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## PEER-REVIEWED ARTICLE

### (Un)Safe spaces: A thematic analysis of global majority trainees' experience of a safe space group in clinical psychology training

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#### ABSTRACT

Clinical Psychology is traditionally a profession that is dominated by White, socioeconomically middle-class women. It took worldwide protests, campaigns, and initiatives following the murder of George Floyd to convince the field of psychology to finally acknowledge and admit its historic and present role in the reproduction of institutional racism. As part of this, Health Education England developed an anti-racism action plan for all doctoral clinical psychology training organisations to prioritise addressing and redressing inequality, inequity, and oppression within the field. As one initiative, a Safe Space for global majority trainee clinical psychologists was developed on a clinical psychology training programme to provide these trainees a 'safe' community of support in an unsafe profession. Using thematic analysis, this study explores how global majority trainees experience the Safe Space as a feature of their clinical psychology training. Findings demonstrate the difficult, racialised experiences of these trainees, but also the importance of having groups like the Safe Space to create a sense of belonging and to provide material support and practices that enable them to navigate and challenge an oppressive training environment. It raises some questions for clinical psychology training programmes in how they are currently supporting marginalised groups, and the steps being taken to dismantle Whiteness.

**KEYWORDS:** clinical psychology; racism; safe spaces; trainees; whiteness

### ***A note on language***

We use the term global majority as a replacement for terms such as BAME (Black, Asian, and minority ethnic), BME (Black and minority ethnic), or people of colour. We recognise and acknowledge that there appears to be a lack of consensus of preferred terms, even amongst different global majority communities. However, we believe this is the least oppressive term due to the way it decentres Whiteness, moves away from deficit narratives, and encourages those previously considered the minority to recognise themselves as part of the majority of the world's population. We also refer to global majority people as 'racially and culturally minoritised' to pay particular attention to the sociopolitical processes involved in their minoritisation and othering. Our use of 'Whiteness' in this article functions as an ideology rather than solely a reference to skin colour—untied to specific bodies (e.g., just White people), and we frame Whiteness as an ideological power that comes with certain privileges that are denied to the socially constructed 'Other'. In other words, Whiteness functions to exclude a person or group for the purpose of 'racial' domination. We capitalise Whiteness to bring to the fore its significance and visibility, recognising its socially constructed character and associated power.

## **INTRODUCTION**

The clinical psychology profession has a longstanding history of racist policies and practices and has historically been linked to eugenics and the essentialising of race, culture, and ethnicity (Fernando, 2017). As a consequence, psychologists and trainees from global majority backgrounds, who remain consistently underrepresented in the profession (Tong et al., 2019), are still attending predominantly White institutions where they experience discrimination and various forms of oppression (Woods et al., 2021). In recognition that there is still a significant problem regarding racism, Whiteness, power, and privilege in the profession, Health Education England (HEE) developed an action plan with several education, training, workforce, and structural initiatives to address and redress these inequities and evidenced forms of marginalisation in clinical psychology in the UK. It reflects the beginning of a potentially national effort to 'decolonise' clinical psychology and commit to anti-racist practice (Patel & Keval, 2018). Borrowing Nirmal Puwar's (2004) expression, trainees experience being treated as 'space invaders' in this professional world. Whilst work is being done to dismantle oppressive structures and practice within clinical psychology, there is a necessity to pay greater attention to how we are creating a sense of safety and belonging amongst trainees who regularly experience exclusion, isolation, and invalidation of their experiences.

### ***Historical significance of safe spaces***

The concept of 'safe spaces' has a complicated history but first appeared in the contexts of civil rights (Ali, 2017) and queer liberation movements (Hanhardt, 2013). They named physical spaces where like-minded people could meet and share their experiences in a safe environment. The term then became increasingly popular in academic theory, evident in many queer, womanist, and critical race studies (Ali, 2017), as well as in student support services and classroom spaces aimed at creating institutional accountability, and preventing discrimination and harassment (Yost & Gilmore, 2011). In education and schooling contexts, the concept of safe spaces defines environments where *all* students can engage in honest but difficult conversations surrounding social justice issues, including explicitly addressing microaggressions, racist language, and other situations that might cause oppression (Arao & Clemens, 2013). Such spaces often need to be facilitated by a teacher or educational leader to enforce discussion guidelines and rules (Arao & Clemens, 2013). The safe space that is the object of this study has similarities with the earlier activist uses of the term in that it designates a space where a group of people who face similar oppressions can be together. These spaces include all the elements previously identified, but specifically offer *marginalised groups* a place, or network of people, where they can feel protected from harm, violations, and hatred, with their identity being respected and valued (Arao & Clemens, 2013). Arao and Clemens (2013) have previously questioned the degree to which safety can be an appropriate or reasonable expectation for any authentic engagement with issues of power, privilege, and identity. However, safety can be created by an environment where, despite difficult dialogue and learning, people feel comfortable to express themselves and feel confident their views and experiences will not be silenced or minimised (Grieve, 2016; Schapiro, 2016).

