All hold the power for change

Co-writers of the BADth Guidelines

Self-awareness, awareness of the other and skills to adapt approach

Training did not give room to acknowledge each other's culture

Guidelines' aim is to be accessible to all

Not sure of the impact of the Guidelines

Guidelines not well advertised

Guidelines are left to individuals to bring them alive

Guidelines are sleeping

HCPC Report

No definition of cultural competency

HCPC does not state how it's to be implemented

HCPC does not specify how diversities are to be incorporated in training programmes

HCPC does not set any requirements on this

Doesn't openly state if it is aware of BADth's Intercultural Good Practice Guidelines

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Focus Group 1

Cultural competency didn't come up in the training

Roots of Dramatherapy and roots of people

University was not diverse

Lonely period

The university did nothing

All hold the power for change

Uncomfortable as a Black practitioner

Focus Group 2

Cultural competency is about learning

Needs to be woven into the training

Diversity of lecturers and trainees

University was not diverse

White heavy

Belonged

All hold the power for change

Comfortable as a White practitioner

Step 2: Convergence coding – Six themes were identified from Step 1 of the sorting stage, through selecting similar themes that appeared in each of the data sources. These six themes have been arranged into a table in Diagram 3 below, highlighting some respondents' responses from the various sources.

Diagram 3 Contextual Factor Theme Frequencies and Quotations

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Themes	Quotations
Cultural competency was not addressed.	*'Don't think this was addressed due to lack of tutors' competency'* (**Online Survey**). *'Everyone that eventually joins the subcommittee is because they asked that question, and it was not answered during their training'* **(Interview 1**). *'We never learned about it. It wasn't something we were taught'* (**Interview 2**). *'Cultural competency in Dramatherapy, I don't think I can answer it, because it wasn't anything that came up, it didn't come up in the training'* (**Focus Group 1**). *'There's a lot of work to be done to improve the way that cultural competency is discussed and taught on the course'* (**Focus Group 2**). *'HCPC does not provide a definition of 'cultural competency'* (**HCPC Report**).
Dramatherapy training does not do enough.	*'Our starting point is admitting and acknowledging that our trainings do not do enough'* (**Interview 1**). *'We had different cultures in the room and we never acknowledged or explored that'* (**Interview 2**). *'I didn't think it was a problem until after I trained and I was thinking 'well, I don't know anything about that'* (**Focus Group 1**). *'I don't think that currently cultural competency is being fully addressed within the training'* (**Online Survey**). *'In short, the expectation of the provider is that the requirements set out in the SOPs are implemented and embedded within their programmes. At the HCPC, we look at learning outcomes – the provider is required to map the curriculum to the outcomes of the SOPs to facilitate our understanding of where they are at in meeting them'* (**HCPC Report**). *'I feel there's a lot of work to be done to improve the way that cultural competency is discussed and taught on the course'* (**Focus Group 2**).
Cultural competency should be core part of the training.	*'Post training, I went on to do lots of workshops, including thinking about working with cultural competency, because I thought it had been missed'* (**Focus Group 2**). *'I'm learning now, but I wish the importance had been part of my foundational training'* (**Online Survey**). *'I think our stance really is that it needs to be explicitly laid out in policy'* (**Interview 1**).

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	'*The recommendations are in the hope that they are developed in the university because that's where the initial experience of the ideas of cultural competency is born*' (**I**nterview **2**). '*I read the BADth Intercultural Guideline, and I was just thinking that this was all left out in the training*' (F**ocus Group 1**).
University was not diverse.	'*It was a massive culture shock coming from my hometown, to then realizing that I am one of a very few non-White faces here*' (F**ocus Group 1**). '*My university was 98% White, the year I was there*' (F**ocus Group 2**). '*That's the thing I think about whiteness in general, it's the standard of everything and that will be present everywhere*' I**nterview 1**). '*There could be more diversity if the programme leaders are more diverse, because that's true for any programme, to identify and to know that it's not going to be just a certain way and homogeneous in that way*' (**I**nterview **2**). '*All but one of the teaching staff are white and middle class*' (O**nline Survey**).
People are not aware of the BADth intercultural Good Practice Guideline.	'*I'm not familiar with it, no*' (O**nline Survey**). '*I feel like maybe that document is just kind of sleeping there*' (I**nterview 2**). '*It's surprising that people say they don't know about it and at the same time, I'm not surprised at all, because people forget about these things very easily. If it's not something that touches upon your experience, you're not going to think about it. You know, the White standard doesn't consider culture differences*' (I**nterview 1**). '*I read the BADth Intercultural Guidelines and I was just thinking that this was all left out in the training*' (F**ocus Group 1).** '*You must to be able to show how any guidance is reflected in the programme.' Therefore, we would expect programme providers to consider and reflect the BADTH's Good Practice Guidelines as relevant*' (**HCPC Report**)
All hold the power for change	'*All of us*' (F**ocus Group 2**). '*Everyone needs to work together to apply and employ these changes*' (F**ocus Group 1**). '*The power is in all*' (I**nterview 1**). '*I think the universities have a responsibility and a duty to update what they teach*' **(Interview 2**).

	'I think this area requires more research and that the theoretical practices that underpin Dramatherapy need to be more diverse and integrated into the trainings' (O**nline Survey**).

The six themes selected during Step 2 of the Convergence coding above will be discussed in depth in the Discussion Chapter (6), focusing on the three sections highlighted in the Research Map of 'Policy', 'Profession' and 'Postgraduate'.

Inductive versus Deductive

An inductive approach was used to code the themes and Terry et al. (2016) suggest that inductive coding and theme development involve working 'bottom up' from the data. This suggests using the data as a starting point to provide the foundation for identifying meaning and interpretation. This concept does acknowledge that the researcher is never a blank slate and inevitably brings their own social position and theoretical lens to the analysis, although the inductive approach focuses on data-led analysis (Terry et al., 2016). Patton (1990) supports this, by suggesting that the inductive approach means that the themes identified are strongly linked to the data itself. What is interesting about this approach is that the themes identified were not driven by the researcher's theoretical interest and it is noted that inductive analysis is a process of coding the data without trying to fit it into a pre-existing coding frame or the researcher's analytic preconceptions (Braun and Clarke, 2006).

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This is vital for this research as previously stated, because of the closeness of the research topic and due to ensuring that it is data-driven, and my bias is constantly kept under check. The deductive approach, on the other hand, refers to the starting point as 'top down', where the researcher brings in existing theoretical concepts that provide a foundation for examining and interpreting the data (Braun et al., 2015). This research is not using a deductive approach, solely because of the idea of the data being led and interpreted by the researcher's pre-existing theoretical concepts. Due to the closeness of the research topic and my personal experience, a deductive approach would make it too easy to only focus on the researcher's assumptions and highlight themes that feed into this concept. The sensitive nature of the research and feelings around this topic suggest the importance of it being data-driven and my assumptions shouldn't overcloud the research.

Semantic Coding/ Latent Coding

Semantic coding captures the explicit meaning and Terry et al. (2016) suggest it identifies the surface level of the data. Braun and Clarke (2006) suggest that the semantic approach *'seeks to describe the surface of the jelly, its form and meaning' (*Braun and Clarke, 2006, p.84) when comparing this to latent coding. Joffe (2012) suggests that latent coding captures the implicit meaning, such as ideas, concepts and assumptions that are not explicitly stated. Braun et al. (2015) suggest that the latent approach seeks to identify the features that give the 'jelly' that particular form and meaning. This research will focus on

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semantic coding even though Terry et al. (2016) suggest that this approach does not go into a deeper level and remains on the surface, unlike the latent approach. Due to the sensitivity of the research topic and ensuring that bias is kept under check, the latent approach will only feed into this and make it difficult to not be influenced and not 'see' the data through the previous preconception of the training. Braun et al. (2015) also mention that latent thematic analysis involves interpretative work and the analysis that is produced is not just descriptive but rather already theorized. The interpretative nature of the latent approach, that seeks to capture meaning or assumptions that are not explicitly stated in the data, is what the researcher is aiming to avoid, and for meaning to emerge from a data-led approach. Patton (1990) suggests that the appropriateness of each approach needs to fit with the research questions and the overall theoretical framework, and that an experiential and realist approach aligns with inductive, while a critical and relativist approach requires a more deductive and latent analysis.

Data Analysis

This research uses a Thematic Analysis. Guest et al. (2019) suggest that this is a tool that researchers use to argue what is known based on the process by which it came to be known. A thematic analysis will be used to code the data collected from the interview, online surveys, written responses and focus group. Thematic analysis is the process of identifying patterns or themes within qualitative data, according to Maguire et al. (2017). Braun and

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Clarke (2006) suggest that it is the first qualitative method that should be learned as '*it provides core skills that will be useful for conducting many other kinds of analysis'* (Maguire et al., 2017, p.335). Boyatzis (1998) characterizes it as a tool to be used across different methods. Braun and Clarke (2006) suggest that thematic analysis is widely used, although there is no 'clear agreement' about what it is and how you go about doing it. They also go on to mention that it is a poorly 'branded' method because it doesn't exist as a named analysis in the same way as others, like narrative analysis or grounded theory. There are many ways to approach thematic analysis, according to Maguire et al. (2017). For the purpose of this research, Braun and Clarke's (2006) 6-step framework will be used. Maguire et al. (2017) suggests the 6-step framework is the most influential approach, as it offers a clear and usable framework for doing thematic analysis.

Guest et al. (2019) mention that thematic analysis focuses on identifying and describing implicit and explicit ideas within data. They, further, suggest that for this very reason, reliability is of great concern with thematic analysis because more interpretation goes into defining the data.

This research aims to present data accurately, and that comments or statements are presented in their original form before sorting them into codes and themes. The data will be examined through an inductive approach, rather than deductive, as another way of ensuring that the bedrock for identifying meaning and interpretation comes solely from the data. This approach, according to Terry et al. (2016), suggests it's a data-led, rather than a deductive

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approach which is led by the researcher's existing theories that provide a foundation for identifying the data and meaning.

The data analysis process:

The goal of the analysis was to interpret and give meaning to what was shared by participants, through the online survey, interviews, focus groups and HCPC report, in response to questions asked and in the case of the interviews/focus groups where participants recounted their lived experience of not only the Dramatherapy training but of higher education. The data analysis process also involved triangulation, whereby emerging themes were compared to each data source, such as the online survey, interviews, focus groups and the HCPC report. It was vital that the data and the emerging themes were compared and contrasted to get an overview of what all the participants were saying regarding this concept of cultural competency in Dramatherapy training.

The data analysis process began with using Braun and Clarke's (2006) Six-Step framework. The first step of the framework is to familiarise with the data. Each of the sets of data collected from the online survey to the written response to questions from HCPC were read through several times to get a feel for the data. The interviews and focus groups were first transcribed using the Otter.ai software. The video recordings were uploaded to the Otter.ai software which then transcribed them into written words, although it doesn't fully capture what participants said, in terms of not recognising 'accents' or 'slang' used by participants. I

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had to play the video recordings a number of times to ensure that the transcript was accurate and I had to add words and phrases that were missed by the software. I chose to use the Otter.ai software in order to save time in having to watch the recordings and write down verbatim what participants said. This would have been time consuming and the software captured most of what participants said, which made it easy to add words or phrases missed by the Otter.ai. Another reason for selecting the Otter.ai software over other software was that it was free and compatible with Zoom video recordings.

Step 2 of the framework is to generate initial codes through familiarisation with the data e.g. online survey, report from HCPC, interviews and focus groups. A brief description of what is said in each of the questions answered by participants is written down and from this a code is assigned to it (see Example 1). The full analysis of the data is attached in Appendix (12)

Diagram 3.1 Example 1

Not Addressed

'Don't think this was addressed due to lack of tutors' competency'(White British)	'I don't think it was' (White British)	'It wasn't really qt the time (2014-2017)' (White Other)	'it wasn't, because the entire course was run by white people' (White British)	'This phrase did not come up' (British)
'I don't feel it was at all. I don't feel British universities are well versed in these matters. The fear in address the elephant in the room' (White. Mixed European)	'it wasn't, i'm unsure as to why' (White)	'not covered really. no idea why!' (White British)	'It wasn't because of unawareness to cultural competency and an assumption that story and myth is cross cultural. So no direct cultural commence training' (White)	'No, a fear of exploring difference and exposing the owner structures inherent in whiteness, heterosexuality, middle class values on which psychotherapy is built upon!' (Black Mixed Heritage)

'Not addressed' (Caucasian)	'No it wasn't. Lack if awareness and understanding and significance'(Pakistani)	'It wasn't addressed. The modules did not allow for this subject to be explored in depth. There was one seminar on working with different cultures, mainly refugees' (Black African & Caribbean)	'It wasn't really addressed directly; it came up in some modules/pieces of work/placements but I can't remember learning anything specifically on it' (White British)	'It wasn't. I dont think it had been considered' (White)

This was taken from the online survey conducted; it highlighted any word in red said by participants that referred to cultural competency not being addressed in the training and used it as a code. This was then arranged into a diagram that showed the number of participants who said it was addressed, in contrast with the number that said it wasn't addressed. This became Step 3 of the framework, which is to search for meaning. Arranging the codes into a diagram provides the reader with the number of participants who said addressed versus not addressed (see example in Figure 1 below).

Figure 1: Example 1 (Addressed and Not Addressed)
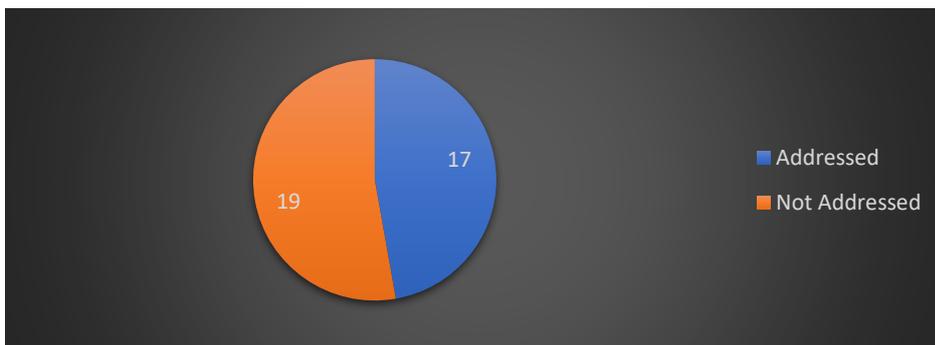
Step 4 of Braun and Clarke's (2006) framework involves reviewing the themes identified in Step 3. This is to ensure that all the extracts related to the codes have no contradictions and themes do not overlap. Step 5 of the framework involves defining the themes, naming and describing each of the themes identified. A data triangulation approach was used, where all the themes identified in the online survey, interviews, focus groups and report from HCPC were compared and contrasted to check if there were similarities in the themes. Step 6 of the framework was writing up the findings.

To ensure the validity of the data, a triangulation approach was used. In the case of this research, it will be comparing interviews conducted, along with the focus groups and online surveys to explore if they coincide. Bricki et al. (2007) suggest that if they coincide, it strengthens faith in the research.

Integrity and Validation Strategies:

Brucia (1998) describe four types of integrity: 'methodological', 'personal', 'interpersonal' and 'aesthetic'. Demonstration of methodological integrity involves reporting on how the data revealed variation and consistency, and show how understanding was developed. Personal integrity is demonstrated when the researcher share their biases with the reader and communicate authentically (Cruz et al., 2016). Throughout this research process, I have been open and honest about my biases, personal feelings that could have an effect on how I perceived the data and themes that were emerging, it was important that it was captured as

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part of the process of research integrity. This research also tried, to not just, rely solely on personal experiences, but used a data triangulation approach to ensure the complementarity of the data and to test for the convergence and dissonance of themes emerging from the focus groups, interviews and online survey.

Interpersonal integrity, Cruz et al. (2016) suggests involves reporting about participants in a respectfully manner, while attempting to understand and represent the world of the participants and the world of the study. The final type of integrity mentioned is the aesthetic, which Cruz et al. (2016) advise is shown by attempting to reveal the creativity and the beauty that are part of the human interactions in the study.

Credibility for the research was further explored using reflexivity and during meeting with supervisors. Throughout the writing process and data analysis, I constantly returned to the recordings and notes taken during the focus groups, interviews, report and online survey to ensure the data was captured accurately and reflecting what participants were saying, along with using direct quotes to illustrate the themes that emerged, thereby enhancing the trustworthiness. I purposely presented the Data Chapter 5, using only participants statements to answer questions asked in each section. This was another attempt to ensure that my personal bias was not clouding what participants were saying and the reader can see the statements that were made by participants and not just my personal opinion.

Ethical considerations

Ethical approval was granted by Derby University's Research Ethics Committee, (see Appendix for details). Three ethical applications had to be submitted, to reflect the change of the direction of the research, due to not being able to get Dramatherapy training institutions to take part and to get more data. Ethical approval for this research has been very challenging and took almost a year and a half to gain the first approval. The reasons that the Ethics Committee gave was that they wanted consent from the Dean or Head of the four Dramatherapy training institutions agreeing to be part of this research. This was something I was never able to achieve and in the end had to abandon the idea of having the Dramatherapy training institutions being part of the research. The change of the research direction meant that getting ethical approval became easier.

Prior to data collection, each student was provided with a copy of the information sheet (Appendix 3). This was supported by verbal information explaining the study and what it entailed for participants. The information sheet included a full description of the study, its requirements and potential benefits. It stressed that participation was voluntary and gave contact details for me and my Director of Studies in the University. Participants were asked to sign a written consent form (Appendix 5). Although a consent form was not required for the online survey, it was indicated in the information sheet that their participation in the survey represented their consent. Informed consent is a key concern across social science literature and issues of privacy and confidentiality are universally accepted as a particularly

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salient issue in research involving interviews (e.g. Kidd & Finlayson, 2006; Lassiter, 2005, Watts, 2008). As stated by Corti et al., 2000):

'Research should, as far as possible, be based on participants' freely volunteered *informed consent*. This implies a responsibility to explain fully and meaningfully what the research is about and how it will be disseminated. Participants should be aware of their right to refuse to participate; understand the extent to which confidentiality will be maintained; be aware of the potential uses to which the data might be put; and in some cases be reminded of their right to re-negotiate consent.'

Participants were given the right to withdraw during and after each stages of the data being collected, from the interview, focus group, online survey and written report. Participants were informed on the signed consent document, the time frame that they had to withdraw their data and reminded of this. In line with ethical guidelines, strict confidentiality was at the heart of this research. Participants were assured that their data would be treated and stored confidentially, and that any identifying information would be anonymised. It is important to acknowledge, however, that anonymisation is not always enough to ensure full confidentiality. The most common threat to confidentiality lies in the writing up of reports and, particularly, the use of quotes (Sandelowski, 1994).

Whilst the participants in my study may not be identifiable to the general public, there is a risk that they may well be identifiable to the Dramatherapy community or lecturers if they were to read the thesis. This is why it was important to use a debrief at the end of the

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interviews and focus group to provide an opportunity for participants to reflect on what was talked about, or to clarify anything they didn't understand or felt uncomfortable with and to ensure the were okay with their comments being used in the thesis.

All information that was collected about participants during the research was kept confidential (subject to legal limitation). The video recordings were stored in a locked password-protected computer only accessible by the researcher and any data used in the publication of the research was anonymous based on individual preference.

Outline of Study Design:

Data collection

At the point of data collection, I tried to specify a time frame within which the data would be collected. However, I did not anticipate how difficult it would be to recruit participants. I thought I would spend one term gathering the data, then spend another analysing the data. This was not the case and the data was collected, right up to writing the thesis, which was challenging in terms of going back and forth to analyse the different data sources that were being collected. An example of this, was the online survey and the interview with BADth's Inclusion and Visibility Subcommittee, along with the report from HCPC was analysed in February 2020, whilst the focus groups and the interview with the co-writer of

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the guidelines was analysed in October 2021. Data collection commenced after obtaining ethical approval.

Due to issues with covid-19 and social distancing at the time, all the interviews and focus groups were conducted online, using online video calls either 'Teams' or 'Zoom'. There are benefits of conducting the research in this way, namely that it's more convenient, easily set up, limits traveling to locations and looking for rooms to hold the interview/focus groups. The disadvantages of working in this way is that it loses that human-to-human contact through being physically present, and being able to see the participants body language as they answer the questions.

The way in which the data was recorded has also changed. Previously, I intended to use dictaphone however, since the interviews and focus groups took place online, conversations were recorded using the Teams or Zoom video recording. I chose to record conversations instead of taking notes to ensure that conversations and points being made were captured accurately and to still be able to facilitate the interview/focus group. The video recordings were stored in a locked password-protected computer only accessible by the researcher and in keeping with GDPR (General Data Protection Regulation).

Recruitment

One of the most difficult tasks of this research was finding participants to interview. I was aware from the beginning that sample size would be small due to Dramatherapy, as a profession, still growing, along with the added difficulty of it being a profession that is White and female dominated. This means hearing from ethnic minority participants would be key to ensuring that these voices are captured within the research. With this in mind, I opened the study to every Dramatherapist who was willing to spare the time to participate, while hoping that I would be able to attract ethnic minority participants, as this would be vital to the research to capture their perspectives on this topic. This was open to all ages, although participants were all adults over the age of 18. The only inclusion criteria I had was that participants had to be a qualified Dramatherapist, and the exclusion criteria was that they were not a current Dramatherapy student in training, due to not having ethical approval to contact students. Participants were recruited through BADth's E-Bulletin. I contacted the BADth admin and gained permission to post the online survey in their E-bulletin along with the link to the online survey and the information sheet about the research. I also used similar approach to recruit participants for the two focus group, posting the information on BADth's E-Bulletin. An email was also sent BADth Inclusivity and Visibility Subcommittee, from the email address published on BADth website to request an interview. Once they responded, a time and date was organised to host the interview. The same approach was used with HCPC, sending an email to them and requesting an interview, although they could not provide an interview and offered a written response.

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Sample

The research used qualitative methods and obtained narrated experiences from two interviews and two focus group which totalled 7 participants. It also involved an online survey and received 36 response, along with a report from HCPC. In total the number of participants for this research has been 44, which is a fairly good level of response from participants. Sample or 'set' size (Small, 2009) is the subject of ongoing debate based on the view that larger numbers bring more validity to studies. Braun and Clarke (2013) advise that thematic analysis works better when there are at least two focus groups from which to compare data. Sagoe (2012) suggests that the size of a focus group should be determined by the research requirements therefore flexibility is permissible. Sagoe further asserts that the guiding principles should be "common sense, financial resources and availability of participants" (p. 10).

Four Methods Were Used to Produce Data:

The main source of data in this research is the verbal narratives, the lived experience of participants and their journey through the Dramatherapy training. Narrative is an essential concept and 'tool' utilised by Critical Race Theory (Cook, 2013); it is referred to as the process of creating a story, the cognitive scheme of a story, and the result of the process (Polkinghorne, 1988). Among the many insights of this literature is the recognition of narrative as a crucial discursive form for '*assembling and organizing a teller's conceptualization of who she or he is'* (Ayometzi, 2007, p.44)*. It is about using storytelling as

a means of generating data in a way that allows participants to give voice to their *own* experiences, in their own words, with the least possible direction from the researcher. This is why it was important to state my position in this research, in terms of being a Black African woman, with stories and narratives of the Dramatherapy training without it overshadowing the stories and narratives that participants were sharing. Back (2007) suggests that researchers need to develop the 'art of listening', by creating the space within which others can tell their own stories in the manner they wish. Although this research is my way of sharing my story and my experience, it was also vital that the stories of the participants in this research were captured within that.

1. An online survey was conducted, to explore qualified Dramatherapists views on the concept of cultural competency and how they felt their training tried to embed the concept. The purpose of the online survey was to gather as many views as possible on this topic of cultural competency and to see if it was a concept that is well known and understood. 36 participants completed the online survey. The 36 completed surveys were read through individually, starting with exploring the number of female and male responses, categorising them into the different ethnicity groups and gathering the number of participants from each of the universities mentioned. The dates that participants finished their training were selected, ranging from 1990 to 2020 and one student participant who will finish their training in 2022. Then each question from the surveys was selected as a heading and participants' responses

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were arranged into 8 figures. The ethnicity of participants was also identified and linked to their statements, to compare the statements made by participants and if there was any differences in the tone of the statements made by people who identify as White British to those who identify as Black or Asian background. The complete data analysis is attached in Appendix 6

2. A written response to questions sent to HCPC was obtained and 8 questions in all were sent. The initial idea was to conduct an interview with HCPC; however, HCPC could not accommodate this and instead offered a written response to questions. The purpose of contacting HCPC and wanting an interview was to explore HCPC's position on cultural competency and what emphasis they place in their regulations regarding the concept or how training institutions are to evidence this in their programmes.

3. Two interviews were conducted, one was with BADth Inclusion and Visibility Subcommittee, and the other was with one of the co-writers of the BADth Intercultural Good Practice Guidelines document created in 2016 (see Appendixes 7 & 8 for full data transcription). After transcribing the interviews, the data and comments made by participants on this notion of cultural competency were read through, highlighting pertinent points that answered the questions regarding what type of change is needed or who holds the power to push forward change. It also

highlighted comments that referred to Dramatherapy training institutions not sufficiently addressing issues relating to the 'other' regarding race and culture in the training. The purpose of these interviews was to explore the emphasis that is placed on this concept of cultural competency within BADth as an organisation and also to explore the ideas behand the Intercultural Good Practice Guidelines of 2016 and its impact.

4. Two focus groups were conducted with qualified Dramatherapists. The first focus group consisted of two participants, both of whom identified as Black. The second focus group consisted of three participants, all of whom identified as White. This was not something that I had planned, in terms of the ethnicity of the focus groups. Even though this was not the original plan, it was still beneficial in terms of comparing the response that the White participants gave to in relation to those that the Black participants gave. The original idea was to conduct one focus group, that was limited to 10 participants, which would then be split into five participants each for the focus group sessions, meaning a total of two sessions would have taking place. The focus group also had a limit in terms of only focusing on those who finished their training within the last five years. I only received two response and decided to go ahead with the focus group with two participants, as well as apply for another ethics application that removed that time limit and open it up to all qualified Dramatherapist to see if the response would be better. Also the outcome from the first focus group,

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supported this, showing that a longitudinal approach was needed to compare the response from participants who finished their training decades ago to those who finished within the last five years to examine if there are similarities in response which can provide an overview of how Dramatherapy training programmes have evolved over the years.

Ethnicity played a big part in the focus groups, in terms of how it was set out. Without any orchestration, the first focus group conducted consisted of two participants that identified as being Black, while the second focus group consisted of three participants that identified as being White. What this means is that I was able to compare the response from the first focus group and the second focus group to verify if there are similarities in the experiences being encountered on Dramatherapy training.

Summary

It was important that this research focused on the use of stories and narratives to capture participants' responses, along with drawing on alternative methodologies that do not focus solely on a Western approach. I was part of a conversation with the University of Derby, regarding African methodology being included in the Dramatherapy programme as a way to expose students to other ways of learning and knowing. This is a wonderful idea and would

provide that step forward in allowing room for other cultures to be part of the Dramatherapy training in a more tangible way. This could address some of the issues that participants in this research have raised that Dramatherapy claims to draw from many cultures but without specifically naming these cultures. Tillman (2002) captures this in his article, suggesting that those who teach educational research courses need to work towards a pedagogical approach, by critically examining their cultural biases, teaching strategies (content of the syllabi, class structure, classroom discourse) and moving beyond the type of teaching that promotes one paradigm over all others.

The data collection for this research focused solely on the verbal narratives of participants, in the case of the interviews and focus groups. As for the online survey and the report from HCPC, I selected phrases and words used by participants to collect the narrative that was emerging. The Data Chapter 5 captures the responses that participants gave to the questions asked and presents it in a form of a diagram, to show the statements that were made by the participants. The data triangulation approach also allowed the data from the different sources to be compared and contrasted to discover similarities and emerging themes. Using the grounded theory approach for this research meant that I was aware of the views I held, as a Black African woman, and the impact that would have on the research. For this very reason, the research aimed to be data-led and conclusions were drawn from participants' statements and comments.

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Chapter Five Data:

Data Presentation

This section presents the data in graphs and diagrams. The data has been transcribed and given initial codes, using Braun and Clarke's (2006) Six Step Framework on thematic analysis. See Appendix 12 for full transcription and analysis. This section will also be guided by the research questions outlined in Chapter One.

All the data collected, either from the online survey, focus groups, interviews and report from HCPC, will be mapped onto one of the research questions. This is to address each of the research questions using the data collected from participants and to arrive at a conclusion of participants' views on the topic of cultural competency in Dramatherapy training and how it can further be embedded into the training.

I have chosen to include all six data analyses in this chapter and not in the appendix, solely because it was a way of ensuring that it was a data-led approach and participants' responses to questions and my analyses of their responses is visible in terms of how I am interpreting the data. Another reason for including the data in this chapter is that it leads nicely into Chapter Six, the discussion section of this research, which gives a detailed breakdown of the data analysis and its emerging themes.

Interview 2 data, along with the data from the two focus groups conducted are presented slightly differently to how the online survey, HCPC report and Interview 1 are presented. The differences are that a commentary was under each diagram or figure of the online

survey, HCPC report and Interview 1; however, this isn't replicated for Interview 2 or Focus

Group 1 and 2. The change of approach was due to the fact that the timeframe from when

this data was collected was significant. The online survey, HCPC report and interview 1 was

conducted at the end of 2020 and January 2021. The other data, such as Interview 1 and the

two focus groups took place in September/ October 2021. At this point, the original idea of

the research had changed significantly, from wanting to interview programme leaders and

students to not being able to fulfil this and having to change the research approach in order

to get data. This change involved replacing the idea of interviewing programme leaders and

students with qualified Dramatherapists. What this meant was that it was important that

the data did not have any commentary from me and only reflected what qualified

Dramatherapists were saying about their experience of cultural competency in the training.

This approach has kept me grounded in terms of only drawing on what participants were

saying and using their direct quotes as part of the diagrams created. It was also less time-

consuming and time was something that was difficult to manage in terms of meeting the

deadline to submit the thesis. Overall, I think both approaches have been effective.

Whether diagrams or figures had commentary at the end of them or not, it still showed the

data and what participants were saying regarding each questions asked.

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Online Survey

36 participants completed the online survey (see Appendix 6 for the full transcription).

Table 1- Figures from the Online Survey

Figure 2- Ethnicity of Participants

Figure 3- Gender of Participants

Figure 4- Name of Institution Participants Undertook their Training

Figure 5- Year Participants Finished their Training

Figure 6- How was Cultural Competency Addressed during Your Training?

Figure 7- What does Cultural Competency Mean to Participants?

Figure 8- Anything Else You would like to Say on this Subject?

Figure 9- Are you aware of BADth's Intercultural Good Practice Guidelines?

Figure 2
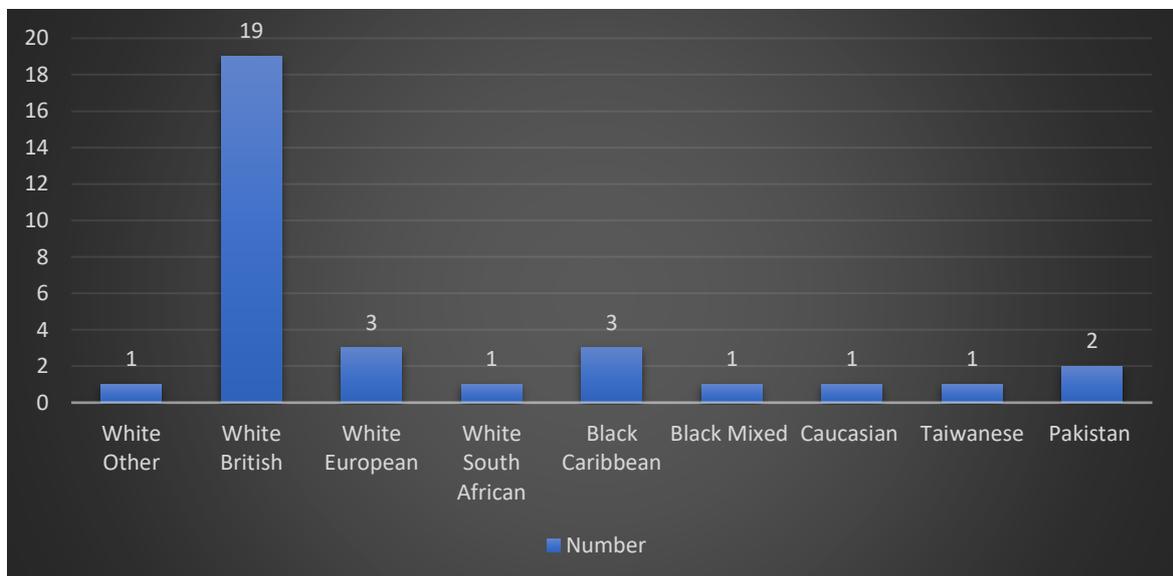
Figure 2 refers to the question asked in the survey about the ethnicity of participants. The result showed an overrepresentation of people from White British backgrounds and underrepresentation of other cultural backgrounds. 21 participants identify as White British, while 3 participants as White Other and another 3 participants identify as White European. This brings the total number of participants who identify as White to 27 out of 36 participants. 4 participants out of the 36 identify as Black and 1 participant identifies as Caucasian whilst 2 identify as Pakistan. One participant identifies as Taiwanese and another as White South African. This figure shows a White majority as the dominance, which represents that profession of Dramatherapy as a whole is people from White Western backgrounds. These findings have been compared to BADth's Equal Opportunities Survey conducted in 2007 and again in 2015, which draws on gender, sexuality, ethnicity and disability of members. The 2007 survey received 290 responses and in the area of ethnicity of qualified Dramatherapists, 75% declared that they were White British. This was calculated out of 246 responses, with 185 stating they were white. The survey showed that no-one identified as Black or Asian and most identified as White British, Other White and 2 people identified as Latin American. Comparing this figure to the ethnicity of trainees, it showed that 68% of the trainees were White British and the percentage of people who describe themselves as Other than White was 9%. The results were taken from 44 responses, where 30 identified as White British and 4 people identified as Black. When comparing this data to the survey conducted in 2015, it showed that out of 97 responses, 1% identified as Black, while 2% identified as Mixed White and Asian and a staggering 70%

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identified as White British. This shows that even with this current study in 2020, the ethnic

mix of the profession still has a long way to go in achieving a diverse community of

therapists and the findings highlighted in the survey showed a White majority.

Figure 3
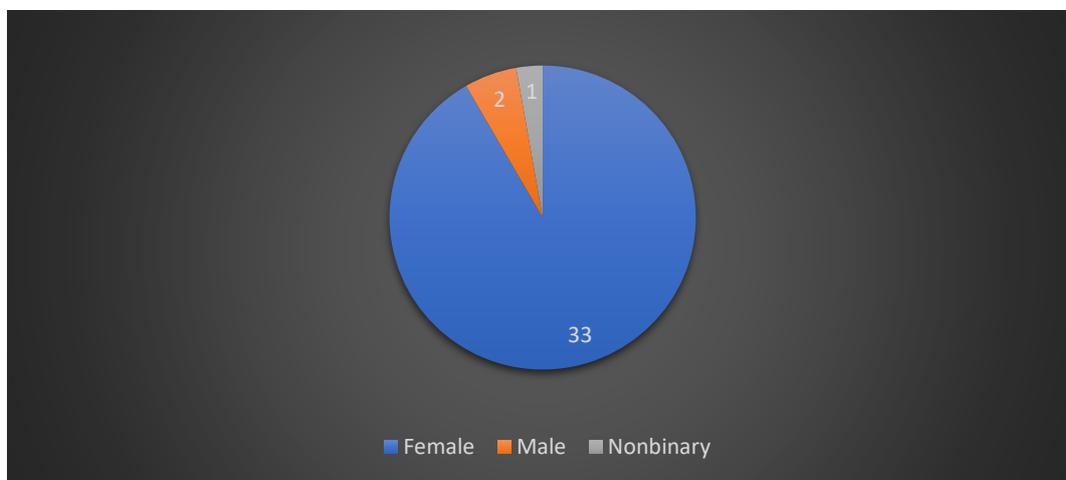
Figure 3 shows the result of participants' gender and draws attention to the

overrepresentation of women and underrepresentation of men, with 33 out of the 36

participants identifying as women and only 2 of the 36 identifying as men and 1 nonbinary.

This reflects the issue that Dramatherapy is a profession that is dominated by women and

men are in the minority.

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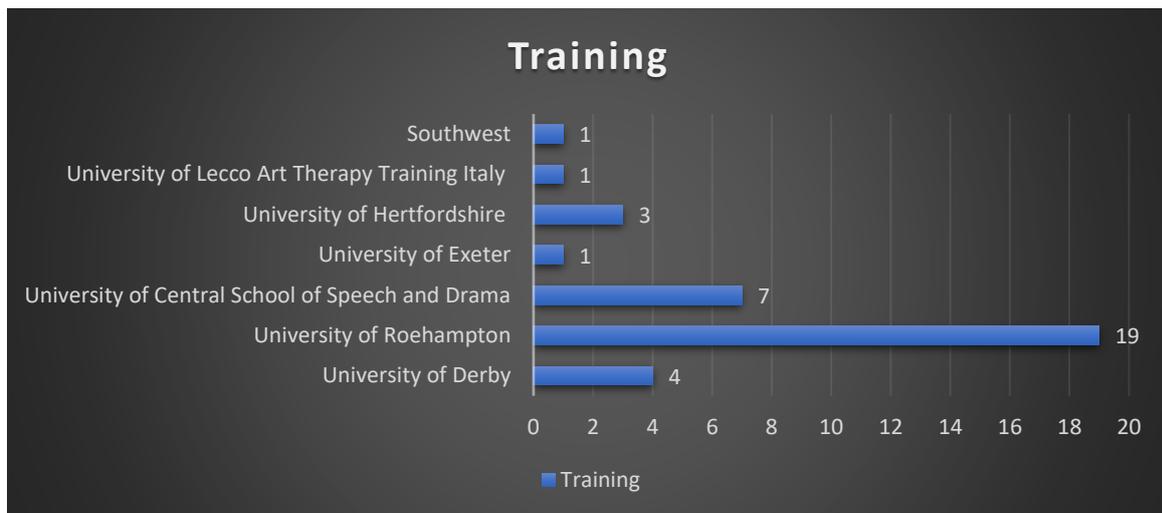
Figure 4

Figure 4 refers to the institution that participants undertook their training and it showed

that the majority of responses were from the University of Roehampton, with 19 responses.

The next highest number of responses came from Central School of Speech and Drama with

7 responses. 4 responses came from the University of Derby and no responses were

received from Anglia Ruskin University. It is worth mentioning that Hertfordshire and

Southwest no longer offer Dramatherapy as a training course, with Hertfordshire closed

nearly 20 years ago and Exeter and Southwest closed recently.

What this figure does show is that the majority of responses have come from one

geographical region (London). It's important to acknowledge that because of the high

number of participants that responded from one university, Roehampton, the data will not

reflect the intended plan of having an overview of all 4 universities' views on the concept of

cultural competency and how they have embedded it in their programmes. Not having any

Sensitivity: Internal

response from Anglia Ruskin University also reflects the point that this data is not a full

representation of the 4 Dramatherapy training institutions in the UK. It is interesting to note

that the majority of responses came from the 2 universities that are based in the most

culturally diverse city in the UK.

Figure 5

	2022	2020	2019	2018	2017	2016	2015	2002	2000	1999	1997	1995	1990
Number	1	10	3	2	5	4	2	2	2	1	1	2	1
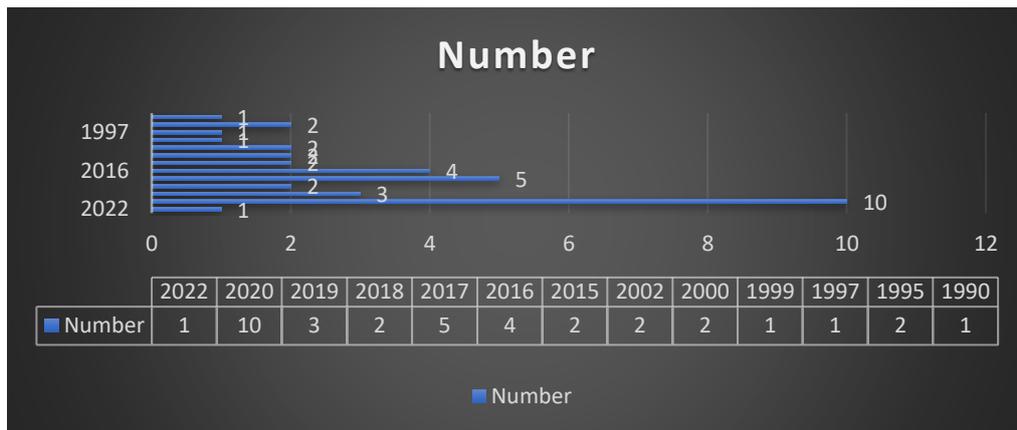
Figure 5 shows the year participants finished their training. It illustrates that before 2016,

11 participants finished their training and since 2016, 25 respondents out of the 36 have

finished their training. This figure also shows that 10 participants finished last year, 2020,

and 1 participant is due to complete in 2022.

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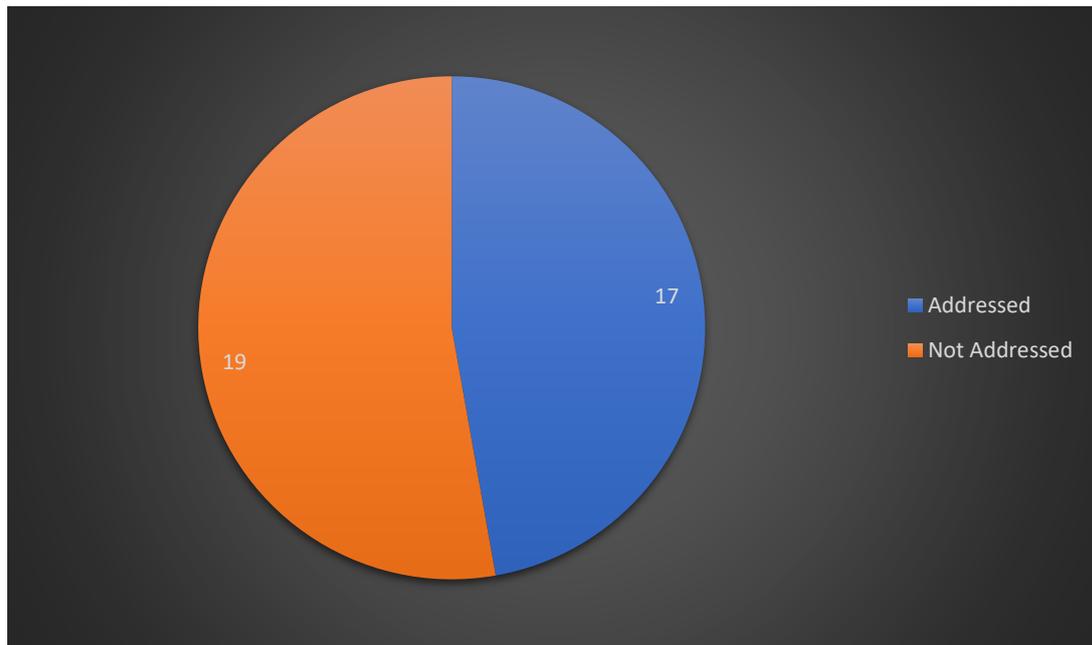
Figure 6

Figure 6 shows participants' verbatim responses to the above question. It is then presented in two categories, 'addressed' or 'not addressed'. 19 participants out of 36 said it wasn't addressed at all, while the other 17 participants shared that it was mentioned or discussed in some form. When comparing the 'not addressed' category to the 'addressed' category, the 17 participants that said it was addressed, all mentioned that it was brief, not in depth and some suggested that it was only mentioned because they, as the student, brought it up. Out of the 17 participants that mentioned that it was addressed, not one of their statements mentioned that cultural competency was thoroughly explored in their training. All 36 participants indicated that cultural competency didn't go deep enough in their training.

Figure 7
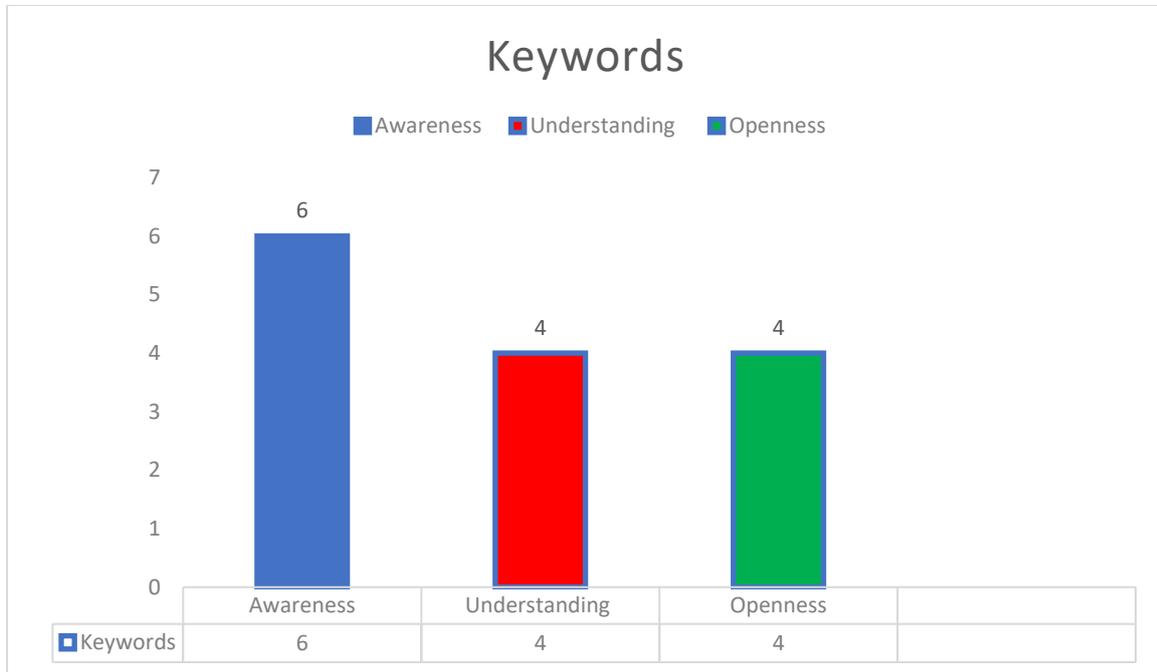
Figure 7 shows the results of participants' responses to the question of what cultural competency means to them. The statements were read through and then sorted into codes by selecting key phrases such as: Awareness, Understanding and Openness. Any mention of these terms in the statement such as 'Awareness' was highlighted in blue, 'Understanding' was highlighted in red and 'Openness' in green. This is to draw attention to the number of times it was mentioned by the participants in their statements. These key terms of awareness, understanding and openness were selected because they are the essence of cultural competency.

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Awareness was mentioned 6 times in the participants' statements, understanding was mentioned 4 times and openness was mentioned 4 times. This shows that participants felt that a key element to cultural competency was having an awareness which reflected the number of times it was mentioned compared to openness and understanding.

Only 17 participants, out of the 36 who completed the survey, answered this question of what cultural competency meant to them. This highlighted the fact that the majority of participants could not answer what cultural competency meant to them.

Figure 8

Figure 4.1 reflects on comments made by participants when asked if there was 'anything else they would like to say on this subject?'. 28 participants out of the 36 responded to this question. 20 comments mentioned this idea of cultural competency needing to be part of the training as a core component and part of the profession.

Figure 9
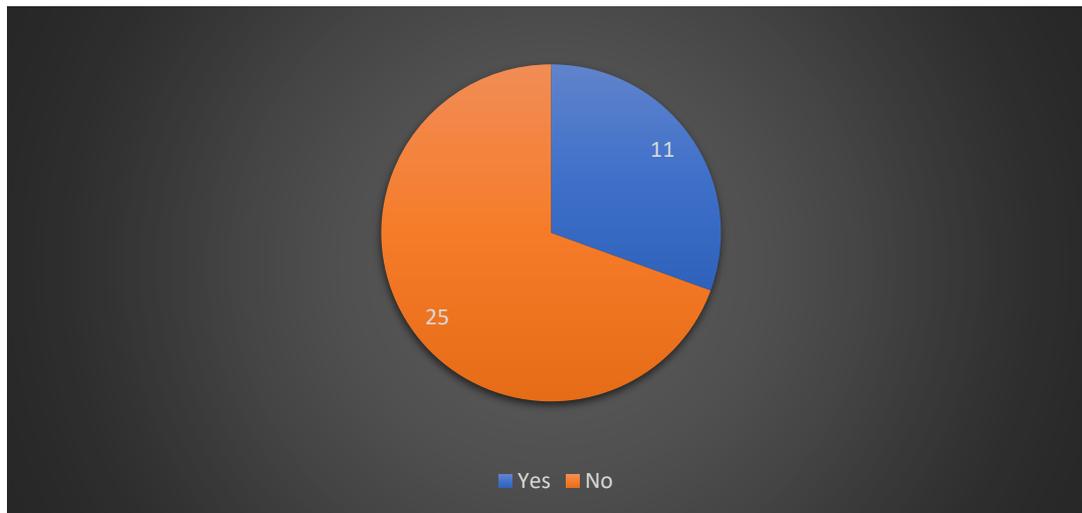
Figure 9 shows the number of participants that were aware of BADth's Interculture Good

Practice Guidelines and the comments participants made regarding the above question. 11

participants said they were aware of the BADth Interculture Good Practice Guideline, while

25 participants said they were not aware. This shows a vast number of participants are not

aware of the guideline. The statements made by the participants regarding the guideline

were also explored and of the participants who mentioned that they were aware of the

guideline, some stated that they were not familiar with it while others stated that it was

mentioned at a conference but felt it didn't go far enough and another suggested it was

'basic'.

Theme:

Themes were drawn from each of the 8 figures above, highlighting a word or phrase that sums up the content of that figure. Six themes were then chosen from the 8 figures that touch upon research question 3. See example below (Table 1.1).

Table 1.1-Themes

Figures	Themes
Figure 2	Overrepresentation of people from White British background
Figure 3	Female dominated
Figure 4	Majority of responses from Roehampton University
Figure 5	Highest response from people who finished in 2020
Figure 6	Cultural competency was not addressed
Figure 7	Cultural competency is 'awareness', 'understanding' and 'openness'
Figure 8	Cultural competency should be core part of training
Figure 9	People are not aware of the BADth intercultural Good Practice Guideline

Six themes are identified from the online survey that touch upon research question 3.

1. Overrepresentation of those from White background

2. Dramatherapy is female dominated

3. Cultural competency was not addressed

4. Cultural competency is 'awareness', 'understanding' and 'openness'

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5. Cultural competency should be core part of the training

6. People are not aware of the BADth intercultural Good Practice Guideline

Conclusion:

The online survey data was guided by research question (3) which was 'What does cultural competency mean to Dramatherapy students/practitioners?'. Eight questions were asked and the response to each of these questions indicated that cultural competency as a concept, is something that participants are aware of but felt it was not addressed in depth in the training. Six themes emerged from analysing the online survey, which were: Overrepresentation of those from white background; Dramatherapy is female dominated; cultural competency was not addressed in the training; cultural competency is 'awareness', 'understanding' and 'openness' and cultural competency should be a core part of the training. The survey also draws on how people are not aware of the BADth intercultural Good Practice Guidelines. These six themes will be compared with the other data from the interviews, focus groups and HCPC report in the triangulation process. It's also important to explore the impact of the data, with the online survey having a majority of responses from one university, and to be aware that the data collected does not give the intended overview from all four Dramatherapy universities in the UK.

Interviews

Two interviews were conducted, one was with BADth Inclusion and Visibility Subcommittee and the other was with one of the co-writers of the BADth Intercultural Good Practice Guidelines document created in 2016 (see Appendix 12 for full data transcription).

The two interviews were guided by research questions (2), (4) and (5), which were: (2) What is BADth's position on cultural competency and how do they advise training providers to incorporate this in their programmes?; (4)What type of change is needed and what will this change entail? and (5) Who holds the power to drive forward this change?

Interview 1 (with BADth Inclusion and Visibility Subcommittee)

The table below presents the participant's response to questions asked during the interview (see appendices for the full transcription). 11 questions were asked during the interview and the participant's response to each question was explored individually. The data have been summarised and presented in the form of a diagram. Each question asked during the interview has been used as a heading, although the questions have been summarised and made concise.

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Table 2 - Diagrams (BADth Inclusion and Visibility Subcommittee)

Diagram 4- Remit of the Inclusivity and Visibility Subcommittee

Diagram 4.1- Why was the Name Changed from Equality and Diversity?

Diagram 5- Subcommittee Stances on Culture and Diversity

Diagram 5.1- How does the Subcommittee Consider Aspects of Cultural Competency?

Diagram 6- How Often Are these Surveys Conducted and What are the Outcomes?

Diagram 6.1- Are the Outcomes Accessible?

Diagram 7- What Progress is Being Made Internationally?

Diagram 7.1- What is the Impact of the Intercultural Good Practice Guidelines Document?

 Diagram 8- Are People Aware of the Intercultural Good Practice Guidelines Document?

Diagram 8.1 - How does the Subcommittee Consider Discrimination and Racism Within the Profession?

Diagram 9- Who Holds the Power for Change?

Diagram 4

'To Create Space'

'To Create an Environment that is safe and Inclusive'
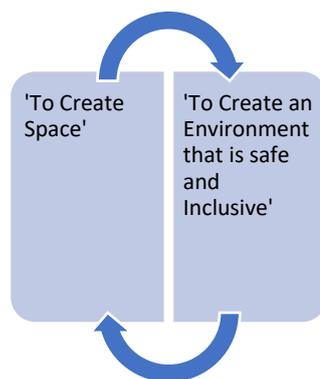
Diagram 4 draws on the response of the participant to the above question. It highlights that the remit of the Inclusion and Visibility Subcommittee is to create space and an environment that is safe and inclusive for all. It also mentions that the purpose of creating these 'spaces' is to enable conversations that didn't take place during the training or in workplaces.

Diagram 4.1
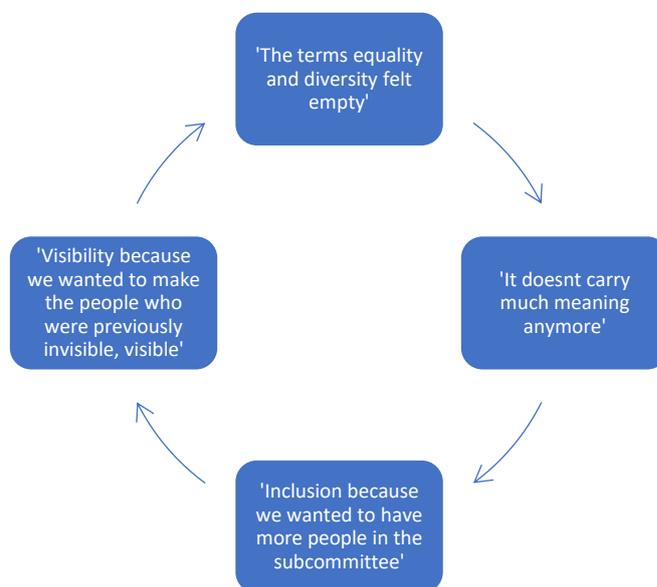
Diagram 4.1 highlights some of the reasons mentioned for the name change from Equality and Diversity to Inclusion and Visibility. It draws on this idea of Equality and Diversity no longer being relevant or meaning as much. It also draws on why they have chosen Inclusion and Visibility and mentions this idea of making those who in the past have felt invisible in the Subcommittee, now visible.

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Diagram 5

'Aclnowledging that our trainings do not do enough'

'Created working groups within the subcommittee, which branch out in very specific areas'

'Creating CPD to train already qualified therapists'

'Working alongside the institutions to help them change their curriculum'
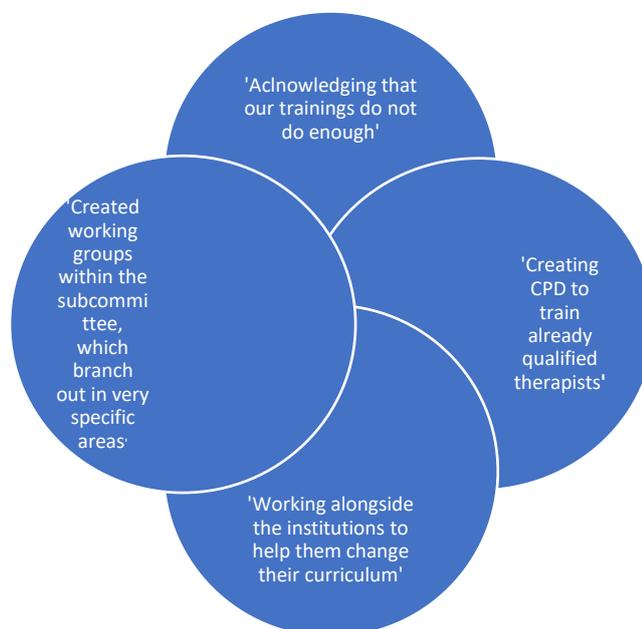
Diagram 5 draws on the participant's response to the above question. It highlights that the

Subcommittee's starting point was acknowledging that Dramatherapy trainings do not do

enough in the areas of culture and diversity and there was a need to create CPD days for

those who have already qualified as Dramatherapists. It also mentions about aiming to work

alongside the training institutions to help change their curriculum, which was their long-

term goal. It mentioned about the working groups they have created within the

Subcommittee, which branch out in very specific areas such as Race, Disability, Gender

Identity and Sexuality. It shared that different things are done within the various working

groups, but the same approach is used for all. It also mentions that they wanted to

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encourage more writing for the BADth Journal along these topics of Race, Disability, Gender Identity and Sexuality.

Diagram 5.1

'HCPC standards of proficiency is basic and not specific in the areas of culture and competency'
- **'The policy is so vague, anything can match the policy'**

'Training institutions follow these guidelines set by HCPC'
- **'Anything can be ticked when it comes to culture'**

'Our position is that it needs to be specific'
- **'Explicitly laid out in policy'**

Diagram 5.1 highlights the participant's response to the above question and draws on the parallel between what HCPC, the body that regulates the profession, states in their Standards of Proficiency in the area of culture and competency being basic and unspecific. It draws on the point that Dramatherapy training institutions follow these guidelines, hence why it is lacking in the training as HCPC hasn't placed high significance in this area in relation to their policies. It also mentions that because the emphasis is so vague, training institutions

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are able to easily evidence how they are meeting the criteria of culture and competency in their programmes. It elaborated on this by suggesting that a White therapist can write an essay about working with a Black client and that becomes a tick of their cultural competency. It suggests that the Subcommittee's position is that policies need to be specific in these areas in order to ensure that therapists can qualify and feel able to work with 'Muslim, Black, Queer and with Immigrant populations', all of the groups that are at the margins of society.

Diagram 6

'The survey is conducted every 5 years'

'The survey is seeing if the membership is changing, and how it's changing'

'Questions need to be explicit in the survey'
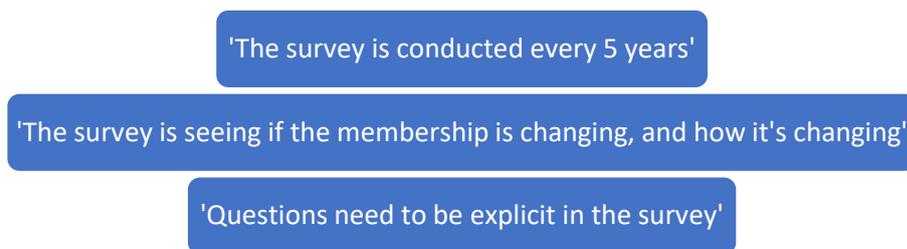
Diagram 6 gives the participant's response to the above questions, highlighting that the survey is conducted every five years and the last survey conducted was in 2016. It also mentions that a new survey was in the process of being launched and should be out in the next few months. It states that the purpose of the survey is to monitor if the membership is changing, how it's changing and to identify 'if it reflects the society we work and practice in'. It also mentions that the new survey to be launched soon will have questions which aim to be more explicit in order to get data that provides information about the association's

membership.

Diagram 6.1

'Accessible to the members'

The participant shared that the outcome is accessible to BADth members and mentioned that, for transparency purpose, it should be made available to the public. It draws on the fact that the previous surveys were not made available to the public and state that they will recommend that the next one be made public.

Diagram 7

'Not that many'

'We have some links with the North American Dramatherapy'

The participant's response to the above question was that the links with other subcommittees internationally were not strong and they, as a subcommittee, have spent a

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lot of time just focusing on their internal, local and national dynamics. It does, however,

mention that they do have some links with North American Dramatherapy and shared that

they were in touch during the Black Lives Matter protests in the summer and provided a

statement of support to them after a statement was made here in the UK. It also mentions

that a joint publication is being prepared on a special issue being released in the Journal on

Race and Culture.

Diagram 7.1
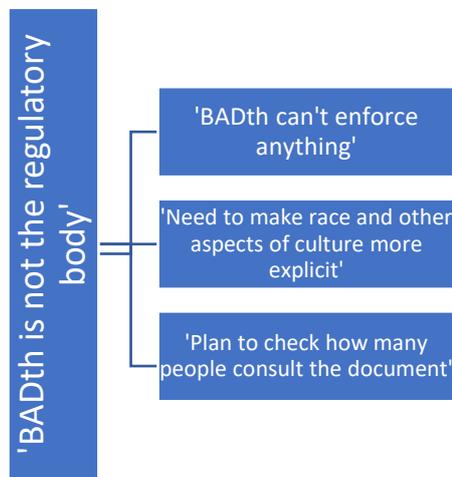
Diagram 7.1 highlights the participant's response to the above question and draws attention

to the fact that BADth is not the regulatory body, which means is not able to enforce things

and can only make suggestions. It mentions that it plans to revise the Intercultural Good

Practice Guidelines document and the Race Working Group will be in charge of carrying this

out, to ensure that race and other aspects of culture are made more explicit. It also draws

on this idea of what can be done alongside the guidelines and how the guidelines can be

tracked to check how many people are consulting the document. It does not, however,

indicate how currently the guidelines is being measured or its impact.

Diagram 8
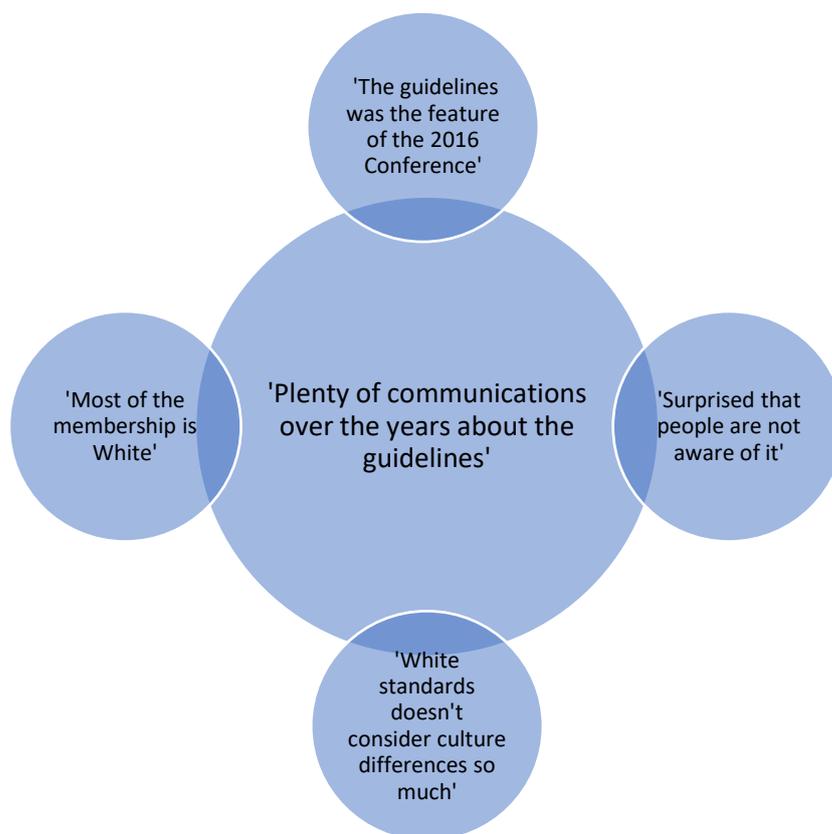
Diagram 8 highlights the participant's response to the above question, drawing attention to

this idea of the Subcommittee having done a lot to promote the guidelines over the years. It

mentioned that the guidelines were at the centre of the 2016 BADth Conference and that

focus groups were conducted as part of the process to then finalise the guidelines. It also

draws attention to the fact that it was not surprised that people were saying they were not

aware of the guidelines and suggest that 'if something doesn't touch upon one's experience,

one is unlikely to think about it'. It draws on this concept of White being the standard and

how the 'White standard' doesn't consider cultural differences as much, because most of

the BADth membership is White. It mentions that 'people don't seek the guidelines because

people don't pay attention to what the subcommittee does and do not care to participate or

engage'.

Diagram 8.1

Diagram 8.1 shows the participant's response to the question and highlights that it's been

on the Subcommittee's agenda to create an Antidiscrimination Policy. The participant

shared that they were the target of some discrimination a few years ago and mentions that

the Antidiscrimination Policy is important and essential, although over the past couple of

years, there have been a lot more essential things that have come up. The participant drew

attention to the fact that the Subcommittee members are volunteers and if more people

would join the Subcommittee, then more will be able to get done.

Diagram 9

Diagram 9 draws attention to the participant's response of the notion of who holds the

'The power is in all of them'

'White Standard makes everyone else chase their tails over and over again. And that is a power in itself'

'BADth is the one with the least amount of power, because BADth can only recommend things'

'Training institutions could decide to change their curriculum'

'HCPC policies are vague and anything can match'
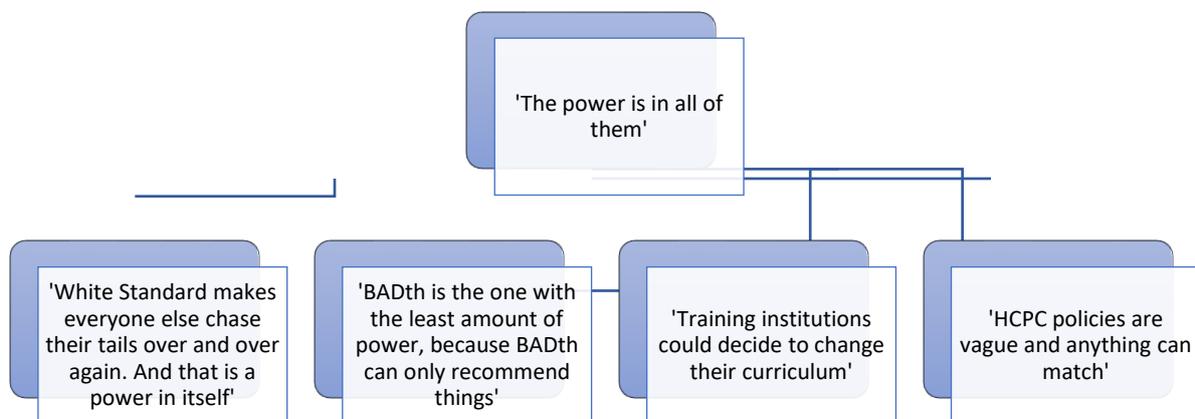
power for change and highlights that the 'power' is in all of them - HCPC, BADth and the

training institutions. It mentions the fact that White is the standard, which means that

'everyone else who isn't White find themselves chasing their tails over and over again

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regarding this concept of who can make change happen'. It also draws on the point that BADth holds the least power, as it's only able to make recommendations. It does, however, suggest that even then, BADth could change its constitution to be more strict with its members in the area of culture and diversity. It mentions that for 'this to happen, it would involve BADth having a new constitution, a new structure, a new executive, a new way of working, which would mean dismantling everything'. The participant also states that training institutions could take it upon themselves to change their curriculum as the guidelines set by HCPC in the area of culture and diversity is vague. It goes on to draw attention to the notion that, for this to happen, some will need to step down from their position and mentions that they are planning to step down from their position to give space for a Black person to lead, moving forward.

Themes:

Themes were drawn from each of the 11 Diagrams, selecting phrases or statements that touch upon research questions 2, 4 and 5. See example below (Diagram 9.1).

Table 2.1 - Themes

DIAGRAMS	THEMES
DIAGRAM 4	Create space to enable conversations
DIAGRAM 4.1	Make visible the non-visible
DIAGRAM 5	Dramatherapy training does not do enough
DIAGRAM 5.1	HCPC policies are vague and not specific
DIAGRAM 6	To see if it reflects the society we work in

DIAGRAM 6.1	Accessible to BADth members
DIAGRAM 7	The links are not strong
DIAGRAM 7.1	BADth is not able to enforce things
DIAGRAM 8	White standards do not consider cultural differences
DIAGRAM 8.1	On the 'to do list'
DIAGRAM 9	All hold the power for change

Themes:

Seven themes were identified from the table above that address the research questions 2, 4

and 5.

1. Create space to enable conversation

2. Make visible the nonvisible

3. Dramatherapy training does not do enough

4. HCPC polices are vague and not specific

5. BADth is not able to enforce things

6. White standards do not consider cultural differences

7. All hold the power for change

Interview 2 (with co-writer of the Intercultural Good Practice Guidelines)

Table 3 - Diagrams from Interview 2

Diagram 9.1- What Does Cultural Competency Mean?

Diagram 10 - Dramatherapy Training Experience?

Diagram 10.1- Why Do You Think it Wasn't Explored in the Training?

Diagram 11 - Ideas Behind the Development of the Intercultural Good Practice Guidelines Document?

Diagram 11.1- What has Been its Impact on the Dramatherapy Profession Since its Development?

Diagram 12 - Are BADTH Members Aware of the Guidelines?

Diagram 12.1 - Was there Any Consultation with the Training Institution in Terms of how These Guidelines Could be Used?

Diagram 13 - How do We Encourage the Institutions to Implement the Guidelines Into their Programmes?

Diagram 13.1 - Where Does that Learning Into Cultural Competency Start?

Diagram 14 - Who Do You Feel Holds the Power to Push Forward Cultural Shifts Within Dramatherapy?

Diagram 14.1 - The Lecturers are Not Culturally Diverse; Do You Think that Makes a Difference?

Diagram 15 - Getting the Intercultural Good Practice Guidelines known by the Dramatherapists?

Diagram 9.1- What Does Cultural Competency Mean to You as a Dramatherapist?

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'It was a theme in my IS when I did my masters so that whole year and a half of preparation for that final IS included cultural competency at the core'

'For me, it's these three points of self-awareness of my own culture, and awareness of the other culture, the other person who's in front of me who I'm working with, and then the third is having skills in adapting my approach to meet the person where they are'

'Maybe it's the Dramatherapy aspect that changes in the approach, or maybe it's how we speak about certain things, or maybe it's just how we think about certain things, what enters the room'

Diagram 10

'There wasn't much initiated or raised about the topic during the course. My theme was encouraged when I'd raised it for my IS, but outside of conversations related to that, we never learned about it. It wasn't something we were taught'

'We were invited to be self-aware of many things, but not our culture, not others' culture, not each other's culture'

'We had different cultures in the room and we never acknowledged or explored that'

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Diagram 10.1

'The research from my IS I gathered, is that Dramatherapy is very much outgrown from humanistic and other earlier psychotherapies, which are very individual-based and that don't look at the system. They don't look necessarily beyond individual means, individual problems'

'Perhaps that's a shortcoming that Dramatherapy did not, in my experience, in the training develop on because of what they inherited, and then just took that maybe for granted of what they thought should be covered, because maybe that's more the traditional types of things that are covered in some of those psychotherapies. That's my hypothesis'

Diagram 11

'There had been conversations about this for a long time. Like years, like before I joined, I think, maybe even a decade, you know. Workshops were tried to start bringing information together'

'The ideas were that we all felt that this was a lack in our field, in our profession, and that it's not that people didn't want to use those things, it's just they didn't know how. That's where we felt it was really important to have something concrete that we needed to finalise, put it to action and put it together that's accessible'

'We researched a lot of different associations and their ethical practices and compared and contrasted and added things in relation to our field and, yeah, ideas were to show how important this is globally, you know, to be part of this global conversation that we're an intercultural world'

'We all felt very strongly that we really needed to conclude and put together and so we were, like, very task-oriented and the idea was just to have something that's accessible, that is really important'

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Diagram 11.1

'That is such a good question because I have no idea, to be very honest with you, because I left the subcommittee when I moved country in 2016'

'I remember still being in the conversations but then it was kind of tried at a conference, I think, yeah. Then there was feedback on that, they discussed and then I think with time, then I just kind of moved out of the subcommittee and left because I couldn't meet physically'

'I couldn't really catch up on the conversations that had been, so I kind of stepped down after a while because I was too far, and it just was too complicated. Then I lost touch'

Diagram 12

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'What has been shared, in my experience, is only in emails. I think in the prompt things like that newsletter, it was written there maybe once or twice when it came out, but after that never'

'We were also part of the NADTA (North America Drama Therapy Association) with their guidelines, because we were going through the same process, and they published it in a journal'

'I think, discussions with them after the guidelines but then also I don't know what happened after that. I don't know if those conversations continued'

Diagram 12.1

'We didn't involve the trainee subcommittee'

'I think the way that we organise this is let's give it to Dramatherapists, for the people themselves to then take it respectively. I think our idea was let each person take the responsibility to bring it forward'

'I don't know if other conversations were had with the training. I think it was tried, but it's so far now, I can't fully be sure about that'

Diagram 13

'That's really interesting that you say that, because yeah, when you also ask, like, what's my experience with Cultural Competency, I left that whole piece out of just mentioning, oh yeah, I was part of the Interculture Good Practice Guidelines'

'What you're saying makes me think about the importance of potentially having a conversation between the equality diversity subcommittee and the training subcommittee as an initial part, because then it's not in the university, it's maybe more personal'

'It's more like, as you were saying earlier, like, hey, how about exploring this, what these mean to you, what these look like and see what's the feasibility of bringing them forward, because, of course, the recommendations are in the hope that they are developed in the university because that's where the initial experience of the ideas of cultural competency is born'

Diagram 13.1

'Yes, yes, because it's vital and it's such an issue at the systemic level in a way that a lot of people are not aware of, that could be harnessing more harm, even though they would have the best intention'

'It's a very deep process of self-exploration, like recognising where the biases and the loopholes and is a lifelong learning but as you say earlier the better because it does take so much time and so much digging and truth with oneself to look at those topics yeah, in full honesty'

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Diagram 14

'Something that I like about the NADTA for their registered Dramatherapists, it says they must do 30 hours of training within two years to maintain their registration as a registered Dramatherapist. They don't say what kind of training but I find that that's a good start in making sure that people continue to develop their practice'

'I would find that very interesting if BADth would also, for fully registered members, you know, have a kind of training requirement, which would then be in conversation with the training'

'I don't know from afar what happened to BADth in the last years. It seems like there's been a lot of chaos and changes, so I don't know if the structure of where that power lies right now, would have to change long term or what that would look like if students should be voiced in for certain things or practising members who are not in the BADth committee should be voiced in for certain matters'

' I think the universities have a responsibility and a duty to update what they teach to include some systemic cultural ideas that go beyond the individual and the family, and the individual psychology. A lot of people have explored working with different cultures, being from a different culture. There's a lot that could be included from other fields'

'I think, yeah, there could be something about the BADth encouraging individual members and their own professional development'

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Diagram 14.1

'I do think that the number of students who could be drawn to Dramatherapy, there could be more diversity if the programme leaders are more diverse, because I think that's true for any programme, you know, to identify and to know that it's not going to be just a certain way and homogeneous in that way'

'I think it impacts because they also might have an influence from their history that influences the development of how they teach and what they choose to teach'

'We all carry our own history, and yeah, sometimes that impacts the sensibility to certain things, or certain experiences, what they value or what do they think is most important to focus on'

Diagram 15

'Yes, yes, absolutely and how are people using it'

'That would be so rich to know how Dramatherapists are instilling Cultural Competency, are they? And if not, why not?'

'I feel like maybe that document is just kind of sleeping there and maybe some are using it, but yeah, that would be a great conversation to have at some point with BADth, inviting whoever wants to respond to that. Yeah, to share somehow'

Themes:

Themes were drawn from each of the 12 Diagrams, selecting phrases or statements that touch upon research questions 2, 4 and 5. See example below.

DIAGRAMS	THEMES
DIAGRAM 9.1	Self-awareness, awareness of the other and skills to adapt approach
DIAGRAM 10	Training did not give room to acknowledge each other's culture
DIAGRAM 10.1	Dramatherapy's roots and what it's inherited
DIAGRAM 11	Guidelines' aim is to be accessible to all
DIAGRAM 11.1	Not sure of the impact of the Guidelines
DIAGRAM 12	Guidelines not well advertised
DIAGRAM 12.1	Guidelines are left to individuals to bring them alive
DIAGRAM 13	Conversation needed between BADth Training and Equality and Diversity Subcommittee
DIAGRAM 13.1	Recognising where the biases are
DIAGRAM 14	The duty and responsibility is on the university
DIAGRAM 14.1	To identifly with others
DIAGRAM 15	Guidelines are sleeping

Themes:

Seven themes were identified from the table above that address the research question 2, 4 and 5.

1. Self-awareness, awareness of the other and skills to adapt approach.

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2. Training did not give room to acknowledge each other's culture.

3. Guidelines' aim is to be accessible to all

4. Not sure of the impact of the Guidelines

5. Guidelines not well advertised

6. Guidelines are left to individuals to bring them alive

7. Guidelines are sleeping

Conclusion:

The interview with BADth Inclusion and Visibility Subcommittee highlighted seven themes, which focused on the subcommittee's aim being about wanting to create space to have conversations that didn't take place during one's training or in the workplace. The Subcommittee mentioned this idea of making visible the nonvisible people within BADth and suggested that Dramatherapy training does not do enough and is not helped by HCPC policies, which seem vague and unspecific in the areas of culture and diversity. The Subcommittee also drew on this idea that BADth does not have the power to enforce anything on the Dramatherapy training institutions and is only able to make suggestions to them, which limits the impact they can have. The Subcommittee referred to this concept of 'White standards', how it doesn't consider cultural differences and since most of the members are White, this is not an issue of high importance for the majority. The Subcommittee interview ends with mentioning that even though there are limits to what they, as a subcommittee, can do or what BADth as an association can do, all still hold the

power for change, suggesting that there is still more BADth can do, along with HCPC and the Dramatherapy training institutions.

In the second interview with one of the co-writers of the Intercultural Good Practise Guidelines, seven themes were identified that draw on cultural competency being about self-awareness, awareness of others and one having skills to adapt the approach when working with diverse clients. They also drew on this idea of their Dramatherapy training not giving room to acknowledge each other's culture. With regards to the guidelines, they mentioned that the aim was to be accessible to everyone, although they shared that they are not sure of the guidelines' impact and comment that it was not well advertised. They also mentioned that the guidelines were left for individuals to bring them alive, even though they felt the guidelines seem to be sleeping.

HCPC's Report

For full details of HCPC's response to questions sent see Appendix 9

Table 3.1 of Diagrams (HCPC)

Diagram 16- HCPC's Definition of Cultural Competency
Diagram 16.1- Cultural Competency Implemented and Evidence in the Programmes
Diagram 17- Actions by HCPC to Ensure Diversities are Incorporated in Training Programmes
Diagram 17.1- How do HCPC deal with Students who feel Discriminated against because of Lack of Diversity in the Training?
Diagram 18- HCPC, Service Users and Carers Involved in the Training Programme
Diagram 18.1- How should the Universities Ensure they include Ethnic Minority Authors in their Programmes?
Diagram 19- Are HCPC aware of BADTH's Intercultural Practice Guidelines created in 2016?
Diagram 19.1- How does HCPC Ensure that the Curriculum Created by Dramatherapy Training Providers is Relevant to Current Practice?

Diagram 16

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'HCPC does not provide a definition of 'Cultural Competency'

'Students are to be equipped with Cultural Competency when they join the register and enter the profession'

'The Standards of Proficiency require that Cultural Competency is embedded throughout the Standards of Education and Training'
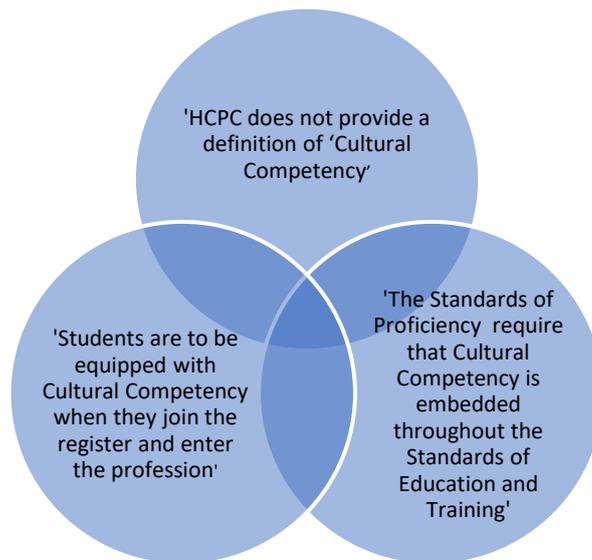
Diagram 16 shows HCPC's response to the above question and draws attention to the fact that HCPC does not provide a definition of cultural competency in their Standards of Proficiency or in their Standards of Education and Training. It does, however, mention that this is a requirement of students to be equipped with cultural competency before joining the register and entering into the profession and this is to be achieved through their training. It's also important to mention that the Standards of Proficiency that relate to the trainee, do to some extent mention this concept of cultural competency and the trainee needing to be able to evidence this in their practice. The Standards of Education and Training, however, do not state this and are left vague for the training institutions to create their own meaning and interpretation. This again draws on this concept that if HCPC doesn't state what cultural competency is or what is required in fulfilling this, how can training institutions embed it in their programmes.

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Diagram 16.1

'The requirements set out in the SOPs are implemented and embedded within the programmes'	'The provider is required to map the curriculum to the outcomes of the SOPs'
'HCPC reviews the teaching approach and the delivery of that curriculum'	'HCPC doesn't assess each area of the SOPs individually'
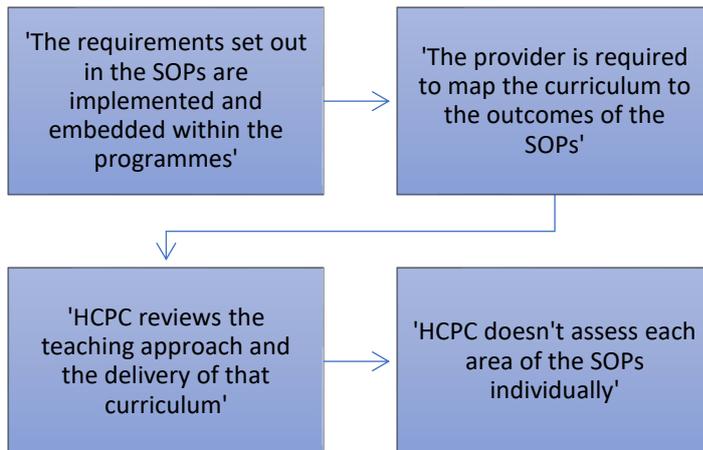
Diagram 16.1 highlights HCPC's response regarding how cultural competency is being implemented and evidenced in the training. HCPC's expectation is that training institutions are following the requirements set in their Standards of Proficiency (SOPs) and cultural competency is implemented and embedded in the programmes. It also draws attention to how they access programmes and mention that HCPC looks at the learning outcome from the training institutions mapping out the curriculum to the outcomes set in the Standards of Proficiency. It mentions that they look at the teaching approach, how the curriculum is delivered and how the students are assessed. HCPC also state that they don't assess each area of the Standards of Proficiency individually but rather look at the programme more holistically to ensure that the expectations are met overall.

Diagram 17

'Reviewing the Standards of proficiency for all 15 of the professions on the Register'

•'Key areas of change in the standards are the role of equality, diversity and inclusion'

'Developing the first Equality, Diversity and Inclusion Strategy 2021-2026'

•'Revised and improved web content, including EDI webpages'

'Commissioned and published first Diversity Data Report'

•'Created HCPC EDI Forum with 130+ members'

Diagram 17 highlights HCPC's response to the above question. It mentions that they do not have a specific answer to the question asked about actions HCPC is taking to ensure that diversity is incorporated in the training programmes. It does, however, mention some of the actions currently being taken with regards to policies, especially in the area of Equality, Diversity and Inclusion. HCPC mentions that the Standards of Proficiency for all 15 of the professions on the register are currently being reviewed. It also mentions that the Standards of Proficiency describe what professions must know, understand and be able to do at the time they apply to join the register. One of the key areas of change it mentions is the role of equality, diversity and inclusion in the standards, specifically the importance of making sure that practice is inclusive for all service users. HCPC also mentions that they have published their first Diversity Data Report in 2020, highlighting that Asian and Black

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registrants are a minority and not enough people are coming from those backgrounds. The report on the staffing of HCPC mentions that 51% identify as Black, Asian or Other but that diversity drops in terms of Black representatives in senior positions, with the majority of managerial staff being white (HCPC, 2020).

HCPC mentions that it has created the HCPC EDI Forum with 130 plus members. It further mentions that the purpose of the EDI Forum is to provide guidance and support, to offer advice, to comment on the development and delivery of the five-year EDI strategy action plans, to raise concerns and to develop appropriate policies and strategies.

HCPC also mentions that they have revised and improved their web content including a dedicated Equality, Diversity and Inclusion webpage. HCPC reports that they are currently developing their first Equality, Diversity and Inclusion (EDI) Strategy 2021-2026, with input from staff, the Council, the HCPC EDI Forum, the external audit and other key organisations/individuals. It mentions that HCPC values a broader strategy and is now strongly grounded in Equality, Diversity and Inclusion principles, focusing on setting their direction of an inclusive and diverse organisation. The points mentioned by HCPC seem to focus only on what it hopes to achieve as an organisation but there is no reference of how these plans practically are to be embedded in the training programmes or how institutions are to work with this.

Diagram 17.1
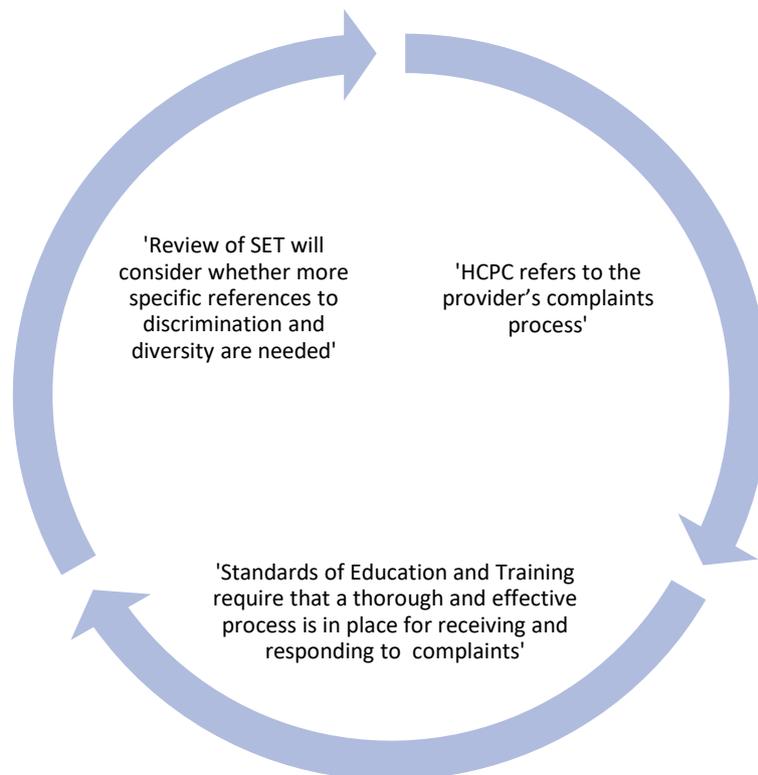
Diagram 17.1 highlights HCPC's response to the question. HCPC reports that if students

were to make a complaint regarding discrimination or a lack of diversity within the training,

it would refer the student to their institution's complaints process and monitor how such

complaints are handled by the provider and whether it meets the required standard. HCPC

also mentions that in the Standards of Education and Training (SET), it requires that there is

a thorough and effective process in place for receiving and responding to learners'

complaints. HCPC also mentions that in the next review of the Standards of Education and

Training, it will consider whether more specific references to discrimination and diversity
are needed.

Diagram 18

'Institutions would provide evidence of service user involvement'

'This is re-assessed during the annual monitoring process'

'HCPC guidance on service user involvement does not specify to institutions how this is to be evidenced'
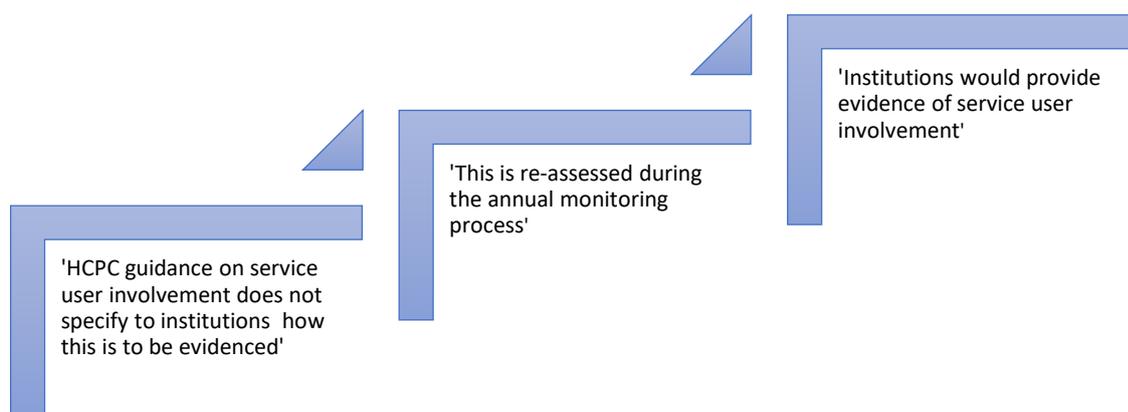
Diagram 18 draws on HCPC's response to the question of how training institutions evidence
how they involve service users in their programmes. HCPC state that they do not specify to
institutions how they are to involve service users in the programmes and leave that open to
institutions. HCPC does, however, mention that this is an area it assesses when approving a
new programme and it reassesses this during their annual monitoring process. During the
monitoring process, institutions would provide evidence of service users' involvement and
its effectiveness.

Diagram 18.1

'HCPC does not set any requirements on this'

'Not set up to be able to do this within the current processes and resources'
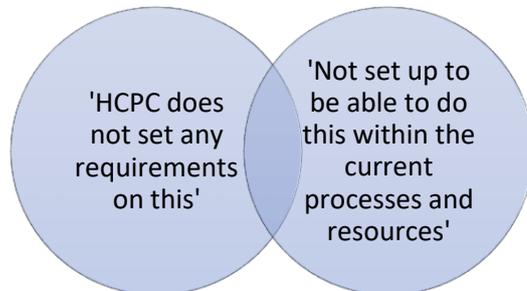
Diagram 18.1 highlights HCPC's response and mentions that it does not set any requirement with regards to training institutions ensuring that the voice or work of ethnic minority authors is included in the programmes. HCPC does, however, mention that it does see the value in including diverse resources within programmes but it is not set up to be able to do this within their current processes and resources.

Diagram 19

'Professional bodies are included in the Standards reviews'

'Expect programme providers to consider and reflect on BADth's Intercultural Practice Guidelines'

'Curriculum guidance is often produced by professional bodies'

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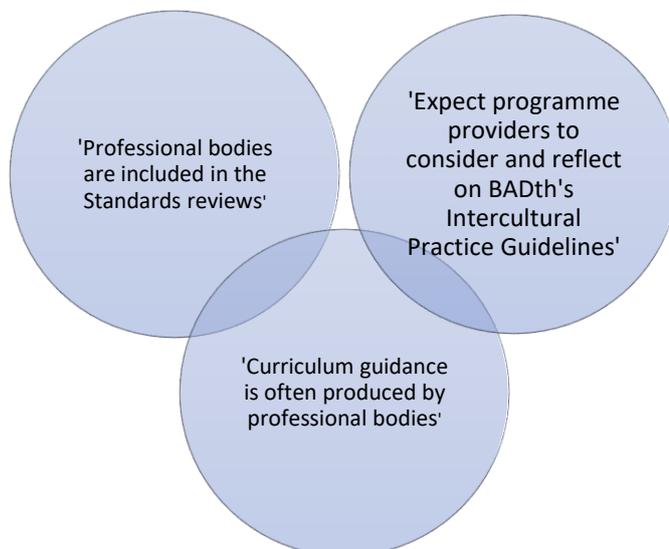
Diagram 19 highlights HCPC's response which doesn't openly state if it is aware of BADth's Intercultural Practice Guideline, but HCPC mentions that when it reviews the standards, it engages with professional bodies in the review. It does not name which professional bodies are included in the review. HCPC also mentions that in the Standard of Education and Training, the section on Programme Design and Delivery states that curriculum guidance is often produced by professional bodies and relevant documents are sometimes produced by other organisations, such as commissioning and funding bodies or employers. HCPC does go on to mention that it would expect that programme providers are considering and reflecting on BADth's Intercultural Practice Guidelines.

Diagram 19.1 - How does HCPC Ensure that the Curriculum Created by Dramatherapy Training Providers is Relevant to Current Practice?

'HCPC assess this during the initial approval of a new programme'

'HCPC monitor how training institutions develop their programmes over the years'

Diagram 19.1 draws attention to HCPC's response to the above question and mentions that this is an area that is assessed during the initial approval of a new programme when it contacts external examiners to give a third party, expert view of how curricula meet professional standards. HCPC also mentions that, through monitoring and feedback from institutions on how they have developed the programme over the years, it helps them to monitor this.

Themes:

Themes were drawn from each of the 8 Diagrams, highlighting a word or phrase that sums up the content of that figure. See example below.

DIAGRAMS	THEMES
DIAGRAM 16	No definition of cultural competency
DIAGRAM 16.1	Does not state how it's to be implemented
DIAGRAM 17	HCPC does not specify how diversities are to be incorporated in training programmes
DIAGRAM 17.1	HCPC refers to institution's complaints process
DIAGRAM 18	HCPC does not specify
DIAGRAM 18.1	HCPC does not set any requirements on this
DIAGRAM 19	Doesn't openly state if it is aware of BADth's Intercultural Practice Guidelines
DIAGRAM 19.1	Monitor how training institutions develop their programmes over the years

Sensitivity: Internal

Five themes were identified from the table above that address the research question 1.

1. No definition of cultural competency

2. HCPC does not state how it's to be implemented

3. HCPC does not specify how diversities are to be incorporated in training programmes

4. HCPC does not set any requirements on this

5. Doesn't openly state if it is aware of BADth's Intercultural Good Practice Guidelines

Conclusion: The analysis of the HCPC report focused on the research question (1) which was 'what is HCPC's position on cultural competency and what emphasis is placed in their regulations regarding cultural competency?'. 8 questions in all were sent to HCPC and five themes were identified from the analyses, which draw on how HCPC doesn't have a definition of cultural competency in their standards but does, however, expect students to acquire this knowledge before they join the register and practise. HCPC also draws on key changes they are undertaking, which involve ensuring that 'equality' 'diversity' and 'inclusion' are policies that are inclusive for all, although does not specify to training institutions how this is to be implemented. There were other areas of the HCPC standards that do not specify to training institutions how things are to be evidenced in the programmes, such as not being specific on how they are to involve service users or how cultural competency is to be evidenced in the programmes. HCPC also doesn't openly state if it is aware of BADth's Intercultural Good Practice Guidelines. The overall theme draws on

how HCPC's policies and standards do not make specific requirements on training

institutions on how to implement or evidence cultural competency.

Focus Groups Data

Two focus groups were conducted; the first focus group consisted of two participants, both

of whom identified as Black. The second focus group consisted of three participants, all of

whom identified as White.

The focus group aim was to address the research questions (3), (4) and (5), which are What

does cultural competency mean to students/Dramatherapy practitioners?, What type of

change is needed and what will this change entail?, and Who holds the power to drive

forward this change? It will also compare and contrast the two focus groups conducted, to

examine the differences in response between those who identified as being Black and those

who identified as being White to verify if there are similarities in their experience of the

Dramatherapy training.

Focus Group 1 Data:

12 questions in all were asked of participants; the questions have been arranged into a

diagram along with participants' responses. Participant 1's statements are highlighted in

blue, while Participant 2's statements are in green.

Diagram 20

'I have a lot of issues with the term to begin with. It shouldn't be a competency, it shouldn't be a tick off in terms of how we relate to people'.

'cultural competency is awareness. It's awareness of self, and awareness of others, it's a passion as well. I think, if we want to work as Dramatherapists, then there needs to be a passion for working with people and if you have that, then it should be all types of people'

'In terms of our work as Dramatherapists, we need to be curious about the people that we work with and understand that they come with their own individual identity. They don't fit into sort of collective homogenous groups'

'it's awareness of our unconscious bias and how we feel, our understanding of different groups, but also wanting to educate ourselves, wanting to learn and wanting to grow with diverse people, colleagues, as well as our clients'

'Cultural competency in Dramatherapy, I don't think I can answer it, because it wasn't anything that came up, it didn't come up in the training'

'In our training, I don't remember focusing on it at all. I read the BADth Intercultural Guidelines and I was just thinking that this was all left out in the training. I had to learn a lot for myself, but after I've trained'

Diagram 20.1

'Didn't'   'Didn't'

Diagram 21

'The first step is recognising the roots of Dramatherapy, acknowledging how Dramatherapy developed, what client base it was originally developed for, what roots it was originally drawn on'

'just because it doesn't maybe fit into this medical model of medical racism, even though we then go out and work with different communities and in services that do ascribe to the medical model, I think it's just being aware of the roots and the damage that it can do or has done at being a practice on its own'

'We draw a lot on different practices without explicitly saying where these practices have come from and I think first acknowledging that is a huge start to then being able to develop as individual Dramatherapists'

'I think, what does Dramatherapy a disservice is the way that it positions itself as it's not a medical therapy. So, you can kind of skirt around the medical racism because you know, we're not, we don't ascribe to that. But then, if we look at art and artists and how that has developed, I think the Dramatherapy community needs to be much more aware of what practices it's taking'

'I agree, and with that comes the roots of people and we all know where people originated from. If we can't even look at that and say, well, we are originally from Africa and if we can't acknowledge that, then how do we move forward'

'it's about learning and hanging up the hat and saying, actually, yeah, I don't have to have the power. Let's give it to someone else that probably wouldn't have that opportunity and just being open and honest and saying, actually, yeah, I do feel uncomfortable as a White academic tutor discussing this'

Diagram 21.1

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'It wasn't, I didn't think it was particularly diverse'

'I'm so used to it that I guess it probably seemed diverse to me, because I'm so used to it, and like, the odd person of a different race is diverse to me. But in reality, it's not'

'It was a massive culture shock coming from my hometown, to then realising that I am one of a very few non-White faces here'

Diagram 22

'I had experienced so much microaggression because I experienced so much blatant racist comments that were a joke. And if you took offence to it, then you were being sensitive, so I just had that constantly'

'it was challenging. But I was in that condition that I just accepted. I didn't feel like I had an outlet at the university. If they had that, well, we would feel more comfortable to bring these things, but the sad part is I didn't even see it as a thing to bring because I just accepted it as the norm, which is very sad'

'It was just the worst period and 2016 was Brexit, right? I think it was also Black Lives Matter, it was when all those Black men were being killed and I was just here like, nothing is being spoken about it in the training'

'I did struggle, but I didn't have anyone really to speak to, so I just accepted it. Sadly, I accepted the oppression and I had to deal with it, but clearly I didn't deal with it because you shouldn't, you shouldn't have to suppress that, but that's what I was doing and it was difficult'

'Negative, terrible and I hated it. I even considered, for the last year of the training, to move back home. That's how bad it was; I was going to move back home and just come back to university every Monday. I was like, 'why am I putting myself through this just to get a Masters'

'The sad part is that being from the Midlands, is that I guess what you experienced is always how it's been for me'

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Diagram 22.1

'I find it really hard because I don't think I really fit into the university life'

'I really wish that you wouldn't have had that experience'

'The Masters was different because I actually lived by university during my undergraduate, whereas for the MA for Dramatherapy, I was travelling every Monday, so I wasn't in the community'

'it just showed all the cracks in life and what probably doesn't work and what does work and it was still a very lonely period, in the sense of no-one understood what I was doing'

'I didn't want to get involved because I knew what I was walking into. I know what is going to happen if I go there, I don't want to put myself through that, so I actively just avoided joining anything, getting really involved'

' I was more integrated for my undergraduate because I felt like I could be. And again, I was just conditioned still, and very much wanting to fit in, but there are people that look like me as well to fit in with'

'It was lonely. Now I think about it, because I was even living by myself as well and I was just in the mindset similar to Participant 2, survival, I just need to get through these two years and then I can get back to my safe space'

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Diagram 23

Diagram 23.1

'I think the students hold the collective power, but it has to be spearheaded with their lecturers, and the course leads backing them'

'It shouldn't be a trickle-down effect. I think it's a collective approach. So everybody'

'With the work we do with clients, everyone has a duty of care. So, everyone is responsible for safeguarding adults and children, everyone has to do that, they have to protect clients. For me, it works the same way in reference to this as well, in the sense that everyone needs to work together to apply and employ these changes'

'I think you can even go higher up because these courses are accredited by HCPC. Well, does HCPC think that these courses are suitable in working with others and working with difference'

'Is it because that's what they have put on their guidelines that this is what they are teaching, but actually, is the course actually doing that. Is it actually, you know, making an effort to look at difference or incorporate difference, but I don't know, I don't think it does and so is the fault at the university or with HCPC'

'Is it that whole thing, here's a report or here's a policy about equality and diversity, but it's a tick box thing. So it's like, oh, we have this and if we're audited, it's there, but we don't, it's not really something we look at in depth'

done on the course from previous years, around student satisfaction. I remember reading that there was a complaint actually, because the Black minority ethnic, even I don't like using that term, the students that were non-White, were so few that they were actually identifiable in their answers. They were also

'There's one or two of us on the course, we're going to be easily identifiable if we did a student satisfaction survey. Yeah, so it's not anonymous. Even the way that these questionnaires or things are created, it's created for this blank White person who can just fit into a box and be non-identifiable'

'Words - inclusion, belonging, diversity and equality - people have them there, because it's part of the Equality Act 2010, but they don't actually know what they mean. Like, they don't know what racism is, they think racism is direct words only'

'They don't understand that it's how you look at someone or stereotype. People don't get the meaning and the fact that you know, that it doesn't exist and all that, you know, institutionalised racism doesn't exist because they don't get what they are. Until people actually know what they mean, it cannot change'

'It was created to be weaved in, it's gonna take time, you know, you pick up one end and then the string just keeps going. And going and going'

'if we can't have acknowledgment of that, or recognise it, then we can't move forward. There are small changes, and we need to recognise them. But for the big changes to happen, it's, it's, yeah, it's gonna take time'

'Think about how many centuries it took to get to this point and how everything is so ingrained, to now. We have to undo all of that, unpick all of that work. It's gonna take generations, I think'

'I agree. But it will be nice to have recognition and someone to see that, like an academic tutor'

'It means giving up power. It's not a cost, If I recognise that it means I have to give up power'

Diagram 24

'I find it so interesting how they think you are always making it about race or how you are always talking about race, and it's like your ancestors built everything on the fact that we are going to be racially identified'

'Mine is slightly more interesting, because on the phone, I don't know, maybe they might think that I'm not Black, but my name gives it away. My name is something different anyway. So, not many people that's white with that name'

'I think until White people as a collective understand what whiteness and racialized whiteness is, it will. Yeah. Which is why I'm saying it's going to take a good few generations'

'People don't imagine me to be Black before they meet me. I don't know about you guys, but I'm perceived as White on the phone until they meet me, and it's, you can see that they're not expecting it'

'I know that being Black is the reason why I haven't got certain jobs. But I won't shy away from my ethos, and what I want to work with just to suit White people, I won't do it'

'It's the same here, the majority of the school children are Black, all the staff are White and there are so many issues that they don't understand'

Diagram 24.1

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'I work in the NHS. Yes, I'm comfortable. It doesn't bother me anymore, because I work in a service that is built on institutional racism'

'I'm not comfortable. I just want to work with people that look like me and even clients because I haven't yet. All my clients have been White and my questions are always where are black clients'

'I would like to offer low fees or even free sessions to Black communities because that's where the passion is'

'Do I have the energy to keep asking that question and now I'm taking things into my own hands and I'm starting private practice'

Diagram 25

'Create a support network outside of the university. 'Reach out to other Black Dramatherapists who are qualified to get mentorship time, and support, because it's going to be needed'

'Join BADth as a student and then explore the subcommittees'

'when you feel like giving up or things, that's when you then reach out to that community. That's like, the only thing I can think of that maybe was missing for me and, you know, it was lonely for me because I didn't know any other Black Dramatherapists'

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Diagram 25.1

'It's gonna be different for everybody. Like, what is gonna make me comfortable might not be the same for you'

'The tools and resources we are encouraged to buy and the cards we use, do they all have White faces on them? Why aren't they diverse? None of that was spoken to us, none of that was told to us'

'we need to diversify our resources and our stories, the stories that we're using. Why is everything Greek mythology and folklore and Eurocentric? What about other stories?'

'I think it's acknowledging that we're not a homogenous group, just because I'm Black.'

'There's so many books that are by Black authors that are not included. I found them on my own, when I qualified'

'I just see it as opportunity for myself to grow and to develop potential stories and materials that can be used and it's someone Black that's created them'

'I think just acknowledging that to begin with, and actually listening and taking an interest in being curious. Yeah, and responding without defences'

'Look at the text that they are reading, or the texts that they are recommending, you know, where's the diversity?'

'I think what would be good would be a project on looking at world stories, global stories with a few Dramatherapists incorporated that can offer this because what we don't want to run the risk of then is White training institutions going out and just cherry-picking an African story.

'There are several books, but probably not enough, that talk about the lack of cultural competency and Black issues in counselling, and not necessarily Dramatherapy'

'The academic tutors need to look at themselves and who they are as White people, White scholars and their power and privilege and then they need to start looking at us and just see us, and acknowledge the fact that we exist'

'I think we have enough Dramatherapists globally now to be able to create something specifically for the training. But then, who's gonna lead on that? Where's the funding to come from etc? Where's the time? I think that would be really invaluable'

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Themes:

Themes were drawn from each of the 8 Diagrams, highlighting a word or phrase that sums up the content of that diagram. See example below.

DIAGRAMS	THEMES
DIAGRAM 20	Cultural competency didn't come up in training
DIAGRAM 20.1	Cultural competency was not embedded in the programme
DIAGRAM 21	Roots of Dramatherapy and roots of people
DIAGRAM 21.1	University was not diverse
DIAGRAM 22	The impact was negative and challenging
DIAGRAM 22.1	Lonely period
DIAGRAM 23	The university did nothing
DIAGRAM 23.1	All hold the power for change
DIAGRAM 24	It's always about race
DIAGRAM 24.1	Uncomfortable as a Black practitioner
DIAGRAM 25	Create support group
DIAGRAM 25.1	Not a homogenous group because we are Black

Seven themes were identified from the table above that address the research questions 3, 4 and 5.

1. Cultural competency didn't come up in the training

2. Roots of Dramatherapy and roots of people

3. University was not diverse

4. Lonely period

5. The university did nothing

6. All hold the power for change

7. Uncomfortable as a Black practitioner

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Focus Group 2 Data

Participant 1's statement is highlighted in red, Participant 2's statement is highlighted in

brown, while Participant 3's statement is highlighted in grey.

Diagram 26

'It means having an awareness and understanding of the many levels of difference that are present in our society, it means attending to CPD. It means looking at cultural difference in supervision, so that we do not add… as I'm a White therapist, as a White woman, I do not add to the inequality of society, either from a conscious or unconscious level'

'Having access to a variety of culturally different toys that are therefore accessible, and represent in some way, potentially the life, the culture of the young person that I work with'

'Is about not being afraid to ask the question, 'what is it like for you, as a person of colour or difference, to be working with a White therapist'

'I resonate with a lot of what Participant 1 already said. For me, there's definitely something about recognising that we don't… it's that kind of position that we take as a therapist about not knowing someone's experience and learning, always learning'

'If you're working with somebody from a culture that you're not familiar with, then you go away and you look at the history of the country or the, you know, so that you have a context of where things are, you know, a bit of an understanding of the kind of universal context of that country or that culture'

'I'm a supervisor with my trainees, actually naming, you know, bringing culture into the space and naming things that maybe they're not ready to name. And, yeah, not being afraid to say the things that might feel uncomfortable'

'It's about learning about whoever I am supposed to be involved with. It's about learning and seeing more about who they are, where they're from, and their belief system and their whole background'

'It's not making any assumptions and, certainly not, I would hate to think in no way I projected what I know, or what I have as baggage, as my own culture would be interpreted on to anybody else'

'I think it's something that absolutely needs to be brought forward and for us to be made more aware'

Diagram 26.1

'There's a lot of work to be done to improve the way that cultural competency is discussed and taught on the course. I feel that my own identity was the reason I pursued that area because I looked at cultural competency as part of my dissertation, but there was no support around it'

'I think that there could be a lot more opportunities on the course, to provide literature for more of an international like, there could be more international literature, there were so many moments on the course where the lecturer had opportunities to teach cultural competency as part of what was happening in the space'

'There were microaggressions that were playing out in the training as a trainee at the time, I thought, 'Oh my gosh, this is not okay', but I hadn't learned how to communicate that yet or to address it. I was looking to the lecturers for guidance, and none of that was ever modelled until there was a Black lecturer who facilitated a session that demonstrated cultural competency'

' I just think there's something about that being modelled, not just like, oh let's do this workshop on cultural competency, but it's woven into every single aspect of the course. And at the moment, I think there's a lot of discussions about adding something on'

'The trainers were kind of a combination of White Europeans and so there was some awareness of a kind of difference, but it was predominantly White, all the trainees were White. We didn't specifically and explicitly address cultural competency, we worked with myths from different cultures and stories for different cultures. So, I think there was some attempt to do that in the implicit kind of way'

'Post training, I went on to do lots of workshops, including thinking about working with cultural competency, in a kind of drama, therapeutic way, because I thought it had been missed, it did not seem to be a central question. I also think that we cannot rely on one workshop to look at cultural competency'

'As a White woman we cannot just rely on our Black community members and colleagues and friends and professors to do that work for us. We have a responsibility as the dominant culture, to address our lack and to find ways of understanding and acknowledging the role that being a privileged White person has paid and the kind of role that we've played'

'I really agree with what Participant 2 said about it needs to be much more integrated. It's not a separate add on thing'

'It certainly wasn't brought in any way into our training, not that I can remember. I remember doing a lot of research on using research papers that were multicultural to get a better understanding of what my dissertation was looking at but it's left up to me as an individual, which is fine, but there certainly wasn't enough'

'I agree totally with Participant 1. It's, you know, it should be up to others, to teach and train, it's also up to us as individuals. However, saying that as well, I also think how wonderful it would be if we could have international groups where we could say, this is about cultural competency and let's learn from each other and let's put some ideas together, what is lacking'

'As participant 1 rightfully said, as a privileged White woman, you know, it's about how we can learn by taking it on ourselves as well, actually taking that responsibility'

'I totally agree with exactly what participant 2 was saying, but certainly what participant 1 was saying about how much more we can do for ourselves, you know, in training, it just wasn't there'

Diagram 27

'It needs to be in there from the very beginning. Actually, I think it needs to be an integrated part of our training programmes'

'The analogy that comes to mind is that we've got a woven quilt at the moment, that's very pale and it needs to be much richness in there, there's absolutely richness in there, but actually, it needs to be much more diverse, and much richer'

'Having a range of different trainers in with different experiences, lots of additional CPD, lots of peer support groups, lots of explicit and implicit training methodologies, bringing up cultural competency all the time, it's not an appendage, it's not added on, it's woven in from the beginning'

'Is around workforce development and like, how you get on to the course in the first place. Making sure there is scholarships and other kind of opportunities that actually ensure that there is more of a diverse representation of trainees, and therefore, there's more opportunities to learn from one another on the course'

'In terms of recruitment, you know, you can't just have kind of one person of colour in the team, like, you know, there needs to be… that one person of colour becomes the pioneer for all things'

'Cultural competency needs to be something where there's, diversity represented within the lecturing staff so that each lecturer can bring their own lived experience, knowledge and understanding to the group as well'

'It's looking at cross culture and bringing in lecturers. I totally agree with everything that Participant 1 said, so it's there and very much integrated and interwoven, absolutely, from baseline, from the beginning'

'We have Northern Europe, Eastern European and wouldn't it be wonderful to have lectures from all over Europe, whether they're Italian or Spanish and Chinese. Every one of these nations is in this country, for us to be able to work with culture, to look at the children that we'll be working with, now and in the future, to have that competency and know where that child has come from'

'It's rightfully said, an interwoven quilt at the moment that is colourless but although it has richness, but let's put some bold spreads, let's put some vibrant in it, into service, absolutely vibrant and is a representation of all those who we do work with'

'I do want to add a little bit to what Participant 3 was saying, that it's also about class, and it's about power. The more we live in a society where the divide is greater, then certain groups of our communities are going to be marginalised and not be able to access either the training or the service we offer'

'Which I guess also ties into kind of equipping Dramatherapists for the workplace, as opposed to… just to be these kind of fairy fairy, and no that's not to undermine what we do, but I'm just thinking about all the elements of the training that get missed around actually being part of a workforce and establishing yourself and then being able to, like develop partnerships and meeting needs within communities'

'It would have been really helpful to understand how I could take what I've learned back to my community'

Diagram 27.1

'My university was 98% White, the year I was there'

'I say, at least 85% were White, at my university'

'I would say the same. I qualified a year and a half ago, so not much has changed in the last 10 years'

Diagram 28

'I think the training was less rich, less integrated, less. I think it was less as a result of that, really. I mean, we had, it was European rich, but it was very White, heavy'

'There were quite a lot of times where I felt quite othering. I'm saying that as a White woman, so I recognise that, for my Black colleagues on the course, I was identifying with what they were experiencing yet at a much more acute and explicit level'

'I found that I became very concerned about the dynamics on the training, and then orientated myself to focus on it and it became a kind of a bit of a mission to address and name'

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Diagram 28.1

'Well, I'm not surprised actually, that people have had that experience given the conversation that we've had today'

'You're learning to revisit those child aspects of yourself that maybe you've rejected in adolescence or not had a good relationship with and then trying to integrate it and then it not fitting into the training in the same way'

'I think it was a shared experience of what Participant 2 said, but I think of the others who had come from different cultures, about the level of understanding and it seems, I wouldn't say shutout and not even quite shutdown. It wasn't really, their experience wasn't so much able to come into the room'

'As a White woman, originally from working class, when I came to Dramatherapy, it was the first time I ever excelled. So I really felt like I did belong because the way of working and the way of learning, I'm also dyslexic, just kind of really suited me and it kind of felt like I'd found something that was really important to me'

'I think the parts of me that felt different, that part was harder to integrate and actually became more of a focus for me on the course than any other element which is interesting because like you know, why was I stuck with this part. Why was I wrestling with that part and not wrestling with my dyslexia or being a woman, like what was it about this part'

'When I found Dramatherapy. It's about expressing and being creative and, for me, it was enriching and I have never looked back. It's the best thing I have ever found in my life, I love it'

'I'm not saying I didn't have difficulties, but I can really understand how and empathise with and it also outrages me that there are members of our Black community who may feel very and other communities that may have felt very marginalised and excluded and that's just not okay'

'I can relate to a lot of what Participant 1 was just saying and I'm also dyslexic so there is something about the way in which the course is taught that is very different in terms of learning style and it helped me to feel like, okay, this is the aspects of me coming together and I can become this professional that can offer something'

'I can count 3 or even 4 different cultures in our group and how much of that was actually shared. It wasn't brought in and it wasn't asked for'

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Diagram 29

' I don't think it was. I feel it was almost like a concept. I wouldn't say it wasn't valued but it was like this isn't on the curriculum, this isn't what we teach and I don't really think it was quite thought about'

'I don't remember it being brought in and I think that was a great shame, that was something I felt should have been addressed on the training'

'Participant 1 said it early on that it should be woven in, part of the enriching our abilities as therapists and the experience of the training'

'I'm well aware of incidences of discrimination that took place on the course that were either not followed up properly, following procedures or that they were kind of… it was stuff that was going on. On the surface, with the teaching, it was like it wasn't acknowledged or named'

'There were like issues where people felt discriminated and that was kind of happening, but then the rest of the course wasn't changing, it just continued as normal'

'There was this outpour of anger and frustration and upset and explicit incidences where cultural competency was not met by the university'

'I think my experience, it was a very small training. It wasn't held in a massive university structure so trainees brought up issues of inclusion and exclusion, actually, it was addressed straightaway. It was addressed on a training level, it was addressed on a peer level, it was addressed on a creative level'

'I also kind of think that actually we were quite… we were really challenged in our thinking about difference because we had a whole year of medical anthropology lectures, so we read enormous papers, really wordy, funny thinking back, like oh my god, they were really wordy heavy papers around medical anthropology from cultures all over the world and the professor who was of European descent would ask really pointed questions'

'I think the other thing is that we had theory and practice seminars as well, and if something emerged from you on an emotional level about exclusion, inclusion, difference, for us, it was more about gender. It was about class, it was about power dynamics and wasn't so much about race, because we didn't think about that, actually, we just didn't think about that enough'

Diagram 29.1

'All of us' → 'All of us' → 'We are all responsible'

Diagram 30

'I would not want Black professors, trainers, facilitators to feel uncomfortable. Now what contributes to that, apart from the usual imposter syndrome, nerves, you know, working class dyslexic White woman speaking in front of people about that and saying this. I mean, I don't know, maybe we all have that. I most certainly have that, but actually, when I start, I feel okay'

'I second what Participant 1 just said, and I feel comfortable, but I would feel also, you know, having listened and having thought about things I would hate to feel uncomfortable. I would also hate to say anything that made anybody else feel uncomfortable'

'I don't feel comfortable for many reasons in that I'm relatively newly qualified. So I've got the kind of imposter syndrome thing going on and what have you. But it's not my whiteness that I'm aware of, actually, I feel most uncomfortable when I'm working with a client, where I'm aware that there's cultural difference, and I don't know if I'm being culturally competent enough'

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Themes:

Themes were drawn from each of the 9 Diagrams, highlighting a word or phrase that sums

up the content of that diagram. See below.

DIAGRAMS	THEMES
DIAGRAM 26	Cultural competency is about learning
DIAGRAM 26.1	Needs to be woven into the training
DIAGRAM 27	Diversity of lecturers and trainees
DIAGRAM 27.1	University was not diverse
DIAGRAM 28	White heavy
DIAGRAM 28.1	Belonged
DIAGRAM 29	Not addressed
DIAGRAM 29.1	All hold the power for change
DIAGRAM 30	Comfortable as a White practitioner

Eight themes were identified from the table above that address the research questions 3, 4

and 5.

1. Cultural competency is about learning

2. Needs to be woven into the training

3. Diversity of lecturers and trainees

4. University was not diverse

5. White heavy

6. Belonged

7. All hold the power for change

8. Comfortable as a White practitioner

Summary:

In the first focus group with two participants, seven themes were highlighted. The participants mentioned that cultural competency was a concept that didn't come up in their training. They also drew on Dramatherapy roots and the importance of acknowledging its origin and the 'audience' it was intended for. The participants mentioned that the university they attended for the Dramatherapy training was not diverse, it left them feeling lonely and they mentioned that the university did nothing to address this issue. Both participants agreed that all hold the power for change, and this is something that everyone needs to work together on. One of the participants also drew on the fact that they feel uncomfortable as a Black practitioner, while the other mentioned that it's something they have had to get used to. Focus group two with three participants highlighted that cultural competency is about learning and they mentioned that it's something that needs to be woven into the training. The participants all agreed that for cultural competency to be embedded in the training, they will need to have diversity among the lecturers and also with the Dramatherapy trainees. The participants all agreed that the university they attended was predominantly White and one mentioned that the impact of that was that it was White 'heavy', and they, as White students, felt a sense of belonging. The focus group ended with participants acknowledging that they were comfortable as White practitioners.

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Chapter Six

Data Analysis:

This chapter will be organised into the three sections of the Research Map of 'Policy', 'Profession' and 'Postgraduate'. The themes selected from the Data Chapter (5) will be examined and discussed in relation to the three sections of the research map, along with the research questions. An overview of the data from each of the sources is arranged into a diagram below to provide a synopsis of findings, along with summary of themes. Themes were then arranged into a diagram that captures the three sections of the research map. The discussion will focus on these three sections of the research map, along with the research questions highlighted in Chapter 1. Each section of the research map will be used as a heading for the discussion, which is to ensure that each section is addressed accordingly.

In keeping with the research questions, the main source of evidence used was narratives of experience which were obtained from students, qualified Dramatherapists and a report from HCPC. The main data collection method was semi-structured interviews and focus groups, and additional data was obtained from an online survey, along with a report from HCPC.

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Diagram 30.1 Overview of Data


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                                                    ┌─────────────────────────┐
                                                    │ Interview with co-writer │
                                                    │ of the BADTH            │
                                                    │ Intercultural Guidelines │
                                                    │ highlights that the     │
                                                    │ guidelines are sleeping. │
                               ┌──────────────────┐ └─────────────────────────┘
                               │ HCPC report      │
                               │ indicate that the│
                               │ training         │
                               │ institutions have│
                               │ the autonomy to  │
                               │ include cultural │ ┌─────────────────────────┐
                               │ competency in    │ │ Focus Group 1 highlights │
                               │ their programmes,│ │ the difficulties Black   │
                               │ even though HCPC │ │ Dramatherapists faced    │
                               │ is not specific  │ │ while undertaking their  │
                               │ on this concept  │ │ training, being in a     │
                               │ in their         │ │ survival mindset of just │
┌──────────────────┐           │ guidelines.      │ │ getting through.         │
│ Online survey    │           └──────────────────┘ └─────────────────────────┘
│ with students and│
│ qualified        │
│ Dramatherapists  │
│ affirmed that    │
│ cultural         │
│ competency is not│           ┌──────────────────┐ ┌─────────────────────────┐
│ a concept that is│           │ Interview with   │ │ Focus Group 2 highlights │
│ being addressed  │           │ BADth Inclusion  │ │ White Dramatherapists'   │
│ in depth in the  │           │ and Visibility   │ │ experience of their      │
│ training.        │           │ Subcommittee,    │ │ training and feeling a   │
└──────────────────┘           │ suggest that the │ │ sense of belonging and   │
                               │ issue is with the│ │ being comfortable.       │
                               │ institutions for │ └─────────────────────────┘
                               │ not wanting to   │
                               │ change and with  │
                               │ HCPC for not     │
                               │ stating things   │
                               │ explicitly for   │
                               │ institutions.    │
                               └──────────────────┘
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Diagram 31 Summary of themes:

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Cultural
competency
was not
addressed

→

Dramatherapy
training does
not do enough

↓

Cultural
competency
should be core
part of the
training

↓

University was
not diverse

←

All hold the
power for
change

↑

People are not
aware of the
Intercultural
Practise
Guidelines

↑
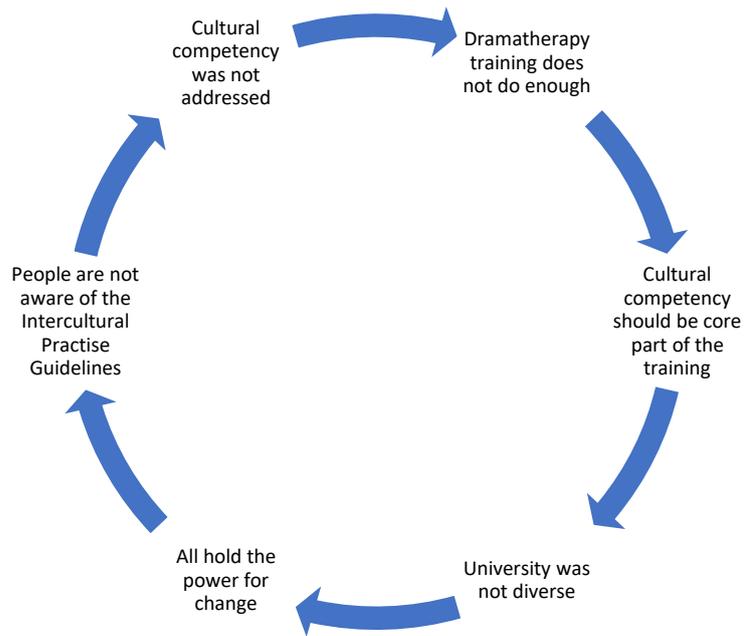
Diagram 31.1 Research Map and Themes.

Policy

•All hold the power for change

Profession

•People are not aware of the BADth Intercultural Guidelines
•Dramatherapy training does not do enough

Postgraduate

•Cultural competency was not addressed
•Cultural competency should be core part of the training
•University was not diverse

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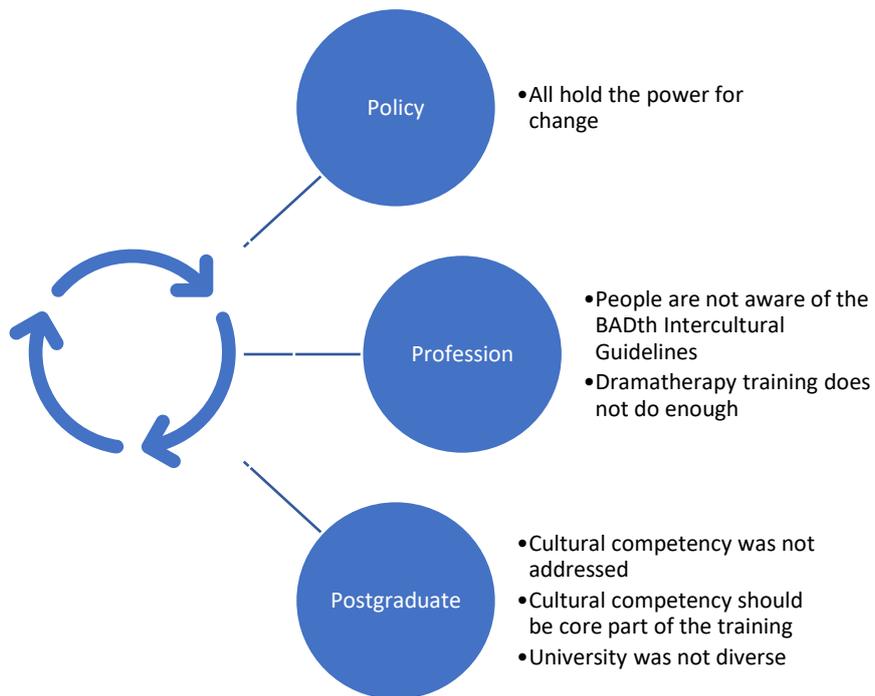
Key Findings:

The number of participants involved in this research was 44, with 36 participants from the online survey, 2 from the interviews, 5 from the focus groups and 1 report from HCPC. As mentioned previously, the sample size would be small, due to the Dramatherapy profession still being relatively new, compared to counselling and psychotherapy. Receiving 44 responses from participants for this research is a reasonable number and allowed me to demonstrate the different perspectives of participants towards this concept of cultural competency in Dramatherapy training.