### ***This service evaluation project***

Training programmes' willingness to provide global majority trainees with holistic support for their experiences may be a critical factor in ensuring their success, because it can foster their trust in the organisation's ability to resolve their issues and acknowledge their experiences and values (Museus & Neville, 2012). As part of our commitment to provide trainees with support and a sense of comfortability and belonging (Cunningham, 2015), a university's clinical psychology doctorate training programme (DClinPsy) set up a Safe Space group for trainees from global majority backgrounds. This group is currently facilitated by the course's equality, diversity, and inclusion (ED&I) lead, and is a physical space where the trainees can voluntarily come together for an hour once a month. The space is currently used to build community with those with a shared identity of being from a global majority background in clinical psychology training, reflect on academic/teaching, clinical, and personal experiences, and receive support. The aim of this service evaluation is to explore the experiences of trainees involved in this group, in the hope to identify helpful aspects of the Safe Space, and

potential suggestions for change in the hope this can become a permanent, formal source of support for global majority trainee clinical psychologists.

## **METHOD**

### ***Sample and data collection***

Seven trainees that are part of the Safe Space volunteered to participate in an in-person focus group. All participants were required to read an information sheet and sign a consent form prior to participation. The focus group took place during the usual time of the Safe Space to minimise disruption to the teaching day of the participants. The ED&I lead was not involved in the facilitation of the focus group to allow participants to be open about their experiences without holding back or for fear of offending. This qualitative focus group research design was intended to allow for an in-depth illustration of global majority trainees' beliefs and experiences of the Safe Space within their clinical psychology training, with a particular focus on experiences of safety. Focus groups have the advantage of adding context and depth to a phenomenon, as well as observing the collective interaction of participants (Solorzano et al., 2000).

Sample size was not an important consideration for this project as the aim was to explore the specific experiences of the very few global majority trainees in the Safe Space. However, the small sample size meant careful consideration was taken in ensuring the confidentiality and anonymity of the participants. Participants were given pseudonyms, and personally identifiable information and features were removed from transcription and extracts. Whilst aiming for the focus group to be an informal discussion, the session was structured around a series of open-ended questions to the group to prompt discussion about their experiences. Using principles of critical realist inquiry, the focus group made predominant use of *Why* and *How* questions (Wynn & Williams, 2012). The session was both audio and video recorded for transcription purposes and lasted for 40 minutes.

### ***Data analysis***

The focus group data was transcribed verbatim by one researcher before it was analysed using a process of inductive reflexive thematic analysis (Braun & Clarke, 2019). This method was chosen due to its flexibility and the way it fully embraces the subjective skills the researcher brings to the process (Braun & Clarke, 2021). Whilst simultaneously acknowledging the researcher's role in actively constructing themes (Taylor & Ussher, 2001), the analysis was inductive in the sense that it was grounded in the data rather than using a pre-existing coding framework or theory as a lens through which the data were analysed and

interpreted (Braun & Clarke, 2021). This analysis was conducted from a critical realist perspective, assuming the existence of an objective reality, whilst simultaneously acknowledging that representations of this reality are historically, socially, culturally, and politically situated (Ussher, 1999).

Using Braun and Clarke's (2006) six-step process (familiarisation, initial coding, searching for themes, reviewing themes, defining themes, and final summary), the focus was on broad thematic patterning across the transcript data. The transcript was initially read by the first author and then was re-read for familiarisation. Interesting features and ideas were then coded with a focus (though not exclusive) on the experience and meaning of 'safety'. These codes were then reviewed and sorted into meaningful themes. All data relating to each theme were collected together and were put into an initial thematic map. Alongside an additional process of re-reading the transcript, themes and subthemes were mapped, revised, and refined by both authors (as well as feedback from the trainees) to ensure a good fit with the raw data. As global majority researchers who might identify with some of the participant's (racialised) experiences or feelings, and in keeping with a critical realist approach, engaging in reflexivity was vital for allowing for a more accurate representation of the participants' reality whilst also acknowledging the researcher's subjectivity (Braun & Clarke, 2019).

## RESULTS AND DISCUSSION

### *Theme 1: The struggle of not being White in clinical psychology training*

#### **Subtheme: Experiencing exclusion in environments dominated by Whiteness**

The salience of the trainees' racial and cultural identity in environments dominated by Whiteness was cited as one of the main contributing factors to experiences of isolation within clinical psychology training. For most members of the Safe Space, their identity represented a 'difference' that impacted upon a sense of belonging in their clinical teams and cohort:

Clinical Psychology is widely White, um, so for many of us who've been in AP [Assistant Psychologist] posts previously and now on placement, everyone's White. So, for years, you've had to almost hide a massive part of your identity... like yeah everyone knows you're brown, but as an AP, you try to fit in with everyone else and try to look like everyone else and how all the psychologists behave. So, it's harder to... sort of be yourself. (Sabine)

If you're a person of colour, if you're like different in anyway, you have certain challenges on a systematic like level. (Lina)

The above extract from Sabine highlights the very visible nature of her racial identity within the context of clinical psychology, something that was reiterated across all participants. This visible difference appears to be accompanied by a perceived expectation to behave 'like

everyone else', conforming to this more 'desirable' image in order to make meaningful connections with colleagues and avoid rejection. This assimilation into the 'traditional' psychologist means she must sacrifice one of the most important aspects of her identity, leaving her to navigate training with a fragmented sense of self. This is similar to the ideas demonstrated by Rajan and Shaw (2008), where there was a significant personal battle of conforming to normative behaviours and practices whilst feeling like they have alienated themselves from their cultural roots or communities. The discourse of the unacceptability of Blackness or cultural 'difference' is heavily rooted in clinical psychology's history of oppression of global majority people (Patel & Keval, 2018). Lina describes these issues as being on a 'systematic level', extending these challenges to people who are 'different in anyway'. It highlights the many nuanced, intersectional forms of exclusion global majority trainees might experience (Crenshaw, 1991) due to the way clinical psychology continues to maintain the idea of a White identity as hierarchically more superior (Patel, 2004).

I guess... the course [administrators] themselves are getting used to more and more people from different backgrounds... But I think often it, it doesn't always make its way into sort of teaching or lectures... and culture and diversity are touched on for like five or ten minutes and not always talked about, I guess, how it will go into like your placement. Like actually how you'll experience placement as a person of colour. (Justina)

A lot of the teaching is about health inequalities and how they're just, you know, we're disadvantaged... but actually, they rarely focus on the strengths of having maybe a psychologist who's a person of colour, or you know, what you can actually bring because doing the research, we bring a lot, a lot, and I just wish it could [be] recognised. (Melissa)

Justina states how exclusion is also evident in the curriculum, describing how culture and diversity represent almost tokenistic aspects of the curriculum, without a thoughtful appreciation of race, culture, and ethnicity and how these may influence their training experiences. The lack of personal relevance in teaching to their lived experiences can be frustrating (Fakile, 2021). As identified by Melissa above, when traditionally marginalised groups are acknowledged, it is often under a negative lens, identifying the psychological and health disadvantages and inequities these groups face. Rarely are the strengths and benefits of being or having a clinical psychologist from a global majority background recognised. The pervasiveness of this cultural-deficit discourse (Ong, 2021; Valencia & Solorzano, 1997) is likely to perpetuate stereotypes, impact on trainees' sense of confidence and self-belief in training, and could even lead to internalised racism (Alleyne, 2004).

### **Subtheme: Being unable to speak out**

It's not really safe to like have these conversations, you know, the places... because everyone knows each other and yeah, reputation... people stay in the same posts for years. (Lina)

There's also some issues with power that we have because we're trainees in placement with that kind of vulnerability. (Lina)

It does feel risky, and I completely acknowledge that and it's really difficult, especially if it's a challenge or conflict. But I really found... that this group's kind of improved that and sharing my sort of self-awareness in supervision on placements. (Melissa)

Being unable to speak out about issues of race, culture, and Whiteness was a sentiment reiterated across all members of the focus group. The extracts above particularly pinpoint how occupying the position as a person of the global majority and a trainee means it is often considered 'impossible' to raise instances of discrimination or conflict. Acknowledging the privilege, superiority, and power of the dominant group, in this case a White, qualified supervisor or colleague, often results in this group feeling uncomfortable and guilty in a way that further prevents these issues from being explored (Nolte, 2007). It appears that the members of the Safe Space group recognise that speaking up about difficult experiences will disrupt the 'status quo', forcing staff to confront issues of racism and Whiteness, the very issues they work so hard to avoid. The tight network of colleagues who 'stay in the same posts for years' hints at the almost impenetrable nature of Whiteness within clinical psychology teams. Raising issues of race and racism in these environments might then have personal and professional costs, such as being accused of 'playing the race card', rather than demonstrating their desire as professionals to commit to anti-racist practice (Addai et al., 2019).