Policy:

This section focuses on Research Question One of 'What is HCPC's position on cultural competency and what emphasis is placed in their regulations regarding cultural competency?

As part of this process of exploring this research question, HCPC's documents on the Standards of Education for Education Providers and the Proficiency for Arts Therapists were examined, to discover what HCPC states about cultural competency and how this is to be implemented in Dramatherapy training. After examining the Standards of Education for Education Providers, there was no mention of cultural competency in the document or that education providers needed to ensure diversity within their programmes or detail the

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essential skills that students will need to develop this. This was one of the points mentioned during the interview with BADth Inclusion and Visibility Subcommittee, *'that if you look at the HCPC, the body that regulates the profession, and if you see their standards of proficiency, and competency around culture, it's basically one paragraph, has nothing. So there's nothing specific. And that's what happens in the training institution. So the training institutions follow that. So that means that anything can be ticked when it comes to culture'* (Interview 1, 2020). Focus Group 1 also draws on this issue, where one of the participants mentioned the point of whether HCPC regards these programmes as being suitable in working with 'others' and working with 'difference', questioning 'is it *because that's what they have put on their guidelines that this is what they are teaching, but actually, is the course actually doing that. Is it actually, you know, making an effort to look at difference or incorporate difference, but I don't know, I don't think it does and so is the fault at the university or with HCPC'* (Focus Group 1, 2021). Both of these statements draw on the issue created in the HCPC guidelines of not being specific and how that has a direct impact on the training programmes that are created. This was also reflected in the response received from HCPC, where they mentioned that they do not assess individual areas of the Standards of Proficiency, which suggests that areas such as culture and competency could be lacking in the programme and yet programmes can still be seen as a success because all the other areas meet the Standards of Proficiency.

The HCPC guidelines also offer a lot of autonomy to the universities regarding how they create their programmes, without giving them any specific guidelines on cultural

competency and how it's to be developed in students. This was another point highlighted from the report from HCPC in terms of their expectation of training institutions addressing cultural competency, yet they *'don't provide a definition of 'cultural competency' as such, but this is what the Standards of Proficiency (SOPs) require, and is embedded throughout the Standards of Education and Training (SETs), so that students are equipped with cultural competency when they join the register and enter the profession'* (HCPC Report, 2020).

The argument that HCPC are making is that because the training institutions have been given autonomy on what they include in their programmes, nothing is stopping the institutions from focusing more on cultural competency. Even if it's not stated specifically in HCPC's guidelines, it's an expectation that they hold of students being equipped with cultural competency before they qualify. However, the training provider could argue that HCPC does not state this in their Standards of Education and Training document and therefore could not be held responsible for not delivering it to the standard required.

 The HCPC document on 'Proficiency for Arts Therapists Trainees', which Dramatherapy trainees follow, on the other hand, relates more to the notion of cultural competency and students needing to be able to adapt their practice to meet such needs. The document also seemed more specific in terms of the requirement that HCPC place on students regarding culture, diversity and adapting practices to meet the client's cultural needs. Comparing this document to the Standards of Education and Training for the training providers, it seemed to show that the requirements for students and the education providers are very different. The education providers have not been given specific details of how culture and diversity

are to be represented in the training, whilst the Standards of Proficiency for students detail specific requirements that students must meet to qualify. What is highlighted is that there is a gap between what HCPC requires students to know in terms of cultural competency and what is expected of the training providers to deliver. This reflects the frustration expressed during the interview with the BADth Inclusion and Visibility Subcommittee, referring to the vagueness of HCPC policies in the area of culture for institutions, mentioning that *'If I'm a White therapist, and I write an essay about working with a Black client, that's me ticking off my cultural competency. You know, because it's so vague, the policy is so vague, anything can match the policy. So that's the problem. It's too vague, and it's not specific enough'* (Interview 1, 2020). Referring back to the point mentioned earlier in Focus Group 1 of where the fault lies, it poses the question of whether it is with the institutions or with HCPC. This point is reflected in the response of participants in the online survey, with the majority mentioning that cultural competency was not addressed in the training, making statements such as *'it wasn't, because the entire course was run by white people'* and *'Don't think this was addressed due to lack of tutors' competency'* (Online Survey, 2020). The interviews and focus groups also emphasise the concept of cultural competency not being addressed in the training, which again emphasises the lack of the importance placed on this issue in HCPC's guidelines, which 'trickles' down to the training.

Even though HCPC guidelines to training institutions are not specific in the areas of culture and competency, the training institutions, however, do have autonomy on what they choose to include in their programmes. BADth Inclusion and Visibility Subcommittee made a

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comment about whether the training institutions could, on their own, decide to change their curriculum and still meet HCPC's standards due to the vagueness of it, although this would mean some people would have to step down from their positions (Interview 1, 2020).

Going back to the research question of 'What is HCPC's position on cultural competency and what emphasis is placed in their regulations regarding cultural competency?, one can conclude that there isn't much emphasis placed on cultural competency in their standards, there is no definition of the term and in the documents for education providers (HCPC, 2017), the term does not appear and no relevant description of it is mentioned. The term does seem to be evident in the Proficiency for Trainees, which sums up this frustration of why it's not in the standards for the education provider and there is no ownership of who is responsible for ensuring that students are being equipped in the areas of cultural competency.

The HCPC response received to questions sent was not very useful, direct answers to questions were not provided, rather responses referred back to their standard, which is vague and not specific in the area of cultural competency. The report from HCPC, does highlight a number of things that they are working to improve on, one being equality, diversity and inclusion and reviewing the Standards of Proficiency for all 15 of the professions on their register. One of the key area of change in the standards mentioned by HCPC is the importance of making sure that practice is inclusive for all service users. This announcement was made by HCPC in June 2020, when they stated that, through meetings with stakeholders in 2019, they decided to incorporate proposed changes into their generic

standards documents that relate to all professions on their register. Olivia Bird, HCPC Policy and Standards Manager, stressed the importance of the standards being up to date, reflecting current practice and being understood by educators, employers and the public (HCPC, 2020). This, again, reflects the frustration that HCPC's proposed change occurred due to the impact of the Black Lives Matter protests and the death of George Floyd. According to their own statement, this was something they had explored with stakeholders in 2019, yet the proposed change was announced in June 2020 during the peak of the Black Lives Matter protests, which potentially demonstrates that HCPC themselves are acknowledging that their standards on culture and diversity are lacking and not up to date in serving people from diverse cultural backgrounds. This was evidenced in their own report released in 2020 on Diversity Data, highlighting that Asian and Black registrants are a minority and not enough people are coming from those backgrounds. Their report on staffing further indicates that even within the HCPC workforce, this is an area that is lacking with the majority of HCPC's managerial positions being held by White people (HCPC, 2020). What was interesting about this Diversity Data report was that it was HCPC's first published Diversity report; one might question why wasn't this published before, which reinforces the lack of importance placed on the issue previously. Reflecting on Bell's (1992) words of ' *for too long, we have worked for substantive reform, then settled for weakly worded and poorly enforced legislation …if we are to seek new goals for our struggles, we must first reassess the worth of racial assumptions on which, without careful thought, we have presumed too much and relied on too long' (*Warmington, 2019, p.23). This sums up my feelings towards

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HCPC's proposed change to their Equality, Diversity and Inclusion Policy and, how far it will really go to ensure that services are inclusive for all if it cannot even ensure that this is replicated within its own workforce, with the majority of HCPC managerial staff being White according to their 2020 Diversity Data. Bell (1992) also captures this in his statement of too often putative legislative advances around equal opportunity and diversity appear to strike against racism, while actually maintaining racial inequalities at manageable levels. His work on CRT highlights that progressive measures to address racial inequalities are initiated only at moments of self-interest of White elites, '*it is only when racist practices threaten to destabilise rather than secure elite power that it is in the self-interest of the elites to address racism through legislation and policy*' (Warmington, 2019, p.23). By HCPC's own admission, and through its 2020 statement released on the topic, it mentions that greater emphasis is being given to their Equality, Diversity and Inclusion Policy, due to the impact of the death of George Floyd and the Black Lives Matter Campaign. Although the change proposed by HCPC in the area of equality, diversity and inclusion is welcomed, it still doesn't address how cultural competency can be incorporated as part of this process, or how this can be implemented in the training. Breen et al (2019) point to formal equal opportunity rules or laws on treating Black and White alike, which can do little in addressing the 'business' as usual forms of racism that people of colour confront every day that account for much misery, alienation and despair. This echoes the experience mentioned by participants who identified as being from an ethnic minority background in the focus groups and online survey, and who made statements such as:

'I had experienced so much microaggression because I experienced so much blatant racist comments that were a joke. And if you took offence to it, then you were being sensitive, so I just had that constantly' (Focus Group 1, 2021).

'I'm well aware of incidences of discrimination that took place on the course that were either not followed up properly, following procedures or that they were kind of… it was stuff that was going on. On the surface, with the teaching, it was like it wasn't acknowledged or named. So this stuff was kind of let's just do this discreetly over here' (Focus Group 2, 2021).

'The ignorance, racism, and cultural incompetence and islamophobia which some of my class demonstrated was never challenged by tutors under the guise of 'everything is welcome'. I wonder if they know how this makes the training environment so incredibly unsafe for those of us that are minorities' (Online Survey, 2020).

These statements sum up the arguments of how far can HCPC's proposed change to their Equality, Diversity and Inclusion Policy work in addressing these issues faced by ethnic minorities on the training and can their proposed change tackle these issues on the ground level, in terms of the experienced being encountered on a day to day basis. This draws on the concept argued by authors of CRT, that education systems and institutions are not objective, neutral or equal (Crawford, 2019).

Profession:

This section focuses on research question two of 'What is BADth's position on cultural competency and how do they advise training providers to incorporate this in their programmes?

Again, as part of this process of exploring the research question of BADth's position on cultural competency, it was necessary to examine BADth's Intercultural Good Practice Guidelines Document created in 2016 and their Curriculum Guidance for the Pre-Registration, Education and Training of Dramatherapists created in 2011. Like HCPC, it is important to examine BADth's stance on cultural competency within Dramatherapy training, even though BADth does not have a formal role in approving courses, or what should be included in them as only HCPC can do this. However, BADth is still in a position to drive change in the area of cultural competency, through the emphasis they place on this and through their policies, workshops and CPD.

There are various subcommittees within BADth, who are each responsible for a particular area. The Inclusion and Visibility Subcommittee focus on equality, diversity and social justice issues in Dramatherapy and, as such, would have been the subcommittee who developed the Interculture Good Practice Guidelines created in 2016. The subcommittee has, since, changed its name from Equality and Diversity Subcommittee to its current one of Inclusion and Visibility Subcommittee, mentioning that the change was due to the fact that they felt the term was empty and didn't carry much meaning anymore (Interview 1, 2020).

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The Intercultural Good Practice Guidelines 2016 began by stating that it does not constitute

a change to the BADth Code of Practice 2011, but suggests it aims to extend and

complement it. The guidelines are divided into five categories: Cultural Awareness and

Knowledge of Self and Others; Practice and Supervision; Training and Continuing

Professional Development; Research and Advocacy and Professional Relationships and

Systemic Change. The analysis focused specifically on the sections of Cultural Awareness and

Knowledge of Self and Others, Practice and Supervision, and Training and Continuing

Professional Development. These sections were explored, focusing specifically on any

references to cultural competency and what it says regarding these. The guidelines begin

with this quote; '*Dramatherapists should monitor their practice to ensure that they are not*

making discriminatory decisions based upon a client's race, culture, nationality, gender,

marital status, physical or mental ability, physical appearance, religion, political opinions or

sexual orientation'(BADth, 2016, p.3). This quote is highlighted because it's important to

discover how BADth suggest that Dramatherapists monitor their practice in this way.

The Intercultural Good Practice Guidelines document uses Arredondo et al.'s (1996)

definition of cultural competency as involving awareness, knowledge and skills that increase

the ability to notice and work with implicit biases as well as to serve diverse individuals

(BADth, 2016). It suggests that the guidelines aim to encourage all Dramatherapists to strive

towards developing their awareness, skill and knowledge regarding intercultural good

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practice. It's also important to note that the guidelines mention having a consultation with

NADTA (North American Drama Therapy Association) Diversity Committee as part of the

process of having written these guidelines. The interview with one of the co-writers of the

guidelines does mention that they researched different associations and their ethical

practices to compare and contrast and to be part of the global conversation around

intercultural practice. What was interesting about the interview with one of the co-writers

of the guidelines, was the mention of how long this conversation around intercultural

practise had been going on, suggesting that it's been going on for a decade. '*The ideas were*

that we all felt that this was a lack in our field, in our profession, and that it's not that people

didn't want to use those things, it's just they didn't know how. That's where we felt it was

really important to have something concrete that we needed to finalise, put it to action and

put it together that's accessible' (Interview 2, 2021). This echoes the idea that cultural

competency as a concept is not something that is unfamiliar to BADth as a profession. As

stated in the interview, these conversations around the topic have been going on for

decades, however the issue was not that people didn't want to use these things, they simply

didn't know how to, which reiterates the importance of this being included in the training.

Below are sections taken directly from the Intercultural Good Practice Guidelines; the

document was reviewed and broken down to identify any references made to cultural

competency in relation to how Dramatherapists are to evidence this in their practice and

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how Dramatherapy training is to incorporate it in the programmes. For further reference see the Intercultural Good Practice Guidelines document.

The section on Cultural Awareness and Knowledge of Self and Others details what Dramatherapists need to be aware of and demonstrate in their work with clients, regarding cultural understanding of clients and how they perceive things culturally. It states not only what they need to be aware of, but what they need to consider in terms of the therapeutic process and adapting interventions that consider the client's cultural background. This section, however, seems to only refer to Dramatherapists who are already practising, and it doesn't consider where trainee Dramatherapists fit in. It also doesn't mention how students are expected or encouraged to develop some of these skills mentioned and whether there is any onus on the training provider to ensure these are captured in their programmes or whether students are expected to just know. This reflects some of the response received from the online survey, focus groups and interviews on the value of having this as part of Dramatherapy training:

 'It would've been helpful to know what material is available and what the different aspects are before being faced head-on with it and learning from mistake after mistake' (Online Survey, 2020).

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'We aim to create spaces in which we are able to have the conversations that we didn't have in our training, that sometimes we don't have in our places of work either' (Interview 1, 2020).

'I think, you know, we have a responsibility as the dominant culture, to address our lack and to find ways of understanding and acknowledging the role that, you know, being a privileged White person has played and the kind of role that we've played inside, however uncomfortable that might make us. I think it's part of the work that we need to do if we're going to work as culturally competent Dramatherapists' (Focus Group 2, 2021).

These statements advocate the point of this needing to be explicitly laid out to not just focus on practising Dramatherapists but trainee Dramatherapists who, in my view, need greater awareness of this.

The section on Practice and Supervision refers to Dramatherapists being able to adapt practices that account for the client's culture and, specifically, the client's language. It suggests the importance of being aware of the things that can affect the therapeutic process such as cultural factors like power dynamics, internalised privilege and oppression. This section details how these things are to be carried out, ensuring that consent procedures are adapted to include the client's language and cultural understanding. It shows how Dramatherapists must immerse themselves in the client's culture, ensuring that the focus is

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on adapting things which take account of the client's cultural needs. Referring back to the themes identified from the data sources, this theme of needing to be a core part of the training was evident. Almost all the participants who were involved in the research, through participating in the interviews, focus groups or online survey, mentioned the benefit this would have had if it was 'woven' into the training.

The section on Training and Continuing Professional Development addresses Dramatherapy training providers regarding what needs to be included in the programmes. What is interesting in this section is the advice given to the training providers to aim to attract and retain students and staff from diverse backgrounds. One may ask if this diverse background refers to different cultural backgrounds and, if this is the case, is it represented currently in the teaching staff or the students that are undertaking the programmes. It prompts questions such as what diversity of student and teaching staff means in the programme and how is this evident in the course. Another aspect highlighted in this section is when it mentions accessing which world view is privileged and which is missing in the context of training and training providers needing to incorporate this in their programmes. Dramatherapy stems from a Western background, with most of its authors and theorists from similar backgrounds; already there is an exclusion of phenomena from non-Western cultures, so it's important that the training takes particular measures to incorporate this in the programmes. The data collected from the participants who took part in the research does indicate that the training institutions are not doing enough to incorporate phenomena

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from non-Western cultures. The interview with BADth Inclusion and Visibility Subcommittee drew on the point of the training reinforcing this concept of 'White' being the standard and how we are trained to only imagine working with the standard which is White:

'it's never explicitly said, but because there's no challenge on it. We work with an imaginary White client always, you know, the imagined client is White. And I don't think training really are able to challenge that yet and haven't been challenging that' (Interview 1, 2020).

'As a Taiwanese who studied and lived in London for almost 6 years, I found the Chinese culture wasn't understood much in Europe, especially in therapy settings, even worse in training program. It'd be nice to see the therapists who are from western cultures to embrace and really have an open mind to have a dialogue with Dramatherapists who are from Eastern/ traditional Chinese cultural background' (Online Survey, 2020).

These two statements signify the impact it does have when training institutions are not diverse in their approach or incorporating other ideas that aren't centred around Western philosophy. There was an article by Akile Ahmet in 2020, entitled 'Who is worthy of a place on these walls?'. The article explores this concept of 'Whiteness' residing on the walls, how the images, pictures and paintings of directors and prominent people in universities' history and legacy are predominantly White, reflecting the privilege of Whiteness that continues in academia even till today. What is interesting about this statement is that if one was to take

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a picture of the academic staff teaching on the Dramatherapy training in the current four training institutions today, it would present the issue of whether it reflects a culturally diverse work staff or reinforces the dominance of Whiteness. As rightly put by the participant from Interview 1, it leaves you imagining only working with White clients, even though that's not the intention of the training programmes to create this situation. This echoes the call for 'decolonising' the curriculum movements such as, 'Why is My Curriculum White' and 'Rhodes must fall', which emphasise this concept of Whiteness being the dominant force within institutions and draw on the point of what is thought and learned is never neutral (Hinton et al., 2019). This captures Ahmet's (2020) idea of Whiteness residing on the wall, being evident wherever you look, from the pictures and portrayals on the wall to the teaching staff and directors. Going back to the point mentioned in this section in the guidelines of training institutions to aim to attract and retain students and staff from diverse backgrounds, one can clearly see that this isn't the case, even though these guidelines were published in 2016 and we are now in 2022.

It was also important to explore the BADth's Curriculum Guidance for the Pre-Registration, Education and Training of Dramatherapists. It was developed by the Training Subcommittee of BADth in 2011, which consisted of the programme leaders from the Dramatherapy training institutions. The curriculum guidance sets out BADth's expectations for the content, delivery and quality assurance of the training programmes. It covers staffing, environment, equipment, safety, ethics, equality and diversity. The document was examined for

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references to cultural competency. It was interesting to discover that there was little reference made regarding cultural competency and under the Theory section, it suggests the context includes cultural, social, political, economic and ethical issues as they affect Dramatherapy practice, although it lacked details on how some of these things are to be incorporated in the training.

The Curriculum Guidance for Pre-registration mentions that the document was informed and developed by responding to the standards of education/training and standards of proficiency set out by HCPC regarding Dramatherapy training and practice. HCPC proficiency makes little reference to cultural competency, especially to training providers ensuring this is captured in their programmes, as essential, not optional. This poses the question of whether the Equality and Diversity Subcommittee, at the time before its name was changed to the current one of Inclusion and Visibility Subcommittee, was involved in the process of creating the Curriculum Guidance for the Pre-registration. If it was, why wasn't much emphasis placed on culture and diversity issues. What is also interesting is that the BADth Training Subcommittee consists of those who directly work on the Dramatherapy programmes, as programme leaders and lecturers, so it is no surprise that the Curriculum Guidance for the Pre-registration is what is mainly used as a reference point for the training providers and the Intercultural Good Practice Guidelines seem not to be included. This is reflected in the number of participants who said they were not aware of the Intercultural Good Practice Guidelines. In the online survey out of 36 participants, 25 of them said they

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were not aware of the Intercultural guidelines. This was also reflected in the focus groups, with one mentioning that they became aware after they had completed their training (Focus Group 1, 2021). The interview with one of the co-writers of the guidelines touched upon this, suggesting that the guidelines were poorly advertised, appearing in the BADth newsletter once or twice when it first came out, and mentioned that they are not sure of the impact of the guidelines, but felt it was just 'sleeping' (Interview 2, 2021). The interview with the Inclusion and Visibility Subcommittee, on the other hand, suggested that a lot had been done to promote the guidelines, in terms of how it was featured in the 2016 conference and how it used a big focus group from everyone who attended to feed into the guidelines and used the feedback to finalise the guidelines. *'In many ways, to me, it's surprising that people say they don't know about it and at the same time, I'm not surprised at all, because people forget about these things very easily. Again, if it's not something that touches upon your experience, you're not going to think about it. The White standard doesn't consider culture differences so much because most of the membership is White. I would argue that many people don't seek for it, don't think about it, don't ask about it* (Interview 1, 2020). This draws on the question of whether the Intercultural Good Practice Guidelines are having much impact or being recognised due to it not being an issue that affects the majority. It could be suggested that this raises the issue of how relevant the guidelines are and the value to Dramatherapists using them, if they are not even aware of them.

This was evident in the statement released by BADth in June 2020 regarding the death of George Floyd and the Black Lives Matter Campaign. The statement suggested that BADth

was keen to further its work in ensuring that Dramatherapists develop their cultural

competencies through examining their conscious and unconscious biases and move towards

working from an anti-oppressive ethic (BADth, 2020). This was also reflected in the theme of

BADth's conference last year (2021). Furthermore, it is reflected in the creation of its first

ever Special Issues Journal, that calls on ethnic minority members of BADth to write an

article to be published, looking at anti-oppressive practice and considering minority

therapists and clients. This is the first time something like it has been done and I am one of

those who have chosen to take part in writing an article for the Special Issue. Through this

process, I have met several people from ethnic minority backgrounds, and it seems to

produce this feeling of finally being made visible, that our experience can also be captured

and be given a voice, a theme that has become an echo of this research, to be seen and to

be heard.

Returning to the research question of 'What is BADth's position on cultural competency and

how do they advise training providers to incorporate this in their programmes?', after

examining their Curriculum Guidance for the Pre-registration (2011) and their Intercultural

Good Practise Guidelines (2016), one can see that the concept of cultural competency is

evident in the Intercultural guidelines and is not in the Curriculum Guidance for the Pre-

registration. The issue with this is that the Curriculum Guidance for the Pre-registration is

what training institutions draw on and not so much on the Intercultural guidelines, which is

evidenced by the lack of people who are aware of the Intercultural guidelines. Even some of

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those who finished their training in 2020, showed in the online survey that they were still not aware of the guidelines. This could suggest that people are not aware of the guidelines or people simply don't have access to them because it is only available on BADth's website, which you can only access if you are a member. It does have student membership, although it is not compulsory on the training that you are to be signed up for BADth membership; rather it is advice by the training and the choice is yours. The only way around ensuring that students are familiar with the guidelines is by lecturers presenting it to the students and making it available.

Another thing that was also discovered from the two documents, was the importance of BADth Training Subcommittee needing to work together with the Inclusion and Visibility Subcommittee, to create guidelines that benefit the profession in terms of those who are practising as well as those in training. A lot of the emphasis that has been placed on the notion of cultural competency from the BADth guidelines and documents has mainly focused on practising Dramatherapists and not trainees, highlighting that the emphasis seems to be that one develops cultural competency after the training and not during.

Postgraduate:

This section focuses on research question three of 'What does cultural competency mean to students/Dramatherapy practitioners?

It's interesting to note that all the participants, from the online survey to the two focus groups and the two interviews, were able to answer what cultural competency means to them. Almost all the statements used words like 'awareness', 'understanding' and 'openness' to relate to the concept of cultural competency. This does highlight that even though cultural competency is not formally taught in the training, people are still aware of what it is. 19 participants out of 36 drew on this idea of cultural competency not being addressed in the training, while 17 participants shared that it was mentioned or discussed in some form. Exploring this closely revealed that those who identify as White British said that cultural competency was not addressed in the training and made shorter statements compared with those from Black and Asian backgrounds. It also showed that the majority of the White participants gave reasons in their statements why cultural competency wasn't addressed and seemed more concerned with it not being included in the module or training. Those who identify as Black or Asian, on the other hand, used statements that were more direct in expressing their feelings around this. The statement from the participant who identified as British Pakistan drew attention to religion, being an Islamic woman who wears a hijab and how this was perceived in the training by the other students and lecturers. The statement details discrimination she has faced during the training and this concept of the training being traumatising.

It was also surprising to see White Dramatherapists' reaction to the issue of cultural competency, with a statement made by a White Dramatherapist from the online survey 'the

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entire course was run by White people'. Another statement from the online survey

mentions that the trainees are mostly White which means the question never came up

(Online Survey, 2020). It was also interesting to look at the response from those from an

ethnic minority background. One of the statements mentioned that 'you need to learn the

European way' (Online Survey, 2020), whilst another felt they were 'not welcomed as a

Muslim woman' and the statement that really draws attention to the significance of this

issue was this mention of ' how the training environment felt so unsafe for ethnic

minorities' (Online Survey, 2020). This was also reflected in Focus Group 1, where

participants stated that they 'wanted to please the White tutors, and do what had to be

done to get through the course' (Focus Group 1, 2021). '*I was just in the mindset similar to*

Participant 2, survival, I just need to get through these two years and then I can get back to

my safe space'(Focus Group 1, 2021). This echoes the statement made in the interview by

BADth Inclusion and Visibility Subcommittee, of the 'White' Standard not considering

cultural differences or its impact and this notion that the majority of people in the

profession are coming from a White background, which doesn't have a direct impact on

them *'if it's not something that touches upon your experience, you're not going to think*

about it' (Interview 1, 2020). This sums up the idea that because Dramatherapy, as a

profession, is White dominated and the training is a reflection of this, the issue faced by

those who identify as coming from an ethnic minority background isn't shared by the

majority, hence the issue is not a priority. Focus Group 2 participants touched on this,

sharing on incidents that took place on the course where microaggressions were being

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played out in the programme and how no-one would directly address it. *'There were so many moments on the course where the lecturer had opportunities to teach cultural competency as part of what was happening in the space. There were microaggressions that were playing out in the training and, as a trainee at the time, I thought, 'Oh my gosh, this is not okay, but I hadn't learned how to communicate that yet or to address it'* (Focus Group 2, 2021). This theme of microaggression was also reflected in Focus Group 1, where the participant mentioned '*I had experienced so much microaggression because I experienced so much blatant racist comments that were a joke. And if you took offence to it, then you were being sensitive, so I just had that constantly'* (Focus Group 1, 2021). The statement that really sums up the frustration and the impact of this was from the Online Survey, stating *'I believe they have not had to confront their racist shadows, and this infiltrates how they are with clients and students. I am massively disappointed with this and certainly felt the brunt of their 'unconscious biases' and 'overt racism' and 'islamophobia'. In all, I think the cultural incompetence of tutors leads to them training potentially very dangerous White therapists who are empowered in their incompetence in working with anyone who isn't White and isn't middle class and leaves the rest of us that are training feeling traumatised because of the unsafety of the training'* (Online Survey, 2020). Referring back to the statement made in Interview 2 by one of the co-writers of the Intercultural guidelines, this issue is on a systemic level people are not aware of, which could be causing harm even with the best intention (Interview 2, 2021). This captures the importance of why these issues need to be explored further in the training, that even though it's not the intention of those in charge of creating

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the programmes, it seems to be leaving ethnic minority people left out, an experience I can say I have encountered on the training. Referring back to CRT, which draws on this concept of racism is a system of ignorance, that is well disguised in the rhetoric of shared normative values and neutral social science principles and practices (Matsuda et al.,1993). Yosso (2006) suggests that when the ideology of racism is examined and racist injuries are named, victims of racism can then find their voice. '*Those injured by racism and other forms of oppression discover that they are not alone and moreover are part of a legacy of resistance to racism and the layers of racialized oppression* (Yosso, 2006,p.75). The article by Akile Ahmet (2020) mentioned earlier of 'who is worthy of a place on these walls', emphasises this concept of universities remaining overwhelmingly White, with their doors open to all, but their architecture remains the same, White.

Focus Group 1, with two participants who identified as Black, were asked if they were comfortable as a Black practitioner. One of the participants shared that they were uncomfortable as a Black practitioner, while the other shared that they have just had to get used to it. Focus group 2, with three participants who identified as White, was asked this very question, if they were comfortable as a White practitioner and their response was yes, they felt comfortable, '*Because we're part of the dominant culture'* (Focus Group 2). The one participant that shared they were not comfortable, mentioned that it was not their Whiteness they were aware of, rather being newly qualified and feeling uncomfortable when working with a client, ' *I'm aware that there's a cultural difference, and I don't know if*

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I'm being culturally competent enough, and I'm uncomfortable in there, you know,

wondering am I the best person to do this work' (Focus Group 2). Reflecting on this concept

of 'belonging' and being comfortable, versus feeling a sense of not 'belonging' and being

uncomfortable, captures the experience faced by ethnic minority students in higher

education settings. Williams et al. (2019) suggest that Black and minority ethnic

postgraduate students are underrepresented in UK higher education and discussions of

their experiences are often overlooked. Tate et al. (2017) draw on the point that within UK

higher education, there is a wealth of research highlighting the challenges faced by Black

and minority ethnic students at the undergraduate level, but little focus has been given to

postgraduate study. These statements are a reflection of the data published by the Higher

Education Statistics Agency in 2017/2018 as referred to in Chapter 4, which indicates that in

postgraduate taught courses the majority of students were identified as coming from a

White background, with students from an Asian background being second and students who

identify as being Black being at a lower level (Ahmet, 2020). This, again, reflects William et

al.'s (2019) comments that the key factor is that Black and minority ethnic students are less

likely to receive research council funding, which affects their opportunity to progress. The

2017-2018 Equality, Diversity and Inclusion Report is a good example of the gap between

White academic staff and those from ethnic minority backgrounds, indicating the impact it

does have in furthering a career in academia (Bale et al., 2020).

Going back to this question of a Black practitioner not feeling a sense of belonging and being

comfortable, Yuval-Davis (2006) suggests that belonging is about an emotional attachment,

feeling at home and feeling safe. Focus Group 1 participant touched on this and talked about this feeling of just wanting to get through the two years of the course, to then go back to her safe space, home. '*Where I was coming from, that wasn't even a thing, like I never experienced that. I didn't wake up every day realising I was Black*' (Focus Group 2, 2021). This experience described by the participant from Focus Group 1, captures my own experience. This feeling of not fitting in and not being able to see anyone like you, that you can identify with, does have an impact on your sense of belonging and being comfortable. Taking Ahmet's (2020) point of 'Whiteness' residing on the wall a step further, one can say that Whiteness doesn't just reside on the wall in Dramatherapy training, it's all that you can see, with most of its teaching staff team being White and the majority of students White. What the data in this research is showing is that this is having an impact on ethnic minority students' experience of the Dramatherapy training and it's an area that urgently needs to be examined. This is the hope of this research that it draws attention to the topic, to the point where something is done, and that Dramatherapy programmes see the impact this does have on ethnic minority trainees.

It was also interesting to see how someone from a Chinese culture felt about this concept of cultural competency and the training and their comment draws attention to this idea of therapists from Western culture needing to embrace and be open-minded to have a dialogue with Dramatherapists who are from non-Western cultures. It was interesting to see that their focus was only on Chinese culture. It draws on this notion of the diversity within ethnic minority cultures and, even though this research focuses on the training experience

of qualified Dramatherapists from ethnic minorities, it's important to highlight that even within this 'umbrella' of an ethnic minority, Black, Asian and Chinese cultures are different from each other. The issue is that Western culture has been given priorities over the others seemingly in the training. Due to the Western culture being dominant, the 'other' in the training that does not fit into the 'umbrella' of coming from that background seem to suggest that a British Dramatherapy training isn't very inclusive to non-Western cultures. Even though these cultures are diverse in themselves, they seem to have a common theme of not being catered for. It would be interesting to explore if this issue of the training not being culturally diverse enough were addressed, if those from an ethnic minority began to come out of the 'umbrella' of the 'other' and name their specific cultures and how the training can accommodate this.

The online survey data, overall, seems to suggest that there is a level of agreement between all the participants from White, Black and Asian backgrounds, that cultural competency was not central in the training but rather it was something that was seen as an extra. Comparing this with the statement made by participants who mentioned that cultural competency was addressed, 17 participants said it was brief, not in-depth and some suggested that it was only mentioned because they, as the student, brought it up. Out of the 17 participants that mentioned that it was addressed, not one of their statements mentioned that cultural competency was thoroughly explored in their training. All 36 participants indicated that cultural competency didn't go deep enough in their training. What was also interesting were

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the different years that participants undertook their training, from the oldest in 1990 to the most recent in 2020 and one student participant who will finish in 2022. It highlights the relevance of this topic and the impact it is still having if not addressed in the training.

It was interesting to note that the majority of responses from the online survey came from one geographical region (London), with a culturally diverse population and not so from less culturally diverse regions such as Derby and Cambridge. It raises the question of why 19 participants from one university, in particular, responded so much more than the others. What could possibly have been happening at that institution? In the past, Central School of Speech and Drama had documented incidents where ethnic minority students felt discriminated against, with students' campaigns such as 'Dear White Central' and 'Central for Change' and the peaceful walkout in May 2018 (Halpin Partnership Ltd, 2019). This shows that this issue is not something that Dramatherapy training can ignore, and it still remains relevant. This reflects Burnett's (2021) point of UK's universities needing to start having open conversations about racism and how higher education, as a whole, has struggled with the conversation and has refused to acknowledge that racism exists in the higher education sector. The data in this research does confirm that ethnic minority students do face these issues of discrimination and racism at universities, and it is not something that is being fabricated. Whether it is an intention of the institution or not, it's still happening.

What type of change is needed?

This section focuses on the research question (4) What type of change is needed and what will this change entail? and (5) Who holds the power to drive forward this change?

Regarding this question of what type of change is needed and what this change will entail, Focus Group 1 participants talked about Dramatherapy's roots and the importance of this being recognised and acknowledged, in terms of knowing what type of clients Dramatherapy was originally developed for and what roots it was originally drawn from. The pioneers of Dramatherapy, Slade, Lindkvist and Jennings arrived at their discovery of Dramatherapy independently (Holmwood 2014) and have different approaches to Dramatherapy, which is reflected in the Dramatherapy training. Depending on which university current students trained at, the emphasis and theories focused on were slightly different. The one thing that the three pioneers have in common is that they are from a familiar, Western cultural background. Although Jennings has done extensive work internationally, with various cultural communities, Dramatherapy as a profession still isn't culturally diverse, with people from Black and Asian backgrounds being a minority according to BADth Equal Opportunities Survey conducted in 2007 and 2015. Focus Group 1 mentioned this idea of how Dramatherapy drew a lot from different practices, but without explicitly saying where these ideas have come from. A theme that is reflected in the training was the topic of culture and race not being explicitly focused on, although all the participants that took part in the research were able to talk about cultural competency and

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what it means to them, even though most of them mentioned that it was not something that was given great attention to in their training.

Focus Group 2 participants all agreed that the change that is needed involves cultural competency being in the programme from the very beginning, integrated as part of the programme and they use words like it needs to be 'woven' in (Focus Group 2, 2021). They also talked about having trainers with different experiences, along with CPD, peer support groups and explicit and implicit training methodologies that focus on cultural competency being at the centre and not an appendage or an add-on. This was also reflected in the Online Survey, where participants emphasized the need for cultural competency to be at the core of the training. *'Little was referenced in terms of working with different cultures on the training. Occasionally it would be addressed when members of the group (largely those from Black, Asian and Minority Ethnic backgrounds) might bring something to light. Lecturers did well to address this at the moment but had it not been mentioned it may not have been addressed'* (Online Survey, 2020). This statement captures the point mentioned by Focus Group 2 participants of cultural competency needing to be part of the training. It should not be left to ethnic minority students on the course to raise these topics and to wait for the programmes to recognise the significance of the topics, which in turn enforces that feeling of not belonging. As rightfully put by Yuval-Davis (2006), that belonging is an emotional attachment, feeling at home and feeling safe. How can one feel at home and safe if parts of you are not being acknowledged or discussed? This reflects Focus Group 1's suggestion of White academic tutors needing to be open and honest about feeling

uncomfortable discussing the topic and still being willing to have the conversation and dialogue regardless of their uncomfortableness (Focus Group 1, 2021). The participants from Interview 1 captured this perfectly when they mentioned that for change to take place, it's going to require some of those teaching on these programmes currently to step down and allow those who would not normally have this opportunity. Interview 1 mentioned that this takes guts and integrity to be able to do this and they don't think the universities can do it (Interview 1, 2020).

Going back to the question of what type of change is needed and what will this change entail, one of the common themes mentioned by participants was having lecturers from diverse backgrounds. Interview 2 sums this up in their response of how the number of students who would be drawn to Dramatherapy could be increased if the teaching staff were more diverse. '*I think that's true for any programme, you know, to identify and to know that it's not going to be just a certain way and homogeneous in that way. I think it impacts because they also might have an influence from their history that influences the development of how they teach and what they choose to teach. We all carry our own history, and yeah, sometimes that impacts the sensibility to certain things, or certain experiences, what they value or what they think is most important to focus on'* (Interview 2, 2021). This, again, reflects this concept of belonging and being able to aspire to others that look like you and who act as role models. Reflecting on the research conducted through the 'Community of Inquiry' in 2020, that explored Black, Asian and ethnic minority students'

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experience of universities, it highlights that the attainment gap of ethnic minority students was due to them not feeling they belonged (Bale et al., 2020). This reinforces this concept of 'belonging' and the devastating impact it is having on ethnic minority students' experience of higher education. Clay's (2018) comment further highlights the impact of Black and Asian people facing difficulties in becoming academics within the Arts subjects and how this can negatively impact students from these backgrounds who do not have role models from their own backgrounds or thoughts of achieving a career in academia. This demonstrates the effect this issue is having in the long-term, with ethnic minority students not pursuing a career in academia, which means the hope of having a diverse lecturing staff team never comes to fruition.

Who holds the power to drive forward this change?

Most of the participants suggested that the power was in all, and all are able to push forward this change. Interview 1 drew on this concept of the power being in all, suggesting that BADth has the least amount of power in that it can only recommend things and not enforce anything. It also goes on to mention that even then, BADth is still in a position to push forward change, by changing its constitution, '*being more strict with members which will involve having a new structure, a new executive, a new way of working, which would, again, entail dismantling everything*' (Interview 1, 2020). One Focus Group 1 participant

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mentioned this idea of the students holding the collective power and how it needs to be spearheaded with lecturers and the course lead. This comment by the participant from Focus Group 1 captures the essence of this, suggesting that *'everyone has a duty of care. So, everyone is responsible for safeguarding adults and children, everyone has to do that, they have to protect clients. For me, it works the same way in reference to this as well, in the sense that everyone needs to work together to apply and employ these changes'* (Focus Group 1, 2021). Focus Group 2 participants also support this, by suggesting that we are all responsible for this change. Interview 2 drew more on the universities being more responsible for this change, in terms of updating what they teach to include systemic cultural ideas that go beyond the individual psychology and mentioned that there is a wealth of research that explores working with different cultures in other fields that could be included in the Dramatherapy programme. Interview 2 also mentioned this idea of BADth creating a special Journal issue on culture, which would draw more attention to the topic. What is interesting is that BADth, this year for the first time, is creating a special issue focusing on the experience of its ethnic minority members. One of the co-editors is a Black woman, which in itself shows that there is a move in the right direction. I have also had the pleasure to be part of the 'Race Group', which is a subgroup that is part of the Inclusion and Visibility Subcommittee of BADth. The Race Group has focused on issues of race, culture, diversity and the discussions that take place in the meetings seem to focus on current issues that are happening. It is been really positive to have that space to discuss and explore these topics, as well as share some of the experiences encountered with one another.

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Summary:

After exploring all the data, one thing that is clear is that cultural competency, as a concept, is not foreign, most people are aware of it and are able to say what it means to them. However, most participants agreed that it's a concept that is not considered in depth in the training and the onus seems to be on individuals to develop this for themselves. This seems to be taking place after the Dramatherapist has qualified. It was also interesting to note that the Intercultural Good Practice Guidelines (2016) do make reference to cultural competency, but most Dramatherapists are not aware of these guidelines, which shows that it's not something that is being used by the Dramatherapy training institutions. It was also interesting to compare the comments made by those who identify as coming from ethnic minority backgrounds to those from a White background. The focus groups were an accurate example of these differences, with Focus Group 1 being with two Black participants and Focus Group 2 with three White participants. The frustration and emotion associated with their responses (Focus Group 1) can clearly be seen as they describe some of the experiences they had encountered, namely that feeling of being on survival mode, of just getting through the course and being very aware of being different. Focus Group 2 with three White participants also shared that frustration, in that they felt bad that they there were people who were having these experiences. However, they were not surprised that these experiences were happening, with one of the participants sharing about incidents of discrimination that were taking place on the course, which was not being addressed. The Online Survey also reflects this as well, with statements made by those who identify as

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coming from an ethnic minority background seeming to capture their frustration and the statement by the British Pakistani person showing the hurt and the pain experienced on the course with this issue not being addressed.

Even though most of the participants agree that Dramatherapy training institutions do not do enough in the area of cultural competency, they all seem to agree that we are all responsible to further this change and the onus is not just on HCPC, BADth or even the Dramatherapy training institutions but everyone, including the students who are undertaking this training.

Chapter Seven

Reflexivity:

Researcher's experience

This chapter is a reflection on the experience of carrying out this research and considers the appropriateness of the research framework (Chapter 3), reporting on the experience faced by the ethnic minority groups who undertake Dramatherapy training. It will also reflect on my own experience of undertaking this PhD, as a woman of colour, and how It was received by the Dramatherapy training institutions. England (2010) suggests that '*Whether we like it or not, researchers remain human beings complete with all the usual assembly of feelings, failings and moods. And all of those things influence how we feel and understand what is going on*' (England, 2010, p. 84). My experience and struggle have become a central part of this research and act as a parallel process between the research topic and what I encountered in the field. It is apparent that my experience must be captured within the study, openly discussed to share knowledge emerging from this and made available for others. Moch et al. (2000) state that the researcher's encounters needs to be captured in publications and wonder why there are such limited writings on this subject. I am exploring an area that has limited research within the field of Dramatherapy and I am possibly the first Black African Dramatherapist to explore this topic at PhD level in the UK. This carries a lot of weight in terms of not being able to share some of the experiences encountered. '*My experience as a researcher in qualitative research has been a source of great reflection and inner struggle*' (Moch et al., 2000, p.7). This research is in an area that has had a direct

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impact on me, in terms of going through the training of becoming a Dramatherapist and indeed it was the training experience that was the inspiration for undertaking the PhD. I have recently written an article for BADth's Special Issue Journal, that touched on this subject. The article focused on this idea of the feeling of not belonging, always trying to fit in and not standing out and wondering why it takes so much for us ethnic minority people to fit in on the training. The article has provided a space for me to voice what I am encountering in doing this PhD, along with my Dramatherapy training experience and really coming to the conclusion that not much has changed. I am still struggling to fit in, am afraid this research may not be accepted by the institutions, and I am anxious of being unable to break the silence. One of the hardest things for me to write about in this research, as mentioned earlier, was my feelings, since all the things I was encountering were very difficult to put into words. I also feared being seen as the angry 'Black woman', the common stereotype that is attributed every time a Black person is trying to express their feelings. I have chosen to attach the article as an appendix of this research, as this research process was what helped me write it. The title of the article is 'The internal dialogue of a Black Dramatherapist: Am I the only one who feels like this?' and it can be found in Appendix 13 for the full article.

Reflexivity and Empiricism

Reflexivity is considered as a fundamental aspect of qualitative research and Corlett et al. (2018) suggest that it involves the researcher understanding how the process of doing the research shapes its outcomes. D'Silva et al. (2016) suggest that reflexive research is about a willingness to consider how one's background, personal values and experiences affect what we are able to observe and analyse. Finlay (2002) suggests that reflexive research demands self-examination from the researcher in order to understand the dynamic that influences knowledge production. This idea of self-examination mentioned by Finlay (2002) is a concept that is closely linked to the notion of cultural competency, of being about self-awareness. Undertaking this PhD has made me even more aware of my position of being a Black woman going through this process. It is ironic that for me the PhD experience encountered is parallel to the experience that inspired the undertaking of the PhD in the first place. Lawson (2013) and Pillay's (2005) statements of Black students facing difficulties at predominantly White institutions, from not only underrepresentation but also the racial environment perspective, can trigger feelings of depression, anxiety and alienation. These were feelings I experienced during my Dramatherapy training and never assumed I would experience it even more so during the process of this PhD. I have felt depressed, anxious and simply alienated with the responses I have received from the Dramatherapy training institutions about taking part in the research. It's important to state that I am writing about my lived experience and how I perceived the dialogue that took place between myself and

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the Dramatherapy training institutions. They will have their own dialogue, which is acceptable, but as part of this research it is important to give my voice to some of these dialogues. As Acosta et al. (2017) mentioned we can no longer ignore or avoid these discussions, '*Our students are now demanding open dialogue and we educators are currently denying them' (*Acosta et al., 2017, p.285). England's (2010) point also reflects this by drawing on this concept of power relations and how by simply recognizing or even being sensitive does not remove the power relation, an experience I would encounter as part of the process of trying to get the academic institutions involved in this research.

I had an opportunity to meet with some of the programme leaders on a 'Training the Trainers Day' in 2019, as part of a programme run by BADth Training Subcommittee. The day was insightful, and questions explored developed greater insight into areas of the research. One of the questions highlighted on the day was 'In what ways does Dramatherapy training inadvertently maintain the status quo of White majority trainees?'. The other focus was understanding and addressing the bias from the perspective of the trainers, and the models and the theories of Dramatherapy. What was fascinating about the day, was this 'forced' sense of openness about the topic, along with defensiveness and this feeling of being uncomfortable and not knowing how to move forward. What was surprising was that the programme leaders genuinely wanted more diversity within their programmes and the questions to be explored in the research were questions they wanted to explore; as a result, they welcomed the research.

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This, I felt, was a positive confirmation, in the sense that they wanted change and to be able to draw more ethnic minority students into their programmes. It felt as if, by doing the research, it could potentially help the universities explore this area and it felt necessary to work hand-in-hand with them to achieve an outcome that was both favourable to the universities and its students. However, through the many conversations and emails that would follow with the BADth training subcommittee, made up of the four training institutions, it seemed that an agreement could not be reached for them to be part of this research. This had a real impact on its direction, in terms of the original focus of the Research MAP and the enquiry which was to explore the three sections, which were 'Policy' that examines HCPC, 'Profession' which examines BADth and then 'Provision' which examines the four Dramatherapy training institutions. Since I wasn't able to get the agreement from the Dramatherapy training institutions to be involved in the research, I had to replace the section entitled 'Provision' with Postgraduate and focus on exploring qualified Dramatherapists' experiences of their training, instead of current students' experience of the training. Even though it would have been more valuable to have captured the Dramatherapy training institutions' views in this research, it doesn't lessen the impact of the research in terms of highlighting that this is an issue that the Dramatherapy training institutions can no longer ignore or avoid as mentioned by Acosta et al. (2017). This point is also reflected in the data collected, where most of the participants expressed this view, as

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Acosta et al. (2017) puts it, '*The time to break the silence and embrace our vulnerability is now'* (p.287).

Reflecting on movements such as 'Why is My Curriculum White', 'Decolonising the curriculum' and 'Rhodes must fall' (Hinton et al., 2019), as well as the Black Lives Matter Campaign and the death of George Floyd, made me assume that the silence around this topic was something that the Dramatherapy training institutions would want to explore but rather the opposite happened, and more anxiety around the topic seemed to be created.

 I often wonder if the anxiety of the Dramatherapy training institutions would have been different if it had been a 'White' student exploring this topic or whether it would have been a less threatening 'vibe' than coming from a Black student like me. It feels like they were assuming that the outcome of the research was going to be negative and blaming because issues of race always seem to evoke these feelings. African American psychologist Niam Ackbar captures this in his quote when he says '*Although we are five to six generations removed from the actual experience of slavery, we still carry the scars of the experience in both our social and mental lives'* (Mckenzie-Mavinga, 2004, p.3). This reflects some of the CRT thinking, of refuting the claims made by higher education of being objective and race neutral, suggesting that it is a camouflage for the self-interest, power and privilege of the dominant group (Yosso, 2005). Moraga's (1983) statement of failing to acknowledge the oppression emphasizes this idea of the importance of still being able to share the experience encountered as part of this PhD process. Even though it could be perceived by the Dramatherapy training institutions as being negative, attention must be drawn to these

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issues and the impact of their 'silence'. *'The danger lies in ranking the oppressions. The danger lies in failing to acknowledge the specificity of the oppression. The danger lies in attempting to deal with oppression purely from a theoretical base, without an emotional, heartfelt grappling with the source of our own oppression, without naming the enemy within ourselves and outside of us, no authentic, non-hierarchical connection among oppressed groups can take place'* (Moraga, 1983, p.53). As rightfully put by Moraga (1983), we cannot deal with oppression just from a theoretical point, the emotional aspect and the naming of the oppression is important. Yosso (2005) draws on this, suggesting that when racist injuries are named, victims of racism can find their voice. *'Those injured by racism and other forms of oppression discover that they are not alone…They become empowered participants, hearing their own stories and the stories of others'* (Yosso, 2005, p.75). I am not suggesting that Dramatherapy training institutions were racist towards me; I am, however, expressing my frustration at the silence and unwillingness of the training institutions to explore this topic and be part of this research. Yosso's (2005) comment of becoming empowered from hearing your stories and the stories of others, is something that has kept me going through this process. Focus Group 1 participants' stories resonated with me; the aspect mentioned of being in survival mode, of just getting through as being the mode of this PhD, with many tears, rejection and delay, giving up was still not an option. My ex-programme leader told me that this journey was not just about me, it will impact the many more who will come after me and these have been the words of encouragement I have held on to through this

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process of encountering so many others like me. They have enforced the desire to push forward for the change needed in Dramatherapy training.

 I acknowledge that this research topic is uncomfortable and sensitive, but for how long can this remain sensitive and the silence around the topic never being challenged or allowed to be explored because of fear of how it makes us feel. I do realise that a lot of the anxiety around the research is coming from this idea of training institutions fearing being labelled as not culturally diverse or their programmes not being inclusive for ethnic minority students. It was never the aim of this research to offend them, although it is important to acknowledge that it had the possibility of coming across as such. England (2010) points out that fieldwork is confrontational in that it is the purposeful disruption of other people's lives, stating that anthropologists call it the 'violence of fieldwork, even if the violence is symbolic'. Reflecting on the position the Dramatherapy training institutions took by not engaging, causes me to wonder if they will ever be comfortable enough to explore some of the issues this research has raised in the area of cultural competency and students' desire for a more in-depth exploration of the topic.

Reflecting on Corlett et al.'s (2018) point on reflexivity being about the researchers understanding of how the process of doing the research shapes its outcome and D'Silva et al.'s (2016) point of the research process being affected by one's background, personal values and experiences, I cannot deny that being Black and a woman has not affected how I

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perceived things. I cannot deny that the statements made by those who identify as coming from an ethnic minority background, especially Focus Group 1, resonated more with me, in terms of having encountered some of the experiences they described. I also cannot deny that the inspiration for this PhD was my personal experience of the Dramatherapy training and how that would have had an impact on how I perceived the training institution. I cannot deny that their lack of response to this research did not have an effect on me and how I perceive them. As Johnny Saldana (2018) put it, you cannot learn how to tell someone else's story, until you first learn how to tell your story. This PhD is my attempt to tell my story and the stories of others like me.

Research Limitations

The purpose of this research was to explore the emphasis placed on cultural competency by HCPC, BADth and Dramatherapy training institutions, along with exploring students' experience of the training in relation to cultural competency, to determine what type of change they feel is needed in this area and what that change will entail. This has been largely fulfilled. However, the research is not without limitations which are discussed here for the betterment of future studies.

This research focused primarily upon race and culture; however, future work should aim to expand this intersectional approach to bring in further stratification systems such as class,

age, religion, sexuality and disability. This could give insight to how these other groups of people feel about the training, if they also feel marginalised and exploring what they feel could be done to address this.

This research focused mainly upon the experiences of qualified Dramatherapists. Future work needs to capture students' experience of the training and ensure that students are selected from the four Dramatherapy training institutions to get an accurate overview of each training institution. This was what this research had originally aimed to do but could not achieve due to the training institutions being unwilling to participate in the research and not being able to get ethical approval to be able to contact their students directly without the institutions' consent. Also, by not having the Dramatherapy training institutions involved in the research, means that they are not able to shed light onto what they are currently doing to address this concept of cultural competency and share their views on some of the issues that participants have raised concerning the training.

Furthermore, greater attention and particular focus can and should be applied to elements of this thesis's research focus that have been touched upon without in-depth analysis, specifically the important issues of Islamophobic, microaggressions raised by the participant from the Online Survey and racial microaggressions related to 'led culture' on the university campus discussed by Focus Group 1 participants.

Final personal reflection is acknowledging the impact this research process has had on me personally and professionally. It revealed that this type of research is so needed for the times we are in and all that has happened in the last two years in the world, with Covid and the Black Lives Matter Campaign. It also showed that even though there is a need for this type of research, institutions might not necessary 'jump' on board, as discovered through this research that it's still an area that people are uncomfortable to explore. Where does this leave the researcher - frustrated, angry and powerless, emotions that I experienced through undertaking this study.   I often ask myself, knowing what I know now, would I undertake this study again and the answer is always yes, because for change to happen, more and more of this type of research is needed and we cannot afford to shy away from such research because of the difficulties one does encounter in attempting to do so. I hope that this research acts as an encouragement to other minority ethnic people who also want to pursue similar research, to know that, though there are challenges, if they do not give up they can achieve that goal.

Chapter Eight

Original Contributions, Practical Application and Key Conclusions

This thesis has offered insights and knowledge to academic literature and the field of study through two significant ways. First, it considers the application of the research questions to the Dramatherapy training institutions in the UK, being aware that questions around cultural competency within the training have not been explored and, hence, there has been little discussion or challenge on the subject. The second explores options of what teaching cultural competency could entail for Dramatherapy training both theoretically and practically. As an outcome of this, a tool-kit has been created as part of this process to enable Dramatherapy trainers to access an off-the-shelf framework to be used in lectures/ workshops to teach on the topic or explores cultural differences of trainees. This chapter will first outline these original contributions of the research in further detail, before presenting the key research conclusions.

Original Contribution: Cultural competency within Dramatherapy training in the UK:

As previously stated, cultural competency has a strong pedigree within the US higher education system, which configures cultural differences in specific ways that reflect its history, demography and politics (Kirmayer, 2012). However, the UK's understanding and

application of the term cultural competency in higher education is strongly linked with issues relating to 'equality and diversity' (Stewart, 2012). An in-depth qualitative analysis of qualified Dramatherapists' experience of their training in relation to cultural competency has not been undertaken previously in the UK, especially one focusing on the ethnic minority experience.

The recent protest regarding the UK not being innocent and institutional racism not only being a US problem (Joseph-Salisbury et al., 2020), draws on the concept that it is pervasive at every level within UK society. Wong et al.(2020) highlight the concerns around racial inequality in UK higher education, drawing on this idea that higher education is racially biased, with White students and White staff being the main beneficiaries and those from minority ethnic backgrounds being disadvantaged or marginalised. The Equality and Human Rights Commission (2019) suggested that universities are oblivious to the scale of racial abuse on campus, highlighting that 43% of universities were confident of their racial harassment procedures, but two thirds of discriminatory incidents that students experienced were underreported. The higher education sector has had to confront difficult questions about the role that universities play in the reproduction of structural inequalities. Burnett (2021) suggests that UK universities have been called upon to acknowledge and address systemic racism within their institutions, mentioning that universities need to begin to have open conversations about racism, as well as ensuring that ethnic minority students feel a sense of belonging at their institutions. This lack of diversity on campus is a key factor

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in the perception of environmental microaggression, which was an issue raised by Focus Group 1 participants along with this sense of not belonging. This research demonstrates that by exploring these questions within individual courses and programmes, such as in the case of the Dramatherapy training, one can discover the inequalities that do exist and how ethnic minority students are coping with the issue. This was one of the points that was discussed with HCPC, that programmes can seem to be excelling and, yet, be failing in the areas of cultural competency. The experience described by ethnic minority participants in this research points towards the centrality of race within their everyday life at university and in their Dramatherapy training. This indicates the value of undertaking further research of this nature in other courses and programmes that are not necessarily linked to only therapy programmes but also other healthcare courses.

Most of the participants that took part in the research agreed that cultural competency is a complex concept that needs to be explored in-depth in the training and should be a core component of it. This does show that, to some extent, cultural competency is being explored and it is not a concept that is 'foreign'. Even if direct references are not being made to cultural competency, it is still a concept that most of the participants felt they had explored in some form in their training. The issue that most of the participants agreed on was how it was not explored in-depth, and at times was just the subject of a one-day workshop.

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This research highlights that there is a necessity for cultural competency to be explored in-depth in Dramatherapy training. Even though the training institutions might be exploring it currently in smaller workshops, it needs to be a concept that is embedded throughout the two years of the training. One of the important points raised by participants is that cultural competency is only explored when the students bring up the topic up and then the lecturers would address it. This indicates that if the topic is not brought up by students then it will not be addressed by the lecturers. This draws on the starting point that cultural competency within Dramatherapy training should be 'intentional' and that it is not something that one has to get the courage to bring up, but is something that you can physically see as being part of the programme timetable. Focus Group 2 participants talked about it being a concept that should be 'weaved' into the programme from the very start. CRT theorists, such as Derrick Bell (1999), draw on this concept that White people are often unaware of their racial identity. Equally, Cann (2016) suggests that they have created a system of domination that depends on their ignorance of the very system they have created, which makes them unable to see the reality. This relates to the idea suggested above of the importance of being intentional about this topic within the training, in the sense of the topic already being incorporated in the programme. This is vital as it is not something that is automatically going to happen on its own, given the reason that all might not attach such significant relevance to it. As such, Leonardo (2009) mentions that White people have White racial knowledge and that the knowledge that constructs their understanding of race and racism for the most part is colour blind.

The recent book by Paige Dickinson and Sally Bailey (2021) entitled 'The Drama Therapy Decision Tree, Connecting Drama Therapy Interventions to Treatment' has a section on cultural competency and explores how it can be used in the context of Dramatherapy. I would suggest that Dramatherapy programmes are 'intentional' about diversifying their reading lists to include additional theories such as CRT, intersexuality theory and other readings that are not Eurocentric. Focus Group 1 participants touched on this, suggesting that the resources and materials that are used in Dramatherapy are not diverse, commenting that even the cards that are used all have 'White' faces on them. Another issue mentioned was that Dramatherapy draws from a number of cultures, but without actually being explicit about what culture it is drawn from. Both Focus Group participants and the interview with the co-writer of the Intercultural Good Practice Guidelines talked about the roots of Dramatherapy and the importance of these roots being acknowledged and named. Finally, I suggest that greater emphasis is placed on the Intercultural Good Practice Guidelines of 2016 and is more incorporated within Dramatherapy training, as this research highlights that the majority of Dramatherapists are not aware of the guidelines.

Using Story as a Method to Explore Cultural Competency in Dramatherapy

Image 1 - Bridge - Content removed due to copyright restrictions

Like a bridge, which symbolises the provision of a passage to get across from one end to another, story as a method or tool can be used to explore cultural competency. Various Critical Race Theory authors such as Bell (1987), Delgado (1995) and Williams (1991) all suggest that stories are not merely an individual production but cultural and ideological as well. '*We produce and communicate stories within a social context, the stories we tell are those that are culturally available for our telling'* (Bell, 2003, p. 4).

This concept of stories being a bridge was also emphasised by Bell (2003) suggesting that they are a link between individual experience and the systemic social patterns that can be a tool to develop a more critical consciousness about social relations in society. The individual tales that we all carry can become the bridge in getting across to explore not only our individual narratives, but the cultural elements and identities within them. Morales (2000) draws on this point that verbal narratives enable people who have been oppressed to name and reclaim the connections they have been taught to ignore, along with the dynamics they were told do not exist. Tyler et al. (2008) suggest that storytelling offers comfort and it's a virtual stronghold that contains the challenges faced, as well as being a voice for truth to be

heard. Simmons (2006) emphasises this, suggesting that verbal narratives offer space where truth becomes possible through the sense of shared understanding.

Focusing on this image of a bridge, the tracks in the bridge become the reflection of our individual cultural identity as we share our story. The bridge itself acts as a symbol of the representation of the many cultures we have in our society.

This section explores how verbal narratives could become a bridge to explore cultural competency within Dramatherapy training. Through focusing on the current theoretical model it already draws from - the Six Part Story method. The overall aim is to create a 'tool-kit' that provides a guide to Dramatherapy training institutions of how cultural competency can be embedded in the training.

Stories

'*Stories are the vehicles through which we come to terms with the world. We bring our understanding of situations together with others, effectively bootstrapping – looping our existing understanding of experiences onto the analogies offered by others to create new knowledge - new experiences onto the ones we have already banked to take our learning further'* (Vettraino, 2016, p.23).