I think having someone who's, you know, from a White background, for example, like you said, you'd have to really explain it and then like justifying your experience and sometimes that can be really exhausting. (Phoebe)

It's just... being able to be open about my experiences rather than, trying to filter what I'm saying because I might offend someone I guess. (Sabine)

This space is also really needed because most of like clinical supervisors [are] also White. So, we don't have those conversations... We don't have any other venues. (Lina)

There appears to be certain internal and structural factors that prevent trainees from speaking about issues of racism, Whiteness, and privilege. The power dynamic in supervision seems to influence Lina's feeling of safety, meaning there is an absence of dialogue on racial and cultural identity issues. Sabine discusses the overwhelming challenge of making issues relating to her identity more overt, rather than having to constantly monitor her own behaviour and make adaptations in order to save face (Shah, 2010). There have been many instances where global majority trainees have shared cultural perspectives or difficult experiences and were politely invalidated or silenced (Prajapati et al., 2019). Even reports of racism are often actively dismissed (Kinouani, 2014). Lina's phrase 'we don't have any other venues' illustrates the collective struggle in finding people and spaces who are willing to listen and support them in initiating change. It ultimately highlights why the Safe Space is vital to ensure trainees have somewhere that allows this happen.

## ***Theme 2: Finding connection and building a community of support***

I think sometimes we just have to say like one word, like, and everyone gets it. (Phoebe)

You have like this empathy from the get-go because you have a shared experience, isn't it? So, you know... that people cannot just understand it but can relate to it as well. (Lina)

I think that kind of no judgement because they kind of get it... here you can kind of just be open. (Naomi)

A prominent theme across all participants was using the Safe Space to find connection and build a community within clinical psychology training. All trainees emphasised the implicit understanding and immediate identification of each other's feelings and experiences within the Safe Space. Trainees felt as if the shared nature of their experiences didn't even have to be voiced; the empathy from others in the group was immediate and unspoken. In contrast to the previous theme, where Sabine discussed having to present herself in a particular way, the extract by Naomi demonstrates the Safe Space as somewhere where the trainees can be themselves, without an underlying fear that they will be subjected to judgement. Cunningham (2015) previously identified institutionally designed safe spaces to essentially be a 'home away from home' (p. 65), generating a sense of comfortability by connecting with people who understand what you're going through. Despite this, it evokes a sense of sadness and anger in that these experiences of racism and oppression in relation to their identity are not isolated events. Whilst it seems to be empowering to know others can relate to you, it is simultaneously disheartening to realise the frequency, severity, and pervasiveness of these experiences of discrimination within clinical psychology training.

Sometimes we're the only person of colour in our teams so we live in isolation sometimes and really knowing like, that, like what happens to me, it's a thing, like, other people have that. (Lina)

Coming to the group was like an eye opener that these things do happen a lot. (Justina)

[The facilitator's] also a person of colour so she's mad at... what happens to us so that's really nice. (Lina)

As identified by Lina, being one of very few global majority trainees in a cohort and clinical team means it is often hard to identify trustworthy peers with whom they can connect with to make sense of their (racialised) experiences. Knowing that they are not alone in their experiences appears to be a particularly powerful realisation (Solorzano & Yosso, 2000), bringing a sense of relief and connection that trainees are unable to find in other aspects of their training. Lina suggests that the facilitator being from a global majority background means they are better able understand trainees by virtue of a shared 'racially minoritised' status. There appeared to be an expectation that many White supervisors or colleagues cannot adequately comprehend what it is like to be a person of the global majority in the



profession. When a marginalised identity is shared, trainees are less likely to worry about searching for signs of being misunderstood or judged (Arao & Clemens, 2013). However, it is important to note that having a shared racial or cultural status does not guarantee safety due to the many historical and current examples of Black and other racially minoritised people reinforcing racism (Asare, 2020). What seems to be important to the trainees is having a community of like-minded others who all have the shared motivation of wanting to support one another.