Authors such as Linds and Vettraino (2008) and Fels (2015) suggest that the act of creating and sharing a story with another informs a cognitive and affective process which engages both body and mind in order to bring about new knowledge and understanding. Verbal narratives and story-making is at the heart of Dramatherapy and a wonderful tool to explore

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cultural competency in greater depth. Both Focus Group 1 and 2 participants touched on this, with Focus Group 1 participants suggesting that a project on exploring global world stories should be created. Dramatherapy training institutions could collaborate with a few Dramatherapists to explore how some of these stories can be fed back into the training programmes, in order to enrich them culturally. A Focus Group 2 participant suggested creating an international group that shared stories, fairy-tales, different belief systems and having an international understanding of cross-culture. This was one of the questions that was asked to the BADth Inclusion and Visibility Subcommittee about the progress that is being made internationally with other Dramatherapy committees and it mentioned that the link internationally wasn't strong and was only able to reference the links with NADTA. There is, however, the World Alliance of Dramatherapy founded in 2017, which hosts the international dramatherapy week and coordinates a world congress every four years, as well as promoting international research on the state of the profession (worldallianceofdramatherapy.com). This shows that such international groups already exist and perhaps Dramatherapy training institutions here in the UK need to reach out more to other international organisations. As for now, Dramatherapy training institutions can begin by using the tools that are at their disposal, such as role play, puppets, masks, storytelling, rituals and games. Some of the participants in the research talked about the many cultures that they all brought to the room and how none of these were ever explored. '*I can count 3 or even 4 different cultures in our group and how much of that was actually shared. It wasn't brought in and it wasn't asked for*' (Focus Group 2). This reflected my experience, when I did

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my training; there were different cultures in the room, but we never explored them. This could be the starting point for Dramatherapy training institutions on commencing a journey of cultural competency for students, by creating the awareness of other cultures and one's own culture, creating a space that can be shared and making visible the diversity of the backgrounds and experiences that they, as trainees, have brought with them. Vettraino (2016) draws on the point that the sharing of experiences enables the development of a deeper awareness of both the socio-cultural realities in which individuals operate and has the capacity to transform that reality into something else. Benjamin's (1999) point of storytelling is about having the ability to exchange experience and is a system of communication, whereby *'the recounted experience of the storyteller is, in turn, experienced by a listener in the immediacy of their encounter. They find themselves, Benjamin suggests, in the company of one another'* (Jacques, 2016, p. 98).

Storytelling is at the heart of my culture, coming from an African background; stories were the regular ritual that took place once the family were together. Grandparents shared stories and aunties and uncles took turns to tell us children stories that went on well into the night. Storytelling is recognized as one of the most important traditions within African culture according to Banks-Wallace (2002), suggesting that the most respected person in traditional African society was the person who kept the stories, as they become the oral historian and educator. Chinua Achebe, one of Nigeria's famous novelists, suggested that stories support and reinforce the basic doctrines of a culture '*it is only the story that can continue beyond the war and the warrior. It is the story that outlives the sound of war-drums*

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and the exploits of brave fighters. It is the story that saves our progeny (off-spring) from blundering like blind beggars into the spikes of the cactus fence. The story is our escort; without it, we are blind. Does the blind man own his escort? No, neither do we the story; rather it is the story that owns us and directs us (Achebe, 1987, p.50). This reflects Stanfield's (2016) point of the need to make space for other knowledge systems that promote cultural competency. This, further, suggests that African people should not be passive recipients of knowledge constructed on their behalf, but should co-produce knowledge and more importantly should own their knowledge through collection and interpretation of their own stories and narratives. This point, mentioned by Banks-Wallace (2002) regarding stories shared in research contexts by women who are from African American background, always seems to reflect their ongoing struggle against oppression. This statement by Banks-Wallace is ironic in terms of capturing the struggles encountered through doing this research and this quote by Sewall (1998) really emphasises this idea that stories in themselves are meaningless and rather it is what people do with them that makes them important. Part of the aim of this research is to share my stories and it's not to share them for the sake of sharing, but rather that through the process of sharing and my experience of what it means to be a Black Dramatherapist in this field undertaking a PHD, others like myself would begin to verbalise their experience and begin to challenge what needs to be challenged, in relation to what is being left out in the training.

Practical implementation of cultural competency: Using Stories

This research uses this notion of story as a method for practical implementation of cultural competency. Stories are the foundation of qualitative research and Banks-Wallace (2002) suggests that it is the cornerstone of such research. Stories and story making is at the heart of Dramatherapy process and is central to everything we do as a Dramatherapist.

The essence of Dramatherapy is using drama, which involves story and theatre, as a medium for intentional change in a form of therapy. It is intended and Langley (2006) suggests that 'intention' is the important word, in that change does not just happen by chance. Stories are central to Dramatherapy as an approach. This supports the point made by this research that cultural competency, along with the issues mentioned by participants of race, culture and discrimination, are topics that the Dramatherapy training institutions can choose to be intentional by incorporating onto their programmes. As Dorothy Langley (2006) mentioned, the advantage of Dramatherapy is that there is no right or wrong way of doing it. Acosta et al. (2017) also draw on this in their article, suggesting that faculty and wider university development must be intentional and stimulate deep introspection, a willingness to be honest and a commitment to change. '*Good will and good intentions alone are insufficient to meet the educational challenges inherent in confronting race, power, privilege and identity. Good intentions must be accompanied by the skills needed to facilitate open dialogue, preserve safety and address conflicts*' (Acosta et al., 2017, p.286). This statement

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captures the point made earlier by participants that sometimes these issues were only addressed when students, mainly from ethnic minority backgrounds, brought the issues up. This suggests that although they are not ignoring the topic and do address it when brought up, it's the waiting and not being intentional that is the issue.

I have chosen to use this concept of story as a method to explore cultural competency for a number of reasons. One reason is that it is a method rooted in Dramatherapy which means all Dramatherapists, regardless of which university they undertook their training, would be familiar with this approach. It was important that a familiar concept from the training programmes is used, to explore cultural competency which is unfamiliar to them. Also, because the four Dramatherapy training institutions have a slightly different emphasis on approach in terms of the theoretical framework they draw from, story is one of the themes and common elements that is embedded across all Dramatherapy institutions. The hope, therefore, by using story as a method would mean that Dramatherapy training institutions are not far out of their depth. With this in mind, I have chosen to use the 6 Part Story Method (which is also known as the 6PSM), as a way to explore cultural competency. Because this is a method that is widely taught and used in Dramatherapy training, and it is an easy one to follow in creating stories, by following the six steps laid out below:

1. A main character in some setting
2. A task for the main character
3. Obstacles in the main character's way

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4. Things that help the main character

5. The climax or main action of the story

6. The consequence or aftermath of the story

The 6PSM method originated in the field of Dramatherapy in 1990 by Mooli Lahad, who was a Dramatherapist and a psychologist. It was developed following a period of experimental use (Lahad, 2013) during the early 1990s where Lahad was living and working in Israel, alongside his colleague Ofra Ayalon. The model was originally designed as a dramatic and therapeutic tool for working with individuals and groups, although as it evolved, Lahad (1992) developed the 6PSM as an assessment tool during his work with children traumatized by the experience of war (Vettraino et al., 2019). The aim of the technique is to assist the individual to reach self-awareness and improve external and internal communication Dent-Brown et al. (2006).

The 6PSM model involves inviting clients to create their story by drawing each of the six step guides onto a sheet of paper, separated into six sections, one for each of the six parts of the story technique. Lahad (1993) suggests that this provides the Dramatherapist with the chance to understand how the self-projects itself into and onto the contexts within which the individual operates and from this an assessment can be made of the main ways in which a client chose to cope with their trauma. Lahad (1992) suggests that from having this knowledge about the client, it can then allow the therapist to support the client with an

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appropriate intervention. Lahad's original method focused on the clients' trauma and strengthening their coping strategies.

The 6PSM focus for this research will be more on the therapists' self-awareness, their background and what they bring with them in terms of their cultural identity. Even though a lot of this technique is based on what the client is to achieve, equally the therapist can use this technique to explore their cultural identity and the individual stories that they themselves carry. Vettraino et al. (2019) suggest that storytelling is a way of one understanding the self in a traditional method of passing forward knowledge and unpacking experiences to better connect with the world around us. At the heart of cultural competency is self-awareness and being able to connect with anyone and everyone, regardless of cultural background. Bell (2009) suggests that stories bring us closer to issues that would normally be seen as 'out there' and are separate from us, or that we are afraid to see as part of our lives, such as racism. This suggests that storytelling is a powerful way to bring everyone together, validating what everybody has to contribute and using it as a way to explore the complexity of our society. Demircioglu (2008) echoes this, suggesting that stories are an inherent part of people's cultures, that informs our past, supports our present and shapes our futures. Demircioglu (2008) also suggests that educators can use stories to explore cultural values and help students develop their own values. Sunwolf (1999) emphasises the concept of culture affecting the way in which students go about learning and the way in which teachers go about teaching.

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The use of the 6PSM technique to explore cultural competency in this research is really about capturing the individual stories we all bring to the training, especially in relation to our individual cultures. Noori (1995) mentions that by students exploring their individual stories, they become better able to transcend the often oppressive experience of culture in education, suggesting that in order to view the world from other perspectives, we must develop an understanding of self. One of the points that Noori (1995) mentions here is the idea that telling our stories requires us to examine our own past and realize how we have been responsible for helping others to succeed or perhaps fail. '*As we learn to listen to our own voice and the voices of others, we will have a greater understanding of education's moral issues and quite likely will engage in more thoughtful and careful teaching* (Noori, 1995, p. 136). This idea draws on the teachers or lecturer's ability to engage in this process with their students, exploring their own personal stories and possible biases that they might have. Bell (2009) makes an interesting comment, suggesting that teachers need to tell their own stories about why they are teachers. It is important for teachers to identify how these stories they are carrying could prevent them from hearing those that students have to tell as they also need to look at the stories that students in their classroom are sharing.

Bell (2009) poses this question of how does hearing the stories of the students affect the curriculum that they, as teachers, bring forward into the classroom and how can they, as teachers, invite the students' stories into the curriculum, where students feel a connection to learning that is embodied and connected to their own concerns. Noori (1995) captures this in the following statement, suggesting that as we tell our stories, we bring our own

identity into focus by examining our beliefs, concerns and actions. '*Listening to stories about other belief systems, we can begin to understand other realities; and as we listen to these realities, we are more likely to change our own perspectives*' (Noori, 1995, p. 136). All of these points mentioned by Noori (1995) and Bell (2009) emphasise that it's not just the students who need to participate in this process, but lecturers as well. Part of this process of sharing and exploring our individual stories involves the lecturers being able to participate in these narratives happening in the room. This was an issue that a Focus Group 2 participant mentioned, when they described that a lot of things were happening in the room, such as microaggression and how they looked to the lecturers for guidance, and it was only when a Black lecturer arrived in the class that this was explored. This has been a theme that this research has highlighted, the sense of this topic not being something that all lecturers are comfortable exploring, which again reinforces the silence around the subject. Using the 6PSM technique would enable lecturers and students to go on this journey together, exploring the individual stories that they, as lecturers and students, bring into the space and what that means for both.

This research identifies various Models of cultural competency such as Cross et al.'s (1989) model, Bennett's (2004) DMIS model and Compinha-Bacote's (1998) model. The limitation of these models is their practical implementation. With this in mind, the goal of the research is to offer a practical approach to how cultural competency can be explored. Focusing on this concept of using stories and the 6PSM technique, it was important to explore how some

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of these models identified could be used in a practical way. I have chosen to focus on

Compinha-Bacote's (1998) model, which draws on five key elements of cultural competency

which are:

1. cultural awareness

2. cultural knowledge

3. cultural skills

4. cultural encounter

5. cultural desire

The aim is to integrate Compinha-Bacote's five key elements of cultural competency with

the 6PSM, to provide a step-by-step guide on how cultural competency can be explored

directly within Dramatherapy training. The 6PSM technique is a process that guides you to

create a story and Compinha-Bacote's five key elements of cultural competency provide you

with the content of what to explore in each of the five areas identified of cultural

competency. Combining the 6PSM and Compinha-Bacote's model means that each of the six

steps mentioned in the 6PSM can be used to explore Compinha-Bacote's five key elements,

to create a story that focuses on exploring of cultural competency. I have chosen to use

Compinha-Bacote's (1998) model because it's one of the most well-known within the

healthcare services and is set out as a process in which healthcare professionals continually

strive to work within the cultural context of clients, families, or community. The model

considers cultural competency, not as a consequence brought about by certain factors but

as a process, where the healthcare practitioner attempts to achieve greater efficiency and ability to work in a culturally diverse environment.

The intention here is to not use the 6PSM in its original way, in terms of creating each step of the 6PSM according to its context, but rather to use the steps in the 6PSM to explore Compinaha-Bacote's (1989) five key elements of cultural competency. The idea is taking something that is familiar to the Dramatherapy training and integrating it with something that they might be less familiar with to demonstrate how this concept of cultural competency can be explored within the training. Elinor Vettraino (2016) also adapted the 6PSM in her research and used it as a vehicle for embodied reflection-in-action in an education setting. Vettraino used picture cards for her 6PSM and each card had different images that were abstract in nature. Participants in the research were given six cards at random and they created stories from the cards they were given (Vettraino et al., 2019). I think this is a useful tool, that can also be incorporated in terms of using picture cards to represent different cultures, places and people that participants explore. The overall aim of all of this process is to create free spaces where students feel safe to explore 'differences' within a Dramatherapy programme.

See example below of how I have combined the 6PSM technique with Compinha-Bacote's five key elements of cultural competency.

Example of cultural competency using 6PSM

Image 2 – World Map - Content removed due to copyright restrictions

Step 1: A main character in some setting (Cultural awareness)

- Visual image of a map.

- Participants are asked to put a mark on the map on the country they come from or

  country they have grown up in.

Step 2: A task for the main character (Cultural knowledge)

- Participants are to choose an element of their country's culture that they want to

explore.

Step 3: Obstacles in the main character's way (Cultural skills)

- Participants are to demonstrate this knowledge they have acquired from exploring

  step two, through verbal narratives, imageries or story.

Step 4: Things that help the main character (Cultural encounter)

- Participants are to take it in turn to share their cultural background with each other

  and explore their cultural differences.

Step 5: The climax or main action of the story (Cultural desire)

- Using the map, participants are to choose a country that they are not familiar with

  and explore an element of that country's culture and share their discovery.

Step 6: The consequence or aftermath of the story

- Participants will choose the outcome of the story and what they would like to do

  with the information acquired about a culture.

Exploring cultural competency through 6PSM

The first step in the original 6PSM is creating a main character in some setting. I suggest that

this step would be replaced with a visual image of a 'map', symbolising the world and its

many cultural regions. Boal (1992) draws on this concept of images and pictures, suggesting

that a picture speaks louder than a thousand words. Maps have always been something I

have been drawn to and specifically this idea of a map representing undiscovered places,

cultures and people. We become an explorer in discovering these places and cultures, and

the stories and history behind each of them. This focuses on the idea of being open to

another way of learning and knowing. Owusu-Ansah's (2013) article on 'African indigenous

knowledge and research' draws on valuing all alternative ways of knowing and mentioned

that Indigenous African knowledge is vulnerable because many of the carriers of this

knowledge are dying without any documentation of this knowledge. This idea can be applied to the many indigenous cultures and places in the world that are not as well documented or known as with Western cultures. This draws on Asante's (2006) point of most knowledge having cultural relevance, which must be examined for its particular focus and suggests that it's dangerous, if not oppressive, to hail anyone as universal. One of the points that is highlighted in this research is that, as Dramatherapy trainees, we come with many cultures but question whether the training give room to explore this and how would this be explored.

Using a visual map as part of the first step in 6PSM, participants would then be asked to each highlight on the map the country they come from, or the country they grew up in. The aim of this is to begin to explore their self-awareness, awareness of their own cultural background and history and awareness of other cultures, histories and background. Compinha-Bacote (1998) calls this stage cultural awareness and suggests that one self-examines and explores personal biases, stereotypes and assumptions held about people from a different culture to that of their own. One of the greatest mistakes that is made, is the assumption that we have no biases. Hinton et al. (2019) draw on this in their article of '*Teaching a history of race and anti-racist action in an academic classroom'*, suggesting that they rejected the idea that one can be 'non-racist' while racism still exists. Rather, they suggested that it was important that one accepts its existence, since we are in a society that is framed by racism, built on White supremacy, which all inhale and '*whose toxins have poisoned all of us'* (Hinton et al, 2019, p.718). Although this is referring to racism, this can

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equally apply to personal biases that we might hold unconsciously or consciously about people from another culture.

While this first step focuses on participants' own culture, equally this step can also focus on participants choosing to explore other cultures that they are not familiar with. A simple exercise such as this can have the potential of opening up conversations about cultural differences and narratives. Hinton et al. (2019) suggest that this approach can make visible the diversity of backgrounds and experiences of participants.

Step 2 involves 'cultural knowledge' and Compinha-Bacote (2007) suggests that one obtains knowledge of other cultures, such as cultural values, health-related beliefs and practices. Step 2 of the 6PSM is about choosing a task or problem that the main character has to cope with. I suggest that this will focus on participants discovering about other cultures. Tuwe (2016) emphasises the concept of every human culture in the world having their own stories waiting to be discovered. Bell (2003) also draws an interesting parallel to this, suggesting that people from both dominant and subordinate groups promote strategic interests in the stories they tell. Delgado (1995) suggests that stories told by the subordinate groups serve to reflect and bear witness to their lived experience in the face of the dominant society. Bell (2003) suggests that the stories told by the dominant group reinforces and legitimizes their position of dominance, offering a self-portrait of dominant elites, '*to be seeing in a way that flatters and benefits them'* (Bell, 2003, p. 5).

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The main focus of step 2 of the 6PSM in discovering cultural knowledge, is about the willingness to want to explore other cultures that are different to that of our own and knowing that every culture has its own stories and narratives and, as Hinton et al. (2019) mentioned, it is about making visible the diversity of backgrounds that are brought into the training room.

Step 3 focuses on Compinha-Bacote's (2007) cultural skills, which is about a practitioner using interventions that are culturally appropriate and sensitive. This has a direct link with step 2, which was about practitioners having cultural knowledge. By having specific cultural knowledge, it can then be adapted into the intervention used to ensure that it is culturally appropriate for the client you are working with. Although this again is referring to work with clients, for this research the focus is more on how Dramatherapy trainees can use this Step 3 on acquiring cultural skills to adapt interventions that are culturally sensitive and appropriate. This section focuses on the power of sharing stories, sharing cultures and sharing histories. Denzin (1989) emphasises the concept of it being a process of sharing trust, of how stories create links between people and of the bridge that connects and maps experiences. Simmons (2006) suggests that sharing stories creates room for acceptance of each other as equal participants in the process. This, again, holds the relevance of cultural competency within Dramatherapy training and the current narratives of those from ethnic minority backgrounds feeling that little importance is being given to their narratives and stories.

Gersie et al. (2007) suggest that when we share stories, we become open to the thoughts, views, perceptions and judgements of others and how trust and the need for safety is important as part of this process. Safety has always been a concern in terms of the area of differences and race and culture, and exploring it in a way that does not cause offence to others. Demoinly's (2021) article talks about creating 'free space' and how in academia finding a space to voice once's antiracist philosophy freely is challenging. One of the main themes around this is the emotions attached to it. Boyte (2016) suggests that free space should be a place where people move from anger to agency. Akom (2007) defined free space as:

'Places that share some of the following characteristics: a sense of shared bonds, places to revive one's culture, places to rejuvenate our spirits, participatory and democratic spaces, places to civically engage – debate – dialogue, places to form social networks, places to educationally achieve , places to form democratic or revolutionary visions of social change, places to recover and enjoy group identity, places to cultivate self and communal respect, cooperation and community uplift' (pp. 612-613).

Busey et al. (2018) draw on the concept of free spaces, suggesting that they should be spaces that are safe for both 'physical and imagined' places, emphasising that free spaces are places that can be physical or imagined. They suggest that free spaces may consist of gathering of antiracists in a shared location, while other times free spaces involve individuals sharing spaces through asynchronous meetings such as online, social media or conferences. The point that Busey et al. (2018) are making is that regardless of whether free

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spaces are physical places that people come together to meet, or imagined places that people meet online, they should still feel safe. Abma (2003) reflects on the safety issue in her work with storytelling workshops in organisations, using only groups with existing knowledge of each other. Dramatherapy training is a two-year programme; it's a journey that one undertakes with others, even though at times it feels lonely. Throughout the two years of the journey you will be with that peer group, which allows room to build trust and to develop Abma's point of creating safety because the group would know each other. The hope of this research is that such 'free spaces' are created in Dramatherapy training, where the issue of differences, culture and race can be explored freely without fear of being met with silence, rejection or people becoming defensive.

Step 4 is cultural encounter and Compinha-Bacote (2007) defines this as a process whereby practitioners engage in cross-cultural interactions with clients from diverse cultural backgrounds. Step 4 of the 6PSM is about something that will cause the main character difficulties, which is ironic in terms of cultural encounters and the difficulties that come along with that, such as language barriers, miscommunication and simply not understanding one another. This step will focus on practitioners exploring cultural differences, through encountering other cultures. Part of this process is about creating that free space where Dramatherapy trainees can safely explore each another's culture in the room and culture can hold more relevance in terms of how things are explored. This, again, reflects Frawley et al.'s (2020) point of how training programmes grow out of the cultures of the dominant

society and only seem to focus on cultural awareness, which effectively reinforces the dominant culture. The argument that this research is making is that culture holds such relevance, and this relevance needs to be given greater significance in a training environment, where other cultures are represented. This was something that was highlighted in the online survey data, where one of the participants who is Muslim felt that she was not welcomed or accepted and this, again, goes back to this feeling of one culture prevailing over the others. Focus Group 2 participants also touched on this, mentioning that even the way the training teaches attachment is an issue as it doesn't consider the cultural relevance, '*attachment looks different in different cultures, the way that children are brought up in different cultures is going to affect the way that attachment is seen as healthy or unhealthy*' (Focus Group 2, 2021). This sums up the relevance of culture and the importance of not only just having cultural awareness but being able to have cultural encounters that help us as practitioners.

Step 5 is cultural desires and Compinha-Bacote (2002) suggests that it is the motivation of the practitioner to want to engage, rather than have to engage, in the process of becoming culturally aware, culturally knowledgeable, culturally skilful, and familiar with cultural encounters. This step is a crucial one, in that no one can create that desire in a person, but Dramatherapy training can create an atmosphere that enables such desires. Reflecting on Ronnau's (1994) study of cultural competency in social work education, he suggests the importance of creating an atmosphere in which students and teachers can ask questions

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and share their knowledge about cultures. The emphasis here is that education providers can create the atmosphere that enables students to begin to develop the desire and commitment to want to learn about other cultures.

Step 5 of the 6PSM is about how the main character copes with the problem or task. Since this step is about the cultural desire of the practitioner's willingness to want to learn about other cultures, the focus is about creating that atmosphere for learning. I suggest that the act of using a visual map in the room and participants marking on the map where they come from, begins to create that curiosity and desire to discover other cultures that they are not familiar with. This, in turn, can create that interest into the other, where we can hear and share our stories, cultures and background. Step 5 is really about creating an atmosphere that develops students' interest and desire to learn about other cultures.

Step 6 of the 6PSM is the aftermath of the story; I suggest that this step is about practitioners applying the knowledge they have acquired about other cultures in their practice. The aim of using the 6PSM is to explore, discover and create free space that allows dialogue to begin around the topic of cultural competency.

I had the opportunity to test this process of exploring cultural competency using the 6PSM in a lecture with undergraduates. What I discovered was that it was important that participants are familiar with the 6PSM, in order to be able to explore Compinha-Bacote's five key elements of cultural competency using the 6PSM process. As the students were not familiar with this method, due to not being Dramatherapists, I had to get them to explore

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the 6PSM process first, for them to get that understanding of what it is and how one uses it. After this, it was then easier to introduce Compinha-Bacote's five key elements of cultural competency using the 6PSM. The feedback that the students did give was that by exploring the five elements one after the other and having a discussion after each one meant that it was easier to follow and understand what each element stood for, along with the objective each element is trying to convey. This was very helpful in terms of using the 6PSM with participants or students who are not familiar with this process. One would need to ensure that the 6PSM is explored first, before using Compinha-Bacote's five key elements.

Tool-kit (See Appendix 1 for the full description of the tool-kit)

As part of this process of creating a practical approach to cultural competency, a tool-kit was created. The tool-kit provides information on the practical application of Compinha-Bacote's (1998) five elements of cultural competency. The tool-kit is aimed at students in training, specifically Dramatherapy students. The first section of the tool-kit is Cultural Awareness, which explores students' cultural awareness through the use of Bennett's (1986) 'Developmental Model of Intercultural Sensitivity'. The aim is to explore what stage students are at, what stages students related more with and what could be done to move them along the stages. Ultimately it's about students being able to self-examine and explore personal biases, stereotypes and assumptions they might hold about other cultures. To further explore this in greater depth, Collins et al.'s (2010) 'framework of culture-infused counselling competencies' is used, focusing on the competency domains it mentions in the

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framework. The competency domains will be used as a guide in assessing what students need to be demonstrating.

The next section of the tool-kit is Cultural Knowledge, and the aim is to expose students to cultures they are not familiar with. The purpose is for students to start with exploring each other's cultures, traditions and values, and then move on to exploring other cultures that they are not familiar with. If all the participants are from the UK, they can still explore the different towns, cities, accents and the different ways that things are done in certain parts of the UK.

Section three of the tool-kit is Cultural Skills, which focuses on lecturers introducing students to various models of cultural competency and exploring how some of these models can be used within Dramatherapy Interventions. Section four of the tool-kit is Cultural Encounter, which is about students having cultural understanding of the 'other' someone from a different culture to that of their own, through their interactions and encounters. The aim is for students to explore one another's cultures, through the use of sharing their stories and backgrounds. It's about the students starting with exploring their own cultural identity that each bring into the training, leading on to then exploring the cultural identity that clients will bring with them into the sessions.

The final section of the tool-kit is Cultural Desire, which is a process of all five key elements of Compinha-Bacote's cultural competency coming together such as students being

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culturally aware, culturally knowledgeable, culturally skilful, and familiar with cultural

encounters. This section of the tool-kit focuses on 'sowing' that desire in students to want

to explore other cultures, starting with the desire to explore the cultures of their fellow

students. I do not detail any specific activity for this, other than the 'Cultural Competency

using the 6PSM', to get students to a place of that desire being naturally created in them.

This will be achieved through exploring the cultures of their fellow students, in the hope

that it will inspire them to want to explore the cultures of their clients.

Acknowledgment of strengths and weaknesses:

The strength of this research is being able to create a practical approach in a form of a 'tool-

kit' as a way for cultural competency to be explored from a practical standpoint. This was an

area that this research identified as being an issue, the practical implementation and what

this will entail for Dramatherapy training. The tool-kit I have created is a step forward in

terms of bridging that gap in the absence of a practical approach that Dramatherapy

trainers can use. I do also have to acknowledge that there are some weaknesses to this

research, in terms of not being able to test the tool-kit out, getting feedback on what it was

like, gaining students' views on it as the one who received the teaching and lecturers' views

as the one delivering, to get their thoughts on using the tool-kit and if it's benefit to

Dramatherapy training. This was simply due to timing and the impact of the delay of doing

the primary research and gathering data. Further research will need to focus on exploring

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and developing the tool-kit, with regards to it as a useful method in introducing cultural

competency to students and whether students themselves find it useful.

Conclusion:

Final thought

This PhD has been a long emotional journey and one that has raised many issues. These

include; the silence around the topic, the unwillingness of Dramatherapy training

institutions to participate in the research, the challenges with the ethics application and

simply being able to find participants to take part research. I came into the PhD naively,

expecting that my research topic would be welcomed and supported and did not envisage

the resistance I received. Many of the original plans for the research had to be changed, as it

had originally centred around the four Dramatherapy training institutions and their

students. Since I was not able to gain access to the training institutions, I also could not

directly get access to its students, which meant the data gathering process had to be

through the online survey, focus groups and interviews with participants who were

recruited through the BADth's newsletters. The phenomena that are highlighted in this

research are that the topic of cultural competency is not foreign, that people are aware of it

and that Dramatherapy training institutions, to some extent, are exploring it. The fundamental issue is that this is not in-depth and the majority of the participants that took part in the research suggested that it needs to be a core part of the training. Another thing that this research highlights is the experience that is being encountered by those who are from ethnic minority backgrounds, in terms of this sense of not belonging and feeling that the training did nothing to address some of the issues that were being encountered. One of the participants from the Online Survey talked about discrimination they had experienced and felt people were 'islamophobic' and lecturers would not address the issues, even when they brought it up. What this does draw attention to is that it needs further exploration within the training and it is a real issue that is happening even within a small profession such as Dramatherapy. Ethnic minority students' experience of higher education is well documented and recently there has been even more evidence regarding the attainment gap and university experience for those groups. Although this research only focusses on Dramatherapy training in the UK, it is under no illusion that if other programmes that are not necessarily related to healthcare were to be examined within the UK, such issues would have also been identified.

Having established how others view the notion of cultural competency, it was important to also establish a personal understanding of the concept. From my perspective, cultural competency is about voicing and acknowledging cultural differences and working together to not only understand these differences but also having an awareness of how this can

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impact the therapeutic relationship. Cultural competency in Dramatherapy training, therefore, needs to be about enabling open conversations about 'race', 'culture' and 'difference', without it creating an offence or people becoming defensive. It's important that everyone is able to voice this and that these conversations are not only taking place by the few ethnic minority students within the training. Dramatherapy training providers need to ensure that these conversations are taking place regardless, as the client group encountered will come from various cultural backgrounds. There are many models and definitions of cultural competency and there is no specific way of incorporating it into a programme, which means that Dramatherapy training providers can adapt it to fit their specific programmes.

The purpose of this research is about giving greater emphasis to the issue of cultural competency and enabling Dramatherapy training institutions to be 'intentional' on how they choose to incorporate this in their programmes. Although cultural competency, as a concept, is still developing and there are limited writings on how it can practically be implemented in training and programmes, this research does identify some models of cultural competency that can be used but will require that institutions take them and adapt them into their programmes. Compinha-Bacote's (1998) model of cultural competency is one that this research draws on, in terms of integrating it with Lahad's (1992) 6PSM. Using Compinha-Bacote's five key elements of cultural competency, this research offers a practical way, using the steps in the 6PSM, to explore each of these elements and cultural competency. I wanted to use a model that was familiar to Dramatherapy training and

demonstrate that exploring cultural competency does not require a 'foreign' technique, but rather draws on existing Dramatherapy techniques. This is an area that this research identifies as being an issue, namely the practical implementation of cultural competency and what that would entail in a Dramatherapy programme. Another issue was the concept of not having a universal definition of cultural competency and how it's open to one's interpretation, as well as it being a journey that one never fully arrives at. This research does highlight various models of cultural competency such as the DMIS (1986) model created by Milton Bennett. The model describes the standard ways in which people experience, interpret and interact across cultural differences. It is hoped that by recognising how cultural difference is being experienced, educational institutions can create learning that is tailored to facilitate the development of intercultural sensitivity (Bennett, 2017). This model can be a useful tool in exploring 'experience of differences' in Dramatherapy training, and the model could be used to explore the six stages mentioned in the model: denial, defence, minimization, acceptance, adaptation and integration. Each of the six stages could be explored in terms of what stage students are at, what stages the students relate more with and what needs to be done to move them along the stages. Another model that this research identifies is Cross et al.'s (1989) model of cultural competency, which focuses on three key elements - self-awareness, cultural knowledge and cultural skills. These three key elements of Cross et al.'s (1989) model are reflected in Compinha-Bacote's (1998) model of cultural competency which this research also draws on. The overall aim of using these models is to create free spaces that are safe in Dramatherapy training, where issues of

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difference can be explored, where the emphasis is on the space being safe and where the silences around this topic can be safely challenged and learning can occur.

This research also reflects on recent issues within British society, such as the Black Lives Matter Campaign, the campaign for pulling down Cecil Rhodes' statue, racist incidents and hate crimes on campuses, the attainment gap for Black and Asian students and the impact of Covid-19 on Black and Asian communities. Additionally, it relates to the various scandals that surfaced in 2020/2021, such as the subnormal scandal and the British Monarchy accused of racism in the Megan and Harry interview (Douglas, 2020). All of these issues point to this concept highlighted by Joseph-Salisbury et al. (2020) of the UK not being innocent of racism and racism not being just a US problem. Rather racism in the UK, has been underplayed. One of the conclusions that this research has come to is that for a lasting change to occur, a whole institutional approach is needed to have a real effect. Change in the Dramatherapy curricula is not enough, even though this would be a step forward. The universities, as a whole, need to place significant importance on embedding cultural competency in its institutions for lasting changes.

Position of Researcher

Coming towards the end of this research, it's important to look back at the beginning of this journey into this PHD and what made me want to undertake this research in the first place. Again, it's about being open about this process, acknowledging the position I took as a Black researcher and being fully aware that my experience had an impact on how I perceive things. Wilde (1992) suggests that self-disclosure by the researcher has an enhancing effect on information and, as a result, it creates more honest and meaningful information. Zola (1991) emphasises this concept, suggesting that we should look closely at the researcher's experience – anxieties, fears, delights and repulsions as part of the very situation we are trying to understand. This research grew out of the experience encountered on my Dramatherapy training and the aim, at first, was to shed light onto some of these experiences and to discover if others, like me, were encountering the same issues. This research has shown that my experience is not unique and Dramatherapy training institutions do have work to do in this area. One of the most difficult challenges is the silence around the topic and struggling to capture it within the research - how does one capture silence, when the whole aim is to be vocal. This reflects Hammond et al.'s (2019) statement of the untold story of students from ethnic minority backgrounds and how the voice of these students offers a way of exposing and challenging the stories of the majority and the privileged. This draws on Watson's (2004) point of ethnic minority people being on a survival mindset, that they simply survived their training, something that Focus Group 1 participants echoed. Now, more than ever, it's time that space is given to these untold

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stories and it's ironic that stories are a key element to Dramatherapy, but now it is time that room is created for all stories to be heard.

The final conclusion of this research is that all hold the power for change. The students on the programmes have the right to keep demanding that such topics be given greater emphasis. HCPC could also make this clearer and give greater emphasis in their policies to the training institutions. Dramatherapy training institutions, themselves, can choose to give greater emphasis on the topic and be willing to break the silence and discomfort around it. Everyone working together on this will create lasting change, as Focus Group 1 participants articulated 'everyone has a duty of care, and everyone needs to work together to employ the change'.

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Appendix 1

Cultural Competency Tool-Kit

Introduction to the tool-kit:

The tool-kit provides information on the practical application of Compinha-Bacote's (1998)

five elements of cultural competency, which are:

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1. cultural awareness

2. cultural knowledge

3. cultural skills

4. cultural encounter

5. cultural desire

These are arranged into five sections below, along with practical ideas of how each of Compinha-Bacote's five key elements can be explored from an educational perspective for both the trainers and trainees of Dramatherapy.

The tool-kit is aimed at students in training, specifically Dramatherapy students to provide a practical approach to exploring cultural competency.

Section 1: Cultural Awareness- Self: Active Awareness of Personal Assumptions, Values and Biases

This section explores students' cultural awareness through the use of the DMIS model, following the six stages of the DMIS detailed below. Each of the DMIS stages should be explored, for students to get an understanding of what they are.

The aim is to explore what stage students are at, what stages students relate more with and what could be done to move them along the stages. Ultimately, it's about students being

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able to self-examine and explore personal biases, stereotypes and assumptions they might hold about other cultures. To further explore this in greater depth, Collins et al.'s (2010) 'framework of culture-infused counselling competencies' is used, focusing on the competency domains it mentions in the framework. The competency domains will be used as a guide for those delivering the workshop to focus on participants demonstrating these three key competency domains mentioned below.

Competency Domains:

1. Demonstrate awareness of your own cultural identities.

2. Demonstrate awareness of differences between your own cultural identities and those of individuals from other dominant or nondominant groups.

3. Demonstrate awareness of the personal and professional impact of the discrepancy between dominant and nondominant cultural groups in the UK.

Activity:

Material required: Visual image of a map.

- Participants are asked to put a mark on the map on the country, city or town they come from or have grown up in. Participants are to choose an element of their culture that they want to explore and share with other participants.

- Participants are to compare their cultural differences and share their discovery with their group.

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Workshop:

The Bennett (1986) Developmental Model of Intercultural Sensitivity
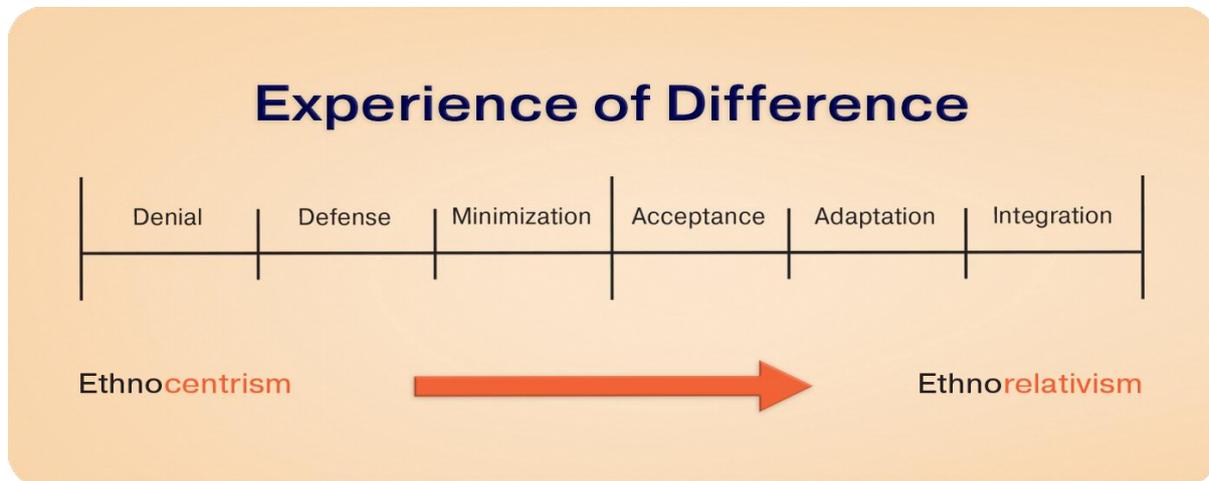
The facilitator should make the following points:

Milton Bennett, in 1986, created the 'Developmental Model of Intercultural Sensitivity'

known as the DMIS or the Bennett Scale. This is one of the influential models in the fields of

intercultural communication, engagement and equity. The DMIS model describes the

standard ways in which people experience, interpret and interact across cultural

differences. Bennett suggests that by recognizing how cultural difference is being

experienced, predictions about the effectiveness of intercultural communication can be

made and educational institutions can create learning that is tailored to facilitate the

development of intercultural sensitivity. Bennett suggests that the reason for creating the

DMIS was that he wanted to explain why some people seem to be better able to

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communicate across cultural boundaries while other people didn't seem to be able to do this. He explains that if he was able to find out why this was, then trainers and educators could 'do a better job' of preparing people for cross-cultural encounters.

Bennett's DMIS model draws on this idea that as people become interculturally competent, there is a change in the quality of their experience, which he calls the move from Ethnocentrism to Ethnorelativism. Bennett suggests that the term Ethnocentrism refers to one's experience of their culture as 'central to reality' and Ethnorelativism to mean the opposite of Ethnocentrism, where one experiences their culture as one of many realities among many other viable possibilities.

DMIS model is divided into six stages of intercultural sensitivity and communication, beginning with:

1. **Denial-** the perception that one's cultural perspective is the only real, accurate or valid interpretation of reality. Bennett suggests that denial occurs when people fail to recognize distinctions among cultures or consider them to be irrelevant.

2. **Defense** - Bennett suggests is the state in which one experiences their culture as the only viable one or the only good way to live.

3. **Minimization**- Bennett describes as occurring when one assumes that others share their distinct cultural worldview and perceive their cultural values as fundamental or universal human values that apply to everyone.

4. **Acceptance**- Bennett suggests occurs when people recognize different beliefs and values shaped by cultures and suggests that, in educational settings, acceptance manifests in a change to curriculum.

5. **Adaptation**- occurs, when people are able to adapt their perspective of other cultures and interact in a relaxed, authentic and appropriate way with people from different cultures.

6. **Integration-** Bennett states happens when one's identity or sense of self evolves to incorporate the values, beliefs, perspectives and behaviours of other cultures in appropriate and authentic ways.

Discussion:

- What stage am I at and why?

- What stage would I like to be at and why?

- How do I move from one stage to another?

Section 2: Cultural Knowledge- Other: Understanding Another's Worldviews

This section aims to expose students to cultures they are not familiar with through a practical approach. The purpose is for students to start with exploring each other's cultures, traditions and values, then move on to exploring other cultures that they are not familiar with. If all the participants are from the UK, they can still explore the different towns, cities, accents and the different ways that things are done in certain parts of the UK. Collins et al.'s (2010) framework is used, focusing on the three competency domains mentioned below, as a guide for assessing what students need to be demonstrating.

Competency Domains:

1. Demonstrate awareness of other cultures

2. Demonstrate awareness of how your culture views health and well-being

3. Demonstrate awareness of the socio-political influences that impact on the lives of nondominant populations

Activity:

Materials required: pictures, images, clothes and fabrics.

Cultural Dress Show and Tell:

- Students are to find pictures of different items of clothing that people wear in different cultures and groups. They should start with clothing that reflects the various cultures represented among them.

- Students are to participate by sharing items or styles that are specific to their culture or you can expand to even more cultures around the world, letting them select one that interests them.

- Students are to explore the topic of health and well-being and the views of this topic from their chosen culture.

- Students are to compare their findings from exploring the views other cultures hold about health and well-being and if that is different to the views that are held in the UK.

Discussion:

-What is the UK's view on health and well-being?

-How is that different to some of the cultures in the world?

-Why is it important to have an awareness of this?

Section 3: Cultural Skills- Being able to Interact with the 'Other' Someone from a Different Culture to Yourself.

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This section focuses on lecturers introducing students to various models of cultural competency and exploring how some of these models can be used within Dramatherapy interventions. The competency domains for this section focus on two main areas that students need to be able to demonstrate, to reflect their awareness of cultural competency 'skills'.

Competency Domains:

1. Demonstrate awareness of the models of cultural competency and how they can be incorporated into Dramatherapy interventions.

2. Demonstrate awareness of the impact of culture on the theory and practice of Dramatherapy.

Activity:

Materials required: videos

Students are to start the session by watching a video on working with an interpreter, to explore communicating with individuals from selected religious and ethnic groups.

Questions from Video:

- What do you think is required when working with a client that does not speak in English and is not familiar with the UK culture?

- What intervention will you use?

- What challenges do you foresee facing?

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- How do you overcome these challenges?

Workshop:

The aim is to explore various models of cultural competency, what they are and how can we use them in Dramatherapy. The workshop facilitator is to use the information collected in Chapter Two of this research in the section entitled 'Models of Cultural Competency' to explore the various models that this research has identified.

PowerPoint presentation (Models of Cultural Competency)

Bennett's (1986) 'Developmental Model of Intercultural Sensitivity' known as the DMIS or the Bennett Scale.

Cross et al.'s (1989) model of cultural competency.

Compinha-Bacote's (1998) Model of Cultural Competency.

Discussion:

- What are your thoughts on these models?
- How can they be used in Dramatherapy interventions?

Section 4: Cultural Encounter – Being Able to Experience Other Cultures.

This section focuses on students having cultural understanding of the 'other' someone from a different culture to that of their own, through their interactions and encounters. The aim

is for students to explore one another's cultures, through the use of sharing their stories and backgrounds. The competency domains for this section focus on one domain, which is about encountering other cultures and the experience. Mainly, it's about the students starting with exploring the cultural identity they bring to the training, to then exploring the cultural identity that clients bring with them into the sessions.

Competency Domain:

1. Demonstrate awareness of other cultures through interactions.

Workshop:(Cultural Competency using the 6PSM)

MAP - Content removed due to copyright restrictions

Step 1: A main character in some setting (Cultural awareness)

- Visual image of a map.

- Participants are asked to put a mark on the map on the country they come from or country they have grown up in.

Step 2: A task for the main character (Cultural knowledge)

- Participants are to choose an element of their country's culture that they want to explore.

Step 3: Obstacles in the main character's way (Cultural skills)

- Participants are to demonstrate this knowledge they have acquired from exploring step two, through verbal narratives, imageries or story.

Step 4: Things that help the main character (Cultural encounter)

- Participants are to take it in turn to share their cultural background with each other and explore their cultural differences.

Step 5: The climax or main action of the story (Cultural desire)

- Using the map, participants are to choose a country that they are not familiar with and explore an element of that country's culture and share their discovery.

Step 6: The consequence or aftermath of the story

- Participants will choose the outcome of the story and what they would like to do with the information acquired about a culture.

Discussion:

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- Name three things you have learned about the cultures of students that you have encountered in the group.

- What are your thoughts on Cultural Competency using the 6PSM?

- How useful was this?

Section 5: Cultural Desire

Cultural desire is the process of becoming culturally aware, culturally knowledgeable, culturally skilful, and familiar with cultural encounters. This section focuses on 'sowing' that desire in students to want to explore other cultures, starting with the desire to explore the cultures of their fellow students. There is no specific activity detailed for this, other than the 'Cultural Competency using the 6PSM', to get students to a place of that desire being naturally created in them. This will be achieved through exploring the cultures of their fellow students, in the hope that it will inspire them to want to explore the cultures of their clients.

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Appendix 2

Ethics Application Decision:

University of Derby

Dear Linda

ETH2021-4442

Thank you for submitting your application to the College of Arts, Humanities and Education Research Ethics Committee, which has now been reviewed and considered.

The outcome of your application is:

approved.

Feedback on your application is available here.

If any changes to the study described in the application are necessary, you must notify the Committee and may be required to make a resubmission of the application.

Please note that ethical approval for this application is valid for 5 years

On behalf of the Committee, we wish you the best of luck with your study.

Yours sincerely

Jonathan O'Donnell

6:28 AM

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University of Derby

Dear Linda

ETH2122-1189

Thank you for submitting your application to the College of Arts, Humanities and Education Research Ethics Committee, which has now been reviewed and considered.

The outcome of your application is:

approved.

Feedback on your application is available here.

If any changes to the study described in the application are necessary, you must notify the Committee and may be required to make a resubmission of the application.

Please note that ethical approval for this application is valid for 5 years

On behalf of the Committee, we wish you the best of luck with your study.

Yours sincerely

Jonathan O'Donnell

Sensitivity: Internal

Decision - Ethics ETH2021-0619: Miss Linda Sunday

University of Derby

Dear Linda

ETH2021-0619

Thank you for submitting your application to the College of Arts, Humanities and Education Research Ethics Committee, which has now been reviewed and considered.

The outcome of your application is:

approved.

Feedback on your application is available here.

If any changes to the study described in the application are necessary, you must notify the Committee and may be required to make a resubmission of the application.

Please note that ethical approval for this application is valid for 5 years

On behalf of the Committee, we wish you the best of luck with your study.

Yours sincerely

Jonathan O'Donnell

6:32 AM

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Sensitivity: Internal

Appendix 3

Research Information Sheet

Research information sheet

PARTICIPANT INFORMATION SHEET

Study TITLE: Culture, Ethnicity and Race in Dramatherapy Training

Invitation paragraph

You are invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what is required from you. Please take time to read the following information carefully.

What is the purpose of the study?

The aim of this study is to investigate how cultural competency is being developed in students through the training they are receiving and how experienced practitioners engage with cultural competency as a result of the training they received. This will be done by exploring the emphasis the Governing Bodies (HCPC/BADth) place on their regulations of the importance of cultural competency, and how the training providers evidence this in their programmes.

Why have I been invited to participate?

You have been invited for this research purposely because, as the Governing Body of Dramatherapy training, you bear the responsibility of creating documents on standards of education and training for education providers and standards of proficiency for Arts Therapists Trainees. You hold the power to enforce changes on these programmes.

Do I have to take part?

It is up to you to decide whether to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. You are free to withdraw your data up to 7 days after your participation in the interview, after which time data will still be used in the research.

What will happen to me if I take part?

This research will require your time. Participation in this study will involve approximately 60 minutes for the interview.

What are the possible disadvantages and risks of taking part?

There are no known risks associated with your participation in this research beyond those of everyday life. Participation in this study may create an awareness of how cultural competency is captured within Dramatherapy.

What are the possible benefits of taking part?

This research will be offering a new insight into Dramatherapy training, exploring a topic that has limited research. It will examine how cultural competency can be captured within the training. This can benefit the training institutions

and Dramatherapy as a whole, ensuring that Dramatherapy training is culturally inclusive and students are being trained to be culturally competent therapists.

Will what I say be kept confidential?

Confidentiality of your data will be guaranteed, by keeping video recordings in a password protected computer, only accessible to the researcher. No individual will be identified in the research or in final publication.

What should I do if I want to take part?

If you agree to be in the study, you will be asked to take part in an interview with the researcher.

What will happen to the results of the research study?

The findings of this research will be used in the final thesis, and in publication. A copy of the publication will be given to HCPC.

Who is organising and funding the research?

I am conducting the research as a student at the University of Derby and privately funding this research.

Who has reviewed the study?

The research has been approved by Research Ethics Committee at the University of Derby.

Contact for Further Information

I can be contacted by email: L.Sunday2@unimail.derby.ac.uk

My supervisor's details:

Clive Holmwood- email: C.Holmwood@derby.ac.uk

Tel: 01332597763

Address: University of Derby, Britannia Mill campus, DE22 3BL

Thank you

for taking time to read the information sheet.

Date

October 2020

PARTICIPANT INFORMATION SHEET

Study Title: Culture, Ethnicity and Race in Dramatherapy Training

Invitation paragraph

You are invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what this will involve. Please take time to read the following information carefully.

What is the purpose of the study?

This study aims to explore how cultural competency can be embedded in Dramatherapy training. It will examine the emphasis that the Governing body, HCPC and BADth, its professional body, place on the importance of cultural competency, and how the training providers should embed this in their programmes. This study will also explore students' experience of the training in relation to cultural competency, to determine what type of change they feel is needed and what that change will entail.

Why have I been invited to participate?

You have been invited for this research purposely because, as a Dramatherapist, you will have advance knowledge in Dramatherapy. This research is open to all BADth members.

Do I have to take part?

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It is up to you to decide whether to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. You will have 7 days from the time of your participation to withdraw any data collected. After this time, you can still withdraw from the research, but your data will still be used.

What will happen to me if I take part?

This research will require your commitment and time. Interviews will run for approximately 45 minutes. You will discuss the topic of cultural competency in relation to BADth Intercultural Good Practice Guidelines Document created in 2016, exploring how BADth, as an organisation, work and incorporate cultural competency in its values.

For the purpose of this research, 'Cultural Competency' is a process that involves developing a deep understanding of one's own cultural framework and not only being able to acknowledge and respect other cultures but to develop interventions that are inclusive to non-western cultures.

Interviews will be video recorded (using Teams or Zoom) and scheduled to take place between January 2021.

What are the possible disadvantages and risks of taking part?

There are no known risks associated with your participation in this research beyond those of everyday life. Participation in this study may create an awareness of how cultural competency is captured within Dramatherapy.

What are the possible benefits of taking part?

This research will be offering a new insight into Dramatherapy training, exploring a topic that has limited research, and investigating how cultural competency can be captured within the training. This can benefit the training institutions

and Dramatherapy as a whole, ensuring that Dramatherapy training is culturally inclusive and students are being trained to be culturally competent therapists.

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Will what I say be kept confidential?

Confidentiality of your data will be guaranteed, by keeping all data in a password protected computer, only accessible to the researcher. No individual will be identified in the research or in final publication.

What should I do if I want to take part?

If you decide to take part in this research, please complete this consent form attached to this information sheet and send it to the email address below.

What will happen to the results of the research study?

The findings of this research will be used in the final thesis, and in publication. A copy of the publication will be given to BADth, which all members will be able to access.

Who is organising and funding the research?

I am conducting the research as a student at the University of Derby and privately funding this research.

Who has reviewed the study?

Research Ethics Committee at the University of Derby.

Contact for Further Information

I can be contacted by email: L.Sunday2@unimail.derby.ac.uk

My supervisor's details:

Clive Holmwood- email: C.Holmwood@derby.ac.uk

Tel: 01332597763

Address: University of Derby, Britannia Mill campus, DE22 3BL

Thank you

for taking time to read the information sheet.

Date

January 2021

Appendix 4

Invitations to participants

Invitation to Participants

Date: July 2021

Dear Sir/ Madam

RE: Invitation to participate in the research detailed below.

My name is Linda Sunday; I am in the final year of my PHD in Dramatherapy, at the University of Derby. I am exploring Cultural Competency in Dramatherapy Training. This study aims to explore how cultural competency can be embedded in Dramatherapy training. It will examine the emphasis that the Governing body, HCPC and BADth, its professional body, place on the importance of cultural competency, and how the training providers should embed this in their programmes. This study will also explore students' experience of the training in relation to cultural competency, to determine what type of change they feel is needed and what that change will entail.

I am inviting you to participate in an online focus group, to discuss the topic of Cultural Competency and how it can further be embedded in Dramatherapy training.

I have attached my contact details below and if you have any questions, please do not hesitate to contact me.

Contact details: L.Sunday2@unimail.derby.ac.uk

Date: October 2020

Dear Sir/ Madam

RE: Invitation to participate in the research detailed below.

My name is Linda Sunday; I am in the second year of my PHD in Dramatherapy, at the University of Derby. I am exploring Diversity and Cultural Competency in Dramatherapy Training. The aim of this study is to investigate how cultural competency is being developed in students through the training they are receiving and how experienced practitioners engage with cultural competency as a result of the training they received. This will be done by exploring the emphasis the Governing Body (HCPC) place on the regulations of the importance of cultural competency, and how the training providers evidence this in their programmes.

I am inviting you to participate in an online interview, to discuss the topic of Cultural Competency and HCPC's stance.

I have attached my contact details and information sheet which provides more details about the research, your participation and what is required from you.

Appendix 5

Participants Consent form

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Participants Consents

RESEARCH ETHICS: CONSENT FORM

Full title of Project: Cultural Competency in Dramatherapy Training.

Name, position and contact address of Researcher:

Linda Sunday- email: L.Sunday2@unimail.derby.ac.uk

My supervisor's details:

Clive Holmwood- email: C.Holmwood@derby.ac.uk

Tel: 01332597763

Address: University of Derby, Britannia Mill campus, DE22 3BL

Please Initial Box

1.	I confirm that I have read and understand the information sheet [dated September 2021] for the above study and have had the opportunity to ask questions.	X
2.	I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving reason.	X
3.	I understand that I can withdraw my data from the study by contacting the researcher within [7] days following my [focus group).	X
4.	I agree to take part in the above study.	X

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5.   I agree to the focus group being video recorded online.   **X**

6.   I agree to the use of anonymised quotes in publications   **X**

_____   _____   _____

Name of Participant   Date   Signature

_____   _____   _____

Name of Researcher   Date   Signature

RESEARCH ETHICS: CONSENT FORM

Full title of Project: Cultural Competency in Dramatherapy Training.

Name, position and contact address of Researcher:

Linda Sunday- email: L.Sunday2@unimail.derby.ac.uk

My supervisor's details:

Clive Holmwood- email: C.Holmwood@derby.ac.uk

Tel: 01332597763

Address: University of Derby, Britannia Mill campus, DE22 3BL

Please Initial Box

7. I confirm that I have read and understand the information sheet [dated September 2021] for the above study and have had the opportunity to ask questions. | X |

8. I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving reason. | X |

9. I understand that I can withdraw my data from the study by contacting the researcher within [7] days following my [focus group). | X |

10. I agree to take part in the above study. | X |

11. I agree to the focus group being video recorded online.

$\boxed{X}$

12.   I agree to the use of anonymised quotes in publications $\boxed{X}$

_____   _____   _____

Name of Participant   Date   Signature

~~Name of Researcher~~   ~~Date~~   ~~Signature~~

RESEARCH ETHICS: CONSENT FORM

Full title of Project: Cultural Competency in Dramatherapy Training.

Name, position and contact address of Researcher:

Linda Sunday- email: L.Sunday2@unimail.derby.ac.uk

My supervisor's details:

Clive Holmwood- email: C.Holmwood@derby.ac.uk

Tel: 01332597763

Address: University of Derby, Britannia Mill campus, DE22 3BL

Please Initial Box

13.	I confirm that I have read and understand the information sheet [dated September 2021] for the above study and have had the opportunity to ask questions.	KM
14.	I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving reason.	KM
15.	I understand that I can withdraw my data from the study by contacting the researcher within [7] days following my [focus group).	km
16.	I agree to take part in the above study.	KM
17.	I agree to the focus group being video recorded online.	KM

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18. I agree to the use of anonymised quotes in publications

KM

Name of Participant   Date   Signature

_____   _____   _____

Name of Researcher   Date   Signature

RESEARCH ETHICS: CONSENT FORM

Full title of Project: Cultural Competency in Dramatherapy Training.

Name, position and contact address of Researcher:

Linda Sunday- email: L.Sunday2@unimail.derby.ac.uk

My supervisor's details:

Clive Holmwood- email: C.Holmwood@derby.ac.uk

Tel: 01332597763

Address: University of Derby, Britannia Mill campus, DE22 3BL

Please Initial Box

19.	I confirm that I have read and understand the information sheet [dated September 2021] for the above study and have had the opportunity to ask questions.	x
20.	I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving reason.	x
21.	I understand that I can withdraw my data from the study by contacting the researcher within [7] days following my [focus group).	x
22.	I agree to take part in the above study.	x
23.	I agree to the focus group being video recorded online.	x

371

24. I agree to the use of anonymised quotes in publications

| x |

_____   _____   _____

~~Name of Participant~~   ~~Date~~   ~~Signature~~

Sensitivity: Internal

RESEARCH ETHICS: CONSENT FORM

Full title of Project: Culture, Ethnicity and Race in Dramatherapy Training.

Name, position and contact address of Researcher:

Linda Sunday- email: L.Sunday2@unimail.derby.ac.uk

My supervisor's details:

Clive Holmwood- email: C.Holmwood@derby.ac.uk

Tel: 01332597763

Address: University of Derby, Britannia Mill campus, DE22 3BL

Please Initial Box

25.	I confirm that I have read and understand the information sheet [dated January 2021] for the above study and have had the opportunity to ask questions.	R
26.	I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving reason.	R
27.	I understand that I can withdraw my data from the study by contacting the researcher within [7] days following my [interview/focus group).	R
28.	I agree to take part in the above study.	R
29.	I agree to the interview / focus group being video recorded online.	

373

30.   I agree to the use of anonymised quotes in publications

_____   _____   _____

Name of Participant   Date   Signature

_____   _____   _____

Name of Researcher   Date   Signature

RESEARCH ETHICS: CONSENT FORM

Full title of Project: Cultural Competency in Dramatherapy Training.

Name, position and contact address of Researcher:

Linda Sunday- email: L.Sunday2@unimail.derby.ac.uk

My supervisor's details:

Clive Holmwood- email: C.Holmwood@derby.ac.uk

Tel: 01332597763

Address: University of Derby, Britannia Mill campus, DE22 3BL

Please Initial Box

31.	I confirm that I have read and understand the information sheet [dated September 2021] for the above study and have had the opportunity to ask questions.	x
32.	I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving reason.	x
33.	I understand that I can withdraw my data from the study by contacting the researcher within [7] days following my [focus group).	x
34.	I agree to take part in the above study.	x
35.	I agree to the focus group being video recorded online.	x

36. I agree to the use of anonymised quotes in publications

<div style="text-align: right;">

x

</div>

_____   _____   _____

Name of Participant   Date   Signature

_____   _____   _____

Name of Researcher   Date   Signature

Appendix 6

Online Survey Transcript

Online Survey transcript

Cultural Competency in Dramatherapy

Q1

Date

12/11/2020

Q2

Gender

Female

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

Completed 4.5 years ago

#1

C o l l e c t o r : W e b L i n k 1 (W e b L i n k)
S t a r t e d : T h u r s d a y , N o v e m b e r 1 2 , 2 0 2 0 3 : 4 7 : 0 4 PM
L a s t M o d i f i e d : T h u r s d a y , N o v e m b e r 1 2 , 2 0 2 0 3 : 5 8 : 4 2 PM
T i m e S p e n t : 0 0 : 1 1 : 3 7
I P A d d r e s s : 2 1 3 . 3 1 . 1 1 6 . 1 9 3

Page 1

Cultural Competency in Dramatherapy

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

Little was referenced in terms of working with different cultures on the training. Occasionally it would be addressed when members

of the group (largely those from BLACK, ASIAN AND MINORITY ETHNIC backgrounds) might bring something to light. Lecturers did well to address this in the moment

but had it not been mentioned it may not have been addressed. An example of this would be in the 2nd year myth unit white materials

being used to make a mask and one of the group members having a strong reaction to this. I can only assume it was not more readily

thought about and addressed due to lack of diversity in training cohorts.

Q7

What does cultural competency mean to you? How does it fit into your practice?

Cultural competency means an awareness of different cultures values beliefs and feelings. And knowing how to adapt my practice

accordingly. For me this means a flexible approach and an open mind in terms of what a clients expectations and accessing therapy

might look like.

Q8

Anything else you would like to say on this subject?

Respondent skipped this question

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

3 / 72

Q1

Date

12/11/2020

Q2

Gender

Female

Q3

Ethnicity

Black Caribbean

Q4

Name of the institution you undertook your training?

Royal Central School of Speech and Drama

Q5

How long ago was your training?

4 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

Don't think this was addressed due to lack of tutors' competency

#2

Page 1

Cultural Competency in Dramatherapy

4 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Awareness of cultural differences in relation to my own world view and ability to acknowledge both and communicate effectively and
appropriately across cultures

Q8

Anything else you would like to say on this subject?

Nope

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No, I've only just become a member

Cultural Competency in Dramatherapy

5 / 72

Q1

Date

12/11/2020

Q2

Gender

f

Q3

Ethnicity

white British

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

2016-2018

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

There was a discussion on identity where several people commented on how there was no British culture. There was a seminar by

Mandy Carr on "Exploring Intercultural Dramatherapy Practice" There was an optional extra evening event "Working with trauma

through Metaphor in the Nigerian Context - Funmilola Cole & Dr Soji Cole"

#3

Page 1

Cultural Competency in Dramatherapy

6 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Understanding my own cultural roots and identity. Respectfully understanding other peoples culture and identity. Not seeking to impose

my own cutural norms or appropriate someone else's culture but being open to cultural exchange where appropriate

Q8

Anything else you would like to say on this subject?

When I did Level 2 & 3 councelling with CPCAB, thinking about culture was one of the 7 areas we were assessed on - it was a core. It

sometimes feels less core in Dramatherapy but this does not have to be the case.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

I am aware of it but not very familiar with it.

Cultural Competency in Dramatherapy

7 / 72

Q1

Date

12.11.2020

Q2

Gender

F

Q3

Ethnicity

White other

Q4

Name of the institution you undertook your training?

Central school of speech and drama

Q5

How long ago was your training?

8 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

I don't think it was

#4

Page 1

Cultural Competency in Dramatherapy

8 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

To be aware of and sensitive to others' cultural experiences. It's essential to my practice.

Q8

Anything else you would like to say on this subject?

Not really. But I think the therapeutic community as a whole has a lot of work to do in this area.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

9 / 72

Q1

Date

12/11/2020

Q2

Gender

Female

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

3 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?
It wasn't really qt the time (2014-2017)

#5

C o l l e c t o r : W e b L i n k 1 (W e b L i n k)
S t a r t e d : T h u r s d a y , N o v e m b e r 1 2 , 2 0 2 0 6 : 5 8 : 3 4 PM
L a s t M o d i f i e d : T h u r s d a y , N o v em b e r 1 2 , 2 0 2 0 7 : 0 4 : 0 6 PM
T im e S p e n t : 0 0 : 0 5 : 3 2
IP A d d r e s s : 8 4 . 7 1 . 4 3 . 1 1 0

Cultural Competency in Dramatherapy
10 / 72
Q7

What does cultural competency mean to you? How does it fit into your practice?
It's deeply important to me. I try to read about, reflect on and discuss cultural differences and cultural issues regularly with colleagues
and clients.
Q8

Anything else you would like to say on this subject?
I feel it needs to be a much bigger part of the Roehampton training, and the tutors need training too.
Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?
Embarrassingly no!! I will read it now.
Cultural Competency in Dramatherapy
11 / 72
Q1
Date
12.11.20
Q2
Gender
Female
Q3
Ethnicity
White European
Q4
Name of the institution you undertook your training?
St Albans
Q5
How long ago was your training?
30 years
Q6
How was cultural competency addressed during your training? If it wasn't, why do you think this was?
Yes to some degree.

#6

C o l l e c t o r : W e b L i n k 1 (W e b L i n k)
S t a r t e d : T h u r s d a y , N o v e m b e r 1 2 , 2 0 2 0 7 : 0 6 : 4 9 PM
L a s t M o d i f i e d : T h u r s d a y , N o v em b e r 1 2 , 2 0 2 0 7 : 1 6 : 0 6 PM

TimeSpent: 00:09:17
IPAddress: 31.49.157.153

Cultural Competency in Dramatherapy

12 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Having insight into my own cultural view point,recognising difference and respecting ,ability to understand,listen and communicate in

away that values cultural differences.

Q8

Anything else you would like to say on this subject?

Cultural competency is an ongoing learning journey,and one that needs active and constant consideration and self awareness.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

13 / 72

Q1

Date

12 November 2020

Q2

Gender

Female

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

2010

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

it wasn't, because the entire course was run by white people

#7

Collector: Web Link 1 (Web Link)
Started: Thursday,November 12, 2020 8:05:09 PM
LastModified: Thursday,November 12, 2020 8:11:19 PM
TimeSpent: 00:06:09
IPAddress: 95.151.107.176

Cultural Competency in Dramatherapy

14 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Responding to the needs of individuals within the whole.

Q8

Anything else you would like to say on this subject?

We no longer anywhere live by a common sky of belief, too many differences to cope. the thing that is essential is always invisible.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

NO

Cultural Competency in Dramatherapy

15 / 72

Q1

Date

12/11/2020

Q2

Gender

Female

Q3

Ethnicity

British

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

Completed 2016

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

This phrase did not come up.

#8

Page 1

Cultural Competency in Dramatherapy

16 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

An awareness of how the vast number of cultures in the world differ, conflict or coincide? I'm guessing

Q8

Anything else you would like to say on this subject?

If it is what I think, I feel under equipped in the current climate

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

17 / 72

Q1

Date

12/11/2020

Q2

Gender

Female

Q3

Ethnicity

White. Mixed European.

Q4

Name of the institution you undertook your training?

University of Roehampton

Q5

How long ago was your training?

Graduated 3 years ago

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

I don't feel it was at all. I don't feel British universities are well versed in these matters. The fear in address the elephant in the room.

#9

Page 1

Cultural Competency in Dramatherapy

18 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Awareness of one's own world view. Interacting with people across various cultures with respect and sensitivity. A openness to learn

about different cultural practices and world views. Not assuming and underestimating the cultural needs of people. It's very much

cornerstone of my practice. Part of the foundation of my clinical work.

Q8

Anything else you would like to say on this subject?

We as a profession, need to do more.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

I'm am not familiar with it, no.

Cultural Competency in Dramatherapy

19 / 72

Q1

Date

12th November 2020

Q2

Gender

Female

Q3

Ethnicity

Black Caribbean

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

2020

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

It was ok. Could have done more

#10

Page 1

Cultural Competency in Dramatherapy

20 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

It means a lot but I wish to learn more first before I bring it into my practice

Q8

Anything else you would like to say on this subject?

It needs to be taught more

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

21 / 72

Q1

Date

12/11/2020

Q2

Gender

Female

Q3

Ethnicity

White Mixed (British / Turkish Cypriot)

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

Ended in July 2019

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

There was a focus on researching and having understanding of clients ethnicity, nationality, religion and culture to understand their

worldview. However, I feel that more diverse psychotherapeutic theory could have been explored in the reading lists and theory training.

This was voiced to the faculty and welcomed as valued feedback. The faculty team were very open to this feedback and endeavoured

to broaden the guests speakers that ran workshops with us and encouraged vigorous debate on the subject

#11

Collector: Web Link 1 (Web Link)
Started: Thursday, November 12, 2020 11:55:59 PM
LastModified: Friday, November 13, 2020 12:03:03 AM
TimeSpent: 00:07:04
IPAddress: 81.174.190.55

Cultural Competency in Dramatherapy
22 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

I work with women who have been trafficked so understanding each individuals own cultural practices and beliefs is intrinsic to my

work. Learning to understand the fundamental different worldviews of such a diverse range of women is fundamental to my work.

Q8

Anything else you would like to say on this subject?

I think this area requires more research and that the theoretical practices that underpin dramatherapy need to be more diverse and

integrated into the trainings

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No. I would be interested to read this

Cultural Competency in Dramatherapy

23 / 72

Q1

Date

13/11/2020

Q2

Gender

F

Q3

Ethnicity

Taiwanese

Q4

Name of the institution you undertook your training?

University of Roehampton

Q5

How long ago was your training?

Completed the training in September 2015

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

Very rare. One of the staff team even said to me that " I don't know what a therapist looks like in your country, but now you're studying

in Europe therefore you need to learn the European way. "

#12

Page 1

Cultural Competency in Dramatherapy

24 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Able to bring my own cultural background to meet with other cultures. Then to appreciate the positive impact from other cultures and

adopt these qualities. Meanwhile being able to demonstrate some unique values and/ or points of views from my own culture and then

able to have an open mind conversation with others who come from different cultures.

Q8

Anything else you would like to say on this subject?

As a Taiwanese who studied and lived in London for almost 6 years, I found the Chinese culture wasn't been understood much in

Europe, especially in therapy settings, even worse in training program. It'd be nice to see the therapists who are from western culture

to embrace and really have an open mind to have a dialogues with Dramatherapists who are from Eastern/ traditional Chinese Cultural

background.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

25 / 72

Q1

Date

13/11/20

Q2

Gender

Female

Q3

Ethnicity

White

Q4

Name of the institution you undertook your training?

Central School of Speech and Drama

Q5

How long ago was your training?

6 years ago

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

it wasn't, i'm unsure as to why

#13

Page 1

Cultural Competency in Dramatherapy

26 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Having an awareness and humility to the subject area. Being able to name this within the theraputic relatiopnship and being aware of

when it arises. I honestly hadn't fitted this in and I feel I am now learning how to. I work with children from a vast cultural background

but I think I never had a focus on the rasisim some undoubely encountered

Q8

Anything else you would like to say on this subject?

I'm learning now, but I wish the importance had been part of my foundational training

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Shamefully I am not

Cultural Competency in Dramatherapy

27 / 72

Q1

Date

13/11/20

Q2

Gender

female

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

Hatfield. Used to be St Albans

Q5

How long ago was your training?

23 years ago

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

We did have some articles on Dramatherapy and culture when it came to rituals and shamanic type healing. However you could say

this was quite typical and not really representative. We did have someone who was from Denmark in out group. But I don't recall it

being really considered. All the trainee's were white. All female with one male trainee. So it probably wasn't questioned.

#14

Page 1

Cultural Competency in Dramatherapy

28 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

It means being conscious and aware of what culture means for people and how it impacts. It is staying open to its meaning for my

clients so I dont make assumptions. I can explore what culture means for them personally. But its being abke to be confident to have

conversations about what culture means to a person or group. It allows me to stay open minded and to learn from my clients.

Q8

Anything else you would like to say on this subject?

I think your doing a very important peice of work. I have had a number of clients in Therapy and supervision who have shared similar

concerns and experiences to yourself in training. I hope it gives a voice to others who don't feel they are being listened to or

understood x

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No! I am now xx

Cultural Competency in Dramatherapy

29 / 72

Q1

Date

13th November 2020

Q2

Gender

Female

Q3

Ethnicity

British Pakistani

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

2018-2020

#15

Cultural Competency in Dramatherapy

30 / 72

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

It was not addressed at all. Other than one day in the two years of 'intercultural therapy' where a non white therapist came and spoke
to us about their practice and their experience. All bar one of the teaching staff are white and middle class. I belive they have not had
to confront their racist shadows and this infiltrates how they are with clients and students. I am massively disappointed with this and
certainly felt the brunt of their 'unconscious biases' and overt racism and islamaphobia. I am a Muslim woman and I wear a hijab which
means my religion is very obvious and I carry it with pride. I felt tutors were afraid of this and though they fulfilled their roles in as
much as getting me through the course, there was only one tutor that really did welcome me as a Muslim woman. The ignorance,
racism, and cultural incompetance and islamaphobia which some of my class demonstrated was never challenged by tutors under the
guise of 'everything is welcome'. I wonder if they know how this makes the training environment so incredibly unsafe for those of us
that are minorities. I repeatedly suggested and questioned why cultural practice is tokenised as a one day event and why it isn't a core
module and I was told that 'things need to change' but nothing has changed. In all I think the cultural incompetance of tutors leads to
them training potentially very dangerous white therapist who are empowered in their incompetance in working with anyone who isn't
white and isn't middle class, and leaves this of us that are training feeling traumatised becuase of the unsafety of the training.

Q7

What does cultural competency mean to you? How does it fit into your practice?

It is simple. I see my clients as human and I hold in mind how they may have been perceived by the world. I allow them to identify
themselves and any cultural religious norms that I am not aware of or that are different to mine I welcome and educate myself on. I do
not judge, I do not ask my clients to explain their trauma or their culture. It is my responsibility to educate myself. I do not say things
like 'that's weird, that wouldn't wash in the uk'. Cultural competency for me means knowing my shadows and my prejudices and
knowinh where they come from and what they are rooted in. I hold them in my hand so I can put them to the side when I'm with my
clients. It also means seeing every single person as Human first. Not as my perception of their culture, and religion or identity.

Q8

Anything else you would like to say on this subject?

I think it is a crying shame that seasoned therapists and tutors are so culturally incompetent. Quite frankly it disgusts me. I think we

need to demand better from our educators and they need to do better. I sincerely worry about vulnerable clients having therapy from

some of the people I trained with because of how dangerously ignorant they are and belive that the tutors inability to challenge this has

a massive part to play in this. Our clients deserve better. We need to do better.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

31 / 72

Q1

Date

13.11.20

Q2

Gender

F

Q3

Ethnicity

white british

Q4

Name of the institution you undertook your training?

southwest school of dramatherapy

Q5

How long ago was your training?

8years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

not covered really. no idea why!

#16

Page 1

Cultural Competency in Dramatherapy

32 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

communicating with people of different cultural backgrounds

Q8

Anything else you would like to say on this subject?

Respondent skipped this question

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

no
Cultural Competency in Dramatherapy

Q1
Date
13/11/2020
Q2
Gender
Woman
Q3
Ethnicity
White European
Q4
Name of the institution you undertook your training?
Royal Central school of speech and drama
Q5
How long ago was your training?
Graduated in 2019
Q6
How was cultural competency addressed during your training? If it wasn't, why do you think this was?
It was addressed as something we should each undertake individually and be aware of, but there wasn't much time for it. I'm still not
quite sure everything that it encompasses if I'm honest. Partly this is my own failing for not taking initiative in it, but on the course I
don't remember being encouraged to do much more than look at and acknowledge my own biasses.

#17

Page 1
Cultural Competency in Dramatherapy

Q7
What does cultural competency mean to you? How does it fit into your practice?
I studied in the UK but am now practicing in the Basque country of Spain, where I grew up. Cultural norms, perception of mental health
support, language around therapy and the meaning and traditions around storytelling are often different and I'm often learning from
experience.
Q8
Anything else you would like to say on this subject?
It would've been helpful to know what material is available and what the different aspects are before being faced head-on with it and
learning from mistake after mistake.
Q9
Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No, but I'm not a BADth member

Cultural Competency in Dramatherapy

Q1

Date

13 November 2020

Q2

Gender

Male

Q3

Ethnicity

White

Q4

Name of the institution you undertook your training?

Roehampton University

Q5

How long ago was your training?

2015-18

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

I am not 100% sure - or just cannot remember- if it was specifically directly addressed. Other than having a variety of cultures present

in our year and tutor group, and our stories shared and listened to. As well as through the use of various elements of dramatherapy

that can aid cultural competency, such as stories, myths, fairy tales, masks etc.

#18

Collector: Web Link 1 (Web Link)
Started: Friday, November 13, 2020 12:28:12 PM
LastModified: Friday, November 13, 2020 12:34:45 PM
TimeSpent: 00:06:32
IPAddress: 89.241.138.238

Page 1

Cultural Competency in Dramatherapy

36 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

I did not know what the phrase meant, I have just had to google it. Haven't heard it before. That says a lot. It means awareness, and

proactive informing, sharing and education. I am not currently working in any environments or with clients whom this may apply to, I

don't think. But this survey will make me more conscious and questioning of it. Thank you!

Q8

Anything else you would like to say on this subject?

No

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No, I'm afraid I am not.

Cultural Competency in Dramatherapy

Q1

Date

13/11/20

Q2

Gender

Non binary

Q3

Ethnicity

White

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

14years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

It wasn't because of unawareness to cultural competency and an assumption that story and myth is cross cultural. So no direct

cultural commence training

#19

Page 1

Cultural Competency in Dramatherapy

38 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

It means knowing my own biases and prejudices as a base. Knowing how they form in the therapy relationship n can effect it. It means

accessing good on going training and supervision and talking about the different areas ie colour, race, disability, sex, gender etc. For

me it's about on going awareness and not othering it off as a one off CPD training. To notice the gaps in my cultural competency.

Thinking what's going on in the therapy or supervisory relationship and how culture and difference has an impact

Q8

Anything else you would like to say on this subject?

It needs to be a core component of dramatherapy practice not an other end off bit on the side.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Yes

Cultural Competency in Dramatherapy

39 / 72

Q1

Date

12th nov

Q2

Gender

Female

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

2019 finished

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

It was sort of but only after students complained about gaps in the training

#20

Collector: Web Link 1 (Web Link)
Started: Friday, November 13, 2020 4:13:45 PM
Last Modified: Friday, November 13, 2020 4:16:48 PM
Time Spent: 00:03:02
IP Address: 213.249.225.105

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Cultural Competency in Dramatherapy

40 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Awareness of diverse perspectives, cultures and history

Q8

Anything else you would like to say on this subject?

I appreciated colleague Sam Adams training on Black at the BADTh conference last year

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

41 / 72

Q1

Date

13-11-20

Q2

Gender

Female

Q3

Ethnicity

Black mixed heritage

Q4

Name of the institution you undertook your training?

Exeter University

Q5

How long ago was your training?

20 years ago

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

No, a fear of exploring difference and exposing the owner structures inherent in whiteness, heterosexuality, middle class values on

which psychotherapy is built upon!

#21

Page 1

Cultural Competency in Dramatherapy

42 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Being aware of the social, political, cultural aspects of our conditioning that shape who we are (etnicity, culture, sexuality, gender,

disability etc) including overlapping intersectionality.

Q8

Anything else you would like to say on this subject?

It has been so frustrating being othered, exotucised or pathologised as a person of colour. In my training difference never looked at the

dominant 'majority' culture but exposed case studies of BLACK, ASIAN AND MINORITY ETHNIC / BIPOC as those with a culture!

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Yes, its basic but a good start. I remember one of the BADth conferences focusing on difference and diversity and when I flicked

through the brochure I didn't see one presentation or workshop about racism!!! Instead there was a lot of presentations about people

going abroad and working with black or brown people like the good ol' days of missionaries and conialisation!! Hasten to add I did not

attend that conference.

Cultural Competency in Dramatherapy

43 / 72

Q1

Date

13.11.2020

Q2

Gender

Female

Q3

Ethnicity

Caucasian

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

10 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

Not addressed

#22

Page 1

Cultural Competency in Dramatherapy

44 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

It's the work I undertake to deeply examine my own prejudices and systemic racism and its impact on the therapeutic relationships,

especially around power dynamics and trauma.

Q8

Anything else you would like to say on this subject?

I appreciate the term cultural humility which speaks to the idea that we treat each other as unique individuals with personal cultures as

well as social cultures.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No, but I am not a member of BADth and based in SA.

Cultural Competency in Dramatherapy

45 / 72

Q1

Date

12th November 2020

Q2

Gender

Female

Q3

Ethnicity

Pakistani

Q4

Name of the institution you undertook your training?

Derby

Q5

How long ago was your training?

10 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

No it wasn't. Lack if awareness and understanding and significance

#23

Page 1

Cultural Competency in Dramatherapy

46 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Openness, acknowledgment, non-judgemental willingness to learn

Q8

Anything else you would like to say on this subject?

Respondent skipped this question

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

47 / 72

Q1

Date

13.11.2020

Q2

Gender

F

Q3

Ethnicity

White - South African

Q4

Name of the institution you undertook your training?

Lecco Art Therapies Training School in Italy

Q5

How long ago was your training?

6

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

It was addressed minimally. I was the only "non Italian" - and my training group was all white. We discussed and explored difference
and issues around immigration and politics, racism and prejudice.

#24

Page 1

Cultural Competency in Dramatherapy

48 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

It is a core aspect of my thinking around identity and meaning making, attachment and relationships. An integral part of my thinking as
a therapist. Being curious and open to issues and challenges of difference is key.

Q8

Anything else you would like to say on this subject?

During my final dramatherapy placement in a prison I worked with a group of women where there were more than five languages
spoken. Together we translated for each other during the groupwork. It was a challenging and beautiful experience of togetherness,
with our differences.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Yes

Cultural Competency in Dramatherapy

49 / 72

Q1

Date

14/11/20

Q2

Gender

Female

Q3

Ethnicity

Black African & Caribbean

Q4

Name of the institution you undertook your training?

Derby

Q5

How long ago was your training?

3 years ago

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

It wasn't addressed. The modules did not allow for this subject to be explored in depth. There was one seminar on working with
different cultures, mainly refugees.

#25

Cultural Competency in Dramatherapy

Q7

What does cultural competency mean to you? How does it fit into your practice?

Whilst I dislike the term to be competent in trying to relate to the "other". It is an integral part of my practice in working with a range of

different communities. Showing an openness and willingness to learn about my clients in order to work with them effectively. It should

be a joint process that can only be achieved through the therapists curiosity.

Q8

Anything else you would like to say on this subject?

I am glad this is being looked at and wish you all the best for the study.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Yes

Cultural Competency in Dramatherapy

Q1

Date

13.11.2020

Q2

Gender

Female

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

Roehampton university

Q5

How long ago was your training?

2 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

It wasn't really addressed directly; it came up in some modules/pieces of work/placements but I can't remember learning anything

specifically on it

#26

Cultural Competency in Dramatherapy

Q7

What does cultural competency mean to you? How does it fit into your practice?

It means an awareness of what I bring and my background, and an acceptance/humility when meeting people from different

backgrounds. The Social Grrraaaceees model by John Burnham is what I use a lot now; there needs to be an acceptance that you

may not know everything but knowing how to ask/broach things sensitively and meeting another person where they are at

Q8

Anything else you would like to say on this subject?

I am studying systemic family.practice and this has loads of good research around this area.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Yes, sort of - they were mentioned at a conference. I said then that I didn't think they really went far enough in helping people discuss

and understand their role in all of this. We could all do more for sure.

Q1

Date

14th Nov 202

Q2

Gender

Female

Q3

Ethnicity

White

Q4

Name of the institution you undertook your training?

Roehampton

Q5

How long ago was your training?

3 yrs

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

It wasn't. I dont think it had been considered

#27

Q7

What does cultural competency mean to you? How does it fit into your practice?

Being aware enough of cultural differences that you can implement this into your practice and take it into consideration

Q8

Anything else you would like to say on this subject?

I was very aware of all outntutirs being middle class.white women

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Q1

Date

14/11/2020

Q2

Gender

Male

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

Royal Central School of Speech & Drama

Q5

How long ago was your training?

9 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

Cultural competency was not addressed on my training, I can only presume they felt it was unnecessary or not relevant.

#28

Page 1

Q7

What does cultural competency mean to you? How does it fit into your practice?

Acknowledging and affirming cultural diversity within services. To support and ensure, understanding, awareness of positive

representation of cultural diversity.

Q8

Anything else you would like to say on this subject?

Awareness and promotion of cultural diversity within services supports and encourages equality of access.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Yes

Cultural Competency in Dramatherapy

Q1

Date

15 Nov 2020

Q2

Gender

Female

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

Roehampton University

Q5

How long ago was your training?

completed 4 years ago

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

I was part of a very international and diverse cohort; half of the group were non British, two were non White and at least 4 LGBTQ.

Whilst it wasn't part of syllabus, we met lots of issues around culture and identity along the way just through the shared experience of

studying together.

#29

C o l l e c t o r : W e b L i n k 1 (W e b L i n k)

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IP A d d r e s s : 8 2 . 6 9 . 7 0 . 1 7 8

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Cultural Competency in Dramatherapy

Q7

What does cultural competency mean to you? How does it fit into your practice?

To me it involves listening to another's experience of culture, recognising that traditions, history, trauma, values, mythology,

psychology and spirituality may be around which are unfamiliar to me but woven into my client's roots, and is there to be invited and

explored.

Q8

Anything else you would like to say on this subject?

Respondent skipped this question

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

No

Cultural Competency in Dramatherapy

Q1
Date
16/11/20
Q2
Gender
Female
Q3
Ethnicity
White British
Q4
Name of the institution you undertook your training?
Derby
Q5
How long ago was your training?
2 years PG
Q6
How was cultural competency addressed during your training? If it wasn't, why do you think this was?
It was addressed once in a group session. But not to all.

#30

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LastModified: Monday, November 16, 2020 4:37:37AM
TimeSpent: 00:07:15
IPAddress: 148.252.132.198

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Cultural Competency in Dramatherapy
60 / 72
Q7
What does cultural competency mean to you? How does it fit into your practice?
I feel we should be encouraged to embrace different cultural beliefs and attitudes. Learning differences can offer a more welcoming and
non discriminative space for everyone to feel safe and accepted regardless. I personally enjoy learning about different cultures and feel
this should be focused of fron an early age.
Q8
Anything else you would like to say on this subject?
One of my favourite memories of a child was listening to my friends family talk about their life in Tunisia before permanently residing in
the UK. Being able to adopt different beliefs and share this is a powerful tool.
Q9
Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?
No
Cultural Competency in Dramatherapy
61 / 72
Q1
Date
16/11/2020

Q2

Gender

Female

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

Royal Central School of Speech and Drama

Q5

How long ago was your training?

12 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

Discussions took place around unconditional positive regard and the importance of awareness of cultural diversity

#31

Page 1

Cultural Competency in Dramatherapy

62 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

Having an understanding that diversity in cultures and races must be acknowledged but in a way that ensures equality and diversity

celebrated. I work with a wide range of SEND pupils from a varity of cultures and it is crucial to understand the wishes of families in

terms of what we offer not conflicting with culture but also giving clients the chance to explore their own connection with cultural

identity

Q8

Anything else you would like to say on this subject?

I think it is really important that this continues to be on the 'agenda' of our thinking and practice as arts therapists

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Yes

Cultural Competency in Dramatherapy

63 / 72

Q1

Date

17.11.2020

Q2

Gender

Female

Q3

Ethnicity
White British
Q4
Name of the institution you undertook your training?
Roehampton
Q5
How long ago was your training?
Current (2019-2022)
Q6
How was cultural competency addressed during your training? If it wasn't, why do you think this was?
I don't think that currently cultural competency is being fully addressed within the training. Race is hardly mentioned at all. In the Myth
module which could have been culturally rich, the cultures from which many of the myth's classically originated were not discussed.
When culture is mentioned, it is in a small comment or a recommended reading rather than embedded on the course.

#32

Page 1
Cultural Competency in Dramatherapy
64 / 72
Q7
What does cultural competency mean to you? How does it fit into your practice?
Cultural competency means being able to respond to clients from any background with knowledge, understanding and empathy
regarding their culture. It also means acknowledging and constantly working on my own internal biases.
Q8
Anything else you would like to say on this subject?
No
Q9
Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?
Yes
Cultural Competency in Dramatherapy
65 / 72
Q1
Date
27th November 2020
Q2
Gender
Female
Q3
Ethnicity
White Irish
Q4

Name of the institution you undertook your training?
Royal central school of speech and drama

Q5

How long ago was your training?
2018-2020

#33

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?
It was briefly mentioned at the beginning of our training during developmental psychology, however, in a more personal cultural
understanding which briefly mentioned biases. It was rarely brought into the space by professors, and when at times it was brought
into the space by us students, it didn't hold much gravitas for in-depth discussions. I feel this may be due to people being scared or
embarrassed of not knowing the correct thing. I also feel there is a certain amount of competency expected from society and
professors about therapists culture competency

Q7

What does cultural competency mean to you? How does it fit into your practice?
Cultural competency to me is having an awareness and respecting other people's cultures and traditions. It's being aware of your own
culture and traditions and how they relate to others. I feel that this is not only in a manner of religion or ethnicity, but also through
class, age and era. I feel there is also a competency in being able to talk and address new cultural interactions that you may not be
aware off and as a therapist it is important to do your research, clinically, historically and emotionally

Q8

Anything else you would like to say on this subject?
I feel cultural competency is something that shouldn't be shyed away from and in my experience is a beautiful area to be explored that
we can all learn so much from

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?
No

Q1

Date
28/11/20

Q2

Gender

Female

Q3

Ethnicity

White British

Q4

Name of the institution you undertook your training?

University of Hertfordshire

Q5

How long ago was your training?

1 year

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

In one seminar.

#34

Collector: Web Link 1 (Web Link)
Started: Saturday, November 28, 2020 7:40:27 AM
Last Modified: Saturday, November 28, 2020 7:49:10 AM
Time Spent: 00:08:42
IP Address: 213.104.125.214

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Cultural Competency in Dramatherapy

68 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

I have worked in America and New Zealand and am aware of different ethnicities there. Also the use of Western Psychology practices
on South Pacific cultures. For me it means that I have to be aware how western societies differ-especially with regard to the role of
women.

Q8

Anything else you would like to say on this subject?

I also know first hand how difficult it can be for male refugees to fit into UK culture because of the status of women here.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Yes.

Cultural Competency in Dramatherapy

69 / 72

Q1

Date

27 November 2020

Q2

Gender

Female

Q3

Ethnicity

White English Christian

Q4

Name of the institution you undertook your training?
Derby university

Q5

How long ago was your training?

2 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?
I dont think it was taught although was reflected upon. Could be that I took it upon myself.

#35

Page 1
Cultural Competency in Dramatherapy

70 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?
To be present and mindful of all belief systems. To be open minded, non judgemental of other's belief during practice. Every day
mindful of appearance.. to dress appropriately. To be brought in as part of the assessment at the on start of therapy. I also feel this
should be part of training and respecting views of all in training. To bring diversity and ethical practice throughout training.

Q8

Anything else you would like to say on this subject?
I would be interested in finding out more and how I can ensure I maintain good practice throughout my profession.

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?
No
Cultural Competency in Dramatherapy

71 / 72

Q1

Date
6/12/20

Q2

Gender
femail

Q3

Ethnicity
White British

Q4

Name of the institution you undertook your training?
University of Roehampton

Q5

How long ago was your training?
3 years

Q6

How was cultural competency addressed during your training? If it wasn't, why do you think this was?

We had one lecture in the third year on diversity and inclusion so definitely not covered in any great depth at all in my opinion. I'm not

sure why other than so much to cover in such a short time?

#36

Page 1

Cultural Competency in Dramatherapy

72 / 72

Q7

What does cultural competency mean to you? How does it fit into your practice?

It means having an understanding of the culture of your clients. It is very important in my practice as I am in a PRU with a huge

traveller population. Many of the traveller families do not agree with therapy - thinking of it as a weakness so we have to work very

closely with the families before we even get a chance to see the young people.

Q8

Anything else you would like to say on this subject?

Respondent skipped this question

Q9

Are you aware of BADth Intercultural Good Practice Guidelines Document created in 2016?

Yes this was covered in our lecture.

411

Appendix 7

Interview 1 transcript

Interview 1 transcript

Interview 1 transcript – BADth Inclusion and Visibility Subcommittee (23/01/2021) 11am to 11.32am

Linda: I am going to ask you 10 questions to explore your views on cultural competency, how the subcommittee tries to embed this and if it's effective. My interest in this research topic is based on my training experience, were I felt that this an area that is overlooked and as an ethnic minority person on the course surrendered by lots of White people, you wonder what you are learning is only meant to be used for White clients only.

Participant: Absolutely. And, you know, a lot of our work in the subcommittee is based on those questions, and everyone that eventually joins the subcommittee is because they asked that question, and it was not answered during their training. You know, for some of us is our queerness, for others it's disabilities, for many people it's race, like you. And yeah, somehow we all come together in the subcommittee. And yeah, we know the answer, which is that, like you said, it's never explicitly said, but because there's no challenge on it. We work with an imaginary white client always, you know, the imagined client is white. And I don't think trainings really are able to challenge that yet and haven't been challenging that.

Because that's the thing of I think about whiteness in general, because it's the standard of everything. And, and so that that will be present everywhere. Unless it's challenged, for example, you or anyone at had the in the training had asked, Would that apply to a Muslim family? Would that apply to Muslim populations or black populations? You know, we don't ask those questions, because we are trained in some ways to work with the standard, but the standard is white, ultimately.

Linda: What is the remit of the Inclusivity and Visibility Subcommittee?

Participant: I think there's an official one, but I'll, speak from this moment without consulting the mission statement. We aim to create spaces in which we are able to have the conversations that we didn't have in our training, that sometimes we don't have in our places of work either. And, and I think our remit is to help trainees, qualified therapists, as well as our clients and the populations we work with, to experience an environment that is as safe and inclusive as possible. And, and through that, you know, we work in different ways we address different aspects of, of training of working professionally after qualification. And so in many ways, our remit is very big. Because it's, obviously, it touches on everything. And like I said, many of our members come to the subcommittee, from different experiences, lived experiences, and those experiences are often intersectional, as well. And so and so we're dressing basically social society and culture, from a Dramatherapy perspective, but it ultimately, is about this society and culture in general.

Linda: Could you explain a bit about the reasons behind why was the name changed from Equality and Diversity?

Participant: It changed two years ago, I took charge of a subcommittee with a colleague of mine. So we have two conveners, rather than it used to be just one person, and we decided to move forward with two people running it to share the load. And at the time, I proposed that the terms equality and diversity felt empty, and didn't carry much meaning anymore. And, and so we proposed a change of the name. To set perhaps the tone, we wanted to, to carry over into the future of the subcommittee. We chose towards inclusion. Because I think we wanted to be clear that we wanted to have more people in the subcommittee, and visibility, because we wanted to make the people who were previously invisible, visible. And so those that was sort of the intention behind those two terms, and behind changing it. So we wanted to, obviously carry the legacy of what the subcommittee had done before because our previous convener in our she'd been leading it for many, many years on her own, and it's really hard work to lead this kind of subcommittee. So we wanted to carry that legacy, but with the new energy and the new intention, or perhaps a more explicit intention.

Linda: What are the subcommittee stances on culture and diversity within Dramatherapy?

Participant: I think we start from a place, like I said, that our training does not do enough at all, in any of the areas that we believe fall under the, the umbrella term of culture. And, so, that's our starting point, just admitted and acknowledging that our trainings do not do enough. And then trying to answer the question, what can we do about that? And that will then include different answers and some of those answers will be about creating CPD to train already qualified therapists will also include working alongside the institutions to help them changing their curriculum, hopefully, but that is very long term. That has been very challenging in general. Yeah. Overall. And, and I think more recently, especially the past year to now. And we have also created working groups within the subcommittee, which branch out in very specific areas. And the idea is that anyone in the membership of BADth and the association can join those working groups without necessarily having to commit to the wider subcommittee, because I think people sometimes don't participate because they don't want the responsibility. And I get that it's a lot sometimes, and they don't have the time. So we created the working groups. And the working groups include very long term actions, short term actions, and then people can participate in whatever fits their life. So if it's a short term action of just a couple of months, you can participate, and then step back, and maybe re-join the working group. And those working groups are specific, we have one on race, we have one on gender identity and sexuality. And then we have one on disability. And, and we all do our different things within those groups. But we all have sort of the same approach. Anyway, we all want to work with institutions. We all want to encourage more writing for the journal along those topics. And, and we all want to create more CPD for the already qualified members. So we all want to do the same things. But we work specifically on those topics.

414

Linda: Could you please tell me a little bit about how the subcommittee is considering aspects of cultural competency?

Participant: Yeah, I think, yes, moving from still following up from the previous one. I think what I also wanted to mention is that if you look at the HCPC, the body that regulates the profession. And if you see their standards of proficiency, and competency around culture, it's basically one paragraph, has nothing. So there's nothing specific. And that's what happens in the training institution. So the training institutions follow that. So that means that anything can be ticked when it comes to culture, right. So if I'm a white therapist, and I write an essay about working with a black client, that's me ticking off my cultural competency. You know, because it's so vague, the policy is so vague, anything can match the policy. So that's the problem. It's too vague, and it's not specific enough. So our position is that he needs to be specific, so that a therapist can qualify and feel able to work with Muslim populations, with black populations, with queer populations with immigrant populations, you know, all of those groups that are very at the margins of everything, and are not the standard population that we work with, or that we imagine when we are training. So that's I think our stance really is that it needs to be explicitly laid out in policy. And but that, unfortunately, maybe takes time, or maybe we don't have the skills yet within the subcommittee to know how to actually make those changes. Yeah, if that makes sense. And I think, for instance, in the LGBTQ working group, and we're following a very helpful template, because the association joined a wider coalition, right of a therapy associations that work against conversion therapy. So that coalition had proposed a template for every professional association. So for us, it's quite easy, because now we can just follow that template. And that template includes things like having statements on the website, working with our training institutions to implement specific things in their curriculum. And in many ways, I guess we can base that template for the other topics. So we're sort of slowly working on that. But it's quite hard sometimes when you don't have a template to know how to challenge the bigger institutions.

Linda: It also mentions that regular surveys are conducted to monitor whether BADth memberships reflects the communities it serves. How often are these surveys conducted and could you tell me a bit about the outcomes?

Participant: Yeah, it's a very good question. And it's, I can't remember the exact number of years now, but it's coming around. We're actually putting together a new survey for the membership this year. Because it's due and the previous one might have been in 2016. So it might be every five years or something that we do that survey. And the survey is seeing if the membership is changing, and how it's changing. And also to see if it somehow reflects the outside world, and the world we work in, in clinical practice as well. So yeah, so we're sort of at the very early stages of putting the new survey together, which includes probably, I haven't actually looked at yet, because we're only just starting, but it will probably involve changing some questions. Because again, being explicit is important. It's important to include questions are very explicit, so that we get the data that we need

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to really, know exactly, who is part of the association.

Linda: Are the outcomes accessible?

Participant: It will be accessible to the members. Yes. And actually, I think for transparency purposes, it probably should be available to the public. So again, that's something else that we because I don't know if the previous ones were available to the public, but they were certainly available to the members. But I think I'll probably actually personally defend that it needs to be public. This next one.

Linda: The aim also mentions that the subcommittee will establish and maintain links with other Dramatherapy inclusion and visibility committees from other countries. Could you talk a bit please about the engagements you have had so far in this area, and what progress is being made internationally.

Participant: Not that many. And so far, it's only the North American Drama therapy. The links aren't so strong, I must admit, because I think we've spent a lot of time more recently, just focusing on our internal, local, regional national dynamics. We have some links with the North American Drama therapy, but, you know, we were in touch with them during the, you know, during the Black Lives Matter protests in the summer. And we provided a statement of support to them after we made our statements here in the UK. And, actually, we are going to, it's kind of it's not a direct link, but it's kind of related. Because we're gonna be publishing a special issue of the journal on race, and culture, and that is in association with their journal as well. So the drama therapy review and the Dramatherapy here in UK, it will be a joint publication.

Linda: What is the 'impact' of the Intercultural Good Practice Guidelines document created in 2016 and how is this measured?

Participant: Yeah, that's coming up for review as well. And, and again, one of the things we're thinking is it's tricky because BADth is not the regulatory body. So we can't say that as a member of BADth, you need to do this. Yeah. Because that's not in the sort of constitution of the association in the first place. But we, we still want to look again, at the, at the guidelines, and actually the race group that's on there, it's in their remit, to look at the guidelines again, add to the guidelines, or change the guidelines, again, to make race and other aspects of culture more explicit. And, and we're also thinking, you know, what can be done alongside the guidelines? Because it's hard to track. But maybe with a new website, that's something we will be able to do. But for example, it's something that sort of we plan to check is, is it possible to check how many people consult the document, we need times that document is consulted every year by members, for instance, we don't have that data. Our previous website was very, I guess, basic or primitive. And, but maybe in the new website, we would be able to see those numbers. But again, the idea is to make things

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explicit, so we haven't thought about how that can be possible. But it's part of it's tasks, and the race group are to look at that this year.

Linda: To what extent do you think BADth members or the Dramatherapy Higher Education training providers, are aware of the Intercultural Good Practice Guidelines document? How does this document serve as an important set of guidelines when considering advisories on policy?

Participant: they're not. And, and again, and that is because I think many things, it's available on the website, there's been plenty of communications over the years about it. You know, we did a whole conference where the guidelines were at the centre, and 2016, you know, the, because the conference test that year was based on can't remember the title now, but it was a sort of equality and diversity type conference. And the guidelines, there was a big focus group that we used everyone attending to feed into the guidelines. And, then we use that feedback to you know, to finalise the guidelines. So, in many ways, to me, it's surprising that people say they don't know about it. And at the same time, I'm not surprised at all, because people forget about these things very easily. Again, if it's not something that touches upon your experience, you're not going to think about it. You know, the white standard doesn't consider culture differences so much. And so, and because most of the membership is white. Yeah, I would argue that many people, don't seek for it, don't think about it. Don't ask about it. I mean, people often complain, sometimes that we as associations don't do lots of things, whilst we are doing them. And that's because people don't pay attention to what we're doing. And they don't care to participate and engage. And so, you know, again, I I've, besides the subcommittee, I've been leading the LGBTQ group, although I've passed that on now recently, but for many years, but for the first year of that group, people often complain, we weren't doing enough about those topics. And, I always respond to well, we did a whole special edition of the journal, we did a whole CPD programme. You know, in 2019, we have this working group, like if you want to participate, just join us, but, you know, people I think, just like to complain, and, and think and say that nothing is being done. When they don't, yeah, they don't know.

Linda: How does the subcommittee and BADth as an organisation, work with its members to consider discrimination and racism within the Dramatherapy profession, especially in light of current issues of racism and the death of George Floyd?

Participant: Yeah, it's, you know, interestingly, it's been on our, it's been on our to do list for some time to create antidiscrimination policy. I was the target of some discrimination a few years ago. Some unconscious bias, that was homophobic. But again, it's one of those things that it's important, and it's essential. But in the past couple of years, there's lots more essential things, important things coming up. And we're only volunteers. And that's always the challenge is that we're all volunteers. And we all have our own lives and things going on. And there's only so much we can do ourselves. And so that's why we always ask for more people to join us. Because if we, if we have more people, then we can do all the things that people want to get done. But if it's, there's only a few of us, and we can't, it's as simple as that, ultimately, but it is, it is on our to do list. It's definitely in our agenda.

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Linda: Thank you so much. I have no more questions. Thank you. How was this for you?

Participant: No, it's fine. I mean, this is what I do, I guess, as part of the subcommittee, so I'm always happy to, participate in these discussions to help out fellow Dramatherapists trying to have these discussions and yeah, How was it for you?

Linda: Thank you very much. Yeah, it was great. And I guess as we were speaking, I can almost relate back in some of the experience I've had, in terms of when, when I'm thinking about change, and the notion of who holds the power for change? Is it HCPC, the training institutions or BADth. Who? Who is it? Who can make this change happen.

Participant: And that is the function of structure of the of this structural, white standard, it makes everyone else chase their tails over and over again. And that is a power in itself. That's the power playing us. Because the power is in all of them. You know, in many ways, I would, perhaps, argue that BADth is the one with the least amount of power. Because BADth can only recommend things. They can't enforce anything. But even in that BADth, it could change its constitution, to be able to be more strict with its members, for instance. So that's a power that BADth has, which in itself would involve A new constitution, a new structure, a new executive, a new type a new way of working, which would, again, entail dismantling everything. And the same with the training institutions, they could decide, yeah, we're gonna change our curriculum, as long as it meets the vagueness of hcpc. And anything can can match that because it's so vague. So they could they could make that change, actually, yeah. But it would mean some people having to step down from their jobs or their very cushy jobs. And they're not doing that no. takes it takes guts. Well, I think it not even guts, it just takes integrity, because I'm, you know, one thing this past year has made me see is that even though I come even though I come to these discussions with a very clear experience of being marginalised as a gay man, I also know, I still hold incredible privilege by being a white man. And so I'm sort of planning to step down of my position, because I believe I am a white man can't be leading these things anymore. And, and give space for Actually, I'm going to be explicit and say that I would like a black woman or a woman of colour to lead moving forward. And again, I'll always be around and available just don't feel I should be the face of the subcommittee anymore. And but, you know, it just takes integrity to be able to do that, I think, and, and to be able to do that, with thought, you know, I'm not just going to drop out of the position. Because many of our members are new, and they don't know many things. And I've been in subcommittee for almost seven years. So I do have the skill, so I can still use those skills, but I don't have to be the one leading the charge. So, but that's something that institutions, people in the institutions could do. If, if they really wanted to walk the walk and have their talk. Basically, yeah.

Linda: do you have any questions?

Participant: No, I would just say, yeah, be in touch for anything that you might need. sorry, it took so long to get back to you. But actually came at the right time because I wouldn't have had many answers. Like this survey, it only has just come up and the guidelines as well.

Appendix 8

Interview 2 transcript

Interview 2 transcript

Interview transcript (Co-writer of the Intercultural Good Practice Guidelines)

Date of Interview: 08/10/2021

Time: 10am to 10.33am.

Linda: I have 10 questions. What does cultural competency mean to you as a Dramatherapist?

Participant: It was a theme in my IS when I did my masters so that whole year and a half of preparation for that final IS included cultural competency at the core, yeah, and it was how to use that. I had lived in China for a year before, and I'm a Canadian studying in England and I have French heritage, and I'm always, you know, have been fascinated with working with culture. So I was wanting to make sure my IS captured that. For me, it's these three points of self-awareness of my own culture, and awareness of the other culture, the other person who's in front of me who I'm working with, and then the third is having skills in adapting my approach to meet the person where they are - culture is included, and what does that mean is knowing their culture and finding out with them. Maybe it's the Dramatherapy aspect that changes in the approach, or maybe it's how we speak about certain things, or maybe it's just how we think about certain things, what enters the room. So, my IS explored that through performance, embodying where I was at that time, which was to explore my culture and how I felt I brought that as a therapist. Then I was looking at, like East - West dialogue, because I was so fascinated with having been to China before, knowing I would probably go back which ended up being the case, that it was about how to find Chinese-adapted theatre and healing practices and the skills. I kind of developed an approach that used Japanese theatre, mindfulness, and I was really making links between, you know, how Dramatherapy has similarities with some Eastern healing practices and still trying to find bridges because cultural competency for Dramatherapists, I find, it's even easier because the creative realm allows us to have so many possibilities in finding out what those approaches might be.

Linda: Thank you. The next question is, what was your Dramatherapy training experience like, in relation to this concept of cultural competency?

Participant: There wasn't much initiated or raised about the topic during the course. My theme was encouraged when I'd raised it for my IS, but outside of conversations related to that, we never learned about it. It wasn't something we were taught. We were invited to be self-aware of many things, but not our culture, not others' culture, not each other's culture. We had different cultures in the room and we never acknowledged or explored that.

Linda: Why do you think that was? Why do you think it wasn't something that was explored or talked about within the training?

Participant: The research from my IS, I gathered, is that Dramatherapy is very much outgrown from humanistic and other earlier psychotherapies, which are very individual-based and that don't look at the system. They don't look necessarily beyond individual means, individual problems. Sometimes, parent and child attachments might come in but there's a kind of aspect of what we have that's beyond just individual needs. In our culture is being part of a larger group and that is part of us. But it's, I guess those dynamics. Perhaps that's a shortcoming that Dramatherapy did not, in my experience, in the training develop on because of what they inherited, and then just took that maybe for granted of what they thought should be covered, because maybe that's more the traditional types of things that are covered in some of those psychotherapies. That's my hypothesis.

Linda: Thank you. The next one, what were the ideas behind the development of the Intercultural Good Practice Guideline Document?

Participant: There had been conversations about this for a long time. Like years, like before I joined, I think, maybe even a decade, you know. Workshops were tried to start bringing information together. The ideas were that we all felt that this was a lack in our field, in our profession, and that it's not that people didn't want to use those things, it's just they didn't know how. That's where we felt it was really important to have something concrete that we needed to finalise, put it to action and put it together that's accessible. That's why we even didn't put it in the journal, we were like, just put it on the website, let's just put it out there. It's looking at ideas and bringing it a little bit farther than conversations, we don't need to reinvent the wheel, the ideas, let's look at what everybody else is doing. Yeah. So we researched a lot of different associations and their ethical practices and compared and contrasted and added things in relation to our field and, yeah, ideas were to show how important this is globally, you know, to be part of this global conversation that we're an intercultural world. We're intercultural beings and we work in intercultural spaces with our clients, it's a lot like that, too. It's everywhere, it's part of the society that we live in and so we all felt very strongly that we really needed to conclude and put together and so we were, like, very task-oriented and the idea was just to have something that's accessible, that is really important.

Linda: Thank you very much and my next question is, what has been its impact on the Dramatherapy profession since its development?

Participant: That is such a good question because I have no idea to be very honest with you, because I left the subcommittee when I moved country in 2016. We had just finished the guidelines around that time. I think, even when I was overseas, I didn't leave the committee. I mean, I was still involved overseas. I think we finalised it actually, when I was still overseas, and I was adding things, maybe some last bits. I can't exactly remember, but I remember still being in the conversations but then it was kind of tried at a conference, I think, yeah. Then there was feedback on that, they discussed and then I think with time, then I just kind of moved out of the subcommittee and left because I couldn't meet physically. I couldn't really catch up on the conversations that had been, so I kind of stepped down after a while because I was too far, and it just was too complicated. Then I lost touch.

Linda: My next question is, are BADTH members aware of the guideline?

Participant: What has been shared, in my experience, is only in emails. I think in the prompt things like that newsletter, it was written there maybe once or twice when it came out, but after that never and the thing is, we were also part of the NADTA (North America Drama Therapy Association) with their guidelines, because we were going through the same process, and they published it in a journal. And so there was, I think, discussions with them after the guidelines but then also I don't know what happened after that. I don't know if those conversations continued.

Linda: With the guidelines was there any consultation with the training institution itself in terms of how these guidelines could help, or how they could implement these guidelines, or using these guidelines in their programmes?

 Participant: We didn't involve the trainee subcommittee. I think one of the guidelines, one of the subcategories is training and so, I think the way that we organise this is let's give it to Dramatherapists, you know, for the people themselves to then take it respectively. I think our idea was let each person take the responsibility to bring it forward, but then I don't know if other conversations were had with the training. I think it was tried, but it's so far now, I can't fully be sure about that. I think at one point, they did say, you know, they've encouraged that and it was maybe it was difficult to change the course or something like that. I'm not sure. So long, sorry.

Linda: That's okay. The guideline is something I am looking at as part of this research. I think it's amazing, some of the ideas around cultural competency, and just having that to look at and work from, it's wonderful. But I guess the question is, how do we encourage the institutions to implement these amazing ideas in their programmes?

Participant: That's really interesting that you say that, because yeah, when you also ask, like, what's my experience with cultural competency, I left that whole piece out of just mentioning, 'oh yeah, I was part of the Interculture Good Practice Guidelines'. It's almost like igniting this fire in me that I had at the time, because I've been such a solo Dramatherapist working, you know, away and it's kind of making me think, you know, how, yeah, I'm so passionate about it. Like, it's very easy for me to imagine ideas and get into it and what you're saying makes me think about the importance of potentially having a conversation between the equality diversity subcommittee and the training subcommittee as an initial part, because then it's not in the university, it's maybe more personal. It's more like, as you were saying earlier, like, hey, how about exploring this, what these mean to you, what these look like and see what's the feasibility of bringing them forward, because, of course, the recommendations are in the hope that they are developed in the university because that's where the initial experience of the ideas of cultural competency is born.

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Linda: I understand that cultural competency is a lifelong learning, but my question is, where does that learning start, because something has to start somewhere for it to be a continuous process. A lot of my own experience in the training, is having that conversation, the need to implement or start that journey, so then when we are qualified and go out there practising, that process has already begun, it's not starting afresh.

Participant: Yes, yes, because it's vital and it's such an issue at the systemic level in a way that a lot of people are not aware of, that could be harnessing more harm, even though they would have the best intention and that's where it's, it's a very deep process of self-exploration, like recognising where the biases and the loopholes and is a lifelong learning but as you say earlier the better because it does take so much time and so much digging and truth with oneself to look at those topics yeah, in full honesty, yeah.

Linda: Thank you. My other question is who do you feel holds the power to push forward cultural shifts within Dramatherapy training and BADth as a profession?

Participant: See the NADTA. Sometimes I like to compare what different people do, you know, wherever people are, whatever they do, what's some of the good practices. Something that I like about the NADTA for their registered Dramatherapists, it says they must do 30 hours of training within two years to maintain their registration as a registered Dramatherapist. They don't say what kind of training but I find that that's a good start in making sure that people continue to develop their practice. So that in one way, I would find that very interesting if BADth would also, for fully registered members, you know, have a kind of training requirement, which would then be in conversation with the training. No, not the training subcommittee, because they take care of the courses. It would have to maybe be a conversation within the different heads of each subcommittee. Like, what upholds the responsibility of our field to be up to date with what's going on, because there's always new research in so many fields. So I think, yeah, there could be something about the BADth encouraging individual members and their own professional development, and to maybe include certain topics that they could pick from, and maybe some that aren't there, but maybe, you know, just having it written on the list of suggestions could be like, oh, yeah, I don't have experience in that, let me go check that out. I think people don't think about it. They work with schizophrenia, or whatever it might be, and they might not, you know, when they read and pick books, and think that they're developing their practice, because this is something that is across the board for all practice, they might not think about going to that kind of training. So yeah, encouraging training as a registered therapist, and then I think the universities, I do think have a responsibility and a duty to update what they teach to include some systemic cultural ideas that go beyond the individual and the family, and the individual psychology. A lot of people have explored working with different cultures, being from a different culture. There's a lot that could be included from other fields. Yeah, so the university, BADth and maybe the journal, could at some point, like an issue, have a special

issue on culture. Yeah, and I guess for that, well it's the decision making, the people who are making the decisions now. I don't know from afar what happened to BADth in the last years. It seems like there's been a lot of chaos and changes, so I don't know if the structure of where that power lies right now, would have to change long term or what that would look like if students should be voiced in for certain things or practising members who are not in the BADth committee should be voiced in for certain matters. And, you know, I have a friend who's a Black Dramatherapist, who just today shared a poem, because it's a poetry day and it's Black Lives Matter month. And you know, in her poem, she's like, let us write what we'll do during Black Lives Matter. And, you know, maybe there would be something about that, like, let's gather all the people who are Black, Asian or maybe International, like I don't know what would be included in non-white or non-British, I'm not sure what the category would be non-white British, non-European, I don't know. It would be interesting to get some questions about training and bringing culture. What do the Dramatherapists in the field, who may be more aware and have more experience and more knowledge about these things, have to say, because in my experience, like, every time I've had an experience with my friend, my Dramatherapist friend who's Black, you know, we were the ones who were most aware of the cultural discrepancies in our course that other people didn't necessarily notice or think about. So I think that's, you know, I don't want to say she's a spokesperson for how any minority might feel in the group, but she kind of, you know, we, I do remember attending a study when I was in the BADth, the equality diversity subcommittee that was on BME experience in university. The speech and language school, Central university and it was the very common experience that Black students felt unheard and felt discriminated against, not included. So I think that could also be a group to reach out to in terms of a group to hear from, you know, what would that look like? If you guys could make the course on culture, what would you want in there? And I'm sure that, you know, like, some of the things that I have been feeling is, you know, let's get authors that are not White. Let's study different psychologies. Like there's a whole psychotherapy field from Japan, from Thailand, from Africa, there are like tons of different approaches. So like, yeah, you know, maybe that could also be the different voices heard that are not in the committee, not in the decision-making hands right now.

Linda: In terms of the training, when you look at the lecturers or the programme leaders, it's not very culturally diverse, do you think that makes a difference, or has an impact?

Participant: I do think that the number of students who could be drawn to Dramatherapy, there could be more diversity if the programme leaders are more diverse, because I think that's true for any programme, you know, to identify and to know that it's not going to be just a certain way and homogeneous in that way. I think it impacts because they also might have an influence from their history that influences the development of how they teach and what they choose to teach. We all carry our own history, and yeah, sometimes that impacts the sensibility to certain things, or certain experiences, what they value or what do they think is most important to focus on.

Linda: Thank you. And the last question, is there anything else you would like to say on this topic?

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Participant: I think I said a lot. Got me going. Good questions. Really great question. So thought-provoking.

Linda: Yep. And I think that's just it for me, this journey of mine into cultural competency. When I read the Intercultural Good Practice Guideline, I thought, wow, it really has a lot in there. It's just the implementation and getting it known to all the Dramatherapists, especially the ones undertaking their training. There are things that are already out there and, as you said, it's not about going to create something new. I think even with this research I'm looking at, it's not even trying to create something new. It's taking what's already out there and looking at how it can be implemented and put into action, into practice.

Participant: Yes, yes, absolutely and how are people using it. It's such a good question. It's like, that would be so rich to know how Dramatherapists are instilling cultural competency, are they? And if not, why not? I feel like maybe that document is just kind of sleeping there and maybe some are using it, but yeah, that would be a great conversation to have at some point with BADth, inviting whoever wants to respond to that. Yeah, to share somehow.

Linda: Thank you so much for your time.

Participant: Thank you and I hope that with your research, you know, that it brings those… it's actually like a bridge, you know, to open those conversations. So, I really hope that those that you want will be able to look at that and apply that because as you say, it's bringing that step forward. Amazing, very brave. It's really great that you're doing this, so I wish you all the best and is it possible to be updated by the outcome of your research at the end.

Linda: Of course, absolutely.

Transcribed by https://otter.ai

Appendix 9

Excerpt from HCPC Report

Excerpts from Report

Questions sent to HCPC and their response – (21/01/2021)

1. **What is HCPC's definition of cultural competency?**
   In the HCPC standards (or other materials) we don't provide a definition of 'cultural competency' as such, but this is what the Standards of Proficiency (SOPs) require, and is embedded throughout the Standards of Education and Training (SETs), so that students are equipped with cultural competency when they join the register and enter the profession.

2. **What are their expectations of training providers ensuring this is implemented and evidenced within their programmes?**

   In short, the expectation of the provider is that the requirements set out in the SOPs are implemented and embedded within their programmes. At the HCPC, we look at learning outcomes – the provider is required to map the curriculum to the outcomes of the SOPs to facilitate our understanding of where they are at in meeting them. We also look at the teaching approach of the delivery of that curriculum and how the expectations are assessed across the programme. We wouldn't assess each area of the SOPs individually in isolation; we look at the programme more holistically in the round, to ensure that the expectations are met overall.

3. **Considering the recent incident of George Floyd and an outcry of institutional racism, what actions are HCPC taking to ensure, where possible, diversities are incorporated in training programmes?**

   We don't have any actions that are quite as specific as posed in this question, however, over the last year we have been progressing a number of relevant areas (which we already had in train) in relation to our broader Equality, Diversity and Inclusion (EDI) agenda (some of

which is summarised in this blog post), that will impact upon requirements in training programmes, including but not limited to:

- We are reviewing the Standards of proficiency for all 15 of the professions on the Register (currently analysing the responses to the public consultation which recently closed). These are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professions must know, understand and be able to do at the time they apply to join the Register. One of the key areas of change in the standards being consulted on, is around the role of equality, diversity, and inclusion in the standards; specifically the importance of making sure that practice is inclusive for all service users.
- Commissioned and published our first diversity data report, please see my blog summarising some of the findings. We are also working with the professional bodies on a joint communications campaign to boost the response rate to this year's diversity data collection survey (launched on 14 December and closing on 14 March 2021). From this year's data analyses (due in Summer 2021) we will be able to learn more about the demographic profile of our registrants and to start to understand more about the potential impact of our regulatory processes by protected characteristics.
- The establishment of an HCPC EDI Forum with 130+ members (individual registrants and key stakeholder organisations, including the professional bodies), which first met on 14 September 2020 and met again on 9 December. The purpose of the EDI Forum is to provide guidance and support to help us meet our aims, by:
  - providing advice and comment on the development and delivery of our five-year EDI strategy and action plans (including actions relating to our role in quality assuring education and training programmes)
  - raising relevant issues and concerns to enable us to develop an appropriate response (including sharing lived experiences)
  - offering comment and advice on the development of appropriate policies and strategies that enable us to be a fair regulator
  - providing us with an opportunity to listen and seek views on and raise broader awareness about our priorities and progress with stakeholders.

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- Revised and improved our web content, including dedicated EDI webpages.

- We are currently developing our first Equality, Diversity and Inclusion (EDI) Strategy 2021-2026, with input from our staff, our Council, the HCPC EDI Forum, an external audit, and other key organisations/individuals. Our EDI Strategy 2021 - 2026 (to be published in early 2021) will build upon what we have already accomplished and will detail our renewed commitment to achieve even more. We will also set out a clear framework for our detailed programme of work through our annual action plans, starting with our Action Plan 2021-2023.

- We are about to publish our new corporate strategy (we consulted on a draft last year, and reported our analysis to Council). The values and broader strategy are strongly grounded in EDI principles, thus setting our direction of travel as an inclusive and diverse organisation.

These are statements taken directly from HCPC document:

4. **2.7- HCPC- The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented.** - **(These only refer to the admissions process and what happens when you, as an ethnic minority student, are feeling discriminated against, because of the lack of diversity within the training. How do you ensure that there is diversity in training past the application process as your current policies only seems to think about the application process?**

In relation to a student complaint regarding alleged discrimination and a lack of diversity within the training, we would refer to the provider's complaints process (rather than this standard 2.7) to see how such complaints are handled by the provider and whether it meets the required standard.
In the Standards of Education and Training, 3.15 requires that: 'There must be a thorough and effective process in place for receiving and responding to learner complaints.' (See page 26 of the Guidance), and we would expect this to include complaints relating to discrimination and lack of diversity. We would check adherence to this standard in our education QA monitoring and approval process.
In the next periodic review of SETs we will consider this as an area to be further explored, to see whether more specific references to discrimination and diversity would be warranted.

3.7- HCPC- Service users and carers must be involved in the programme.

5. How are the training providers involving services users and carers in the programmes and how are the institutions evidencing to HCPC that this is taking place?

There are a variety of ways in which the training providers involve service users and carers in the programmes, and we would suggest reference to the HCPC Guidance on service user involvement, which covers the types we would expect to see.

This guidance provides flexibility for the provider in choosing the methods that work for them. When we are approving a new programme, this will be one of the areas that is assessed. And after that, it will be re-assessed in the annual monitoring process, when the provider is required to provide outcomes evidence of service user involvement and evidence of how they have determined that it is effective.

6. How should the universities ensure that they include the voices of minority authors in their programme?

While we can of course see the value in inclusion of diverse resources within programmes, we do not set requirements as a regulator in this regard and would not be in a position to quality assure such a requirement (we are not set up to be able to do this within our current processes and resources).

7. How aware is HCPC of BADTH's Intercultural Practice Guidelines created in 2016? Why isn't it central to the policy?

When we periodically review our Standards, we include sector guidance/best practice and engage the professional bodies in the review.

Additionally, we would expect the programme to reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance. In adherence with SET 4: 'Programme design and delivery' (see page 32 of the Guidance), it states that:

'Curriculum guidance is often produced by professional bodies, but relevant documents are sometimes produced by other organisations, such as commissioning and funding bodies or employers. You must to be able to show how any guidance is reflected in the programme.'

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Therefore, we would expect programme providers to consider and reflect the BADTH's Good Practice Guidelines as relevant.

4.4 HCPC- The curriculum must remain relevant to current practice.
8. **How does the HCPC ensure that curriculum created by Dramatherapy training providers are relevant to current practice?**

This would be one of the areas that the HCPC would assess at approval of new programme stage, and then through monitoring and feedback from the provider on how they have developed the programme over the year (if at all).

When we undertake the initial approval of the programme, external examiners are contracted to give a third party, expert view of how curricula meet professional standards.

Appendix 10

Focus group 1 transcript

Focus Group 1 transcript

Focus group 1 transcript

Date of focus group: 04/09/2021

Time: 10am to 11.11am.

Number of Participants: 2

Linda: What year did you finish your training?

PARTICIPANT 1: 2017

PARTICIPANT 2: Same, I trained with participant 1.

Linda: What does cultural competency mean to you as a Dramatherapist?

PARTICIPANT 1: I have a lot of issues with the term to begin with. It shouldn't be a competency; it shouldn't be a tick off in terms of how we relate to people. I think, in terms of our work as Dramatherapists, we need to be curious about the people that we work with and understand that they come with their own individual identity. They don't fit into sort of collective homogenous groups, which I think a lot of therapy trainings, think about in terms of therapy in general. It's very medical model in addressing issues of people. Cultural competency in Dramatherapy, I don't think I can answer it, because it wasn't anything that came up, it didn't come up in the training. So, all of my knowledge of working with others has been my own experiences and my interest in looking at racial inequalities and mental health, but it isn't something that the training spoke to.

PARTICIPANT 2: For me, cultural competency is awareness. It's awareness of self, and awareness of others; it's a passion as well. I think, if we want to work as Dramatherapists, then there needs to be a passion for working with people and if you have that, then it should be all types of people. There shouldn't be a, okay, that particular group or that particular group, it's awareness of our unconscious bias and how we feel, our understanding of different groups, but also wanting to educate ourselves, wanting to learn and wanting to grow with diverse people, colleagues, as well as our clients. In our training, I don't

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remember focusing on it at all. I feel that, Participant 1, 'what you were working on, you are very much in the present with blackness and the Black identity and I was not'. I was very behind and I was so conditioned that I didn't even think that it was an issue at that time, because I was just doing what I was supposed to do and I wanted to do the best I could. I wanted to please the White tutors, you know, and do what I had to do to get through the course. So, at that time, I didn't even think that it was a problem until after I trained and I was thinking 'well, I don't know anything about that' or 'why wasn't I focused on this or what I look like or different types of ethnicities, you know, cultures'. Then I read the BADth Intercultural Guideline and I was just thinking that this was all left out in the training. I had to learn a lot for myself, but after I've trained.

PARTICIPANT 1: Just going back to what you were saying (Participant 2), I remember us having some sessions, maybe one, working with refugee communities, but that was the only difference of working with the 'other'. That's almost what it felt like and I don't really remember much of that, but yeah.

Linda: Thank you very much. I feel like you guys have answered the second question, which is how do you feel your training embedded this concept of cultural competency within the programme?

PARTICIPANT 1: Didn't

PARTICIPANT 2: Didn't

Linda: Moving on to the next question. What type of change do you think is needed to further embed the concept of cultural competency within Dramatherapy training?

PARTICIPANT 1: I think the first step is recognising the roots of Dramatherapy, acknowledging how Dramatherapy developed, what client base it was originally developed for, what roots it was originally drawn on. Because, you know, we talk about rituals, and rituals are like, worldwide, they're big, they're global, every community, every country, every kind of community really has their own rituals. We draw a lot on different practices without explicitly saying where these practices have come from and I think first acknowledging that is a huge start to then being able to develop as individual Dramatherapists.

PARTICIPANT 2: I agree, and with that comes the roots of people and we all know where people originated from. If we can't even look at that and say, well, we are originally from Africa and if we can't acknowledge that, then how do we move forward? So it is about roots for me as well and it's about learning and hanging up the hat and saying, actually, yeah, I don't have to have the power. Let's give it to someone else that probably wouldn't have that opportunity and just being open and honest and saying, actually, yeah, I do feel

uncomfortable as a White academic tutor discussing this, but I'm willing to go through that and just get a grip and do it. Like, yeah, have the conversation, start those dialogues.

PARTICIPANT 1: And I think, what does Dramatherapy a disservice is the way that it positions itself as it's not a medical therapy. So, you can kind of skirt around the medical racism because you know, we're not, we don't ascribe to that. But then, if we look at art and artists and how that has developed, I think the Dramatherapy community needs to be much more aware of what practices it's taking. You know, just because it doesn't maybe fit into this medical model of medical racism, even though we then go out and work with different communities and in services that do ascribe to the medical model, I think it's just being aware of the roots and the damage that it can do or has done at being a practice on its own.

Linda: And the next question is, how culturally diverse was your university?

PARTICIPANT 1: It wasn't, I didn't think it was particularly diverse.

PARTICIPANT 2: For me, it's weird, because I'm so used to it that I guess it probably seemed diverse to me, because I'm so used to it, and like, the odd person of a different race is diverse to me. But in reality, it's not.

PARTICIPANT 1: It was a massive culture shock coming from my hometown, to then realising that I am one of a very few non-White faces here, not even just in the university, because I was working there too. So even like, when I was going to work, just walking through the town centre, I was very aware of my difference.

Linda: Do you think this had an impact on you, as a student, a person and what was the impact?

PARTICIPANT 1: It had an impact. I trained 2015 to 2017 but I did my undergraduate 2012 so I was there for five years. I had experienced so much microaggression because I experienced so much blatant racist comments that were a joke. And if you took offence to it, then you were being sensitive, so I just had that constantly. Where I was coming from, that wasn't even a thing, like I never experienced that. I didn't wake up every day realising I was Black, and I'm like a Black woman as well. It was just bizarre. And then 2016 was Brexit and that was just, I don't know, just crazy. It was just the worst period and 2016 was Brexit, right? I think it was also Black Lives Matter, it was when all those Black men were being killed and I was just here like, nothing is being spoken about it in the training. I'm talking to all my friends, I come to university and, it's like, just another day. It's just this weird bubble on its own. I don't even remember the question, sorry.

Linda: The impact?

PARTICIPANT 1: Negative, terrible and I hated it. I even considered, for the last year of the training, to move back home. That's how bad it was; I was going to move back home and just come back to university every Monday. I was like, 'why am I putting myself through this just to get a Masters?'

PARTICIPANT 2: The sad part is that being from the Midlands, is that I guess what you experienced is always how it's been for me. Where I was at that time, is, I started to challenge things but it was still an experience where I, I just thought that was life and accepted it. I was still aware I was Black. Well, it probably wasn't the same awareness as Participant 1 because of coming from such a diverse community but it was still, if I go into a White space, I'm still very much okay. I'm the only Black person and there's still that, but it's more, I'm just, I was so used to it. I did struggle, but I didn't have anyone really to speak to, so I just accepted it. Sadly, I accepted the oppression and I had to deal with it, but clearly I didn't deal with it because you shouldn't, you shouldn't have to suppress that, but that's what I was doing and it was difficult. I had an experience with a nurse at the university. I developed lupus in the first year in the first couple of months of the training, so my focus was just staying alive and getting through the course, so that's why I think I couldn't challenge more. I probably would have seen me as being Black more if that wouldn't have happened, I think, but that was my sole focus. When I had my first support plan put in place, the nurse, the White nurse, when I said I have lupus, she kind of made it seem like, oh well, of course you do, you're Black. So it was like, even though it says that a lot of those from ethnic minorities may get autoimmune conditions or be more vulnerable to them, well, I don't think I've met another Black person with it, even though that's what statistics say. But for her to say that and I literally, I didn't do anything about it. I was just like, that taken back and shocked and appalled but I still didn't do anything about it. It's just interesting to me, because the leaflets she was giving me they're all White people on it and, it was like, hey, you just said that to me and the statistics say this, but we are not on the leaflets, where are we? So yeah, what was the question again? The impact. It was, yeah, it was challenging. But I was in that condition that I just accepted. I didn't feel like I had an outlet at the university. If they had that, well, we would feel more comfortable to bring these things, but the sad part is I didn't even see it as a thing to bring because I just accepted it as the norm, which is very sad.

Linda: There has been a lot of research concerning ethnic minority students struggling to fit into the university environment. One of the main focuses was the feeling of not belonging. What's your thoughts on this? And what has your experience been like?

PARTICIPANT 1: I think, in general, so far, I find it really hard because I don't think I really fit into the university life. Because one, where our campus was, we weren't at the main campus. We were somewhere else. And then, because of my experiences, I didn't want to

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join any societies. I didn't want to get involved because I knew what I was walking into. So even if I did want to join different societies, or you know, whatever, I was looking at the society and saying, I don't see anyone there like me, I know what is going to happen if I go there, I don't want to put myself through that, so I actively just avoided joining anything, getting really involved.

Linda: (To Participant 1)- Was it like that for your undergraduate?

PARTICIPANT 1: Yeah. So, my undergraduate was when I tried, within the fresher's week that two weeks was just like, oh, okay, yeah, I don't want to be involved in this. And then because we were so far away anyway, it was like, there was no point, I rarely was at the main campus. I think if the course was stationed at the main campus where all the activity was, maybe I'd be slightly more involved. But one I am Black, so that's already a difference. Two, I'm doing a course that barely anybody knows, so that's another difference and three, we're not even with the main activity, so it's like, what's the point? I just did my studies and prayed to come back home.

PARTICIPANT 2: I really wish that you wouldn't have had that experience. Well, I know that we have these things for a reason and we are who we are now because of them. My undergraduate was, I think, that's the first time I experienced more diversity for my undergraduate. I was more integrated for my undergraduate because I felt like I could be. And again, I was just conditioned still, and very much wanting to fit in, but there are people that look like me as well to fit in with. So there was that but then the Masters was different because I actually lived by university during my undergraduate, whereas for the MA for Dramatherapy, I was travelling every Monday, so I wasn't in the community. And so I literally did what I had to do on the Monday and then left. Yeah. And that's what everybody did.

PARTICIPANT 1: I was the only one that actually lived, like, lived by the university. Everybody else travelled in on that one day and then left, so then my university community disappeared. Then, I was then trying to just survive and like go to work and placement and, you know, therapy and all of that. So it just, yeah it was lonely. Now I think about it, because I was even living by myself as well and I was just in the mindset similar to Participant 2, survival, I just need to get through these two years and then I can get back to my safe space.

PARTICIPANT 2: Even though most were travelling besides Participant 1, for me, it was still a very big bubble I was in. I was in a bubble at the university, but then I'd go home to being in a bubble, I don't know, it just showed all the cracks in life and what probably doesn't work and what does work and it was still a very lonely period, in the sense of no-one understood what I was doing. The people around me didn't really take an interest and if I was to learn

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and grow, oh, 'here she comes back with a therapy speech and she thinks she's a therapist now', so it was quite lonely.

PARTICIPANT 1: It was definitely survival, getting through.

PARTICIPANT 2: The university didn't do anything to try and integrate us. We were quite blessed with the group we had, I feel like we got on quite well. I don't know, we just got on well, but I don't, I don't feel like there was anything that was facilitated by the university to integrate us in any other way.

PARTICIPANT 1: I think, even in the building, we were still the outcast. We were the weird, the weird group that would make noise or, you know, run around, or, yeah, we'll do stuff. And, I'm thinking, well, there's other courses that are here as well and the comments that we're getting from the students is really disrespectful. So then I'm thinking, well, one of the course leaders or tutors then should say to other courses about what we do in the building, or why we're there or whatever. So yeah, it just always felt like we were, like, on the edge and fighting to be there, taking up space. It's like a double-edged sword, because we're trying to take up space as a Black people, and then you're trying to take up space in the type of course that you're in as well.

Linda: Yeah, you just answered the next question, which is, what did you think the universities did to address these issues?

PARTICIPANT 2: I don't think they saw it as anything. Their eyes weren't open.

PARTICIPANT 1: Nothing.

Linda: Who do you feel holds the power to push forward cultural shifts, within programmes and the university itself?

PARTICIPANT 1: I think the students hold the collective power, but it has to be spearheaded with their lecturers, and the course leads backing them. And then on top of that, I don't know who the head is – the leader of arts therapies, the dean or whatever, but it shouldn't be a trickle-down effect. I think it's a collective approach. So everybody.

PARTICIPANT 2: I feel the same, in the sense of, with the work we do with clients, everyone has a duty of care. So, everyone is responsible for safeguarding adults and children,

everyone has to do that, they have to protect clients. For me, it works the same way in reference to this as well, in the sense that everyone needs to work together to apply and employ these changes.

PARTICIPANT 1: And I think you can even go higher up because these courses are accredited by HCPC. Well, does HCPC think that these courses are suitable in working with others and working with difference. And is it because that's what they have put on their guidelines that this is what they are teaching, but actually, is the course actually doing that. Is it actually, you know, making an effort to look at difference or incorporate difference, but I don't know, I don't think it does and so is the fault at the university or with HCPC.

PARTICIPANT 2:Yeah, and is it that whole thing, here's a report or here's a policy about equality and diversity, but it's a tick box thing. So it's like, oh, we have this and if we're audited, it's there, but we don't, it's not really something we look at in depth.

PARTICIPANT 1: I think I even saw, when I was doing my research, I found a questionnaire that had been done on the course from previous years, around student satisfaction. I remember reading that there was a complaint actually, because the Black minority ethnic, even I don't like using that term, the students that were non-White, were so few that they were actually identifiable in their answers. They were also frustrated by that, because you could identify them. There's one or two of us on the course, we're going to be easily identifiable if we did a student satisfaction survey. Yeah, so it's not anonymous. Even the way that these questionnaires or things are created, it's created for this blank White person who can just fit into a box and be non-identifiable.

PARTICIPANT 2: I feel like these words - inclusion, belonging, diversity and equality - people have them there, because it's part of the Equality Act 2010, but they don't actually know what they mean. Like, they don't know what racism is, they think racism is direct words only, like if you call someone a Black something. Oh, yeah, that's racism, but they don't get the microaggressions part. They don't understand that it's how you look at someone or stereotype. People don't get the meaning and the fact that you know, that it doesn't exist and all that, you know, institutionalised racism doesn't exist because they don't get what they are. Until people actually know what they mean, it cannot change.

PARTICIPANT 1: It was created to be weaved in, it's gonna take time, you know, you pick up one end and then the string just keeps going. And going and going.

PARTICIPANT 2: Yeah, 100%. And if we can't have acknowledgment of that, or recognise it, then we can't move forward. There are small changes, and we need to recognise them. But for the big changes to happen, it's, it's, yeah, it's gonna take time.

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PARTICIPANT 1: Think about how many centuries it took to get to this point and how everything is so ingrained, to now. We have to undo all of that, unpick all of that work. It's gonna take generations, I think.

PARTICIPANT 2: I agree. But it will be nice to have recognition and someone to see that, like an academic tutor.

PARTICIPANT 1: It means giving up power. It's not a cost, If I recognise that it means I have to give up power.

PARTICIPANT 2: Well give it up then.

PARTICIPANT 1: Exactly. That's why, I'm like, abolish everything, tear it down.

Linda: Is there anything else you would like to say on the subject?

PARTICIPANT 1: I find it so interesting how they think you are always making it about race or how you are always talking about race, and it's like your ancestors built everything on the fact that we are going to be racially identified. They have built everything based on the fact that we are Black, and not White. But now that I recognise that, it seems to them that it's always about race. It is about race because it always has been. But I think until White people as a collective understand what whiteness and racialized whiteness is, it will. Yeah. Which is why I'm saying it's going to take a good few generations. Yeah.

PARTICIPANT 2: I was gonna say, I know that being Black is the reason why I haven't got certain jobs. But I won't shy away from my ethos, and what I want to work with just to suit White people, I won't do it. I have an interview coming up, which will be interesting because where it's based is more diverse than where I am now. But that doesn't mean that just because they have Black students, that they want a Black manager. So what I'm going to bring in this presentation that I've got to do for them, and I'm not going to not do it, and if I don't get the job, that's their loss at the end of the day, but I'm gonna see how that dynamic is because I have a feeling that all the people who will interview me, as per usual, will be White.

PARTICIPANT 1: It's the same here, the majority of the school children are Black, all the staff are White and there are so many issues that they don't understand.

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PARTICIPANT 2: Yeah, and if I did somehow get this job, because I know I'm more than capable, but if I get this job, it's how will that play out? Because I'm there for real, and I'm there to actually do the job. It says, written down, it mentions about diversity and inclusion. But what's their definition of that? People don't imagine me to be Black before they meet me. I don't know about you guys, but I'm perceived as White on the phone until they meet me, and it's, you can see that they're not expecting it. So it is difficult, but it's one of them things that I'm not gonna hide myself from them. And that's that.

PARTICIPANT 1: Mine is slightly more interesting, because on the phone, I don't know, maybe they might think that I'm not Black, but my name gives it away. My name is something different anyway. So, not many people that's white with that name, but I've had parents google me on LinkedIn, but I have LinkedIn premium account so I can see they looked at me using a private account.

Linda: As a Black person in terms of your practice now, do you think you have reached a stage where you feel comfortable being a Black practitioner?

PARTICIPANT 1: I work in the NHS. Yes, I'm comfortable. It doesn't bother me anymore, because I work in a service that is built on institutional racism. So it as much as we try to do things make changes. You know, we're working in South London, so we have a huge Black community, latin-speaking community. Small changes are okay, it's the bigger changes that we get the barriers against.

PARTICIPANT 2: I'm not comfortable. I just want to work with people that look like me and even clients because I haven't yet. All my clients have been White and my questions are always where are black clients? but then it's like, do I have the energy to keep asking that question and now I'm taking things into my own hands and I'm starting private practice. It's going to be a remote practice to begin with, because I feel like the times we are in, but also there's no reason why I can't do remote and eventually face to face and remote. But that's where I'm heading, I will have the power of who I work with. I'm aware it will come with its challenges. I know that I'm not going to be amazing overnight and have all these clients, but at least I can try. I can find communities that actually need the help and support because it's hard. There's the children and families in need that look like us, but I'm not getting any referrals, so it's really tricky.

PARTICIPANT 1: And that's what I'd like to do. Like, once I get this training done, I would like to offer low fees or even free sessions to Black communities because that's where the passion is.

Linda: Very last question. What would you say to a Black person who is starting their Dramatherapy training? What advice would you give them?

PARTICIPANT 1: Create a support network outside of the university. Reach out to other Black Dramatherapists who are qualified to get mentorship time, and support, because it's going to be needed. The changes aren't going to happen within your two years, or however long the course is and for when you feel like giving up or things, that's when you then reach out to that community. That's like, the only thing I can think of that maybe was missing for me and, you know, it was lonely for me because I didn't know any other Black Dramatherapists.

PARTICIPANT 2: Join BADth as a student and then explore the subcommittees, especially in the Conference, because I feel like we can offer that space where these issues can be spoken about in a safe space.

Linda: Okay, one more. How could the university make you more comfortable? How could the training make you, as a Black person, a little bit more comfortable?

PARTICIPANT 2: Wow, I think that's a really big question.

PARTICIPANT 1: It's gonna be different for everybody. Like, what is gonna make me comfortable might not be the same for you. Yeah, and I think it's acknowledging that we're not a homogenous group, just because I'm Black. They have to look at us as an individual and focus on that. I think just acknowledging that to begin with, and actually listening and taking an interest in being curious. Yeah, and responding without defences. We're therapists, we know what defences are and yet, somehow, we still get caught up into it. It's just ridiculous.

PARTICIPANT 2: There are several books, but probably not enough, that talk about the lack of cultural competency and Black issues in counselling, and not necessarily Dramatherapy, but therapy and the questions that the White trainees have and how they feel about the Black dynamic. They have the questions, but no one's doing anything about it. The academic tutors need to look at themselves and who they are as White people, White scholars and their power and privilege and then they need to start looking at us and just see us, and acknowledge the fact that we exist, and no, we don't exist as one person with the same thoughts, feelings, views, experiences, but they see that we're Black and that they engage with that and start engaging with that process.

Participant 1: Look at the text that they are reading, or the texts that they are recommending, you know, where's the diversity? There are two Black students or two non-White students every year. What are they writing about? Where are they writing? Why is it not there for us to read? Where are we?

Participant 2: There's so many books that are by Black authors that are not included. I found them on my own, when I qualified.

Participant 1: The tools and resources we are encouraged to buy and the cards we use, do they all have White faces on them? Why aren't they diverse? None of that was spoken to us, none of that was told to us. It was, oh yeah, there's these therapy cards, or everything's just gonna be, you know, in the metaphor, so we're only going to use animals. It's like, well, what if this person doesn't want to use an animal? What if they want to draw something slightly more realistic? Okay, we're staying in the metaphor, but you know what they want to use - dolls, human dolls. Like, why is it only a certain, you know, we need to diversify our resources and our stories, the stories that we're using. Why is everything Greek mythology and folklore and Eurocentric? What about other stories?

Participant 2: I see it as an opportunity for me to create more. However, how that's utilised is another thing, but I just see it as opportunity for myself to grow and to develop potential stories and materials that can be used and it's someone Black that's created them.

Participant 1: I think what would be good would be a project on looking at world stories, global stories with a few Dramatherapists incorporated that can offer this because what we don't want to run the risk of then is White training institutions going out and just cherry-picking an African story. Actually the meaning that they have, and I've used the continent Africa purposefully, the meaning that they might have to that community might actually, you know, it might not be a nice fairytale, it might actually be something quite dark and they don't touch that. Yeah, so appropriate stories. It needs to be a collective project. I think we have enough Dramatherapists globally now to be able to create something specifically for the training. But then, who's gonna lead on that? Where's the funding to come from etc? Where's the time? I think that would be really invaluable.

Transcribed by https://otter.ai

Appendix 11

Focus group 2 transcript

Focus Group 2 transcript

Focus group 2: 13/10/2021 – 12 to 1.20pm.

Three participants.

Linda– What does cultural competency mean to you as a Dramatherapist?

Participant 1 - For me, it means having an awareness and understanding of the many levels of difference that are present in our society, it means attending to CPD. It means looking at cultural difference in supervision, so that we do not add… as I'm a White therapist, as a White woman, I do not add to the inequality of society, either from a conscious or unconscious level. It also means that attending to that level of awareness of self in therapy, and it means also, for me, as a Dramatherapist, having access… or in my office, I work with children and adults, having access to a variety of culturally different toys that are therefore accessible, and represent in some way, potentially the life, the culture of the young person that I work with. It also, I think, is about not being afraid to ask the question, 'what is it like for you, as a person of colour or difference, to be working with a White therapist?' and so that we kind of start thinking about those power differences from the onset in Dramatherapy. That's my, off the head, first answer.

Linda: Thank you very much.

Participant 2: It's difficult to add to that. Because I think it's, yeah, very well put, and I resonate with a lot of what Participant 1 already said. For me, there's definitely something about recognising that we don't… it's that kind of position that we take as a therapist about not knowing someone's experience and learning, always learning. So, you know, if you're working with somebody from a culture that you're not familiar with, then you go away and you look at the history of the country or the, you know, so that you have a context of where things are, you know, a bit of an understanding of the kind of universal context of that country or that culture, and then, you know, not assuming that person is experienced, but holding it in mind so there's something about that. I was also thinking I'm a supervisor with my trainees, actually naming, you know, bringing culture into the space and naming things that maybe they're not ready to name. And, yeah, not being afraid to say the things that might feel uncomfortable.

Linda: I'm gonna say the question again, what does cultural competency mean to you as a Dramatherapist? You are muted, Participant 3.

Participant 3: I was trying to cut out the background noise as well. I think, for me, it's about learning about whoever I am supposed to be involved with. It's about learning and seeing more about who

they are, where they're from, and their belief system and their whole background. It's not making any assumptions and, certainly not, I would hate to think in no way I projected what I know, or what I have as baggage, as my own culture would be interpreted on to anybody else. Brilliant question,it is something that I haven't really greatly thought about because our work is very much in the moment and what is brought in that moment, not making any preconceived conceptions about anything else. I think it's something that absolutely needs to be brought forward and for us to be made more aware. I have worked opposite other cross cultural ethical systems with others, it's about understanding as well. I suppose my answer is somehow muddled, maybe I feel it as well but I would want myself to work without any preconceptions, learning more and it's also about taking in from someone else. If I was going to work, it's something I have very much thought about actually. I would love to have an international group that shared stories, where we can share fairy-tales and can share different belief systems and actually bring that in, so yeah, I feel passionate about that actually, to have an international understanding of cross-culture so that you can really work and feel competent, certainly as a Dramatherapist or as any therapist. I think it would rather be beautiful to have an international group of cross-culture 'pocket', for better word, with stories, to provide greater understanding.

Linda: Thank you very much. Moving on to the next question, how do you feel your training embedded this concept within the programmes?

Participant 2: I, yeah, I feel there's a lot of work to be done to improve the way that cultural competency is discussed and taught on the course. I feel that my own identity was the reason I pursued that area because I looked at cultural competency as part of my dissertation, but there was no support around it. I kept bringing it to supervisors, I kept bringing it to people on the course saying, I want to look at this, and they were almost like skirting around. I didn't feel like it was like 'oh, how would that work'. There was a kind of avoidance and that's what I felt. Even suggesting that was where I wanted to go. So, for example, the basics of the training, when you're learning about things like attachment, for example, or attachment is, like an important thing to learn about, but also attachment looks different in different cultures, the way that children are brought up in different cultures is going to affect their, the way that attachment is seen as healthy or unhealthy. And I think there's so many areas like that, where it's seen as, like, the building blocks for healthy and unhealthy, like, you know, actually that completely then shifts everybody to think that one approach to parenting is healthy, and one is not. I think that there could be a lot more opportunities on the course, to kind of, like, provide literature for more of an international like, there could be more international literature, there could be like, much more like that, there were so many moments on the course where the lecturer had opportunities to teach cultural competency as part of what was happening in the space. There were, you know, there were microaggressions that were playing out in the training and, as a trainee at the time, I thought, 'Oh my gosh, this is not okay', but I hadn't learned how to communicate that yet or to address it. I was looking to the lecturers for guidance, and none of that was ever modelled until there was a Black lecturer who facilitated a

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session that demonstrated cultural competency, you know, and then I was, like, oh okay, now I understand how I can, you know, take this game and turn it into something where every language is welcome. I just think there's something about that being modelled, not just like, oh let's do this workshop on cultural competency, but it's woven into every single aspect of the course. And at the moment, I think there's a lot of discussions about adding something on. It got to like my final year of the training and we had one workshop on working with difference, and that's what it was called working with difference but then what ends up happening is people talk about the differences that they feel most comfortable talking about. So it's like, okay, well, we'll talk about disability, we'll talk about gender but we won't talk about race. I just think that, you know, doing a two hour workshop on working with difference, you need space to talk about all those differences, and how those power dynamics play out and there, just yet, there's so much work to be done.

Linda: Thank you very much.

Participant 1: I would absolutely agree with Participant 2. My training was in 1991. The trainers were kind of a combination of White Europeans and so there was some awareness of a kind of difference, but it was predominantly White, all the trainees were White. We didn't specifically and explicitly address cultural competency, we worked with myths from different cultures and stories for different cultures. So, I think there was some attempt to do that in the implicit kind of way, if you like, but not in an explicit level, we really didn't do enough. Post training, I went on to then do lots of workshops, including thinking about working with cultural competency, in a kind of drama, therapeutic way, because I thought it had been missed, it did not seem to be a central question. I also think that, actually, we cannot rely on one workshop to look at cultural competency. I also don't think, as a White woman, that we cannot just rely on our Black community members and colleagues and friends and professors to do that work for us. Actually, I think, you know, we have a responsibility as the dominant culture, to address our lack and to find ways of understanding and acknowledging the role that, you know, being a privileged White person has paid and the kind of role that we've played inside however uncomfortable that might make us. I think it's part of the work that we need to do if we're going to work as a culturally competent Dramatherapist with anyone, actually, with absolutely anyone. And I really agree with what Participant 2 said about it needs to be much more integrated. It's not a separate add on thing. At some point in the training, it is an integrated way of working, we are an integrated society, we want to be integrated. Well, no, it doesn't feel like that at the moment, because it's quite awful, but we need to kind of be thinking in that way and working in that way and training in that way. I mean, I have to say, I was also trained with the Northern Trust for Dramatherapy, and we did address it more explicitly, but not enough, I really hold my hands up and say, we didn't do enough of it. We just didn't. I don't know what the current trainings are like, I mean, this is a historical perspective from me, but there was a lack. There was a lack.

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Participant 3: I finished my training 2010. It certainly wasn't brought in any way into our training, not that I can remember. I remember doing a lot of research on using research papers that were multicultural to get a better understanding of what my dissertation was looking at but it's left up to me as an individual, which is fine, but there certainly wasn't enough. I agree totally with Participant 1. It's, you know, it should be up to others, to teach and train, it's also up to us as individuals. However, saying that as well, I also think how wonderful it would be if we could have international groups where we could say, this is about cultural competency and let's learn from each other and let's put some ideas together, what is lacking. As participant 1 rightfully said, as a privileged White woman, you know, it's about how we can learn by taking it on ourselves as well, actually taking that responsibility. So yes, I totally agree with exactly what she was saying, but certainly what participant 1 was saying about how much more we can do for ourselves, you know, in training, it just wasn't there.

Linda: Thank you. I'll move on to the next question. What type of change do you think is needed to further embed this concept of cultural competency within the training? and I use the word 'further embed', as I know that you've said it's not there.

Participant 1: It needs to be in there from the very beginning. Actually, I think it needs to be an integrated part of our training programmes. And so yes, if we're looking at attachment, if we're looking at trauma, if we're looking at play development, if we're looking at myths, if we're looking at symbols, metaphors, if we're talking about masks, actually, we have to do that from a real broad range. We have to have a much stronger overview that needs to be much more tightly woven in. The analogy that comes to mind is that we've got a woven quilt at the moment, that's very pale and it needs to be much richness in there, there's absolutely richness in there, but actually, it needs to be much more diverse, and much richer. So what that would look like for me would be cross-cultural training, thinking about medicine, symbols, metaphors, story folktales, from around the world, having a range of different trainers in with different experiences, lots of additional CPD, lots of peer support groups, lots of explicit and implicit training methodologies, bringing up cultural competency all the time, it's not an appendage, it's not added on, it's woven in from the beginning.

Linda: Thank you.

Participant 2: I think just to add on to what Participant 1 said, because I completely agree, is around workforce development and like, how you get on to the course in the first place. So, you know, making sure there is scholarships and other kind of opportunities that actually ensure that there is more of a diverse representation of trainees, and therefore, there's more opportunities to learn from one another on the course because actually, you know, there needs to be diversity within the training in order to kind of also draw upon and learn from one another. Similarly, in terms of recruitment, you know, you can't just have kind of one person of colour in the team, like, you know,

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there needs to be… that one person of colour becomes the pioneer for all things, you know. Cultural competency needs to be something where there's, you know, diversity represented within the lecturing staff so that each lecturer can bring their own lived experience, knowledge and understanding to the group as well. So there's definitely something about representation that feels important as well.

Linda:Thank you.

Participant 3: It's looking at cross culture and bringing in lecturers. I totally agree with everything that Participant 1 said, so it's there and very much integrated and interwoven, absolutely, from baseline, from the beginning. I agree with what Participant 2 was saying as well, it's about culture, you know, this country now is… I can't go on about Brexit. We have Northern Europe, Eastern European and wouldn't it be wonderful to have lectures from all over Europe, whether they're Italian or Spanish and Chinese. Every one of these nations is in this country, for us to be able to work with culture, to look at the children that we'll be working with, now and in the future, to have that competency and know where that child has come from. Let's bring child parents in and not have this arrogant attitude, assuming and making all these assumptions around our own study of parenting. It's about what is expected and has become the norm, what we can learn from other countries and what they actually bring in. It's rightfully said, an interwoven quilt at the moment that is colourless but although it has richness, but let's put some bold spreads, let's put some vibrant in it, into service, absolutely vibrant and is a representation of all those who we do work with.

Linda: You're frozen? We lost her, let's move on to the next question.

Participant 1: I do want to add a little bit to what Participant 3 was saying, that it's also about class, and it's about power. The more we live in a society where the divide is greater, then certain groups of our communities are going to be marginalised and not be able to access either the training or the service we offer. I think that's really serious, both on a kind of institutionalised level and a private practice, across the board.

Participant 2: Which I guess also ties into kind of equipping Dramatherapists for the workplace, as opposed to… just to be these kind of fairy fairy, and no that's not to undermine what we do, but I'm just thinking about all the elements of the training that get missed around actually being part of a workforce and establishing yourself and then being able to, like develop partnerships and look at kind of meeting needs within communities. I think there's something about that in my training, it felt like it was something you'll do afterwards. And, I think a lot of them, my colleagues have been saying, well actually, I would really, it would have been really helpful to kind of understand how I could take what I've learned back to my community. It's slightly, it's kind of on a tangent, but it is, I

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think there's something about being able to say, okay, you've learned all of this stuff, but actually how does it work in real life, because the reality versus like, what the course teaches us the kind of, you know, the kind of, I don't know what the word is, but like the kind of the dreamiest version of Dramatherapy you could possibly be able to deliver. Then you have like the reality of the systems and then and, you know, the systemic issues that you have to navigate and that's also part of, you know, not just colluding with sometimes and challenging the systems.

Linda: Welcome back. All right, I'll move on to the next question. It is more about your university experience. How culturally diverse was your university?

Participant 1: University prior to training as a Dramatherapist?

Linda: The University you trained as a Dramatherapist.

Participant 1: Maybe put it in the chat. I'm not sure of the question.

Linda: How culturally diverse was your university? the university you undertook your Dramatherapy training.

Participant 1: Dramatherapy?

Linda: Yes.

Participant 1: My university was 98% White, the year I was there.

Participant 3: I say, at least 85% were White, at my university.

Participant 2: I would say the same. I qualified a year and a half ago, so not much has changed in the last 10 years. And, and yeah, I'd say like, there was 15 people on my training. Two of them were people of colour, I was Jewish, and there was a lady from Poland, and then I think everybody else was kind of White English.

Linda: The next question is, what was the impact of that on you? What was the impact of being in that environment?

Participant 1: I think the training was less rich, less integrated, less. I think it was less as a result of that, really. I mean, we had, it was European rich, but it was very White, heavy. I think that's a great shame. I think to have a more culturally integrated training, which would have enabled a richer and more acute learning experience, not that it wasn't pretty acute at times anyway to be fair.

Participant 2: My experience was that it was quite… there were quite a lot of times where I felt quite othering. And, and I'm saying that as a White woman, so I recognise that, you know, for my Black

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colleagues on the course, I was identifying with what they were experiencing yet at a much more acute and explicit level. So, I found that I became very concerned about the dynamics on the training, and then orientated myself to focus on it and it became a kind of a bit of a mission to address and name. But yeah, I mean, really clear examples of like, it was like a training assessment weekend and it fell over Passover. My assessment was, I was asked to stay late and miss Passover dinner, which is like missing Christmas Day and I just felt so alienated because I was like, I can't, I can't. I never missed being with my family on Passover ever in my life, and now I'm on this course that's meant to be teaching me to sit alongside people and be with different and, you know, celebrate all of that and I was advised to attend the assessment. It was just like those kinds of things where you just think wow we're really like… couldn't you have assessed me earlier in the day. You are compromising on aspects of yourself in order to sit within the course. I think there was another training assessment on Rosh Hashanah which is again I'm not particularly religious, I don't have many days of the year that I observed, but you know, that's literally so that it's things like that where you think wow, like it's not that difficult to kind of look at a calendar and think well, that's Eid or you know, let's put it a weekend where everybody can attend. I don't know, that was something that came up for me a few times because honestly attendance was such a huge thing.

Participant 3: I think I would have had a tendency to sort of say to them would you mind doing it on Christmas day for me please, but that's just me.

Participant 1: I'm so sorry you had that experience Participant 2. I'm absolutely appalled and that was what, a year and a half ago.

Participant 2: Yeah, I think if anything it is just because I had that experience it then brings to light all of the other experiences that other people are having and you kind of, you build a relationship over that and you advocate for each other and the hard work has to come from the person that feels different.

Participant 3: Can I ask which university that was?

Linda: Please don't mention the university name

Participant 1: It's because we want to get proactive Linda, we want to get political. That's why we want to know.

Linda: Alright, this session is going to end, I tried to upgrade it, I couldn't do it. So can we just switch off and then log back in again, please? Thank you.

Linda : All right, this question I'll just read it. And it says, 'There has been a lot of research concerning ethnic minority students struggling to fit into the university environment. One of the main focuses was the feeling of not belonging. What are your thoughts on this? And what are your experiences?'

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Participant 1: Well, I'm not surprised actually, that people have had that experience given the conversation that we've had today. As a White woman, originally from working class, when I came to Dramatherapy, it was the first time I ever excelled. So I really felt like I did belong because the way of working and the way of learning, I'm also dyslexic, just kind of really suited me and it kind of felt like I'd found something that was really important to me and I found an aspect of myself that in previous education and family systems have not really been honoured or celebrated. I kind of feel like I worked very hard to try and belong, and did to a certain extent, but not until I got to Dramatherapy training. I actually kind of felt, I found where I needed to be so I feel very privileged to have had that experience and it's kind of led me on to train as a child and adolescent psychotherapist and adult psychotherapist and it and it's been great. Really great and I love it, I still love it. I've been doing it for 30 years and I still absolutely love it but I'm speaking as a White woman. I'm not saying I didn't have difficulties, but I can really understand how and empathise with and it also outrages me that there are members of our Black community who may feel very and other communities that may have felt very marginalised and excluded and that's just not okay.

Participant 2: I can relate to a lot of what Participant 1 was just saying and I'm also dyslexic so there is something about the way in which the course is taught that is very different in terms of learning style and it helped me to feel like, okay, this is the aspects of me coming together and I can become this professional that can offer something with all of the different aspects of me but I think the parts of me that felt different, that part was harder to integrate and actually became more of a focus for me on the course than any other element which is interesting because like you know, why was I stuck with this part. Why was I wrestling with that part and not wrestling with my dyslexia or being a woman or you know, like what was it about this part that was … and I think that does have something to do with trying to integrate it into my own because it was something that I've rejected for so long and then in therapy I was being encouraged to kind of revisit this. As I was bringing it in, it was like it wasn't fitting so it was at a time, a crucial time where actually you're learning to revisit those child aspects of yourself that maybe you've rejected in adolescence or not had a good relationship with and then trying to integrate it and then it not fitting into the training in the same way. I don't know if I'm making much sense but it's like that part didn't fit, it didn't fit. I don't want to speak on behalf of anyone else in the course but I know that was a shared experience. That was something that other people on the course felt as well.

Linda: Thank you very much.

Participant 3: Can you repeat the question, please?

Linda: The question is more like, there's been lots of research of ethnic minority students struggling to fit into the university environment. One of the main focus, or one of the things that they draw out is about the feeling, they feel like they don't belong. So I guess my question is, what's your thoughts on this? And what has your experience been like?

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Participant 3: My course, I think it was a shared experience of what Participant 2 said, but I think of the others who had come from different cultures, about the level of understanding and it seems, I wouldn't say shutout and not even quite shutdown. It wasn't really, their experience wasn't so much able to come into the room. Personally, for my own experience, I was 25 years older than peers so my life experiences are very different to that of my peers. Like Participant 1 said, I am dyslexic, so sometimes, in that way it was difficult. I agree with what Participant 1 said because you're working creatively that was, you know, when I found Dramatherapy. It's about expressing and being creative and, for me, it was enriching and I have never looked back. It's the best thing I have ever found in my life, I love it. It's about shared experience with others and there were those in my group who didn't feel valued. Their background wasn't able to be shared within the group. I know I am not being clear with my words, but it's because I am not sure, I felt there were areas that weren't brought up. I think there were areas that weren't shared or even asked. I can count 3 or even 4 different cultures in our group and how much of that was actually shared. It wasn't brought in and it wasn't asked for.

Linda: The next question is in your view, how has the university and, I guess, you guys are talking about the programme, addressed some of these issues?

Participant 3: Did you say addressed or addressing the issues.

Linda: Addressed the issue.

Participant 3: I don't think it was. I feel it was almost like a concept. I wouldn't say it wasn't valued but it was like this isn't on the curriculum, this isn't what we teach and I don't really think it was quite thought about. I don't remember it being brought in and I think that was a great shame, that was something I felt should have been addressed on the training. I feel like the society we live in, it should almost be mandatory. They should just be there. Participant 1 said it early on that it should be woven in, part of the enriching our abilities as therapists and the experience of the training. Those of us who looked at research in other countries, where there was training in other areas, I definitely think it's missing.

Linda: Thank you.

Participant 2: So, I don't feel like I can say explicitly what hasn't happened because it wasn't specifically my story. What I can say, from my perspective, is that I'm well aware of incidences of discrimination that took place on the course that were either not followed up properly, following procedures or that they were kind of... it was stuff that was going on. On the surface, with the teaching, it was like it wasn't acknowledged or named. So this stuff was kind of let's just do this discreetly over here and I understand that if there are allegations, serious allegations being made, and procedures need to be followed in a sensitive way, but there was definitely a sense that there were things taking place that were, that dialogue was happening. There were like issues where people felt discriminated and that was kind of happening, but then the rest of the course wasn't changing, it just continued as normal. When I was coming to the end of my training around the time

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that the Black Lives Matter movement really kind of came to light in the UK, there was this shift, and it was like, you know, an email, with a position statement, and let's get together and let's talk about racism. And, we did get together across the whole training and have this space, but there were lots of people that didn't feel safe to attend. There was this outpour of anger and frustration and upset and explicit incidences where cultural competency was not met by the university. and my feeling was that it could have been the start of something really, really positive. I was leaving, and it was the start of the conversation, so I don't know where it went and I'd be really interested to know what happened to that conversation, because it felt like, from my perspective, the staff that attended really just wanted to learn and just wanted to listen. But I don't know. I don't know where it went from there and my hope is that it was the start of something. I guess it's just… it's interesting that that's when it happened and all of this stuff was probably bubbling for everybody.

Participant 1: I think my experience, it was a very small training. It wasn't held in a massive university structure so trainees brought up issues of inclusion and exclusion, actually, it was addressed straightaway. It was addressed on a training level, it was addressed on a peer level, it was addressed on a creative level. You know when I remember, we had a visiting group of students from another country, and because of the questions that they were asking about a piece of creative work that had been facilitated, the whole structure of the week was changed, so that those differences could be addressed and thought about. I also kind of think that actually we were quite… we were really challenged in our thinking about difference because we had a whole year of medical anthropology lectures, so we read enormous papers, really wordy, funny thinking back, like oh my god, they were really wordy heavy papers around medical anthropology from cultures all over the world and the professor who was of European descent would ask really pointed questions. When he realised that sometimes these articles were so wordy, we were not reading them, he would then go around the whole group. So you knew he would ask you the question and a lot of those questions were about cultural competence. They were about difference. They were about different relationships to healing in different cultures and actually, I loved that, I loved that seminar, but that was really rich. I think the other thing is that we had theory and practice seminars as well, and so in those kind of theory and practice seminars, if something emerged from you on an emotional level about exclusion, inclusion, difference, for us, it was more about gender. It was about class, it was about power dynamics and wasn't so much about race, because we didn't think about that, actually, we just didn't think about that enough. There was a real, there was a richness in that, and I'd completely forgotten about that medical anthropology series, which I absolutely loved, but also the courage of my trainers. I was blessed with fantastic, experienced trainers from different disciplines who were, who were unafraid to ask hard questions, and to respond to difficult questions being asked. So it kind of felt like a lot of the time there's a real nitty gritty, there was a willingness to kind of step into the shadow, the dark space, the power imbalance, and really, really be with it.

Linda: Thank you very much. Next question. Who do you feel holds the power to push forward cultural shifts within the programme and the university itself?

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Participant 2: All of us.

Participant 3: All of us. I have to go.

Participant 1: I have to go in a minute as well, because I've got a client coming. So my quick response to that question is we are all responsible.

Linda: Alright then, if you're going to go, one more question. What is your perspective on the issues of Black practitioners saying they don't feel comfortable? Do you feel comfortable being a White practitioner?

Participant 1: Because we're part of the dominant… No, I'm appalled. And I would not want Black professors, trainers, facilitators to feel uncomfortable. Now what contributes to that, apart from the usual imposter syndrome, nerves, you know, working class dyslexic White woman speaking in front of people about that and saying this. I mean, I don't know, maybe we all have that. I most certainly have that, but actually, when I start, I feel okay.

Linda: Thank you very much.

Participant 3: I second what Participant 1 just said, and I'd feel comfortable, but I would feel also, you know, having listened and having thought about things I would hate to feel uncomfortable. I would also hate to say anything that made anybody else feel uncomfortable.

Participant 2: Can you repeat the question for me, please?

Linda: Yes, I can. The question is what is your perspective on the issues of Black practitioners saying they don't feel comfortable? Do you feel comfortable being a White practitioner?

Participant 2: So, I guess to echo what Participant 1 said, I don't feel comfortable for many reasons in that I'm relatively newly qualified. So I've got the kind of imposter syndrome thing going on and what have you. But it's not my whiteness that I'm aware of, actually, I feel most uncomfortable when I'm working with a client, where I'm aware that there's cultural difference, and I don't know if I'm being culturally competent enough, and I'm uncomfortable in there, you know, wondering am I the best person to do this work. I have experience working in kind of youth offending settings where those power dynamics are even more kind of accentuated. Black young men are far more likely to be arrested than young White boys and then there's me coming in as a sort of educated White person from a middle class background, and how does that play out? And who do I represent for them?

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And, actually, would it be better for a Black therapist to do this piece of work? And, you know, and kind of, yeah, so that doesn't feel comfortable, because I'm aware of my part to play in the overrepresentation of White therapists but it's also a very privileged position to be in. Yeah, and I think that my Jewishness, and I know that everybody would relate to some kind of otherness, but I think that kind of shared experience of intergenerational trauma is there and I feel it. So there's some…there's something in that, that kind of helps me to understand. It's not going to give me the same experience, but it helps me… It helps me to…yeah…but again, it's not something I necessarily add or disclose it when I'm with clients. So, then there's that uncomfortableness of like, did they know that. Like, there's this, you know, this, there's something in that as well. What do you disclose? I don't want to share that so that I make myself feel comfortable, but would it make somebody else feel uncomfortable. There's that discomfort that we're always navigating, I think, and that's gonna look different, depending on who we are, and where, who we're working with, and all those sorts of things.

Linda: I think you know that disclosure is quite different. When you see me, you know I'm Black. While yours, people wouldn't know that you're Jewish. So when do we disclose that to clients?

Participant 2: Those are the kinds of conversations I wish we had, you know, on the course. When do you use disclosure?

Linda: Speaking from my own experience is very much like, we work with an invisible client. Have you ever pictured the race of that invisible client that you are being trained to work with? What colour are they? What culture are they from? What do they look like? What race am I working with? Those were all questions I think I had to explore after I finished my training.

Participant 2: Yeah. And perhaps that's also because the way that the training is mapped out, is that actually, the culture of that client isn't present. So, we're imagining this client but we're imagining their physical and mental health presentation or their behaviour or… but we're not actually imagining the cultural context. So I yeah, I think about the kind of approaches and more about pathology and, you know, okay, I'm working with this young person who's presenting with this behaviour, and we're not actually really acknowledging the family or the cultural contexts. I think there is a comfort in being White. Like, we were talking about disclosure, it's the do I disclose or do I not disclose? And I have the choice to protect myself from whether I do or rather, I don't, if I was working with a Muslim family, would I share it less or? you know, because what's, what's their experience of Jewish people? So all of that stuff is like, I have that privilege to decide whether I disclose or not, but it gives discomfort of how much of me is allowed.

Linda: Thank you very much.

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Appendix 12

Data Analysis

Data Analysis

Online Survey data:

The first attempt at reading the data (36 completed online survey)

Read through the 36 completed survey individually, highlighting in yellow ethnicity of participants to compare the statements that were being made and if the ethnicity of the individual played a role on how things were perceived. Then selected each questions from the survey as heading and attached responses from participants and began putting them into codes.

How was cultural competency address during your training?
Below are answers provided by participants.

1. 'Little was referenced in terms of working with different cultures on the training. Occasionally it would be addressed when members of the group (largely those from BLACK, ASIAN AND MINORITY ETHNIC backgrounds) might bring something to light. Lecturers did well to address this in the moment but had it not been mentioned it may not have been addressed. An example of this would be in the 2nd year myth unit white materials being used to make a mask and one of the group members having a strong reaction to this. I can only assume it was not more readily thought about and addressed due to lack of diversity in training cohorts' (White British)

2. 'Don't think this was addressed due to lack of tutors' competency'(White British)

3. 'There was a discussion on identity where several people commented on how there was no British culture. There was a seminar by Mandy Carr on "Exploring Intercultural Dramatherapy Practice" There was an optional extra evening event "Working with trauma through Metaphor in the Nigerian Context - Funmilola Cole & Dr Soji Cole' (Black Caribbean)

4. 'I don't think it was' (white British)

5. 'It wasn't really qt the time (2014-2017)' (white other)

6. 'Yes to some degree' (White European)

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7. 'it wasn't, because the entire course was run by white people' (white British).

8. 'This phrase did not come up'(British)

9. 'I don't feel it was at all. I don't feel British universities are well versed in these matters. The fear in address the elephant in the room' (White. Mixed European)

10. 'It was ok. Could have done more' (Black Caribbean)

11. 'There was a focus on researching and having understanding of clients ethnicity, nationality, religion and culture to understand their worldview. However, I feel that more diverse psychotherapeutic theory could have been explored in the reading lists and theory training. This was voiced to the faculty and welcomed as valued feedback. The faculty team were very open to this feedback and endeavoured to broaden the guests speakers that ran workshops with us and encouraged vigorous debate on the subject' (White Mixed)

12. 'Very rare. One of the staff team even said to me that " I don't know what a therapist looks like in your country, but now you're studying in Europe therefore you need to learn the European way' (Taiwanese)

13. 'it wasn't, i'm unsure as to why' (White)

14. 'We did have some articles on Dramatherapy and culture when it came to rituals and shamanic type healing. However you could say this was quite typical and not really representative. We did have someone who was from Denmark in out group. But I don't recall it being really considered. All the trainee's were white. All female with one male trainee. So it probably wasn't questioned' (White British)

15. 'It was not addressed at all. Other than one day in the two years of 'intercultural therapy' where a non white therapist came and spoke to us about their practice and their experience. All bar one of the teaching staff are white and middle class. I believe they have not had to confront their racist shadows and this infiltrates how they are with clients and students. I am massively disappointed with this and certainly felt the brunt of their 'unconscious biases' and overt racism and islamaphobia. I am a Muslim woman and I wear a hijab which means my religion is very obvious and I carry it with pride. I felt tutors were afraid of this and though they fulfilled their roles in as much as getting me through the course, there was only one

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tutor that really did welcome me as a Muslim woman. The ignorance, racism, and cultural incompetance and islamaphobia which some of my class demonstrated was never challenged by tutors under the guise of 'everything is welcome'. I wonder if they know how this makes the training environment so incredibly unsafe for those of us that are minorities. I repeatedly suggested and questioned why cultural practice is tokenised as a one day event and why it isn't a core module and I was told that 'things need to change' but nothing has changed. In all I think the cultural incompetance of tutors leads to them training potentially very dangerous white therapist who are empowered in their incompetance in working with anyone who isn't white and isn't middle class, and leaves this of us that are training feeling traumatised becuase of the unsafety of the training'(British Pakistani)

16. 'not covered really. no idea why!' (white British)

17. 'It was addressed as something we should each undertake individually and be aware of, but there wasn't much time for it. I'm still not quite sure everything that it encompasses if I'm honest. Partly this is my own failing for not taking initiative in it, but on the course I don't remember being encouraged to do much more than look at and acknowledge my own biasses' (White European)

18. 'I am not 100% sure - or just cannot remember- if it was specifically directly addressed. Other than having a variety of cultures present in our year and tutor group, and our stories shared and listened to. As well as through the use of various elements of dramatherapy that can aid cultural competency, such as stories, myths, fairy tales, masks etc' (White)

19. 'It wasn't because of unawareness to cultural competency and an assumption that story and myth is cross cultural. So no direct cultural commence training' (White)

20. 'It was sort of but only after students complained about gaps in the training' (white British)

21. 'No, a fear of exploring difference and exposing the owner structures inherent in whiteness, heterosexuality, middle class values on which psychotherapy is built upon!' (Black mixed heritage)

22. 'Not addressed' (Caucasian)

23. 'No it wasn't. Lack if awareness and understanding and significance'(Pakistani)

24. 'It was addressed minimally. I was the only "non Italian" - and my training group was all white. We discussed and explored difference and issues around immigration and politics, racism and prejudice'. (White - South African)

25. 'It wasn't addressed. The modules did not allow for this subject to be explored in depth. There was one seminar on working with different cultures, mainly refugees' (Black African & Caribbean)

26. 'It wasn't really addressed directly; it came up in some modules/pieces of work/placements but I can't remember learning anything specifically on it' (White British)

27. 'It wasn't. I dont think it had been considered' (White)

28. 'Cultural competency was not addressed on my training, I can only presume they felt it was unnecessary or not relevant' (White British)

29. 'I was part of a very international and diverse cohort; half of the group were non British, two were non White and at least 4 LGBTQ. Whilst it wasn't part of syllabus, we met lots of issues around culture and identity along the way just through the shared experience of studying together' (White British)

30. 'It was addressed once in a group session. But not to all' (white British)

31. 'Discussions took place around unconditional positive regard and the importance of awareness of cultural diversity' (White British)

32. 'I don't think that currently cultural competency is being fully addressed within the training. Race is hardly mentioned at all. In the Myth module which could have been culturally rich, the cultures from which many of the myth's classically originated were not discussed. When culture is mentioned, it is in a small comment or a recommended reading rather than embedded on the course' (White British)

33. 'It was briefly mentioned at the beginning of our training during developmental psychology, however, in a more personal cultural understanding which briefly mentioned biases. It was rarely brought into the space by professors, and when at times it was brought into the space by us students, it didn't hold much gravitas for in-depth discussions. I feel this may be due to people being scared or embarrassed of

not knowing the correct thing. I also feel there is a certain amount of competency expected from society and professors about therapists culture competency' (White other)

34. 'In one seminar' (White British)

35. 'I dont think it was taught although was reflected upon. Could be that I took it upon myself' (White British)

36. 'We had one lecture in the third year on diversity and inclusion so definitely not covered in any great depth at all in my opinion. I'm not sure why other than so much to cover in such a short time?' (White British)

- 'Having insight into my own cultural view point, recognising difference and respecting ,ability to understand, listen and communicate in away that values cultural differences'

- 'Responding to the needs of individuals within the whole'

- 'An awareness of how the vast number of cultures in the world differ, conflict or coincide? I'm guessing'

- Awareness of one's own world view. Interacting with people across various cultures with respect and sensitivity. A openness to learn about different cultural practices and world views. Not assuming and underestimating the cultural needs of people. It's very much cornerstone of my practice. Part of the foundation of my clinical work.

- 'It means a lot but I wish to learn more first before I bring it into my practice'

- 'I work with women who have been trafficked so understanding each individuals own cultural practices and beliefs is intrinsic to my work. Learning to understand the fundamental different worldviews of such a diverse range of women is fundamental to my work'

- Able to bring my own cultural background to meet with other cultures. Then to appreciate the positive impact from other cultures and adopt these qualities. Meanwhile being able to demonstrate some unique values and/ or points of views

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from my own culture and then able to have an open mind conversation with others who come from different cultures.

- 'Having an awareness and humility to the subject area. Being able to name this within the therapeutic relationship and being aware of when it arises. I honestly hadn't fitted this in and I feel I am now learning how to. I work with children from a vast cultural background but I think I never had a focus on the racism some undoubtedly encountered'

- It means being conscious and aware of what culture means for people and how it impacts. It is staying open to its meaning for my clients so I don't make assumptions. I can explore what culture means for them personally. But its being able to be confident to have conversations about what culture means to a person or group. It allows me to stay open minded and to learn from my clients.

- 'It is simple. I see my clients as human and I hold in mind how they may have been perceived by the world. I allow them to identify themselves and any cultural religious norms that I am not aware of or that are different to mine I welcome and educate myself on. I do not judge, I do not ask my clients to explain their trauma or their culture. It is my responsibility to educate myself. I do not say things like 'that's weird, that wouldn't wash in the UK'. Cultural competency for me means knowing my shadows and my prejudices and knowing where they come from and what they are rooted in. I hold them in my hand so I can put them to the side when I'm with my clients. It also means seeing every single person as Human first. Not as my perception of their culture, and religion or identity'

- 'communicating with people of different cultural backgrounds'

- 'I studied in the UK but am now practicing in the Basque country of Spain, where I grew up. Cultural norms, perception of mental health support, language around therapy and the meaning and traditions around storytelling are often different and I'm often learning from experience'

- 'I did not know what the phrase meant, I have just had to google it. Haven't heard it before. That says a lot. It means awareness, and proactive informing, sharing and education. I am not currently working in any environments or with clients whom this may apply to, I don't think. But this survey will make me more conscious and questioning of it. Thank you!'

- 'It means knowing my own biases and prejudices as a base. Knowing how they form in the therapy relationship n can effect it. It means accessing good on going training

and supervision and talking about the different areas ie colour, race, disability, sex, gender etc. For me it's about on going awareness and not othering it off as a one off CPD training. To notice the gaps in my cultural competency. Thinking what's going on in the therapy or supervisory relationship and how culture and difference has an impact'

- 'Awareness of diverse perspectives, cultures and history'

- 'Being aware of the social, political, cultural aspects of our conditioning that shape who we are (etnicity, culture, sexuality, gender, disability etc) including overlapping intersectionality'

- 'It's the work I undertake to deeply examine my own prejudices and systemic racism and its impact on the therapeutic relationships, especially around power dynamics and trauma'

- 'Openness, acknowledgment, non-judgemental willingness to learn'

- 'It is a core aspect of my thinking around identity and meaning making, attachment and relationships. An integral part of my thinking as a therapist. Being curious and open to issues and challenges of difference is key'

- 'Whilst I dislike the term to be competent in trying to relate to the "other". It is an integral part of my practice in working with a range of different communities. Showing an openness and willingness to learn about my clients in order to work with them effectively. It should be a joint process that can only be achieved through the therapists curiosity'

- 'It means an awareness of what I bring and my background, and an acceptance/humility when meeting people from different backgrounds. The Social Grrraaaceees model by John Burnham is what I use a lot now; there needs to be an acceptance that you may not know everything but knowing how to ask/broach things sensitively and meeting another person where they are at'

- 'Being aware enough of cultural differences that you can implement this into your practice and take it into consideration'

- 'Acknowledging and affirming cultural diversity within services. To support and ensure, understanding, awareness of positive representation of cultural diversity'

- To me it involves listening to another's experience of culture, recognising that traditions, history, trauma, values, mythology, psychology and spirituality may be around which are unfamiliar to me but woven into my client's roots, and is there to be invited and explored.

- 'I feel we should be encouraged to embrace different cultural beliefs and attitudes. Learning differences can offer a more welcoming and non discriminative space for everyone to feel safe and accepted regardless. I personally enjoy learning about different cultures and feel this should be focused of from an early age'.

- 'Having an understanding that diversity in cultures and races must be acknowledged but in a way that ensures equality and diversity celebrated. I work with a wide range of SEND pupils from a varity of cultures and it is crucial to understand the wishes of families in terms of what we offer not conflicting with culture but also giving clients the chance to explore their own connection with cultural identity'

- 'Cultural competency means being able to respond to clients from any background with knowledge, understanding and empathy regarding their culture. It also means acknowledging and constantly working on my own internal biases'.

- 'Cultural competency to me is having an awareness and respecting other people's cultures and traditions. It's being aware of your own culture and traditions and how they relate to others. I feel that this is not only in a manner of religion or ethnicity, but also through class, age and era. I feel there is also a competency in being able to talk and address new cultural interactions that you may not be aware off and as a therapist it is important to do your research, clinically, historically and emotionally'

- 'I have worked in America and New Zealand and am aware of different ethnicities there. Also the use of Western Psychology practices on South Pacific cultures. For me it means that I have to be aware how western societies differ-especially with regard to the role of women'.

- 'To be present and mindful of all belief systems. To be open minded, non judgemental of other's belief during practice. Every day mindful of appearance.. to dress appropriately. To be brought in as part of the assessment at the on start of therapy. I also feel this should be part of training and respecting views of all in training. To bring diversity and ethical practice throughout training'.

- It means having an understanding of the culture of your clients. It is very important in my practice as I am in a PRU with a huge traveller population. Many of the

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traveller families do not agree with therapy - thinking of it as a weakness so we have to work very closely with the families before we even get a chance to see the young people.

Anything else you would like to say on this subject:

- 'When I did Level 2 & 3 counselling with CPCAB, thinking about culture was one of the 7 areas we were assessed on - it was a core. It sometimes feels less core in Dramatherapy but this does not have to be the case'.

- 'Not really. But I think the therapeutic community as a whole has a lot of work to do in this area'.

- 'I feel it needs to be a much bigger part of the Roehampton training, and the tutors need training too'.

- 'Cultural competency is an ongoing learning journey,and one that needs active and constant consideration and self awareness'.

- 'We no longer anywhere live by a common sky of belief, too many differences to cope. the thing that is essential is always invisible'.

- 'If it is what I think, I feel under equipped in the current climate'

- 'We as a profession, need to do more'.

- 'It needs to be taught more'

- 'I think this area requires more research and that the theoretical practices that underpin dramatherapy need to be more diverse and integrated into the trainings'

- 'As a Taiwanese who studied and lived in London for almost 6 years, I found the Chinese culture wasn't been understood much in Europe, especially in therapy settings, even worse in training program. It'd be nice to see the therapists who are from western culture to embrace and really have an open mind to have a dialogues

with Dramatherapists who are from Eastern/ traditional Chinese Cultural background'.

- 'I'm learning now, but I wish the importance had been part of my foundational training'

- 'I think your doing a very important piece of work. I have had a number of clients in Therapy and supervision who have shared similar concerns and experiences to yourself in training. I hope it gives a voice to others who don't feel they are being listened to or understood x'
- 'I think it is a crying shame that seasoned therapists and tutors are so culturally incompetent. Quite frankly it disgusts me. I think we need to demand better from our educators and they need to do better. I sincerely worry about vulnerable clients having therapy from some of the people I trained with because of how dangerously ignorant they are and believe that the tutors inability to challenge this has a massive part to play in this. Our clients deserve better. We need to do better'.

- 'It would've been helpful to know what material is available and what the different aspects are before being faced head-on with it and learning from mistake after mistake'.

- 'It needs to be a core component of dramatherapy practice not an other end off bit on the side'.
- 'I appreciated colleague Sam Adams training on Black at the BADTh conference last year'

- 'It has been so frustrating being othered, exotucised or pathologised as a person of colour. In my training difference never looked at the dominant 'majority' culture but exposed case studies of BLACK, ASIAN AND MINORITY ETHNIC / BIPOC as those with a culture'

- 'I appreciate the term cultural humility which speaks to the idea that we treat each other as unique individuals with personal cultures as well as social cultures'.

- 'During my final dramatherapy placement in a prison I worked with a group of women where there were more than five languages spoken. Together we translated for each other during the groupwork. It was a challenging and beautiful experience of togetherness, with our differences'.

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- 'I am glad this is being looked at and wish you all the best for the study'.
- 'I am studying systemic family practice and this has loads of good research around this area'.
- 'I was very aware of all outstudies being middle class white women'
- 'Awareness and promotion of cultural diversity within services supports and encourages equality of access'.

- 'One of my favourite memories of a child was listening to my friends family talk about their life in Tunisia before permanently residing in the UK. Being able to adopt different beliefs and share this is a powerful tool'.

- 'I think it is really important that this continues to be on the 'agenda' of our thinking and practice as arts therapists'

- 'I feel cultural competency is something that shouldn't be shyed away from and in my experience is a beautiful area to be explored that we can all learn so much from'

- 'I also know first-hand how difficult it can be for male refugees to fit into UK culture because of the status of women here'.

- 'I would be interested in finding out more and how I can ensure I maintain good practice throughout my profession'.

Are you aware of BADTH Interculture Good Practice Guidelines:

<mark>Yes = 11, No = 25</mark>

- 'No, I've only just become a member'
- 'I am aware of it but not very familiar with it'.
- 'Embarrassingly no!! I will read it now'.
- 'I'm am not familiar with it, no'.
- 'No. I would be interested to read this'
- 'Shamefully I am not'
- 'No! I am now xx'
- 'No, I'm afraid I am not'.

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- 'Yes, its basic but a good start. I remember one of the BADth conferences focusing on difference and diversity and when I flicked through the brochure I didn't see one presentation or workshop about racism!!! Instead there was a lot of presentations about people going abroad and working with black or brown people like the good ol' days of missionaries and canalisation!! Hasten to add I did not attend that conference'.
- 'Yes, sort of - they were mentioned at a conference. I said then that I didn't think they really went far enough in helping people discuss and understand their role in all of this. We could all do more for sure'.
- 'Yes this was covered in our lecture'.

Codes:

Started to put code on the above statements by selecting key phrases such as: **Awareness, Understanding** and **Openness**. Read through the statements and highlighted any mention of 'Awareness' in blue, then 'Understating' in red and 'Openness' in green. This is to draw attention to the number of times it was mentioned by the participants in their statements. I have also chosen to pick these key terms of awareness, understanding and openness because this personally is the essence of cultural competency. Also highlighted the number of times participants said the were aware or not aware of the BADth guidelines. Which total Yes = 11, No = 25, along with highlighting words that indicate that cultural competency was addressed or not addressed in the training.

Interview 1:

Participant: Absolutely. And, you know, a lot of our work in the subcommittee is based on those questions, and everyone that eventually joins the subcommittee is because they asked that question, and it was not answered during their training. You know, for some of us is our queerness, for others it's disabilities, for many people it's race, like you. And yeah, somehow we all come together in the subcommittee. And yeah, we know the answer, which is that, like you said, it's never explicitly said, but because there's no challenge on it. We work with an imaginary white client always, you know, the imagined client is white. And I don't think trainings really are able to challenge that yet and haven't been challenging that.

Because that's the thing of I think about whiteness in general, because it's the standard of everything. And, and so that that will be present everywhere. Unless it's challenged, for example, you or anyone at had the in the training had asked, Would that apply to a Muslim family? Would that apply to Muslim populations or black populations? You know, we don't ask those questions,

because we are trained in some ways to work with the standard, but the standard is white, ultimately.

Linda: What is the remit of the Inclusivity and Visibility Subcommittee?

Participant: I think there's an official one, but I'll, speak from this moment without consulting the mission statement. We aim to create spaces in which we are able to have the conversations that we didn't have in our training, that sometimes we don't have in our places of work either. And, and I think our remit is to help trainees, qualified therapists, as well as our clients and the populations we work with, to experience an environment that is as safe and inclusive as possible. And, and through that, you know, we work in different ways we address different aspects of, of training of working professionally after qualification. And so in many ways, our remit is very big. Because it's, obviously, it touches on everything. And like I said, many of our members come to the subcommittee, from different experiences, lived experiences, and those experiences are often intersectional, as well. And so and so we're dressing basically social society and culture, from a Dramatherapy perspective, but it ultimately, is about this society and culture in general.

Linda: Could you explain a bit about the reasons behind why was the name changed from Equality and Diversity?

Participant: It changed two years ago, I took charge of a subcommittee with a colleague of mine. So we have two conveners, rather than it used to be just one person, and we decided to move forward with two people running it to share the load. And at the time, I proposed that the terms equality and diversity felt empty, and didn't carry much meaning anymore. And, and so we proposed a change of the name. To set perhaps the tone, we wanted to, to carry over into the future of the subcommittee. We chose towards inclusion. Because I think we wanted to be clear that we wanted to have more people in the subcommittee, and visibility, because we wanted to make the people who were previously invisible, visible. And so those that was sort of the intention behind those two terms, and behind changing it. So we wanted to, obviously carry the legacy of what the subcommittee had done before because our previous convener in our she'd been leading it for many, many years on her own, and it's really hard work to lead this kind of subcommittee. So we wanted to carry that legacy, but with the new energy and the new intention, or perhaps a more explicit intention.

Linda: What are the subcommittee stances on culture and diversity within Dramatherapy?

Participant: I think we start from a place, like I said, that our training does not do enough at all, in any of the areas that we believe fall under the, the umbrella term of culture. And, so, that's our starting point, just admitted and acknowledging that our trainings do not do enough. And then trying to answer the question, what can we do about that? And that will then include different answers and some of those answers will be about creating CPD to train already qualified therapists will also include working alongside the institutions to help them changing their curriculum, hopefully, but that is very long term. That has been very challenging in general. Yeah. Overall. And, and I think more recently, especially the past year to now. And we have also created working groups within the

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subcommittee, which branch out in very specific areas. And the idea is that anyone in the membership of BADth and the association can join those working groups without necessarily having to commit to the wider subcommittee, because I think people sometimes don't participate because they don't want the responsibility. And I get that it's a lot sometimes, and they don't have the time. So we created the working groups. And the working groups include very long term actions, short term actions, and then people can participate in whatever fits their life. So if it's a short term action of just a couple of months, you can participate, and then step back, and maybe re-join the working group. And those working groups are specific, we have one on race, we have one on gender identity and sexuality. And then we have one on disability. And, and we all do our different things within those groups. But we all have sort of the same approach. Anyway, we all want to work with institutions. We all want to encourage more writing for the journal along those topics. And, and we all want to create more CPD for the already qualified members. So we all want to do the same things. But we work specifically on those topics.

Linda: Could you please tell me a little bit about how the subcommittee is considering aspects of cultural competency?

Participant: Yeah, I think, yes, moving from still following up from the previous one. I think what I also wanted to mention is that if you look at the HCPC, the body that regulates the profession. And if you see their standards of proficiency, and competency around culture, it's basically one paragraph, has nothing. So there's nothing specific. And that's what happens in the training institution. So the training institutions follow that. So that means that anything can be ticked when it comes to culture, right. So if I'm a white therapist, and I write an essay about working with a black client, that's me ticking off my cultural competency. You know, because it's so vague, the policy is so vague, anything can match the policy. So that's the problem. It's too vague, and it's not specific enough. So our position is that he needs to be specific, so that a therapist can qualify and feel able to work with Muslim populations, with black populations, with queer populations with immigrant populations, you know, all of those groups that are very at the margins of everything, and are not the standard population that we work with, or that we imagine when we are training. So that's I think our stance really is that it needs to be explicitly laid out in policy. And but that, unfortunately, maybe takes time, or maybe we don't have the skills yet within the subcommittee to know how to actually make those changes. Yeah, if that makes sense. And I think, for instance, in the LGBTQ working group, and we're following a very helpful template, because the association joined a wider coalition, right of a therapy associations that work against conversion therapy. So that coalition had proposed a template for every professional association. So for us, it's quite easy, because now we can just follow that template. And that template includes things like having statements on the website, working with our training institutions to implement specific things in their curriculum. And in many ways, I guess we can base that template for the other topics. So we're sort of slowly working on that. But it's quite hard sometimes when you don't have a template to know how to challenge the bigger institutions.

Linda: It also mentions that regular surveys are conducted to monitor whether BADth memberships reflects the communities it serves. How often are these surveys conducted and could you tell me a bit about the outcomes?

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Participant: Yeah, it's a very good question. And it's, I can't remember the exact number of years now, but it's coming around. We're actually putting together a new survey for the membership this year. Because it's due and the previous one might have been in 2016. So it might be every five years or something that we do that survey. And the survey is seeing if the membership is changing, and how it's changing. And also to see if it somehow reflects the outside world, and the world we work in, in clinical practice as well. So yeah, so we're sort of at the very early stages of putting the new survey together, which includes probably, I haven't actually looked at yet, because we're only just starting, but it will probably involve changing some questions. Because again, being explicit is important. It's important to include questions are very explicit, so that we get the data that we need to really, know exactly, who is part of the association.

Linda: Are the outcomes accessible?

Participant: It will be accessible to the members. Yes. And actually, I think for transparency purposes, it probably should be available to the public. So again, that's something else that we because I don't know if the previous ones were available to the public, but they were certainly available to the members. But I think I'll probably actually personally defend that it needs to be public. This next one.

Linda: The aim also mentions that the subcommittee will establish and maintain links with other Dramatherapy inclusion and visibility committees from other countries. Could you talk a bit please about the engagements you have had so far in this area, and what progress is being made internationally.

Participant: Not that many. And so far, it's only the North American Drama therapy. The links aren't so strong, I must admit, because I think we've spent a lot of time more recently, just focusing on our internal, local, regional national dynamics. We have some links with the North American Drama therapy, but, you know, we were in touch with them during the, you know, during the Black Lives Matter protests in the summer. And we provided a statement of support to them after we made our statements here in the UK. And, actually, we are going to, it's kind of it's not a direct link, but it's kind of related. Because we're gonna be publishing a special issue of the journal on race, and culture, and that is in association with their journal as well. So the drama therapy review and the Dramatherapy here in UK, it will be a joint publication.

Linda: What is the 'impact' of the Intercultural Good Practice Guidelines document created in 2016 and how is this measured?

Participant: Yeah, that's coming up for review as well. And, and again, one of the things we're thinking is it's tricky because BADth is not the regulatory body. So we can't say that as a member of BADth, you need to do this. Yeah. Because that's not in the sort of constitution of the association in the first place. But we, we still want to look again, at the, at the guidelines, and actually the race group that's on there, it's in their remit, to look at the guidelines again, add to the guidelines, or change the guidelines, again, to make race and other aspects of culture more explicit. And, and we're also thinking, you know, what can be done alongside the guidelines? Because it's hard to track. But maybe with a new website, that's something we will be able to do. But for example, it's

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something that sort of ==we plan to check is, is it possible to check how many people consult the document==, we need times that document is consulted every year by members, for instance, we don't have that data. Our previous website was very, I guess, basic or primitive. And, but maybe in the new website, we would be able to see those numbers. But again, the idea is to ==make things explicit,== so we haven't thought about how that can be possible. But it's part of it's tasks, and the race group are to look at that this year.

Linda: To what extent do you think BADth members or the Dramatherapy Higher Education training providers, are aware of the Intercultural Good Practice Guidelines document? How does this document serve as an important set of guidelines when considering advisories on policy?

Participant: they're not. And, and again, and that is because I think many things, it's available on the website, ==there's been plenty of communications over the years about it.== You know, ==we did a whole conference where the guidelines were at the centre, and 2016, you know, the, because the conference test that year was based on can't remember the title now, but it was a sort of equality and diversity type conference. And the guidelines, there was a big focus group that we used everyone attending to feed into the guidelines. And, then we use that feedback to you know, to finalise the guidelines. So, in many ways, to me, it's surprising that people say they don't know about it. And at the same time, I'm not surprised at all, because people forget about these things very easily. Again, if it's not something that touches upon your experience, you're not going to think about it. You know, the white standard doesn't consider culture differences so much. And so, and because most of the membership is white. Yeah, I would argue that many people, don't seek for it, don't think about it.== Don't ask about it. I mean, people often complain, sometimes that we as associations don't do lots of things, whilst we are doing them. And t==hat's because people don't pay attention to what we're doing. And they don't care to participate and engage.== And so, you know, again, I I've, besides the subcommittee, I've been leading the LGBTQ group, although I've passed that on now recently, but for many years, but for the first year of that group, people often complain, we weren't doing enough about those topics. And, I always respond to well, we did a whole special edition of the journal, we did a whole CPD programme. You know, in 2019, we have this working group, like if you want to participate, just join us, but, you know, people I think, just like to complain, and, and think and say that nothing is being done. When they don't, yeah, they don't know.

Interviewer: How does the subcommittee and BADth as an organisation, work with its members to consider discrimination and racism within the Dramatherapy profession, especially in light of current issues of racism and the death of George Floyd?

Ryan: Yeah, it's, you know, interestingly, ==it's been on our, it's been on our to do list for some time to create antidiscrimination policy. I was the target of some discrimination a few years ago. Some unconscious bias, that was homophobic. But again, it's one of those things that it's important, and it's essential. But in the past couple of years, there's lots more essential things, important things coming up. And we're only volunteers. And that's always the challenge is that we're all volunteers.== And we all have our own lives and things going on. And there's only so much we can do ourselves. And so that's why we always ask for more people to join us. Because if we, ==if we have more people,==

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==then we can do all the things that people want to get done==. But if it's, there's only a few of us, and we can't, it's as simple as that, ultimately, but it is, it is on our to do list. It's definitely in our agenda.

Linda: Thank you so much. I have no more questions. Thank you. How was this for you?

Participant: No, it's fine. I mean, this is what I do, I guess, as part of the subcommittee, so I'm always happy to, participate in these discussions to help out fellow Dramatherapists trying to have these discussions and yeah, How was it for you?

Linda: Thank you very much. Yeah, it was great. And I guess as we were speaking, I can almost relate back in some of the experience I've had, in terms of when, when I'm thinking about change, and the notion of who holds the power for change? Is it HCPC, the training institutions or BADth. Who? Who is it? Who can make this change happen.

Participant: ==And that is the function of structure of the of this structural, white standard, it makes everyone else chase their tails over and over again. And that is a power in itself. That's the power playing us. Because the power is in all of them. You know, in many ways, I would, perhaps, argue that BADth is the one with the least amount of power. Because BADth can only recommend things. They can't enforce anything. But even in that BADth, it could change its constitution, to be able to be more strict with its members, for instance. So that's a power that BADth has, which in itself would involve A new constitution, a new structure, a new executive, a new type a new way of working, which would, again, entail dismantling everything. And the same with the training institutions, they could decide, yeah, we're gonna change our curriculum, as long as it meets the vagueness of hcpc. And anything can can match that because it's so vague. So they could they could make that change, actually, yeah. But it would mean some people having to step down from their jobs or their very cushy jobs. And they're not doing that no. takes it takes guts. Well, I think it not even guts, it just takes integrity==, because I'm, you know, one thing this past year has made me see is that even though I come even though I come to these discussions with a very clear experience of being marginalised as a gay man, I also know, I still hold incredible privilege by being a white man. And so ==I'm sort of planning to step down of my position, because I believe I am a white man can't be leading these things anymore. And, and give space for Actually, I'm going to be explicit and say that I would like a black woman or a woman of colour to lead moving forward.== And again, I'll always be around and available just don't feel I should be the face of the subcommittee anymore. And but, you know, it just takes integrity to be able to do that, I think, and, and to be able to do that, with thought, you know, I'm not just going to drop out of the position. Because many of our members are new, and they don't know many things. And I've been in subcommittee for almost seven years. So I do have the skill, so I can still use those skills, but I don't have to be the one leading the charge. So, but ==that's something that institutions, people in the institutions could do. If, if they really wanted to walk the walk and have their talk.== Basically, yeah.

Codes:

- unanswered question during training.

- Not explicitly said but we work with an imaginary white client.

- Training are not able to challenge this.

- Whiteness is the standard and we are trained to work with the standard.

- Create space to have conversations that we didn't have in the training

- Equality and Diversity empty and don't carry much meaning anymore.

- **Inclusion**- wanted more people in the subcommittee/ **Visibility**- to make the people who were previously invisible visible.

- Start with admitting and acknowledging that the training do not do enough.

- Working along the institutions to help them change their curriculum.

- Created working groups which branch out in very specific areas.

- HCPC standards of proficiency, and competency around culture is basic and not specific.

- Anything can be ticked when it comes to culture. Things need to be explicitly laid out in the HCPC policy.

- Policies need to be specific to ensure that qualified therapists feel able to work with marginalised group.

- Survey is to see if membership is changing and how it reflects the world we work in.

- Important to include questions that are explicit

- Link isn't strong with other committees in other country.

- BADth is not the regulatory body, so can't enforce anything.

- Make race and other aspect of culture more explicit.

- Plenty of communications over the years about the **Intercultural Good Practice Guidelines.**

- white standard doesn't consider culture differences so much.

- target of some discrimination a few years ago.

- only volunteers in the subcommittees.

- white standard, it makes everyone else chase their tails over and over again that is a power in itself.

- That's the power playing us. Because the power is in all of them.

- BADth is the one with the least amount of power. Because BADth can only recommend things. They can't enforce anything.

The highlighted statements above were arranged into a table below and colour-coding was used to assign themes and to identify the number of times the word 'training', 'explicit', 'whiteness', 'HCPC' and 'power' was mentioned.

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Red- things needing to be 'explicit' in the areas of culture and race.

Green- 'White' being the standard of everything.

Blue- 'training' didn't do enough in the areas of culture and race.

Yellow- who holds the 'power' for change, all of them.

Brown- 'policies' need to be specific in areas of culture and race.

HCPC report:

9. What is HCPC's definition of cultural competency?

In the HCPC standards (or other materials) we don't provide a definition of 'cultural competency' as such, but this is what the Standards of Proficiency (SOPs) require, and is embedded throughout the Standards of Education and Training (SETs), so that students are equipped with cultural competency when they join the register and enter the profession.

10. What are their expectations of training providers ensuring this is implemented and evidenced within their programmes?

In short, the expectation of the provider is that the requirements set out in the SOPs are implemented and embedded within their programmes. At the HCPC, we look at learning outcomes – the provider is required to map the curriculum to the outcomes of the SOPs to facilitate our understanding of where they are at in meeting them. We also look at the teaching approach of the delivery of that curriculum and how the expectations are assessed across the programme. We wouldn't assess each area of the SOPs individually in isolation; we look at the programme more holistically in the round, to ensure that the expectations are met overall.

11. Considering the recent incident of George Floyd and an outcry of institutional racism, what actions are HCPC taking to ensure, where possible, diversities are incorporated in training programmes?

We don't have any actions that are quite as specific as posed in this question, however, over the last year we have been progressing a number of relevant areas (which we already had in train) in relation to our broader Equality, Diversity and Inclusion (EDI) agenda (some of which is summarised in this <u>blog post</u>), that will impact upon requirements in training programmes, including but not limited to:

- We are reviewing <u>the Standards of proficiency</u> for all 15 of the professions on the Register (currently analysing the responses to the public consultation which recently closed). These are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professions must know, understand and be able to do at the time they apply to join the Register. One of the key areas of change in the standards being consulted on, is around the role of equality, diversity, and inclusion in the standards; specifically the importance of making sure that practice is inclusive for all service users.

- Commissioned and published our first <u>diversity data report</u>, please see <u>my blog</u> summarising some of the findings. We are also working with the professional bodies on a joint communications campaign to boost the response rate to this year's diversity data collection survey (launched on 14 December and closing on 14 March 2021). From this year's data analyses (due in Summer 2021) we will be able to learn more about the demographic profile of our registrants and to start to understand more about the potential impact of our regulatory processes by protected characteristics.

- The establishment of an <u>HCPC EDI Forum</u> with 130+ members (individual registrants and key stakeholder organisations, including the professional bodies), which first met on 14 September 2020 and met again on 9 December. The purpose of the EDI Forum is to provide guidance and support to help us meet our aims, by:
  - providing advice and comment on the development and delivery of our five-year EDI strategy and action plans (including actions relating to our role in quality assuring education and training programmes)
  - raising relevant issues and concerns to enable us to develop an appropriate response (including sharing lived experiences)

- o offering comment and advice on the development of appropriate policies and strategies that enable us to be a fair regulator
- o providing us with an opportunity to listen and seek views on and raise broader awareness about our priorities and progress with stakeholders.

- Revised and improved our web content, including dedicated EDI webpages.

- We are currently developing our first Equality, Diversity and Inclusion (EDI) Strategy 2021-2026, with input from our staff, our Council, the HCPC EDI Forum, an external audit, and other key organisations/individuals. Our EDI Strategy 2021 - 2026 (to be published in early 2021) will build upon what we have already accomplished and will detail our renewed commitment to achieve even more. We will also set out a clear framework for our detailed programme of work through our annual action plans, starting with our Action Plan 2021-2023.

- We are about to publish our new corporate strategy (we consulted on a draft last year, and reported our analysis to Council). The values and broader strategy are strongly grounded in EDI principles, thus setting our direction of travel as an inclusive and diverse organisation.

These are statements taken directly from HCPC document:

12. 2.7- HCPC- The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented. - (These only refer to the admissions process and what happens when you, as an ethnic minority student, are feeling discriminated against, because of the lack of diversity within the training. How do you ensure that there is diversity in training past the application process as your current policies only seems to think about the application process?

In relation to a student complaint regarding alleged discrimination and a lack of diversity within the training, we would refer to the provider's complaints process (rather than this standard 2.7) to see how such complaints are handled by the provider and whether it meets the required standard.
In the Standards of Education and Training, 3.15 requires that: 'There must be a thorough and effective process in place for receiving and responding to learner complaints.' (See page 26 of the Guidance), and we would expect this to include complaints relating to discrimination and lack of diversity. We would check adherence to this standard in our education QA monitoring and approval process.
In the next periodic review of SETs we will consider this as an area to be further explored, to see whether more specific references to discrimination and diversity would be warranted.

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3.7- HCPC- Service users and carers must be involved in the programme.

13. How are the training providers involving services users and carers in the programmes and how are the institutions evidencing to HCPC that this is taking place?

There are a variety of ways in which the training providers involve service users and carers in the programmes, and we would suggest reference to the <u>HCPC Guidance on service user involvement</u>, which covers the types we would expect to see.

This guidance provides flexibility for the provider in choosing the methods that work for them. When we are approving a new programme, this will be one of the areas that is assessed. And after that, it will be re-assessed in the annual monitoring process, when the provider is required to provide outcomes evidence of service user involvement and evidence of how they have determined that it is effective.

14. How should the universities ensure that they include the voices of minority authors in their programme?

While we can of course see the value in inclusion of diverse resources within programmes, we do not set requirements as a regulator in this regard and would not be in a position to quality assure such a requirement (we are not set up to be able to do this within our current processes and resources).

15. How aware is HCPC of BADTH's Intercultural Practice Guidelines created in 2016? Why isn't it central to the policy?

When we periodically review our Standards, we include sector guidance/best practice and engage the professional bodies in the review.

Additionally, we would expect the programme to reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance. In adherence with SET 4: 'Programme design and delivery' (see page 32 of the <u>Guidance</u>), it states that: 'Curriculum guidance is often produced by professional bodies, but relevant documents are

sometimes produced by other organisations, such as commissioning and funding bodies or employers. You must to be able to show how any guidance is reflected in the programme.'

Therefore, we would expect programme providers to consider and reflect the BADTH's Good Practice Guidelines as relevant.

4.4 HCPC- The curriculum must remain relevant to current practice.

16. How does the HCPC ensure that curriculum created by Dramatherapy training providers are relevant to current practice?

This would be one of the areas that the HCPC would assess at approval of new programme stage, and then through monitoring and feedback from the provider on how they have developed the programme over the year (if at all).

When we undertake the initial approval of the programme, external examiners are contracted to give a third party, expert view of how curricula meet professional standards.

Codes:

Relevant phased or statement that addressed the question was highlighted in red and rearranged below as a code.

We don't provide a definition of 'cultural competency' as such

Students are equipped with cultural competency when they join the register and enter the profession.

Expectation of the provider is that the requirements set out in the SOPs are implemented and embedded within their programmes

We wouldn't assess each area of the SOPs individually in isolation

We don't have any actions that are quite as specific as posed in this question

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We would refer to the provider's complaints process

Guidance provides flexibility for the provider in choosing the methods that work for them.

We do not set requirements as a regulator in this regard and would not be in a position to quality assure such a requirement

We would expect the programme to reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance

 We would expect programme providers to consider and reflect the BADTH's Good Practice Guidelines as relevant.

Interview 2:

Linda: I have 10 questions. What does cultural competency mean to you as a Dramatherapist?

Participant: It was a theme in my IS when I did my masters so that whole year and a half of preparation for that final IS included cultural competency at the core, yeah, and it was how to use that. I had lived in China for a year before, and I'm a Canadian studying in England and I have French heritage, and I'm always, you know, have been fascinated with working with culture. So I was wanting to make sure my IS captured that. For me, it's these three points of self-awareness of my own culture, and awareness of the other culture, the other person who's in front of me who I'm working with, and then the third is having skills in adapting my approach to meet the person where they are - culture is included, and what does that mean is knowing their culture and finding out with them. Maybe it's the Dramatherapy aspect that changes in the approach, or maybe it's how we speak about certain things, or maybe it's just how we think about certain things, what enters the room. So, my IS explored that through performance, embodying where I was at that time, which was to explore my culture and how I felt I brought that as a therapist. Then I was looking at, like East - West dialogue, because I was so fascinated with having been to China before, knowing I would probably go back which ended up being the case, that it was about how to find Chinese-adapted theatre and healing practices and the skills. I kind of developed an approach that used Japanese theatre, mindfulness, and I was really making links between, you know, how Dramatherapy has similarities with some Eastern healing practices and still trying to find bridges because cultural competency for Dramatherapists, I find, it's even easier because the creative realm allows us to have so many possibilities in finding out what those approaches might be.

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Linda: Thank you. The next question is, what was your Dramatherapy training experience like, in relation to this concept of cultural competency?

Participant: There wasn't much initiated or raised about the topic during the course. My theme was encouraged when I'd raised it for my IS, but outside of conversations related to that, we never learned about it. It wasn't something we were taught. We were invited to be self-aware of many things, but not our culture, not others' culture, not each other's culture. We had different cultures in the room and we never acknowledged or explored that.

Linda: Why do you think that was? Why do you think it wasn't something that was explored or talked about within the training?

Participant: The research from my IS, I gathered, is that Dramatherapy is very much outgrown from humanistic and other earlier psychotherapies, which are very individual-based and that don't look at the system. They don't look necessarily beyond individual means, individual problems. Sometimes, parent and child attachments might come in but there's a kind of aspect of what we have that's beyond just individual needs. In our culture is being part of a larger group and that is part of us. But it's, I guess those dynamics. Perhaps that's a shortcoming that Dramatherapy did not, in my experience, in the training develop on because of what they inherited, and then just took that maybe for granted of what they thought should be covered, because maybe that's more the traditional types of things that are covered in some of those psychotherapies. That's my hypothesis.

Linda: Thank you. The next one, what were the ideas behind the development of the Intercultural Good Practice Guideline Document?

Participant: There had been conversations about this for a long time. Like years, like before I joined, I think, maybe even a decade, you know. Workshops were tried to start bringing information together. The ideas were that we all felt that this was a lack in our field, in our profession, and that it's not that people didn't want to use those things, it's just they didn't know how. That's where we felt it was really important to have something concrete that we needed to finalise, put it to action and put it together that's accessible. That's why we even didn't put it in the journal, we were like, just put it on the website, let's just put it out there. It's looking at ideas and bringing it a little bit farther than conversations, we don't need to reinvent the wheel, the ideas, let's look at what everybody else is doing. Yeah. So we researched a lot of different associations and their ethical practices and compared and contrasted and added things in relation to our field and, yeah, ideas were to show how important this is globally, you know, to be part of this global conversation that we're an intercultural world. We're intercultural beings and we work in intercultural spaces with our clients, it's a lot like that, too. It's everywhere, it's part of the society that we live in and so we all felt

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very strongly that we really needed to conclude and put together and so we were, like, very task-oriented and the idea was just to have something that's accessible, that is really important.

Linda: Thank you very much and my next question is, what has been its impact on the Dramatherapy profession since its development?

Participant: That is such a good question because I have no idea to be very honest with you, because I left the subcommittee when I moved country in 2016. We had just finished the guidelines around that time. I think, even when I was overseas, I didn't leave the committee. I mean, I was still involved overseas. I think we finalised it actually, when I was still overseas, and I was adding things, maybe some last bits. I can't exactly remember, but I remember still being in the conversations but then it was kind of tried at a conference, I think, yeah. Then there was feedback on that, they discussed and then I think with time, then I just kind of moved out of the subcommittee and left because I couldn't meet physically. I couldn't really catch up on the conversations that had been, so I kind of stepped down after a while because I was too far, and it just was too complicated. Then I lost touch.

Linda: My next question is, are BADTH members aware of the guideline?

Participant: What has been shared, in my experience, is only in emails. I think in the prompt things like that newsletter, it was written there maybe once or twice when it came out, but after that never and the thing is, we were also part of the NADTA (North America Drama Therapy Association) with their guidelines, because we were going through the same process, and they published it in a journal. And so there was, I think, discussions with them after the guidelines but then also I don't know what happened after that. I don't know if those conversations continued.

Linda: With the guidelines was there any consultation with the training institution itself in terms of how these guidelines could help, or how they could implement these guidelines, or using these guidelines in their programmes?

 Participant: We didn't involve the trainee subcommittee. I think one of the guidelines, one of the subcategories is training and so, I think the way that we organise this is let's give it to Dramatherapists, you know, for the people themselves to then take it respectively. I think our idea was let each person take the responsibility to bring it forward, but then I don't know if other conversations were had with the training. I think it was tried, but it's so far now, I can't fully be sure about that. I think at one point, they did say, you know, they've encouraged that and it was maybe it was difficult to change the course or something like that. I'm not sure. So long, sorry.

Linda: That's okay. The guideline is something I am looking at as part of this research. I think it's amazing, some of the ideas around cultural competency, and just having that to look at and work from, it's wonderful. But I guess the question is, how do we encourage the institutions to implement these amazing ideas in their programmes?

Participant: That's really interesting that you say that, because yeah, when you also ask, like, what's my experience with cultural competency, I left that whole piece out of just mentioning, 'oh yeah, I was part of the Interculture Good Practice Guidelines'. It's almost like igniting this fire in me that I had at the time, because I've been such a solo Dramatherapist working, you know, away and it's kind of making me think, you know, how, yeah, I'm so passionate about it. Like, it's very easy for me to imagine ideas and get into it and what you're saying makes me think about the importance of potentially having a conversation between the equality diversity subcommittee and the training subcommittee as an initial part, because then it's not in the university, it's maybe more personal. It's more like, as you were saying earlier, like, hey, how about exploring this, what these mean to you, what these look like and see what's the feasibility of bringing them forward, because, of course, the recommendations are in the hope that they are developed in the university because that's where the initial experience of the ideas of cultural competency is born.

Linda: I understand that cultural competency is a lifelong learning, but my question is, where does that learning start, because something has to start somewhere for it to be a continuous process. A lot of my own experience in the training, is having that conversation, the need to implement or start that journey, so then when we are qualified and go out there practising, that process has already begun, it's not starting afresh.

Participant: Yes, yes, because it's vital and it's such an issue at the systemic level in a way that a lot of people are not aware of, that could be harnessing more harm, even though they would have the best intention and that's where it's, it's a very deep process of self-exploration, like recognising where the biases and the loopholes and is a lifelong learning but as you say earlier the better because it does take so much time and so much digging and truth with oneself to look at those topics yeah, in full honesty, yeah.

Linda: Thank you. My other question is who do you feel holds the power to push forward cultural shifts within Dramatherapy training and BADth as a profession?

Participant: See the NADTA. Sometimes I like to compare what different people do, you know, wherever people are, whatever they do, what's some of the good practices. Something that I like about the NADTA for their registered Dramatherapists, it says they must do 30 hours of training within two years to maintain their registration as a registered Dramatherapist. They don't say what kind of training but I find that that's a good start in making sure that people continue to develop their practice. So that in one way, I would find that very interesting if BADth would also, for fully registered members, you know, have a kind of training requirement, which would then be in conversation with the training. No, not the training subcommittee, because they take care of the courses. It would have to maybe be a conversation within the different heads of each subcommittee.

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Like, what upholds the responsibility of our field to be up to date with what's going on, because there's always new research in so many fields. So I think, yeah, there could be something about the BADth encouraging individual members and their own professional development, and to maybe include certain topics that they could pick from, and maybe some that aren't there, but maybe, you know, just having it written on the list of suggestions could be like, oh, yeah, I don't have experience in that, let me go check that out. I think people don't think about it. They work with schizophrenia, or whatever it might be, and they might not, you know, when they read and pick books, and think that they're developing their practice, because this is something that is across the board for all practice, they might not think about going to that kind of training. So yeah, encouraging training as a registered therapist, and then I think the universities, I do think have a responsibility and a duty to update what they teach to include some systemic cultural ideas that go beyond the individual and the family, and the individual psychology. A lot of people have explored working with different cultures, being from a different culture. There's a lot that could be included from other fields. Yeah, so the university, BADth and maybe the journal, could at some point, like an issue, have a special issue on culture. Yeah, and I guess for that, well it's the decision making, the people who are making the decisions now. I don't know from afar what happened to BADth in the last years. It seems like there's been a lot of chaos and changes, so I don't know if the structure of where that power lies right now, would have to change long term or what that would look like if students should be voiced in for certain things or practising members who are not in the BADth committee should be voiced in for certain matters. And, you know, I have a friend who's a Black Dramatherapist, who just today shared a poem, because it's a poetry day and it's Black Lives Matter month. And you know, in her poem, she's like, let us write what we'll do during Black Lives Matter. And, you know, maybe there would be something about that, like, let's gather all the people who are Black, Asian or maybe International, like I don't know what would be included in non-white or non-British, I'm not sure what the category would be non-white British, non-European, I don't know. It would be interesting to get some questions about training and bringing culture. What do the Dramatherapists in the field, who may be more aware and have more experience and more knowledge about these things, have to say, because in my experience, like, every time I've had an experience with my friend, my Dramatherapist friend who's Black, you know, we were the ones who were most aware of the cultural discrepancies in our course that other people didn't necessarily notice or think about. So I think that's, you know, I don't want to say she's a spokesperson for how any minority might feel in the group, but she kind of, you know, we, I do remember attending a study when I was in the BADth, the equality diversity subcommittee that was on BME experience in university. The speech and language school, Central university and it was the very common experience that Black students felt unheard and felt discriminated against, not included. So I think that could also be a group to reach out to in terms of a group to hear from, you know, what would that look like? If you guys could make the course on culture, what would you want in there? And I'm sure that, you know, like, some of the things that I have been feeling is, you know, let's get authors that are not White. Let's study different psychologies. Like there's a whole psychotherapy field from Japan, from Thailand, from Africa, there are like tons of different approaches. So like, yeah, you know, maybe that could also be the different voices heard that are not in the committee, not in the decision-making hands right now.

Linda: In terms of the training, when you look at the lecturers or the programme leaders, it's not very culturally diverse, do you think that makes a difference, or has an impact?

Participant: I do think that the number of students who could be drawn to Dramatherapy, there could be more diversity if the programme leaders are more diverse, because I think that's true for any programme, you know, to identify and to know that it's not going to be just a certain way and homogeneous in that way. I think it impacts because they also might have an influence from their history that influences the development of how they teach and what they choose to teach. We all carry our own history, and yeah, sometimes that impacts the sensibility to certain things, or certain experiences, what they value or what do they think is most important to focus on.

Linda: Thank you. And the last question, is there anything else you would like to say on this topic?

Participant: I think I said a lot. Got me going. Good questions. Really great question. So thought-provoking.

Linda: Yep. And I think that's just it for me, this journey of mine into cultural competency. When I read the Intercultural Good Practice Guideline, I thought, wow, it really has a lot in there. It's just the implementation and getting it known to all the Dramatherapists, especially the ones undertaking their training. There are things that are already out there and, as you said, it's not about going to create something new. I think even with this research I'm looking at, it's not even trying to create something new. It's taking what's already out there and looking at how it can be implemented and put into action, into practice.

Participant: Yes, yes, absolutely and how are people using it. It's such a good question. It's like, that would be so rich to know how Dramatherapists are instilling cultural competency, are they? And if not, why not? I feel like maybe that document is just kind of sleeping there and maybe some are using it, but yeah, that would be a great conversation to have at some point with BADth, inviting whoever wants to respond to that. Yeah, to share somehow.

Linda: Thank you so much for your time.

Participant: Thank you and I hope that with your research, you know, that it brings those… it's actually like a bridge, you know, to open those conversations. So, I really hope that those that you want will be able to look at that and apply that because as you say, it's bringing that step forward. Amazing, very brave. It's really great that you're doing this, so I wish you all the best and is it possible to be updated by the outcome of your research at the end.

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Codes:

Relevant phased or statement that addressed the question was highlighted in red and rearranged below as a code.

It was a theme in my IS when I did my masters so that whole year and a half of preparation for that final IS included cultural competency at the core

For me, it's these three points of self-awareness of my own culture, and awareness of the other culture, the other person who's in front of me who I'm working with, and then the third is having skills in adapting my approach to meet the person where they are

Maybe it's the Dramatherapy aspect that changes in the approach, or maybe it's how we speak about certain things, or maybe it's just how we think about certain things, what enters the room

There wasn't much initiated or raised about the topic during the course.

My theme was encouraged when I'd raised it for my IS, but outside of conversations related to that, we never learned about it. It wasn't something we were taught.

We were invited to be self-aware of many things, but not our culture, not others' culture, not each other's culture. We had different cultures in the room and we never acknowledged or explored that.

The research from my IS, I gathered, is that Dramatherapy is very much outgrown from humanistic and other earlier psychotherapies, which are very individual-based and that don't look at the system.

Perhaps that's a shortcoming that Dramatherapy did not, in my experience, in the training develop on because of what they inherited, and then just took that maybe for granted of what they thought should be covered, because maybe that's more the traditional types of things that are covered in some of those psychotherapies. That's my hypothesis.

There had been conversations about this for a long time. Like years, like before I joined, I think, maybe even a decade, you know. Workshops were tried to start bringing information together. The ideas were that we all felt that this was a lack in our field, in our profession, and that it's not that people didn't want to use those things, it's just they didn't know how. That's where we felt it was really important to have something concrete that we needed to finalise, put it to action and put it together that's accessible.

We don't need to reinvent the wheel, the ideas, let's look at what everybody else is doing. Yeah. So we researched a lot of different associations and their ethical practices and compared and contrasted and added things in relation to our field and, yeah, ideas were to show how important this is globally, you know, to be part of this global conversation that we're an intercultural world.

We all felt very strongly that we really needed to conclude and put together and so we were, like, very task-oriented and the idea was just to have something that's accessible, that is really important.

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That is such a good question because I have no idea to be very honest with you, because I left the subcommittee when I moved country in 2016

I remember still being in the conversations but then it was kind of tried at a conference, I think, yeah. Then there was feedback on that, they discussed and then I think with time, then I just kind of moved out of the subcommittee and left because I couldn't meet physically.

I couldn't really catch up on the conversations that had been, so I kind of stepped down after a while because I was too far, and it just was too complicated. Then I lost touch.

What has been shared, in my experience, is only in emails. I think in the prompt things like that newsletter, it was written there maybe once or twice when it came out, but after that never.

We were also part of the NADTA (North America Drama Therapy Association) with their guidelines, because we were going through the same process, and they published it in a journal.

I think, discussions with them after the guidelines but then also I don't know what happened after that. I don't know if those conversations continued.

We didn't involve the trainee subcommittee.

I think the way that we organise this is let's give it to Dramatherapists, you know, for the people themselves to then take it respectively. I think our idea was let each person take the responsibility to bring it forward.

I don't know if other conversations were had with the training. I think it was tried, but it's so far now, I can't fully be sure about that.

That's really interesting that you say that, because yeah, when you also ask, like, what's my experience with cultural competency, I left that whole piece out of just mentioning, 'oh yeah, I was part of the Interculture Good Practice Guidelines'.

What you're saying makes me think about the importance of potentially having a conversation between the equality diversity subcommittee and the training subcommittee as an initial part, because then it's not in the university, it's maybe more personal.

It's more like, as you were saying earlier, like, hey, how about exploring this, what these mean to you, what these look like and see what's the feasibility of bringing them forward, because, of course, the recommendations are in the hope that they are developed in the university because that's where the initial experience of the ideas of cultural competency is born.

Yes, yes, because it's vital and it's such an issue at the systemic level in a way that a lot of people are not aware of, that could be harnessing more harm, even though they would have the best intention.

It's a very deep process of self-exploration, like recognising where the biases and the loopholes and is a lifelong learning but as you say earlier the better because it does take so much time and so much digging and truth with oneself to look at those topics yeah, in full honesty.

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Sometimes I like to compare what different people do, you know, wherever people are, whatever they do, what's some of the good practices. Something that I like about the NADTA for their registered Dramatherapists, it says they must do 30 hours of training within two years to maintain their registration as a registered Dramatherapist.

They don't say what kind of training but I find that that's a good start in making sure that people continue to develop their practice.

I would find that very interesting if BADth would also, for fully registered members, you know, have a kind of training requirement, which would then be in conversation with the training.

I think, yeah, there could be something about the BADth encouraging individual members and their own professional development.

I think the universities, I do think have a responsibility and a duty to update what they teach to include some systemic cultural ideas that go beyond the individual and the family, and the individual psychology. A lot of people have explored working with different cultures, being from a different culture. There's a lot that could be included from other fields.

I don't know from afar what happened to BADth in the last years. It seems like there's been a lot of chaos and changes, so I don't know if the structure of where that power lies right now, would have to change long term or what that would look like if students should be voiced in for certain things or practising members who are not in the BADth committee should be voiced in for certain matters.

I do think that the number of students who could be drawn to Dramatherapy, there could be more diversity if the programme leaders are more diverse, because I think that's true for any programme, you know, to identify and to know that it's not going to be just a certain way and homogeneous in that way.

I think it impacts because they also might have an influence from their history that influences the development of how they teach and what they choose to teach.

We all carry our own history, and yeah, sometimes that impacts the sensibility to certain things, or certain experiences, what they value or what do they think is most important to focus on.

Yes, yes, absolutely and how are people using it.

That would be so rich to know how Dramatherapists are instilling cultural competency, are they? And if not, why not?

 I feel like maybe that document is just kind of sleeping there and maybe some are using it, but yeah, that would be a great conversation to have at some point with BADth, inviting whoever wants to respond to that. Yeah, to share somehow.

Focus Group 1:

Linda: What year did you finish your training?

PARTICIPANT 1: 2017

PARTICIPANT 2: Same, I trained with participant 1.

Linda: What does cultural competency mean to you as a Dramatherapist?

PARTICIPANT 1: I have a lot of issues with the term to begin with. It shouldn't be a competency; it shouldn't be a tick off in terms of how we relate to people. I think, in terms of our work as Dramatherapists, we need to be curious about the people that we work with and understand that they come with their own individual identity. They don't fit into sort of collective homogenous groups, which I think a lot of therapy trainings, think about in terms of therapy in general. It's very medical model in addressing issues of people. Cultural competency in Dramatherapy, I don't think I can answer it, because it wasn't anything that came up, it didn't come up in the training. So, all of my knowledge of working with others has been my own experiences and my interest in looking at racial inequalities and mental health, but it isn't something that the training spoke to.

PARTICIPANT 2: For me, cultural competency is awareness. It's awareness of self, and awareness of others; it's a passion as well. I think, if we want to work as Dramatherapists, then there needs to be a passion for working with people and if you have that, then it should be all types of people. There shouldn't be a, okay, that particular group or that particular group, it's awareness of our unconscious bias and how we feel, our understanding of different groups, but also wanting to educate ourselves, wanting to learn and wanting to grow with diverse people, colleagues, as well as our clients. In our training, I don't remember focusing on it at all. I feel that, Participant 1, 'what you were working on, you are very much in the present with blackness and the Black identity and I was not'. I was very behind and I was so conditioned that I didn't even think that it was an issue at that time, because I was just doing what I was supposed to do and I wanted to do the best I could. I wanted to please the White tutors, you know, and do what I had to do to get through the course. So, at that time, I didn't even think that it was a problem until after I trained and I was thinking 'well, I don't know anything about that' or 'why wasn't I focused on this or what I look like or different types of ethnicities, you know, cultures'. Then I read the BADth Intercultural Guideline and I was just thinking that this was all left out in the training. I had to learn a lot for myself, but after I've trained.

PARTICIPANT 1: Just going back to what you were saying (Participant 2), I remember us having some sessions, maybe one, working with refugee communities, but that was the only

difference of working with the 'other'. That's almost what it felt like and I don't really remember much of that, but yeah.

Linda: Thank you very much. I feel like you guys have answered the second question, which is how do you feel your training embedded this concept of cultural competency within the programme?

PARTICIPANT 1: Didn't

PARTICIPANT 2: Didn't

Linda: Moving on to the next question. What type of change do you think is needed to further embed the concept of cultural competency within Dramatherapy training?

PARTICIPANT 1: I think the first step is recognising the roots of Dramatherapy, acknowledging how Dramatherapy developed, what client base it was originally developed for, what roots it was originally drawn on. Because, you know, we talk about rituals, and rituals are like, worldwide, they're big, they're global, every community, every country, every kind of community really has their own rituals. We draw a lot on different practices without explicitly saying where these practices have come from and I think first acknowledging that is a huge start to then being able to develop as individual Dramatherapists.

PARTICIPANT 2: I agree, and with that comes the roots of people and we all know where people originated from. If we can't even look at that and say, well, we are originally from Africa and if we can't acknowledge that, then how do we move forward? So it is about roots for me as well and it's about learning and hanging up the hat and saying, actually, yeah, I don't have to have the power. Let's give it to someone else that probably wouldn't have that opportunity and just being open and honest and saying, actually, yeah, I do feel uncomfortable as a White academic tutor discussing this, but I'm willing to go through that and just get a grip and do it. Like, yeah, have the conversation, start those dialogues.

PARTICIPANT 1: And I think, what does Dramatherapy a disservice is the way that it positions itself as it's not a medical therapy. So, you can kind of skirt around the medical racism because you know, we're not, we don't ascribe to that. But then, if we look at art and artists and how that has developed, I think the Dramatherapy community needs to be much more aware of what practices it's taking. You know, just because it doesn't maybe fit into this medical model of medical racism, even though we then go out and work with different communities and in services that do ascribe to the medical model, I think it's just being aware of the roots and the damage that it can do or has done at being a practice on its own.

Linda: And the next question is, how culturally diverse was your university?

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PARTICIPANT 1: It wasn't, I didn't think it was particularly diverse.

PARTICIPANT 2: For me, it's weird, because I'm so used to it that I guess it probably seemed diverse to me, because I'm so used to it, and like, the odd person of a different race is diverse to me. But in reality, it's not.

PARTICIPANT 1: It was a massive culture shock coming from my hometown, to then realising that I am one of a very few non-White faces here, not even just in the university, because I was working there too. So even like, when I was going to work, just walking through the town centre, I was very aware of my difference.

Linda: Do you think this had an impact on you, as a student, a person and what was the impact?

PARTICIPANT 1: It had an impact. I trained 2015 to 2017 but I did my undergraduate 2012 so I was there for five years. I had experienced so much microaggression because I experienced so much blatant racist comments that were a joke. And if you took offence to it, then you were being sensitive, so I just had that constantly. Where I was coming from, that wasn't even a thing, like I never experienced that. I didn't wake up every day realising I was Black, and I'm like a Black woman as well. It was just bizarre. And then 2016 was Brexit and that was just, I don't know, just crazy. It was just the worst period and 2016 was Brexit, right? I think it was also Black Lives Matter, it was when all those Black men were being killed and I was just here like, nothing is being spoken about it in the training. I'm talking to all my friends, I come to university and, it's like, just another day. It's just this weird bubble on its own. I don't even remember the question, sorry.

Linda: The impact?

PARTICIPANT 1: Negative, terrible and I hated it. I even considered, for the last year of the training, to move back home. That's how bad it was; I was going to move back home and just come back to university every Monday. I was like, 'why am I putting myself through this just to get a Masters?'

PARTICIPANT 2: The sad part is that being from the Midlands, is that I guess what you experienced is always how it's been for me. Where I was at that time, is, I started to challenge things but it was still an experience where I, I just thought that was life and accepted it. I was still aware I was Black. Well, it probably wasn't the same awareness as Participant 1 because of coming from such a diverse community but it was still, if I go into a White space, I'm still very much okay. I'm the only Black person and there's still that, but it's more, I'm just, I was so used to it. I did struggle, but I didn't have anyone really to speak to, so I just accepted it. Sadly, I accepted the oppression and I had to deal with it, but clearly I didn't deal with it because you shouldn't, you shouldn't have to suppress that, but that's

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what I was doing and it was difficult. I had an experience with a nurse at the university. I developed lupus in the first year in the first couple of months of the training, so my focus was just staying alive and getting through the course, so that's why I think I couldn't challenge more. I probably would have seen me as being Black more if that wouldn't have happened, I think, but that was my sole focus. When I had my first support plan put in place, the nurse, the White nurse, when I said I have lupus, she kind of made it seem like, oh well, of course you do, you're Black. So it was like, even though it says that a lot of those from ethnic minorities may get autoimmune conditions or be more vulnerable to them, well, I don't think I've met another Black person with it, even though that's what statistics say. But for her to say that and I literally, I didn't do anything about it. I was just like, that taken back and shocked and appalled but I still didn't do anything about it. It's just interesting to me, because the leaflets she was giving me they're all White people on it and, it was like, hey, you just said that to me and the statistics say this, but we are not on the leaflets, where are we? So yeah, what was the question again? The impact. It was, yeah, it was challenging. But I was in that condition that I just accepted. I didn't feel like I had an outlet at the university. If they had that, well, we would feel more comfortable to bring these things, but the sad part is I didn't even see it as a thing to bring because I just accepted it as the norm, which is very sad.

Linda: There has been a lot of research concerning ethnic minority students struggling to fit into the university environment. One of the main focuses was the feeling of not belonging. What's your thoughts on this? And what has your experience been like?

PARTICIPANT 1: I think, in general, so far, I find it really hard because I don't think I really fit into the university life. Because one, where our campus was, we weren't at the main campus. We were somewhere else. And then, because of my experiences, I didn't want to join any societies. I didn't want to get involved because I knew what I was walking into. So even if I did want to join different societies, or you know, whatever, I was looking at the society and saying, I don't see anyone there like me, I know what is going to happen if I go there, I don't want to put myself through that, so I actively just avoided joining anything, getting really involved.

Linda: (To Participant 1)- Was it like that for your undergraduate?

PARTICIPANT 1: Yeah. So, my undergraduate was when I tried, within the fresher's week that two weeks was just like, oh, okay, yeah, I don't want to be involved in this. And then because we were so far away anyway, it was like, there was no point, I rarely was at the main campus. I think if the course was stationed at the main campus where all the activity was, maybe I'd be slightly more involved. But one I am Black, so that's already a difference. Two, I'm doing a course that barely anybody knows, so that's another difference and three,

we're not even with the main activity, so it's like, what's the point? I just did my studies and prayed to come back home.

PARTICIPANT 2: I really wish that you wouldn't have had that experience. Well, I know that we have these things for a reason and we are who we are now because of them. My undergraduate was, I think, that's the first time I experienced more diversity for my undergraduate. I was more integrated for my undergraduate because I felt like I could be. And again, I was just conditioned still, and very much wanting to fit in, but there are people that look like me as well to fit in with. So there was that but then the Masters was different because I actually lived by university during my undergraduate, whereas for the MA for Dramatherapy, I was travelling every Monday, so I wasn't in the community. And so I literally did what I had to do on the Monday and then left. Yeah. And that's what everybody did.

PARTICIPANT 1: I was the only one that actually lived, like, lived by the university. Everybody else travelled in on that one day and then left, so then my university community disappeared. Then, I was then trying to just survive and like go to work and placement and, you know, therapy and all of that. So it just, yeah it was lonely. Now I think about it, because I was even living by myself as well and I was just in the mindset similar to Participant 2, survival, I just need to get through these two years and then I can get back to my safe space.

PARTICIPANT 2: Even though most were travelling besides Participant 1, for me, it was still a very big bubble I was in. I was in a bubble at the university, but then I'd go home to being in a bubble, I don't know, it just showed all the cracks in life and what probably doesn't work and what does work and it was still a very lonely period, in the sense of no-one understood what I was doing. The people around me didn't really take an interest and if I was to learn and grow, oh, 'here she comes back with a therapy speech and she thinks she's a therapist now', so it was quite lonely.

PARTICIPANT 1: It was definitely survival, getting through.

PARTICIPANT 2: The university didn't do anything to try and integrate us. We were quite blessed with the group we had, I feel like we got on quite well. I don't know, we just got on well, but I don't, I don't feel like there was anything that was facilitated by the university to integrate us in any other way.

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PARTICIPANT 1: I think, even in the building, we were still the outcast. We were the weird, the weird group that would make noise or, you know, run around, or, yeah, we'll do stuff. And, I'm thinking, well, there's other courses that are here as well and the comments that we're getting from the students is really disrespectful. So then I'm thinking, well, one of the course leaders or tutors then should say to other courses about what we do in the building, or why we're there or whatever. So yeah, it just always felt like we were, like, on the edge and fighting to be there, taking up space. It's like a double-edged sword, because we're trying to take up space as a Black people, and then you're trying to take up space in the type of course that you're in as well.

Linda: Yeah, you just answered the next question, which is, what did you think the universities did to address these issues?

PARTICIPANT 2: I don't think they saw it as anything. Their eyes weren't open.

PARTICIPANT 1: Nothing.

Linda: Who do you feel holds the power to push forward cultural shifts, within programmes and the university itself?

PARTICIPANT 1: I think the students hold the collective power, but it has to be spearheaded with their lecturers, and the course leads backing them. And then on top of that, I don't know who the head is – the leader of arts therapies, the dean or whatever, but it shouldn't be a trickle-down effect. I think it's a collective approach. So everybody.

PARTICIPANT 2: I feel the same, in the sense of, with the work we do with clients, everyone has a duty of care. So, everyone is responsible for safeguarding adults and children, everyone has to do that, they have to protect clients. For me, it works the same way in reference to this as well, in the sense that everyone needs to work together to apply and employ these changes.

PARTICIPANT 1: And I think you can even go higher up because these courses are accredited by HCPC. Well, does HCPC think that these courses are suitable in working with others and working with difference. And is it because that's what they have put on their guidelines that this is what they are teaching, but actually, is the course actually doing that. Is it actually, you know, making an effort to look at difference or incorporate difference, but I don't know, I don't think it does and so is the fault at the university or with HCPC.

PARTICIPANT 2:Yeah, and is it that whole thing, here's a report or here's a policy about equality and diversity, but it's a tick box thing. So it's like, oh, we have this and if we're audited, it's there, but we don't, it's not really something we look at in depth.

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PARTICIPANT 1: I think I even saw, when I was doing my research, I found a questionnaire that had been done on the course from previous years, around student satisfaction. I remember reading that there was a complaint actually, because the Black minority ethnic, even I don't like using that term, the students that were non-White, were so few that they were actually identifiable in their answers. They were also frustrated by that, because you could identify them. There's one or two of us on the course, we're going to be easily identifiable if we did a student satisfaction survey. Yeah, so it's not anonymous. Even the way that these questionnaires or things are created, it's created for this blank White person who can just fit into a box and be non-identifiable.

PARTICIPANT 2: I feel like these words - inclusion, belonging, diversity and equality - people have them there, because it's part of the Equality Act 2010, but they don't actually know what they mean. Like, they don't know what racism is, they think racism is direct words only, like if you call someone a Black something. Oh, yeah, that's racism, but they don't get the microaggressions part. They don't understand that it's how you look at someone or stereotype. People don't get the meaning and the fact that you know, that it doesn't exist and all that, you know, institutionalised racism doesn't exist because they don't get what they are. Until people actually know what they mean, it cannot change.

PARTICIPANT 1: It was created to be weaved in, it's gonna take time, you know, you pick up one end and then the string just keeps going. And going and going.

PARTICIPANT 2: Yeah, 100%. And if we can't have acknowledgment of that, or recognise it, then we can't move forward. There are small changes, and we need to recognise them. But for the big changes to happen, it's, it's, yeah, it's gonna take time.

PARTICIPANT 1: Think about how many centuries it took to get to this point and how everything is so ingrained, to now. We have to undo all of that, unpick all of that work. It's gonna take generations, I think.

PARTICIPANT 2: I agree. But it will be nice to have recognition and someone to see that, like an academic tutor.

PARTICIPANT 1: It means giving up power. It's not a cost, If I recognise that it means I have to give up power.

PARTICIPANT 2: Well give it up then.

PARTICIPANT 1: Exactly. That's why, I'm like, abolish everything, tear it down.

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Linda: Is there anything else you would like to say on the subject?

PARTICIPANT 1: I find it so interesting how they think you are always making it about race or how you are always talking about race, and it's like your ancestors built everything on the fact that we are going to be racially identified. They have built everything based on the fact that we are Black, and not White. But now that I recognise that, it seems to them that it's always about race. It is about race because it always has been. But I think until White people as a collective understand what whiteness and racialized whiteness is, it will. Yeah. Which is why I'm saying it's going to take a good few generations. Yeah.

PARTICIPANT 2: I was gonna say, I know that being Black is the reason why I haven't got certain jobs. But I won't shy away from my ethos, and what I want to work with just to suit White people, I won't do it. I have an interview coming up, which will be interesting because where it's based is more diverse than where I am now. But that doesn't mean that just because they have Black students, that they want a Black manager. So what I'm going to bring in this presentation that I've got to do for them, and I'm not going to not do it, and if I don't get the job, that's their loss at the end of the day, but I'm gonna see how that dynamic is because I have a feeling that all the people who will interview me, as per usual, will be White.

PARTICIPANT 1: It's the same here, the majority of the school children are Black, all the staff are White and there are so many issues that they don't understand.

PARTICIPANT 2: Yeah, and if I did somehow get this job, because I know I'm more than capable, but if I get this job, it's how will that play out? Because I'm there for real, and I'm there to actually do the job. It says, written down, it mentions about diversity and inclusion. But what's their definition of that? People don't imagine me to be Black before they meet me. I don't know about you guys, but I'm perceived as White on the phone until they meet me, and it's, you can see that they're not expecting it. So it is difficult, but it's one of them things that I'm not gonna hide myself from them. And that's that.

PARTICIPANT 1: Mine is slightly more interesting, because on the phone, I don't know, maybe they might think that I'm not Black, but my name gives it away. My name is something different anyway. So, not many people that's white with that name, but I've had parents google me on LinkedIn, but I have LinkedIn premium account so I can see they looked at me using a private account.

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Linda: As a Black person in terms of your practice now, do you think you have reached a stage where you feel comfortable being a Black practitioner?

PARTICIPANT 1: I work in the NHS. Yes, I'm comfortable. It doesn't bother me anymore, because I work in a service that is built on institutional racism. So it as much as we try to do things make changes. You know, we're working in South London, so we have a huge Black community, latin-speaking community. Small changes are okay, it's the bigger changes that we get the barriers against.

PARTICIPANT 2: I'm not comfortable. I just want to work with people that look like me and even clients because I haven't yet. All my clients have been White and my questions are always where are black clients? but then it's like, do I have the energy to keep asking that question and now I'm taking things into my own hands and I'm starting private practice. It's going to be a remote practice to begin with, because I feel like the times we are in, but also there's no reason why I can't do remote and eventually face to face and remote. But that's where I'm heading, I will have the power of who I work with. I'm aware it will come with its challenges. I know that I'm not going to be amazing overnight and have all these clients, but at least I can try. I can find communities that actually need the help and support because it's hard. There's the children and families in need that look like us, but I'm not getting any referrals, so it's really tricky.

PARTICIPANT 1: And that's what I'd like to do. Like, once I get this training done, I would like to offer low fees or even free sessions to Black communities because that's where the passion is.

Linda: Very last question. What would you say to a Black person who is starting their Dramatherapy training? What advice would you give them?

PARTICIPANT 1: Create a support network outside of the university. Reach out to other Black Dramatherapists who are qualified to get mentorship time, and support, because it's going to be needed. The changes aren't going to happen within your two years, or however long the course is and for when you feel like giving up or things, that's when you then reach out to that community. That's like, the only thing I can think of that maybe was missing for me and, you know, it was lonely for me because I didn't know any other Black Dramatherapists.

PARTICIPANT 2: Join BADth as a student and then explore the subcommittees, especially in the Conference, because I feel like we can offer that space where these issues can be spoken about in a safe space.

Linda: Okay, one more. How could the university make you more comfortable? How could the training make you, as a Black person, a little bit more comfortable?

PARTICIPANT 2: Wow, I think that's a really big question.

PARTICIPANT 1: It's gonna be different for everybody. Like, what is gonna make me comfortable might not be the same for you. Yeah, and I think it's acknowledging that we're not a homogenous group, just because I'm Black. They have to look at us as an individual and focus on that. I think just acknowledging that to begin with, and actually listening and taking an interest in being curious. Yeah, and responding without defences. We're therapists, we know what defences are and yet, somehow, we still get caught up into it. It's just ridiculous.

PARTICIPANT 2: There are several books, but probably not enough, that talk about the lack of cultural competency and Black issues in counselling, and not necessarily Dramatherapy, but therapy and the questions that the White trainees have and how they feel about the Black dynamic. They have the questions, but no one's doing anything about it. The academic tutors need to look at themselves and who they are as White people, White scholars and their power and privilege and then they need to start looking at us and just see us, and acknowledge the fact that we exist, and no, we don't exist as one person with the same thoughts, feelings, views, experiences, but they see that we're Black and that they engage with that and start engaging with that process.

Participant 1: Look at the text that they are reading, or the texts that they are recommending, you know, where's the diversity? There are two Black students or two non-White students every year. What are they writing about? Where are they writing? Why is it not there for us to read? Where are we?

Participant 2: There's so many books that are by Black authors that are not included. I found them on my own, when I qualified.

Participant 1: The tools and resources we are encouraged to buy and the cards we use, do they all have White faces on them? Why aren't they diverse? None of that was spoken to us, none of that was told to us. It was, oh yeah, there's these therapy cards, or everything's just gonna be, you know, in the metaphor, so we're only going to use animals. It's like, well, what if this person doesn't want to use an animal? What if they want to draw something slightly more realistic? Okay, we're staying in the metaphor, but you know what they want to use - dolls, human dolls. Like, why is it only a certain, you know, we need to diversify our resources and our stories, the stories that we're using. Why is everything Greek mythology and folklore and Eurocentric? What about other stories?

Participant 2: I see it as an opportunity for me to create more. However, how that's utilised is another thing, but I just see it as opportunity for myself to grow and to develop potential stories and materials that can be used and it's someone Black that's created them.

Participant 1: I think what would be good would be a project on looking at world stories, global stories with a few Dramatherapists incorporated that can offer this because what we don't want to run the risk of then is White training institutions going out and just cherry-picking an African story. Actually the meaning that they have, and I've used the continent Africa purposefully, the meaning that they might have to that community might actually, you know, it might not be a nice fairytale, it might actually be something quite dark and they don't touch that. Yeah, so appropriate stories. It needs to be a collective project. I think we have enough Dramatherapists globally now to be able to create something specifically for the training. But then, who's gonna lead on that? Where's the funding to come from etc? Where's the time? I think that would be really invaluable.

Codes:

Relevant phased or statement that addressed the question was highlighted in red and rearranged below as a code.

PARTICIPANT 1

I have a lot of issues with the term to begin with. It shouldn't be a competency; it shouldn't be a tick off in terms of how we relate to people

 In terms of our work as Dramatherapists, we need to be curious about the people that we work with and understand that they come with their own individual identity. They don't fit into sort of collective homogenous groups

Cultural competency in Dramatherapy, I don't think I can answer it, because it wasn't anything that came up, it didn't come up in the training.

PARTICIPANT 2:

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For me, cultural competency is awareness. It's awareness of self, and awareness of others; it's a passion as well. I think, if we want to work as Dramatherapists, then there needs to be a passion for working with people and if you have that, then it should be all types of people.

It's awareness of our unconscious bias and how we feel, our understanding of different groups, but also wanting to educate ourselves, wanting to learn and wanting to grow with diverse people, colleagues, as well as our clients. In our training, I don't remember focusing on it at all.

I read the BADth Intercultural Guideline and I was just thinking that this was all left out in the training. I had to learn a lot for myself, but after I've trained.

PARTICIPANT 1

Didn't

PARTICIPANT 2

Didn't

PARTICIPANT 1

I think the first step is recognising the roots of Dramatherapy, acknowledging how Dramatherapy developed, what client base it was originally developed for, what roots it was originally drawn on.

We draw a lot on different practices without explicitly saying where these practices have come from and I think first acknowledging that is a huge start to then being able to develop as individual Dramatherapists.

PARTICIPANT 2

I agree, and with that comes the roots of people and we all know where people originated from. If we can't even look at that and say, well, we are originally from Africa and if we can't acknowledge that, then how do we move forward?

It's about learning and hanging up the hat and saying, actually, yeah, I don't have to have the power. Let's give it to someone else that probably wouldn't have that opportunity and just being open and honest and saying, actually, yeah, I do feel uncomfortable as a White academic tutor discussing this

PARTICIPANT 1

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And I think, what does Dramatherapy a disservice is the way that it positions itself as it's not a medical therapy. So, you can kind of skirt around the medical racism because you know, we're not, we don't ascribe to that. But then, if we look at art and artists and how that has developed, I think the Dramatherapy community needs to be much more aware of what practices it's taking.

Just because it doesn't maybe fit into this medical model of medical racism, even though we then go out and work with different communities and in services that do ascribe to the medical model, I think it's just being aware of the roots and the damage that it can do or has done at being a practice on its own.

PARTICIPANT 1

It wasn't, I didn't think it was particularly diverse.

PARTICIPANT 2

I'm so used to it that I guess it probably seemed diverse to me, because I'm so used to it, and like, the odd person of a different race is diverse to me. But in reality, it's not.

PARTICIPANT 1

It was a massive culture shock coming from my hometown, to then realising that I am one of a very few non-White faces here

PARTICIPANT 1

I had experienced so much microaggression because I experienced so much blatant racist comments that were a joke. And if you took offence to it, then you were being sensitive, so I just had that constantly

It was just the worst period and 2016 was Brexit, right? I think it was also Black Lives Matter, it was when all those Black men were being killed and I was just here like, nothing is being spoken about it in the training. I'm talking to all my friends, I come to university and, it's like, just another day. It's just this weird bubble on its own.

PARTICIPANT 1

Negative, terrible and I hated it. I even considered, for the last year of the training, to move back home. That's how bad it was; I was going to move back home and just come back to university every Monday. I was like, 'why am I putting myself through this just to get a Masters?'

PARTICIPANT 2

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The sad part is that being from the Midlands, is that I guess what you experienced is always how it's been for me.

I did struggle, but I didn't have anyone really to speak to, so I just accepted it. Sadly, I accepted the oppression and I had to deal with it, but clearly I didn't deal with it because you shouldn't, you shouldn't have to suppress that, but that's what I was doing and it was difficult.

It was challenging. But I was in that condition that I just accepted. I didn't feel like I had an outlet at the university. If they had that, well, we would feel more comfortable to bring these things, but the sad part is I didn't even see it as a thing to bring because I just accepted it as the norm, which is very sad.

PARTICIPANT 1

I find it really hard because I don't think I really fit into the university life

I didn't want to join any societies. I didn't want to get involved because I knew what I was walking into. So even if I did want to join different societies, or you know, whatever, I was looking at the society and saying, I don't see anyone there like me, I know what is going to happen if I go there, I don't want to put myself through that, so I actively just avoided joining anything, getting really involved.

PARTICIPANT 2

I really wish that you wouldn't have had that experience.

I was more integrated for my undergraduate because I felt like I could be. And again, I was just conditioned still, and very much wanting to fit in, but there are people that look like me as well to fit in with.

The Masters was different because I actually lived by university during my undergraduate, whereas for the MA for Dramatherapy, I was travelling every Monday, so I wasn't in the community.

PARTICIPANT 1

It was lonely. Now I think about it, because I was even living by myself as well and I was just in the mindset similar to Participant 2, survival, I just need to get through these two years and then I can get back to my safe space.

PARTICIPANT 2

It just showed all the cracks in life and what probably doesn't work and what does work and it was still a very lonely period, in the sense of no-one understood what I was doing.

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I don't think they saw it as anything. Their eyes weren't open.

PARTICIPANT 1: Nothing.

PARTICIPANT 1

I think the students hold the collective power, but it has to be spearheaded with their lecturers, and the course leads backing them.

It shouldn't be a trickle-down effect. I think it's a collective approach. So everybody.

PARTICIPANT 2

I feel the same, in the sense of, with the work we do with clients, everyone has a duty of care. So, everyone is responsible for safeguarding adults and children, everyone has to do that, they have to protect clients. For me, it works the same way in reference to this as well, in the sense that everyone needs to work together to apply and employ these changes.

PARTICIPANT 1

I think you can even go higher up because these courses are accredited by HCPC. Well, does HCPC think that these courses are suitable in working with others and working with difference.

Is it because that's what they have put on their guidelines that this is what they are teaching, but actually, is the course actually doing that. Is it actually, you know, making an effort to look at difference or incorporate difference, but I don't know, I don't think it does and so is the fault at the university or with HCPC.

PARTICIPANT 2

Is it that whole thing, here's a report or here's a policy about equality and diversity, but it's a tick box thing. So it's like, oh, we have this and if we're audited, it's there, but we don't, it's not really something we look at in depth.

PARTICIPANT 1

I remember reading that there was a complaint actually, because the Black minority ethnic, even I don't like using that term, the students that were non-White, were so few that they were actually identifiable in their answers.

PARTICIPANT 2

I feel like these words - inclusion, belonging, diversity and equality - people have them there, because it's part of the Equality Act 2010, but they don't actually know what they mean. Like, they don't know what racism is, they think racism is direct words only

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They don't understand that it's how you look at someone or stereotype. People don't get the meaning and the fact that you know, that it doesn't exist and all that, you know, institutionalised racism doesn't exist because they don't get what they are. Until people actually know what they mean, it cannot change.

PARTICIPANT 1

It was created to be weaved in, it's gonna take time, you know, you pick up one end and then the string just keeps going. And going and going.

PARTICIPANT 2

If we can't have acknowledgment of that, or recognise it, then we can't move forward. There are small changes, and we need to recognise them. But for the big changes to happen, it's, it's, yeah, it's gonna take time.

PARTICIPANT 1

Think about how many centuries it took to get to this point and how everything is so ingrained, to now. We have to undo all of that, unpick all of that work. It's gonna take generations, I think.

PARTICIPANT 2

I agree. But it will be nice to have recognition and someone to see that, like an academic tutor.

PARTICIPANT 1

It means giving up power. It's not a cost, If I recognise that it means I have to give up power.

I find it so interesting how they think you are always making it about race or how you are always talking about race, and it's like your ancestors built everything on the fact that we are going to be racially identified.

I think until White people as a collective understand what whiteness and racialized whiteness is, it will. Yeah. Which is why I'm saying it's going to take a good few generations.

PARTICIPANT 2

I know that being Black is the reason why I haven't got certain jobs. But I won't shy away from my ethos, and what I want to work with just to suit White people, I won't do it.

PARTICIPANT 1

It's the same here, the majority of the school children are Black, all the staff are White and there are so many issues that they don't understand.

PARTICIPANT 2

People don't imagine me to be Black before they meet me. I don't know about you guys, but I'm perceived as White on the phone until they meet me, and it's, you can see that they're not expecting it.

PARTICIPANT 1

Mine is slightly more interesting, because on the phone, I don't know, maybe they might think that I'm not Black, but my name gives it away. My name is something different anyway. So, not many people that's white with that name

PARTICIPANT 1

I work in the NHS. Yes, I'm comfortable. It doesn't bother me anymore, because I work in a service that is built on institutional racism.

PARTICIPANT 2

I'm not comfortable. I just want to work with people that look like me and even clients because I haven't yet. All my clients have been White and my questions are always where are black clients?

Do I have the energy to keep asking that question and now I'm taking things into my own hands and I'm starting private practice.

PARTICIPANT 1

Create a support network outside of the university. Reach out to other Black Dramatherapists who are qualified to get mentorship time, and support, because it's going to be needed.

When you feel like giving up or things, that's when you then reach out to that community. That's like, the only thing I can think of that maybe was missing for me and, you know, it was lonely for me because I didn't know any other Black Dramatherapists.

PARTICIPANT 2

Join BADth as a student and then explore the subcommittees

PARTICIPANT 1

It's gonna be different for everybody. Like, what is gonna make me comfortable might not be the same for you.

I think it's acknowledging that we're not a homogenous group, just because I'm Black. They have to look at us as an individual and focus on that. I think just acknowledging that to begin with, and actually listening and taking an interest in being curious. Yeah, and responding without defences.

PARTICIPANT 2

There are several books, but probably not enough, that talk about the lack of cultural competency and Black issues in counselling, and not necessarily Dramatherapy.

The academic tutors need to look at themselves and who they are as White people, White scholars and their power and privilege and then they need to start looking at us and just see us, and acknowledge the fact that we exist

Participant 1

Look at the text that they are reading, or the texts that they are recommending, you know, where's the diversity?

Participant 2

There's so many books that are by Black authors that are not included. I found them on my own, when I qualified.

Participant 1

The tools and resources we are encouraged to buy and the cards we use, do they all have White faces on them? Why aren't they diverse? None of that was spoken to us, none of that was told to us.

We need to diversify our resources and our stories, the stories that we're using. Why is everything Greek mythology and folklore and Eurocentric? What about other stories?

Participant 2

I see it as an opportunity for me to create more. However, how that's utilised is another thing, but I just see it as opportunity for myself to grow and to develop potential stories and materials that can be used and it's someone Black that's created them.

Participant 1

I think what would be good would be a project on looking at world stories, global stories with a few Dramatherapists incorporated that can offer this because what we don't want to

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run the risk of then is White training institutions going out and just cherry-picking an African story.

I think we have enough Dramatherapists globally now to be able to create something specifically for the training. But then, who's gonna lead on that? Where's the funding to come from etc? Where's the time? I think that would be really invaluable.

Focus Group 2:

Linda– What does cultural competency mean to you as a Dramatherapist?

Participant 1 - For me, it means having an awareness and understanding of the many levels of difference that are present in our society, it means attending to CPD. It means looking at cultural difference in supervision, so that we do not add… as I'm a White therapist, as a White woman, I do not add to the inequality of society, either from a conscious or unconscious level. It also means that attending to that level of awareness of self in therapy, and it means also, for me, as a Dramatherapist, having access… or in my office, I work with children and adults, having access to a variety of culturally different toys that are therefore accessible, and represent in some way, potentially the life, the culture of the young person that I work with. It also, I think, is about not being afraid to ask the question, 'what is it like for you, as a person of colour or difference, to be working with a White therapist?' and so that we kind of start thinking about those power differences from the onset in Dramatherapy. That's my, off the head, first answer.

Linda: Thank you very much.

Participant 2: It's difficult to add to that. Because I think it's, yeah, very well put, and I resonate with a lot of what Participant 1 already said. For me, there's definitely something about recognising that we don't… it's that kind of position that we take as a therapist about not knowing someone's experience and learning, always learning. So, you know, if you're working with somebody from a culture that you're not familiar with, then you go away and you look at the history of the country or the, you know, so that you have a context of where things are, you know, a bit of an understanding of the kind of universal context of that country or that culture, and then, you know, not assuming that person is experienced, but holding it in mind so there's something about that. I was also thinking I'm a supervisor with my trainees, actually naming, you know, bringing culture into the space and naming things that maybe they're not ready to name. And, yeah, not being afraid to say the things that might feel uncomfortable.

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Linda: I'm gonna say the question again, what does cultural competency mean to you as a Dramatherapist? You are muted, Participant 3.

Participant 3: I was trying to cut out the background noise as well. I think, for me, it's about learning about whoever I am supposed to be involved with. It's about learning and seeing more about who they are, where they're from, and their belief system and their whole background. It's not making any assumptions and, certainly not, I would hate to think in no way I projected what I know, or what I have as baggage, as my own culture would be interpreted on to anybody else. Brilliant question, it is something that I haven't really greatly thought about because our work is very much in the moment and what is brought in that moment, not making any preconceived conceptions about anything else. I think it's something that absolutely needs to be brought forward and for us to be made more aware. I have worked opposite other cross cultural ethical systems with others, it's about understanding as well. I suppose my answer is somehow muddled, maybe I feel it as well but I would want myself to work without any preconceptions, learning more and it's also about taking in from someone else. If I was going to work, it's something I have very much thought about actually. I would love to have an international group that shared stories, where we can share fairy-tales and can share different belief systems and actually bring that in, so yeah, I feel passionate about that actually, to have an international understanding of cross-culture so that you can really work and feel competent, certainly as a Dramatherapist or as any therapist. I think it would rather be beautiful to have an international group of cross-culture 'pocket', for better word, with stories, to provide greater understanding.

Linda: Thank you very much. Moving on to the next question, how do you feel your training embedded this concept within the programmes?

Participant 2: I, yeah, I feel there's a lot of work to be done to improve the way that cultural competency is discussed and taught on the course. I feel that my own identity was the reason I pursued that area because I looked at cultural competency as part of my dissertation, but there was no support around it. I kept bringing it to supervisors, I kept bringing it to people on the course saying, I want to look at this, and they were almost like skirting around. I didn't feel like it was like 'oh, how would that work'. There was a kind of avoidance and that's what I felt. Even suggesting that was where I wanted to go. So, for example, the basics of the training, when you're learning about things like attachment, for example, or attachment is, like an important thing to learn about, but also attachment looks different in different cultures, the way that children are brought up in different cultures is going to affect their, the way that attachment is seen as healthy or unhealthy. And I think there's so many areas like that, where it's seen as, like, the building blocks for healthy and unhealthy, like, you know, actually that completely then shifts everybody to think that one approach to parenting is healthy, and one is not. I think that there could be a lot more opportunities on the course, to kind of, like, provide literature for more of an international like, there could be

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more international literature, there could be like, much more like that, there were so many moments on the course where the lecturer had opportunities to teach cultural competency as part of what was happening in the space. There were, you know, there were microaggressions that were playing out in the training and, as a trainee at the time, I thought, 'Oh my gosh, this is not okay', but I hadn't learned how to communicate that yet or to address it. I was looking to the lecturers for guidance, and none of that was ever modelled until there was a Black lecturer who facilitated a session that demonstrated cultural competency, you know, and then I was, like, oh okay, now I understand how I can, you know, take this game and turn it into something where every language is welcome. I just think there's something about that being modelled, not just like, oh let's do this workshop on cultural competency, but it's woven into every single aspect of the course. And at the moment, I think there's a lot of discussions about adding something on. It got to like my final year of the training and we had one workshop on working with difference, and that's what it was called working with difference but then what ends up happening is people talk about the differences that they feel most comfortable talking about. So it's like, okay, well, we'll talk about disability, we'll talk about gender but we won't talk about race. I just think that, you know, doing a two hour workshop on working with difference, you need space to talk about all those differences, and how those power dynamics play out and there, just yet, there's so much work to be done.

Linda: Thank you very much.

Participant 1: I would absolutely agree with Participant 2. My training was in 1991. The trainers were kind of a combination of White Europeans and so there was some awareness of a kind of difference, but it was predominantly White, all the trainees were White. We didn't specifically and explicitly address cultural competency, we worked with myths from different cultures and stories for different cultures. So, I think there was some attempt to do that in the implicit kind of way, if you like, but not in an explicit level, we really didn't do enough. Post training, I went on to then do lots of workshops, including thinking about working with cultural competency, in a kind of drama, therapeutic way, because I thought it had been missed, it did not seem to be a central question. I also think that, actually, we cannot rely on one workshop to look at cultural competency. I also don't think, as a White woman, that we cannot just rely on our Black community members and colleagues and friends and professors to do that work for us. Actually, I think, you know, we have a responsibility as the dominant culture, to address our lack and to find ways of understanding and acknowledging the role that, you know, being a privileged White person has paid and the kind of role that we've played inside however uncomfortable that might make us. I think it's part of the work that we need to do if we're going to work as a culturally competent Dramatherapist with anyone, actually, with absolutely anyone. And I really agree with what Participant 2 said about it needs to be much more integrated. It's not a separate add on thing. At some point in the training, it is an integrated way of working, we are an integrated society, we want to be integrated. Well, no, it doesn't feel like that at the moment, because it's quite awful, but we need to kind of be thinking in that way and working in that way and training in that way. I mean, I have to say, I was also trained with the Northern Trust for

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Dramatherapy, and we did address it more explicitly, but not enough, I really hold my hands up and say, we didn't do enough of it. We just didn't. I don't know what the current trainings are like, I mean, this is a historical perspective from me, but there was a lack. There was a lack.

Participant 3: I finished my training 2010. It certainly wasn't brought in any way into our training, not that I can remember. I remember doing a lot of research on using research papers that were multicultural to get a better understanding of what my dissertation was looking at but it's left up to me as an individual, which is fine, but there certainly wasn't enough. I agree totally with Participant 1. It's, you know, it should be up to others, to teach and train, it's also up to us as individuals. However, saying that as well, I also think how wonderful it would be if we could have international groups where we could say, this is about cultural competency and let's learn from each other and let's put some ideas together, what is lacking. As participant 1 rightfully said, as a privileged White woman, you know, it's about how we can learn by taking it on ourselves as well, actually taking that responsibility. So yes, I totally agree with exactly what she was saying, but certainly what participant 1 was saying about how much more we can do for ourselves, you know, in training, it just wasn't there.

Linda: Thank you. I'll move on to the next question. What type of change do you think is needed to further embed this concept of cultural competency within the training? and I use the word 'further embed', as I know that you've said it's not there.

Participant 1: It needs to be in there from the very beginning. Actually, I think it needs to be an integrated part of our training programmes. And so yes, if we're looking at attachment, if we're looking at trauma, if we're looking at play development, if we're looking at myths, if we're looking at symbols, metaphors, if we're talking about masks, actually, we have to do that from a real broad range. We have to have a much stronger overview that needs to be much more tightly woven in. The analogy that comes to mind is that we've got a woven quilt at the moment, that's very pale and it needs to be much richness in there, there's absolutely richness in there, but actually, it needs to be much more diverse, and much richer. So what that would look like for me would be cross-cultural training, thinking about medicine, symbols, metaphors, story folktales, from around the world, having a range of different trainers in with different experiences, lots of additional CPD, lots of peer support groups, lots of explicit and implicit training methodologies, bringing up cultural competency all the time, it's not an appendage, it's not added on, it's woven in from the beginning.

Linda: Thank you.

Participant 2: I think just to add on to what Participant 1 said, because I completely agree, is around workforce development and like, how you get on to the course in the first place. So, you know,

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making sure there is scholarships and other kind of opportunities that actually ensure that there is more of a diverse representation of trainees, and therefore, there's more opportunities to learn from one another on the course because actually, you know, there needs to be diversity within the training in order to kind of also draw upon and learn from one another. Similarly, in terms of recruitment, you know, you can't just have kind of one person of colour in the team, like, you know, there needs to be… that one person of colour becomes the pioneer for all things, you know. Cultural competency needs to be something where there's, you know, diversity represented within the lecturing staff so that each lecturer can bring their own lived experience, knowledge and understanding to the group as well. So there's definitely something about representation that feels important as well.

Linda:Thank you.

Participant 3: It's looking at cross culture and bringing in lecturers. I totally agree with everything that Participant 1 said, so it's there and very much integrated and interwoven, absolutely, from baseline, from the beginning. I agree with what Participant 2 was saying as well, it's about culture, you know, this country now is… I can't go on about Brexit. We have Northern Europe, Eastern European and wouldn't it be wonderful to have lectures from all over Europe, whether they're Italian or Spanish and Chinese. Every one of these nations is in this country, for us to be able to work with culture, to look at the children that we'll be working with, now and in the future, to have that competency and know where that child has come from. Let's bring child parents in and not have this arrogant attitude, assuming and making all these assumptions around our own study of parenting. It's about what is expected and has become the norm, what we can learn from other countries and what they actually bring in. It's rightfully said, an interwoven quilt at the moment that is colourless but although it has richness, but let's put some bold spreads, let's put some vibrant in it, into service, absolutely vibrant and is a representation of all those who we do work with.

Linda: You're frozen? We lost her, let's move on to the next question.

Participant 1: I do want to add a little bit to what Participant 3 was saying, that it's also about class, and it's about power. The more we live in a society where the divide is greater, then certain groups of our communities are going to be marginalised and not be able to access either the training or the service we offer. I think that's really serious, both on a kind of institutionalised level and a private practice, across the board.

Participant 2: Which I guess also ties into kind of equipping Dramatherapists for the workplace, as opposed to… just to be these kind of fairy fairy, and no that's not to undermine what we do, but I'm just thinking about all the elements of the training that get missed around actually being part of a

workforce and establishing yourself and then being able to, like develop partnerships and look at kind of meeting needs within communities. I think there's something about that in my training, it felt like it was something you'll do afterwards. And, I think a lot of them, my colleagues have been saying, well actually, I would really, it would have been really helpful to kind of understand how I could take what I've learned back to my community. It's slightly, it's kind of on a tangent, but it is, I think there's something about being able to say, okay, you've learned all of this stuff, but actually how does it work in real life, because the reality versus like, what the course teaches us the kind of, you know, the kind of, I don't know what the word is, but like the kind of the dreamiest version of Dramatherapy you could possibly be able to deliver. Then you have like the reality of the systems and then and, you know, the systemic issues that you have to navigate and that's also part of, you know, not just colluding with sometimes and challenging the systems.

Linda: Welcome back. All right, I'll move on to the next question. lt is more about your university experience. How culturally diverse was your university?

Participant 1: University prior to training as a Dramatherapist?

Linda: The University you trained as a Dramatherapist.

Participant 1: Maybe put it in the chat. I'm not sure of the question.

Linda: How culturally diverse was your university? the university you undertook your Dramatherapy training.

Participant 1: Dramatherapy?

Linda: Yes.

Participant 1: My university was 98% White, the year I was there.

Participant 3: I say, at least 85% were White, at my university.

Participant 2: I would say the same. I qualified a year and a half ago, so not much has changed in the last 10 years. And, and yeah, I'd say like, there was 15 people on my training. Two of them were people of colour, I was Jewish, and there was a lady from Poland, and then I think everybody else was kind of White English.

Linda: The next question is, what was the impact of that on you? What was the impact of being in that environment?

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Participant 1: I think the training was less rich, less integrated, less. I think it was less as a result of that, really. I mean, we had, it was European rich, but it was very White, heavy. I think that's a great shame. I think to have a more culturally integrated training, which would have enabled a richer and more acute learning experience, not that it wasn't pretty acute at times anyway to be fair.

Participant 2: My experience was that it was quite… there were quite a lot of times where I felt quite othering. And, and I'm saying that as a White woman, so I recognise that, you know, for my Black colleagues on the course, I was identifying with what they were experiencing yet at a much more acute and explicit level. So, I found that I became very concerned about the dynamics on the training, and then orientated myself to focus on it and it became a kind of a bit of a mission to address and name. But yeah, I mean, really clear examples of like, it was like a training assessment weekend and it fell over Passover. My assessment was, I was asked to stay late and miss Passover dinner, which is like missing Christmas Day and I just felt so alienated because I was like, I can't, I can't. I never missed being with my family on Passover ever in my life, and now I'm on this course that's meant to be teaching me to sit alongside people and be with different and, you know, celebrate all of that and I was advised to attend the assessment. It was just like those kinds of things where you just think wow we're really like… couldn't you have assessed me earlier in the day. You are compromising on aspects of yourself in order to sit within the course. I think there was another training assessment on Rosh Hashanah which is again I'm not particularly religious, I don't have many days of the year that I observed, but you know, that's literally so that it's things like that where you think wow, like it's not that difficult to kind of look at a calendar and think well, that's Eid or you know, let's put it a weekend where everybody can attend. I don't know, that was something that came up for me a few times because honestly attendance was such a huge thing.

Participant 3: I think I would have had a tendency to sort of say to them would you mind doing it on Christmas day for me please, but that's just me.

Participant 1: I'm so sorry you had that experience Participant 2. I'm absolutely appalled and that was what, a year and a half ago.

Participant 2: Yeah, I think if anything it is just because I had that experience it then brings to light all of the other experiences that other people are having and you kind of, you build a relationship over that and you advocate for each other and the hard work has to come from the person that feels different.

Participant 3: Can I ask which university that was?

Linda: Please don't mention the university name

Participant 1: It's because we want to get proactive Linda, we want to get political. That's why we want to know.

Linda: Alright, this session is going to end, I tried to upgrade it, I couldn't do it. So can we just switch off and then log back in again, please? Thank you.

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Linda : All right, this question I'll just read it. And it says, 'There has been a lot of research concerning ethnic minority students struggling to fit into the university environment. One of the main focuses was the feeling of not belonging. What are your thoughts on this? And what are your experiences?'

Participant 1: Well, I'm not surprised actually, that people have had that experience given the conversation that we've had today. As a White woman, originally from working class, when I came to Dramatherapy, it was the first time I ever excelled. So I really felt like I did belong because the way of working and the way of learning, I'm also dyslexic, just kind of really suited me and it kind of felt like I'd found something that was really important to me and I found an aspect of myself that in previous education and family systems have not really been honoured or celebrated. I kind of feel like I worked very hard to try and belong, and did to a certain extent, but not until I got to Dramatherapy training. I actually kind of felt, I found where I needed to be so I feel very privileged to have had that experience and it's kind of led me on to train as a child and adolescent psychotherapist and adult psychotherapist and it and it's been great. Really great and I love it, I still love it. I've been doing it for 30 years and I still absolutely love it but I'm speaking as a White woman. I'm not saying I didn't have difficulties, but I can really understand how and empathise with and it also outrages me that there are members of our Black community who may feel very and other communities that may have felt very marginalised and excluded and that's just not okay.

Participant 2: I can relate to a lot of what Participant 1 was just saying and I'm also dyslexic so there is something about the way in which the course is taught that is very different in terms of learning style and it helped me to feel like, okay, this is the aspects of me coming together and I can become this professional that can offer something with all of the different aspects of me but I think the parts of me that felt different, that part was harder to integrate and actually became more of a focus for me on the course than any other element which is interesting because like you know, why was I stuck with this part. Why was I wrestling with that part and not wrestling with my dyslexia or being a woman or you know, like what was it about this part that was … and I think that does have something to do with trying to integrate it into my own because it was something that I've rejected for so long and then in therapy I was being encouraged to kind of revisit this. As I was bringing it in, it was like it wasn't fitting so it was at a time, a crucial time where actually you're learning to revisit those child aspects of yourself that maybe you've rejected in adolescence or not had a good relationship with and then trying to integrate it and then it not fitting into the training in the same way. I don't know if I'm making much sense but it's like that part didn't fit, it didn't fit. I don't want to speak on behalf of anyone else in the course but I know that was a shared experience. That was something that other people on the course felt as well.

Linda: Thank you very much.

Participant 3: Can you repeat the question, please?

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Linda: The question is more like, there's been lots of research of ethnic minority students struggling to fit into the university environment. One of the main focus, or one of the things that they draw out is about the feeling, they feel like they don't belong. So I guess my question is, what's your thoughts on this? And what has your experience been like?

Participant 3: My course, I think it was a shared experience of what Participant 2 said, but I think of the others who had come from different cultures, about the level of understanding and it seems, I wouldn't say shutout and not even quite shutdown. It wasn't really, their experience wasn't so much able to come into the room. Personally, for my own experience, I was 25 years older than peers so my life experiences are very different to that of my peers. Like Participant 1 said, I am dyslexic, so sometimes, in that way it was difficult. I agree with what Participant 1 said because you're working creatively that was, you know, when I found Dramatherapy. It's about expressing and being creative and, for me, it was enriching and I have never looked back. It's the best thing I have ever found in my life, I love it. It's about shared experience with others and there were those in my group who didn't feel valued. Their background wasn't able to be shared within the group. I know I am not being clear with my words, but it's because I am not sure, I felt there were areas that weren't brought up. I think there were areas that weren't shared or even asked. I can count 3 or even 4 different cultures in our group and how much of that was actually shared. It wasn't brought in and it wasn't asked for.

Linda: The next question is in your view, how has the university and, I guess, you guys are talking about the programme, addressed some of these issues?

Participant 3: Did you say addressed or addressing the issues.

Linda: Addressed the issue.

Participant 3: I don't think it was. I feel it was almost like a concept. I wouldn't say it wasn't valued but it was like this isn't on the curriculum, this isn't what we teach and I don't really think it was quite thought about. I don't remember it being brought in and I think that was a great shame, that was something I felt should have been addressed on the training. I feel like the society we live in, it should almost be mandatory. They should just be there. Participant 1 said it early on that it should be woven in, part of the enriching our abilities as therapists and the experience of the training. Those of us who looked at research in other countries, where there was training in other areas, I definitely think it's missing.

Linda: Thank you.

Participant 2: So, I don't feel like I can say explicitly what hasn't happened because it wasn't specifically my story. What I can say, from my perspective, is that I'm well aware of incidences of discrimination that took place on the course that were either not followed up properly, following procedures or that they were kind of… it was stuff that was going on. On the surface, with the teaching, it was like it wasn't acknowledged or named. So this stuff was kind of let's just do this discreetly over here and I understand that if there are allegations, serious allegations being made,

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and procedures need to be followed in a sensitive way, but there was definitely a sense that there were things taking place that were, that dialogue was happening. There were like issues where people felt discriminated and that was kind of happening, but then the rest of the course wasn't changing, it just continued as normal. When I was coming to the end of my training around the time that the Black Lives Matter movement really kind of came to light in the UK, there was this shift, and it was like, you know, an email, with a position statement, and let's get together and let's talk about racism. And, we did get together across the whole training and have this space, but there were lots of people that didn't feel safe to attend. There was this outpour of anger and frustration and upset and explicit incidences where cultural competency was not met by the university. and my feeling was that it could have been the start of something really, really positive. I was leaving, and it was the start of the conversation, so I don't know where it went and I'd be really interested to know what happened to that conversation, because it felt like, from my perspective, the staff that attended really just wanted to learn and just wanted to listen. But I don't know. I don't know where it went from there and my hope is that it was the start of something. I guess it's just… it's interesting that that's when it happened and all of this stuff was probably bubbling for everybody.

Participant 1: I think my experience, it was a very small training. It wasn't held in a massive university structure so trainees brought up issues of inclusion and exclusion, actually, it was addressed straightaway. It was addressed on a training level, it was addressed on a peer level, it was addressed on a creative level. You know when I remember, we had a visiting group of students from another country, and because of the questions that they were asking about a piece of creative work that had been facilitated, the whole structure of the week was changed, so that those differences could be addressed and thought about. I also kind of think that actually we were quite… we were really challenged in our thinking about difference because we had a whole year of medical anthropology lectures, so we read enormous papers, really wordy, funny thinking back, like oh my god, they were really wordy heavy papers around medical anthropology from cultures all over the world and the professor who was of European descent would ask really pointed questions. When he realised that sometimes these articles were so wordy, we were not reading them, he would then go around the whole group. So you knew he would ask you the question and a lot of those questions were about cultural competence. They were about difference. They were about different relationships to healing in different cultures and actually, I loved that, I loved that seminar, but that was really rich. I think the other thing is that we had theory and practice seminars as well, and so in those kind of theory and practice seminars, if something emerged from you on an emotional level about exclusion, inclusion, difference, for us, it was more about gender. It was about class, it was about power dynamics and wasn't so much about race, because we didn't think about that, actually, we just didn't think about that enough. There was a real, there was a richness in that, and I'd completely forgotten about that medical anthropology series, which I absolutely loved, but also the courage of my trainers. I was blessed with fantastic, experienced trainers from different disciplines who were, who were unafraid to ask hard questions, and to respond to difficult questions being asked. So it kind of felt like a lot of the time there's a real nitty gritty, there was a willingness to kind of step into the shadow, the dark space, the power imbalance, and really, really be with it.

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Linda: Thank you very much. Next question. Who do you feel holds the power to push forward cultural shifts within the programme and the university itself?

Participant 2: All of us.

Participant 3: All of us. I have to go.

Participant 1: I have to go in a minute as well, because I've got a client coming. So my quick response to that question is we are all responsible.

Linda: Alright then, if you're going to go, one more question. What is your perspective on the issues of Black practitioners saying they don't feel comfortable? Do you feel comfortable being a White practitioner?

Participant 1: Because we're part of the dominant… No, I'm appalled. And I would not want Black professors, trainers, facilitators to feel uncomfortable. Now what contributes to that, apart from the usual imposter syndrome, nerves, you know, working class dyslexic White woman speaking in front of people about that and saying this. I mean, I don't know, maybe we all have that. I most certainly have that, but actually, when I start, I feel okay.

Linda: Thank you very much.

Participant 3: I second what Participant 1 just said, and I'd feel comfortable, but I would feel also, you know, having listened and having thought about things I would hate to feel uncomfortable. I would also hate to say anything that made anybody else feel uncomfortable.

Participant 2: Can you repeat the question for me, please?

Linda: Yes, I can. The question is what is your perspective on the issues of Black practitioners saying they don't feel comfortable? Do you feel comfortable being a White practitioner?

Participant 2: So, I guess to echo what Participant 1 said, I don't feel comfortable for many reasons in that I'm relatively newly qualified. So I've got the kind of imposter syndrome thing going on and what have you. But it's not my whiteness that I'm aware of, actually, I feel most uncomfortable when I'm working with a client, where I'm aware that there's cultural difference, and I don't know if I'm being culturally competent enough, and I'm uncomfortable in there, you know, wondering am I

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the best person to do this work. I have experience working in kind of youth offending settings where those power dynamics are even more kind of accentuated. Black young men are far more likely to be arrested than young White boys and then there's me coming in as a sort of educated White person from a middle class background, and how does that play out? And who do I represent for them? And, actually, would it be better for a Black therapist to do this piece of work? And, you know, and kind of, yeah, so that doesn't feel comfortable, because I'm aware of my part to play in the overrepresentation of White therapists but it's also a very privileged position to be in. Yeah, and I think that my Jewishness, and I know that everybody would relate to some kind of otherness, but I think that kind of shared experience of intergenerational trauma is there and I feel it. So there's some…there's something in that, that kind of helps me to understand. It's not going to give me the same experience, but it helps me… It helps me to…yeah…but again, it's not something I necessarily add or disclose it when I'm with clients. So, then there's that uncomfortableness of like, did they know that. Like, there's this, you know, this, there's something in that as well. What do you disclose? I don't want to share that so that I make myself feel comfortable, but would it make somebody else feel uncomfortable. There's that discomfort that we're always navigating, I think, and that's gonna look different, depending on who we are, and where, who we're working with, and all those sorts of things.

Linda: I think you know that disclosure is quite different. When you see me, you know I'm Black. While yours, people wouldn't know that you're Jewish. So when do we disclose that to clients?

Participant 2: Those are the kinds of conversations I wish we had, you know, on the course. When do you use disclosure?

Linda: Speaking from my own experience is very much like, we work with an invisible client. Have you ever pictured the race of that invisible client that you are being trained to work with? What colour are they? What culture are they from? What do they look like? What race am I working with? Those were all questions I think I had to explore after I finished my training.

Participant 2: Yeah. And perhaps that's also because the way that the training is mapped out, is that actually, the culture of that client isn't present. So, we're imagining this client but we're imagining their physical and mental health presentation or their behaviour or… but we're not actually imagining the cultural context. So I yeah, I think about the kind of approaches and more about pathology and, you know, okay, I'm working with this young person who's presenting with this behaviour, and we're not actually really acknowledging the family or the cultural contexts. I think there is a comfort in being White. Like, we were talking about disclosure, it's the do I disclose or do I not disclose? And I have the choice to protect myself from whether I do or rather, I don't, if I was working with a Muslim family, would I share it less or? you know, because what's, what's their

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experience of Jewish people? So all of that stuff is like, I have that privilege to decide whether I disclose or not, but it gives discomfort of how much of me is allowed.

Codes:

Relevant phased or statement that addressed the question was highlighted in red and rearranged below as a code.

Participant 1

It means having an awareness and understanding of the many levels of difference that are present in our society, it means attending to CPD. It means looking at cultural difference in supervision, so that we do not add… as I'm a White therapist, as a White woman, I do not add to the inequality of society, either from a conscious or unconscious level.

Having access to a variety of culturally different toys that are therefore accessible, and represent in some way, potentially the life, the culture of the young person that I work with.

Is about not being afraid to ask the question, 'what is it like for you, as a person of colour or difference, to be working with a White therapist?'

Participant 2

I resonate with a lot of what Participant 1 already said. For me, there's definitely something about recognising that we don't… it's that kind of position that we take as a therapist about not knowing someone's experience and learning, always learning.

If you're working with somebody from a culture that you're not familiar with, then you go away and you look at the history of the country or the, you know, so that you have a context of where things are, you know, a bit of an understanding of the kind of universal context of that country or that culture

I'm a supervisor with my trainees, actually naming, you know, bringing culture into the space and naming things that maybe they're not ready to name. And, yeah, not being afraid to say the things that might feel uncomfortable.

Participant 3

It's about learning about whoever I am supposed to be involved with. It's about learning and seeing more about who they are, where they're from, and their belief system and their whole background. It's not making any assumptions and, certainly not, I would hate to think in no way I projected what I know, or what I have as baggage, as my own culture would be interpreted on to anybody else.

I think it's something that absolutely needs to be brought forward and for us to be made more aware.

Participant 2

I feel there's a lot of work to be done to improve the way that cultural competency is discussed and taught on the course. I feel that my own identity was the reason I pursued that area because I looked at cultural competency as part of my dissertation, but there was no support around it.

I think that there could be a lot more opportunities on the course, to kind of, like, provide literature for more of an international like, there could be more international literature, there could be like, much more like that, there were so many moments on the course where the lecturer had opportunities to teach cultural competency as part of what was happening in the space.

There were microaggressions that were playing out in the training and, as a trainee at the time, I thought, 'Oh my gosh, this is not okay', but I hadn't learned how to communicate that yet or to address it. I was looking to the lecturers for guidance, and none of that was ever modelled until there was a Black lecturer who facilitated a session that demonstrated cultural competency

I just think there's something about that being modelled, not just like, oh let's do this workshop on cultural competency, but it's woven into every single aspect of the course. And at the moment, I think there's a lot of discussions about adding something on.

Participant 1

The trainers were kind of a combination of White Europeans and so there was some awareness of a kind of difference, but it was predominantly White, all the trainees were White. We didn't specifically and explicitly address cultural competency, we worked with myths from different cultures and stories for different cultures. So, I think there was some attempt to do that in the implicit kind of way

Post training, I went on to then do lots of workshops, including thinking about working with cultural competency, in a kind of drama, therapeutic way, because I thought it had been missed, it did not seem to be a central question. I also think that, actually, we cannot rely on one workshop to look at cultural competency.

As a White woman, that we cannot just rely on our Black community members and colleagues and friends and professors to do that work for us. Actually, I think, you know, we have a responsibility as the dominant culture, to address our lack and to find ways of understanding and acknowledging the role that, you know, being a privileged White person has paid and the kind of role that we've played

I really agree with what Participant 2 said about it needs to be much more integrated. It's not a separate add on thing.

Participant 3

It certainly wasn't brought in any way into our training, not that I can remember. I remember doing a lot of research on using research papers that were multicultural to get a better understanding of what my dissertation was looking at but it's left up to me as an individual, which is fine, but there certainly wasn't enough.

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I agree totally with Participant 1. It's, you know, it should be up to others, to teach and train, it's also up to us as individuals. However, saying that as well, I also think how wonderful it would be if we could have international groups where we could say, this is about cultural competency and let's learn from each other and let's put some ideas together, what is lacking. As participant 1 rightfully said, as a privileged White woman, you know, it's about how we can learn by taking it on ourselves as well, actually taking that responsibility.

I totally agree with exactly what she was saying, but certainly what participant 1 was saying about how much more we can do for ourselves, you know, in training, it just wasn't there.

Participant 1

It needs to be in there from the very beginning. Actually, I think it needs to be an integrated part of our training programmes.

The analogy that comes to mind is that we've got a woven quilt at the moment, that's very pale and it needs to be much richness in there, there's absolutely richness in there, but actually, it needs to be much more diverse, and much richer.

Having a range of different trainers in with different experiences, lots of additional CPD, lots of peer support groups, lots of explicit and implicit training methodologies, bringing up cultural competency all the time, it's not an appendage, it's not added on, it's woven in from the beginning.

Participant 2

Is around workforce development and like, how you get on to the course in the first place. So, you know, making sure there is scholarships and other kind of opportunities that actually ensure that there is more of a diverse representation of trainees, and therefore, there's more opportunities to learn from one another on the course

In terms of recruitment, you know, you can't just have kind of one person of colour in the team, like, you know, there needs to be… that one person of colour becomes the pioneer for all things

Cultural competency needs to be something where there's, you know, diversity represented within the lecturing staff so that each lecturer can bring their own lived experience, knowledge and understanding to the group as well. So there's definitely something about representation that feels important as well.

Participant 3

It's looking at cross culture and bringing in lecturers. I totally agree with everything that Participant 1 said, so it's there and very much integrated and interwoven, absolutely, from baseline, from the beginning.

We have Northern Europe, Eastern European and wouldn't it be wonderful to have lectures from all over Europe, whether they're Italian or Spanish and Chinese. Every one of these nations is in this

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country, for us to be able to work with culture, to look at the children that we'll be working with, now and in the future, to have that competency and know where that child has come from.

It's rightfully said, an interwoven quilt at the moment that is colourless but although it has richness, but let's put some bold spreads, let's put some vibrant in it, into service, absolutely vibrant and is a representation of all those who we do work with.

Participant 1

I do want to add a little bit to what Participant 3 was saying, that it's also about class, and it's about power. The more we live in a society where the divide is greater, then certain groups of our communities are going to be marginalised and not be able to access either the training or the service we offer.

Participant 2

Which I guess also ties into kind of equipping Dramatherapists for the workplace, as opposed to… just to be these kind of fairy fairy, and no that's not to undermine what we do, but I'm just thinking about all the elements of the training that get missed around actually being part of a workforce and establishing yourself and then being able to, like develop partnerships and look at kind of meeting needs within communities.

It would have been really helpful to kind of understand how I could take what I've learned back to my community.

Participant 1

My university was 98% White, the year I was there.

Participant 3

I say, at least 85% were White, at my university.

Participant 2

I would say the same. I qualified a year and a half ago, so not much has changed in the last 10 years.

Participant 1

I think the training was less rich, less integrated, less. I think it was less as a result of that, really. I mean, we had, it was European rich, but it was very White, heavy.

Participant 2

There were quite a lot of times where I felt quite othering. And, and I'm saying that as a White woman, so I recognise that, you know, for my Black colleagues on the course, I was identifying with what they were experiencing yet at a much more acute and explicit level.

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I found that I became very concerned about the dynamics on the training, and then orientated myself to focus on it and it became a kind of a bit of a mission to address and name

Participant 1

Well, I'm not surprised actually, that people have had that experience given the conversation that we've had today. As a White woman, originally from working class, when I came to Dramatherapy, it was the first time I ever excelled. So I really felt like I did belong because the way of working and the way of learning, I'm also dyslexic, just kind of really suited me and it kind of felt like I'd found something that was really important to me

I'm not saying I didn't have difficulties, but I can really understand how and empathise with and it also outrages me that there are members of our Black community who may feel very and other communities that may have felt very marginalised and excluded and that's just not okay.

Participant 2

I can relate to a lot of what Participant 1 was just saying and I'm also dyslexic so there is something about the way in which the course is taught that is very different in terms of learning style and it helped me to feel like, okay, this is the aspects of me coming together and I can become this professional that can offer something

I think the parts of me that felt different, that part was harder to integrate and actually became more of a focus for me on the course than any other element which is interesting because like you know, why was I stuck with this part. Why was I wrestling with that part and not wrestling with my dyslexia or being a woman or you know, like what was it about this part

You're learning to revisit those child aspects of yourself that maybe you've rejected in adolescence or not had a good relationship with and then trying to integrate it and then it not fitting into the training in the same way.

Participant 3

I think it was a shared experience of what Participant 2 said, but I think of the others who had come from different cultures, about the level of understanding and it seems, I wouldn't say shutout and not even quite shutdown. It wasn't really, their experience wasn't so much able to come into the room.

When I found Dramatherapy. It's about expressing and being creative and, for me, it was enriching and I have never looked back. It's the best thing I have ever found in my life, I love it.

I can count 3 or even 4 different cultures in our group and how much of that was actually shared. It wasn't brought in and it wasn't asked for.

Participant 3

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I don't think it was. I feel it was almost like a concept. I wouldn't say it wasn't valued but it was like this isn't on the curriculum, this isn't what we teach and I don't really think it was quite thought about. I don't remember it being brought in and I think that was a great shame, that was something I felt should have been addressed on the training.

Participant 1 said it early on that it should be woven in, part of the enriching our abilities as therapists and the experience of the training.

Participant 2

I'm well aware of incidences of discrimination that took place on the course that were either not followed up properly, following procedures or that they were kind of… it was stuff that was going on. On the surface, with the teaching, it was like it wasn't acknowledged or named.

There were like issues where people felt discriminated and that was kind of happening, but then the rest of the course wasn't changing, it just continued as normal.

There was this outpour of anger and frustration and upset and explicit incidences where cultural competency was not met by the university.

Participant 1

 I think my experience, it was a very small training. It wasn't held in a massive university structure so trainees brought up issues of inclusion and exclusion, actually, it was addressed straightaway. It was addressed on a training level, it was addressed on a peer level, it was addressed on a creative level.

We were really challenged in our thinking about difference because we had a whole year of medical anthropology lectures, so we read enormous papers, really wordy, funny thinking back, like oh my god, they were really wordy heavy papers around medical anthropology from cultures all over the world and the professor who was of European descent would ask really pointed questions.

 I think the other thing is that we had theory and practice seminars as well, and so in those kind of theory and practice seminars, if something emerged from you on an emotional level about exclusion, inclusion, difference, for us, it was more about gender. It was about class, it was about power dynamics and wasn't so much about race, because we didn't think about that, actually, we just didn't think about that enough.

Participant 2

 All of us.

Participant 3

All of us. I have to go.

Participant 1

My quick response to that question is we are all responsible.

I would not want Black professors, trainers, facilitators to feel uncomfortable. Now what contributes to that, apart from the usual imposter syndrome, nerves, you know, working class dyslexic White woman speaking in front of people about that and saying this. I mean, I don't know, maybe we all have that. I most certainly have that, but actually, when I start, I feel okay.

Participant 3

 I second what Participant 1 just said, and I'd feel comfortable, but I would feel also, you know, having listened and having thought about things I would hate to feel uncomfortable. I would also hate to say anything that made anybody else feel uncomfortable.

Participant 2

 I don't feel comfortable for many reasons in that I'm relatively newly qualified. So I've got the kind of imposter syndrome thing going on and what have you. But it's not my whiteness that I'm aware of, actually, I feel most uncomfortable when I'm working with a client, where I'm aware that there's cultural difference, and I don't know if I'm being culturally competent enough

Appendix 13

Article – The internal dialogue of a Black Dramatherapist: 'Am I the only one who feels like this?'

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The internal dialogue of a Black Dramatherapist: 'Am I the only one who feels like this?'

Linda Sunday iD
University of Derby, UK

Abstract
This article shares and reflects personal experiences of being a Dramatherapist, the internal dialogue that goes on because you're not able to voice what's happening, the fear of rejection, being misunderstood or simply being labelled as disruptive to others. My intent in this article is to shed light on the experiences faced by ethnic minority Dramatherapists and the struggles of constantly trying to fit in, blend in and not stand out. Lawson draws on the difficulties that Black students face at predominantly White institutions, not only from underrepresentation, but the perception and experiences of racial environments which can trigger feelings of depression, anxiety, alienation and other problems with mental health.

Keywords
Am I the only one, Black Dramatherapist, internal dialogue, self-concept theory

Reflection of the journey of becoming a Black Dramatherapist in the United Kingdom.

Re-examine all that you have been told, dismiss that which insults your soul. (Chohan, 2010: 12)

What does it mean to be in surroundings where you are the only Black Dramatherapist in the room? You ask if there are others like you; where can you find them? Where are the Black Dramatherapist lecturers or supervisors? You question why you feel so alone and isolated even among this group of people. Why can't you fit in? Why doesn't anyone understand how you're feeling? Do you share or not? What will they say? It is only going to go silent and be awkward and you can't deal with that rejection today. The many dialogues that come into play in your mind while sitting in a lecture feel very heavy all the time, wishing it can be parked somewhere, even if it is just for a moment.

This article shares and reflects personal experiences of being a Dramatherapist, the internal dialogue that goes on because you are not able to voice what is happening, the

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fear of rejection, being misunderstood or simply being labelled as disruptive to others. My intent in this article is to shed light on the experiences faced by ethnic minority Dramatherapists and the struggles of constantly trying to fit in, blend in and not stand out. Lawson (2013) draws on the difficulties that Black students face at predominantly White institutions, not only from underrepresentation, but the perception and experiences of racial environments which can trigger feelings of depression, anxiety, alienation and other problems with mental health.

This article will also draw on 'Self-Concept Theory', exploring Purkey's (1988) suggestion that of all the 'perceptions' we experience during the course of life, none have more effect than the 'perceptions' we hold regarding our own personal existence '*our concept of who we are and how we fit into the world*' (Purkey, 1988: 2). It is important to reflect on this notion of 'self-concept' and, like Purkey's (1988) idea, Pascarella et al.'s (1987) idea also draw on it being a perception of self that is formed through experience with various environments and interactions with significant others in those environments. This reflects the aim of the article, to present the experience I encountered during my Dramatherapy training in the context of an internal dialogue.

Background

In aligning with the theme of this article, of being heard and seeing, it is important that I begin by introducing myself. I was born in Nigeria and came over to the United Kingdom with my family in 2000. I did my high school education here and went on to do my first degree and then my masters's in Dramatherapy and I am currently finishing my PhD. A lot of issues arose during my Dramatherapy training, which I felt I could not address at the time. One of the main issues was this feeling of not belonging and not being able to identify with anyone in the programme. 'I looked around and I was the only Black person among the group', with all the students being White and the teaching team also being White. This made it difficult for me to express how I felt to the group; the programme, I felt, failed to acknowledge this difference and there was an assumption that this didn't matter. Campball et al. (1999) capture this in their statement when they suggest that the current training environment does not allow some of these experiences, such as race and culture, to be shared. The motive behind writing this article is this desire to share my experience and hope that it paves the way for others to start sharing theirs.

What is self-concept?

Rosenberg (1979) defines self-concept as being the '*totality of an individual's thoughts and feelings having reference to himself as an object*' (Rosenberg, 1979: 7). Turner's

(1968) definition of self-concept draws on this notion of it being about a felt idea of what one is like in their best moments and what they are striving towards and have encouragement to believe they can achieve. Epstein's (1973) definition suggests that self-concept is a theory that a person holds about themselves, as they experience and interact with the world. Mead (1934) suggests that self-concept is a social interaction of an outgrowth of the individual's concern about how others react to them and that individuals anticipate other people's reactions so that they can behave accordingly; the individual learns to perceive the world as others do. This draws on Epstein's (1973) idea of the fundamentals of self-concept theory being about optimising the pleasure or pain balance of the individual throughout a lifetime. Purkey (1988) sums this up when he suggests that many of the successes and failures that people experience in areas of life are related to the way that they have learned to view themselves and their relationships with others, and he suggests that self-concept has three major qualities of interest to counsellors, that it is 'learned', it is 'organized' and it is 'dynamic'. He further elaborated on this idea, that self-concept is learned, and suggests that no one is born with a self-concept, rather it emerges gradually in the early months of life and is shaped and reshaped through repeated perceived experiences, particularly with significant others.

Purkey (1988) also mentions that because of previous experiences and present perceptions, individuals 'may perceive themselves in ways different from the ways others' see them. This statement is interesting, in that it draws on how individuals perceive themselves which could be contrary to how others see them. Reflecting on the Dramatherapy training experience and being the only Black person on the course, it felt as if others did not see the racial differences, or the importance of it being recognised, while that is all I could see, and it was important to me that this was acknowledged and fully discussed. Eugene Ellis the founder and director of the Black, African and Asian Therapy Network (BAATN) has written various article's that touch on this topic. His article entitled 'updating psychotherapy training: equality and diversity issues in psycho- therapy training' in 2015, mention the idea that a conversation about race is needed in the training and suggested how it is often regarded as not needed. I saw myself as the 'Black' person in the room full of 'White' people and they saw me as 'Lisa' for example, and not Lisa who is 'Black'. It was important for me that it was acknowledged and discussion around it was needed. On the other hand, others in the room may not have felt that a conversation was needed or perceived it as important. This draws on the concept of 'recognition trauma'. Mariska et al. (2019), in their article on 'Cultural Identity of Colonialism: Traumatic Effects of Slavery and Racism', suggest that recognition trauma can manifest in several ways and that, for some, it emerges through a gradual under- standing of one's own subservience to White peers, colleagues and associates.

I had a conversation recently with a Dramatherapist who had not long finished their training. She commented that in the training 'everything is welcomed but nothing is challenged'. This emphasises the idea that although the training encourages ethnic minority students to bring up issues, they are largely met with silence and inaction. Also, because you already feel outnumbered, it takes a lot more energy to speak up because you are not sure how it is going to be received. In my case, it was not just a matter of feeling

that I was outnumbered, I was the only Black person in the group, among all White peers and White lecturers. A further point that emerged was the feeling that you need to be like your White peers to get through the course. Again, these were all things that were not voiced, rather they were the internal dialogue that one simply could not voice, due to the fear of being seen as not coping. It, equally, was about not wanting to draw attention to the racial differences or how it is making you feel, desperately wanting to be on board with what is being presented in the room and not wanting to 'always' be the one that has to challenge it. This, again, reflects the feeling that is generated when you are in that training environment, everything falls into this 'disguise' that all things are welcomed, however, nothing is challenged. Kairo Maynard wrote a chapter in the recent book entitled 'Intersectionality in the arts psychotherapies' in 2022. She draws on this point of there being no space in the training to explore topics such as race, culture and ethnicity. She further mentions that talking about 'oppression' is left to those who are oppressed to address (Collier et al., 2022). This, for me, reiterates this idea that is topic seems to be one that is left to 'us' those from minority backgrounds, who are at the receiving end of it, to do something about it.

Davies and Garret (2012) emphasise this concept of ethnic minority students at predominantly White universities straight away are aware of the racial differences, which lead to feelings of isolation and not belonging, a theme that Lawson (2013) also draws on. Relating this back to Dramatherapy training that is predominantly White, it's not surprising that these feelings are being encountered by those from ethnic minority backgrounds. It's not what is being encountered that is the issue, it is more about how it is being addressed or the lack of, that is the problem. This can sometimes cause you to lack confidence as a black practitioner, simply because in the training you spend most of the time suppressing that part of you, in trying to fit in with everything else around you. Mariska et al'.s (2019) article touched on this concept of Black counselling trainees wondering if White clients think they are good enough to work with them. Steele (2003) also draws on this and suggests that Black students struggle with the perceptions of others, which can negatively affect their academic success. This statement, again, 'reflects this idea' of wanting to fit in, trying to feel good enough in the training, to blend in with the others on the course and not stand out, while wondering if they thought you was good enough to be there. Ellis (2015) draws on this in his article, suggesting that psychotherapy has been a White privileged profession and that is why training and treatment seem to focus on these populations. Even though Ellis is talking about psychotherapy, this statement could easily apply to Dramatherapy, a profession that has originated from a White Western background, with the majority of those still teaching on the training from such backgrounds. The Dramatherapist I interviewed felt strongly about the concept that due to the lack of diversity among the lecturers teaching on the Dramatherapy programmes, the dynamic of colonialism is re-enacted by this racial disparity in staffing. This creates an unequal dynamic in which the power is always held by the White majority, creating this perception of 'it's always them teaching us and never us teaching them'. This again is a reflection of why these issues of race are never fully given space because it's not something that affects the majority who are White on the programmes, rather as

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Maynard mentioned it is left to the oppressed to give voice to their oppression (Collier et al., 2022).

At the 2021 annual conference of the British Association of Dramatherapists (BADth), the theme focused on the idea of wanting to hear from its Asian, ethnic minority and Black members. This was the first time that such attention was being given to those of us who do not fall under the umbrella of the White majority. I wondered if this sudden 'attention' was due to the impact of the racially motivated murder of George Floyd in the United States in 2020, which led to the formation of the Black Lives Matters Campaign, which sparked globally due to George Floyd's death.

BADth released a statement in response to the Death of George Floyd in June 2020, it highlighted the idea that for change to occur in the system, there will need to be a change regarding current knowledge about race and privilege. The theme of the 2021 conference entitled 'Carnival of Canboulay' was very much in line with this idea of having a dialogue around race and power. Focusing more on this idea of wanting to learn from its minority members, what it's being like for us and our narratives.

One of the questions being explored was the concept of how can the Dramatherapy profession respect and honour the traditions and experiences of other cultures beyond the Western culture. This was interesting to me because before we can respect and honour the traditions and experiences of other cultures that do not fit into the remit of the Western ideology, we first have to know what these cultures are. How do you respect what you do not know? How can you understand something that you are ignorant about? If there is no connection with us, you cannot respect or honour it because it does not mean anything to you and it will not last, it will only become an obligation, a duty, something you have to do and not something you want to do. Although the conference was a step in the right direction and the first of its kind, more of these issues still need greater attention and, for me, this focus needs to be at the heart of Dramatherapy training.

What is internal dialogue?

A person knows his or herself through internal dialogue which is influenced by the experiences woven in everyday life, concealed in everyday occurrences and hidden in deep communications of unspoken feelings. (Chohan, 2010: 12)

The concept of internal dialogue is part of a broader theoretical context according to Wasyl-Puchalska (2016) and Mead (1934) who suggest it is the ability to adopt different perspectives alternately, juxtapose them and make them interact (Wasyl-Puchalska, 2016). Ivana Markova (2006) calls it the 'collective voices in the self'. Internal dialogue allows you to experience your innermost thoughts and Lini and Bertrando (2020) suggest that everything we do or say gets meaning only within a context and awareness of our position in these different contexts, which increase our ability to choose and move in our lives. They, further, go on to discuss the importance of finding one's place. '*The therapist uses her ability to find her place to help clients, in turn, find their place'* (Lini and Bertrando,

2020: 205). This concept is important in terms of being Black within the profession of Dramatherapy and trying to find your place. What would finding your place look like and what happens if you never find your place?

The concept of the internal dialogue, and specifically the fundamental polarity between positive and negative thoughts, has historical antecedents from Plato to William James (Schwartz, 1986). An interesting characteristic of the internal dialogue that has been discovered involves asymmetrical relationships between positive and negative coping thoughts and Ryle (1949) observed 'Much of our ordinary thinking is conducted in the internal monologue or silent soliloquy, usually accompanied by an internal cinematograph-show of visual imagery' (Schwartz, 1986). Hamilton and Cairns (1961) suggest that when the mind is thinking, it is simply talking to itself, asking questions and answering them, and saying yes or no. Launer (2020) suggests that most of us listen to our inner voices far more than we ever look at ourselves in the mirror and talking about the importance of internal dialogue might, therefore, be a better way of promoting reflective practice. He goes on to say that internal dialogue is an iterative process of rehearsal, review and recalibration (Launer, 2020). This idea of everyone needing to give a voice to their internal dialogue suggested by Launer (2020), highlights the importance of the spoken narratives and being able to express some of the lived experiences encountered as a Black Dramatherapist.

Dramatherapy was presented to me in a way that made me believe Dramatherapists can work with anyone regardless of their cultural background. However, what I was experiencing made me question this notion, as I felt I was only encountering the dominant culture of society from the Dramatherapy teaching team who came from similar backgrounds to the clients I encountered on placement. Part of the Dramatherapy training requirement is that you undertake two placement, even though both of my placement was in Birmingham, United Kingdom's second-biggest city, it still didn't change the client group I was encountering, which is saying something in itself. This made me question, how can Dramatherapy be practised with anyone, regardless of their cultural backgrounds, if we do not encounter diversity in our learning? Fernando (1995) high- lights the idea that training was based on the assumptions of White therapists working within a White middle-class system of psychological understanding, which did not meet the needs of Black people. Mckenzie-Mavinga (2004) also draws on this idea by suggesting that the training did not provide an opportunity to explore Black issues and mentions how we cannot understand these issues if we do not verbalise them or find a voice to express them.

These were all questions I could not explore at the time of my training, partially because I was not sure how they would be perceived by the group or the lecturer and I felt, by voicing this, it could further separate me from the group. Ellis (2013), in his article 'Silenced, the black student experience', gives an overview of the feeling of Black students despairing at the silence around the topic of race and lack of under- standing when they try to voice this to the group in the way that White students do, '*there is no conversation, just silence, which is very distressing*' (Ellis, 2013: 15). Barber and Campball (1999) suggest that it's difficult for Black people to explore negative feelings about themselves if they feel the need to defend a positive view of Blackness (Maynard, 2018). I very much agree with this statement and, looking back, I believe that, as the only Black person in the group,

it was easier to accept that some of the issues I was experiencing were due to me being different, in terms of my race. This meant I did not have to allow others in, because they would not understand as they were not Black like me, an idea I held in my head. This was something I held onto and on the outside seemed to focus on others seeing me as fitting in the group. Ellis (2013) suggests that the training was still leaving people feeling excluded, not understood or even heard.

The placement was another challenge for me, as it was not very diverse in terms of the culture of clients I was encountering and the staff team around me were mostly White. I felt I couldn't gain experience working with clients who were non-Whites and from non-Western cultures. I wondered how interventions we were being trained to use would work on these client groups. Ellis (2013) suggests that students must go outside their training to get what they need to develop as a therapist within the profession. Fernando (2005) also suggests that mental health assessment in practice fails to allow for ideologies about life, approaches to life's problems, beliefs and feelings that come from non-Western cultures.

Maynard (2018) highlights this in her article, 'To Be Black. To Be a Woman', exploring her journey of being a Black Dramatherapist. She explores the role society plays in shaping the Black identity and how research articles and the medical field all make assumptions about how Black people are to see themselves or feel. Bowl (2007) supports this, suggesting that research has relied heavily on the perceptions of the professionals and neglected to consult African-Caribbean service users themselves.

I have had the chance to unpack and explore in-depth some of the experiences encountered during my Dramatherapy training. I wanted attention drawn to the issue of race, culture and ethnicity in Dramatherapy training and felt the training was not catering for its ethnic minority students. This was also about me exploring how I felt it did not cater for me, as a Black African on the course. Nisha Sajnani's (2012) 'Article on the Implicated Witness' mentions the idea that '*dominant groups have maintained their superior status through persuading those with marginal power to accept, adopt, and internalise particular norms and values'* (Sajnani, 2012: 9).

Mckenzie-Mavinga (2005), in her article on 'counsellor training being colour blind', draws on this idea of theories taught in training that do not include the experience of Black people, which can reduce their personal stories to cultural stereotypes and homogenise these individuals. Mckenzie-Mavinga (2005) also suggests that there is a value in naming the experience encountered by Black people in the training and mentions that by naming it, it gives priority to the issue because everything else taught in the training captures White experience, which comes in the form of the theory and practice used. Writing this article has been my way of naming my experience and drawing attention to the issue, to encourage ethnic minority students or Dramatherapists who are wondering why they are struggling to fit in, who are questioning why no one understands and who are looking around for others like them and not being able to see them.

Be reassured that we are here, and we are now beginning to speak up and share our lived experience, voicing what it means to be a Black Dramatherapist, the impact of the training and finding our place and voice in this White-dominated profession.

Lini and Bertrando (2020) mention the importance of the therapist finding their place and, in turn, helping the client to find their place. It is time that we, as Black Dramatherapists, find our place and contribute to the development and growth of Dramatherapy as a profession. I have often wondered what finding my place as a Black Dramatherapist would look like. Having gone on to complete a PhD in Dramatherapy, I can honestly say that I am yet to find my place, although completing the PhD will add to the development of the profession in areas of cultural competency and acknowledging cultural differences within the training. As for finding my place, for me, that requires more people like myself to be more open about some of the issues we are encountering both in the training and in the profession, where you do not feel like you are the only one or that you are making these things up. Part of this process of writing this article and undertaking my PhD has brought me close to others like myself and it has been a wonderful encounter, knowing that I am not alone and there are others like me. Finding our place as a Black Dramatherapist will involve seeing more others like ourselves represented both in the training and in the profession, where we are not playing the 'assistant role' of being just guest lecturers or helpers but being part of the core members of the team.

Conclusion

'Re-examine all that you have been told, dismiss that which insults your soul' (Chohan, 2010: 12). This quote, for me, draws on this concept of the many theories and models we have been taught, as Dramatherapy has not always captured or included things that represent me as a Black person or my experience. The part of the quote that says 'dismiss what insults your soul', for me, reinforces this idea that the Western approach is not the only approach.

As wonderful as it is to be a Dramatherapist, now more than ever, there needs to be diversity in the training, where ethnic minority lecturers are a core part of the teaching team and not just guest lecturers, and ethnic minority students have visible role models that they can see and aspire to. This will also make it easier for ethnic minority students to voice what is happening internally and bring to the surface the internal dialogue that is taking place 'under the surface'. We, as Black Dramatherapists, now need to use our voice, no longer keeping silent or only engaging in internal dialogue.

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