I had one real difficult placement experience. And I did talk to my tutor about it, and we kind of went through those processes, but I never saw it through this lens... but had this group been available, then I wonder if I could have got a bit more support... like peer support um... to help me with that experience I think. (Melissa)

Yeah, I like that there's no expectations. Like this is literally just like our space to share things. So, if we just want to rant, like people have cried, like. I was not expecting a solution, I was expecting to be heard in places where we haven't. (Lina)

I think, for me, it's... wanting to learn about others' experiences and knowing that I can share something in confidence and having um... that support as well. (Phoebe)

I think it gives you a voice that's often overlooked within teaching. (Justina)

Valuing having a space where their emotions can be validated and supported was a theme reiterated across all focus group participants. Becoming 'conscious' of their own marginalised position within the clinical psychology profession is likely to have strong emotional implications. As explained by Melissa, the formal, integrated systems of support provided by the training programme are not sufficient in giving trainees the optimal level of support, whether that be on placement or during teaching. Whilst some supervisors and course staff make space for meaningful dialogue around race, racism, and culture, it seems many others avoid these discussions. This is likely to come with feelings of frustration and feeling let down and neglected, as well as impacting the efficacy of the trainee's clinical work (Shah, 2010). Since they perceive the teaching environment to be unsafe for them to discuss these issues, the Safe Space has given them a 'voice that's often overlooked in teaching'. As stated by Phoebe, the Safe Space is a supportive environment due to the way trainees not only get advice for their own issues, but also listen and learn from others. This reciprocal dynamic seems to increase trainees' confidence in sharing personal experiences. Lina's use of the word 'our' in describing the safe space is particularly powerful, illustrating how positive and productive interactions and conversations with like-minded people can heavily impact belonging (Cunningham, 2015). Trainees clearly identify this space as their own community in a context where they have often felt like space invaders (Puwar, 2004).

### **Theme 3: Navigating a systemically oppressive system: Unlearning protective strategies**

A shared theme amongst all participants was using the Safe Space as somewhere to unlearn the behaviour and strategies that they have spent years enacting to protect themselves from further racism and oppression.

You're kind of taught to just like push things under the carpet and you're so used to doing that. (Naomi)

It doesn't feel like a burden. Like oh my God, you're being that person or you're making it into a big deal... Like you're not just exaggerating. (Naomi)

And that gets us away from them being dismissive, because that's how we normally survive in this world... so having [the facilitator] and everyone mad for you as well, it gives us permission to also be mad about things. (Lina)

As shown in the extracts by Naomi above, she consistently pushed 'things under the carpet' out of fear of 'feeling like a burden' or feeling like she is exaggerating her difficult experiences. Like the discussions in *Critical Race Theory* (Crenshaw et al., 1995) and drawing on the work of Fanon's phenomenon of internalising the inferior image of oneself (Fanon, 1967), such behaviours could be signs of internalised oppression. Having the perception that experiences of discrimination or racism are not serious enough to address can be ideas that are 'buried deeply and unconsciously' (Ellis, 2015, p. 16). However, what the extracts demonstrate clearly is that these protective strategies appear to be the only option that will guarantee trainees' physical and psychological safety in predominantly White institutions. As Lina states, using these strategies reflects an attempt at survival in a profession where their background, identity, and values are not respected. This relates to Love's (2019) explanation of how this 'is a life of exhaustion, a life of doubt... Survival is existing and being educated in an antidark world, which is not living or learning at all' (p. 39). It is encouraging that the Safe Space allows a constructive form of collective anger about the way current and past structures and practices continue to make their experiences of clinical psychology training inequitable when compared to their White peers. Acknowledging these are survival strategies is a vital part of gradually unlearning or at least having an understanding of these protective behaviours.

You can talk about stuff that you probably wouldn't otherwise and put to the back of your mind or tell your friends, um... and then sort of like just let it go because there's no other space to bring it... and it's a matter I reflected with [the facilitator] is that I was that person who would ignore and just pretend things don't happen, even with myself. (Justina)

How can I do something similar to make sure that I can help other people but also just open my eyes and make myself a bit more aware to the fact that things happen and how I respond to it is more of a protective factor, really. And to be able to get that out a little bit as well. (Justina)

The Safe Space appears to be a place where trainees can engage in conversations and seek guidance from both their peers and the facilitator to understand and unlearn these protective strategies. As shown by Justina, it is somewhere where trainees can speak about things they

would usually dismiss or ignore because 'there's no other space to bring it'. Part of this process appears to be reflecting on their own behaviour, acknowledging the reasons why they do (and do not) do certain things. It is no surprise then, that it takes a lot of time and reflective practice to be able to 'get that out'. Justina's phrase 'How can I do something similar to make sure that I can help other people' highlights how her own unlearning of protective strategies might benefit her peers, colleagues, and clients who might have similar experiences of racism and identity-related oppression in their everyday lives. The benefit of the Safe Space is that it gives trainees the opportunity to listen to how other people have navigated their experiences so they can apply it to their own.

It's the boundaries, the structure thing, which I think, elicits safety... if there are things that come up, I feel really confident that [the facilitator] can take it to the course in a way, that's really compassionate, but also addresses the issue directly. Yeah, rather than like an airy fairy 'oh this was talked about'. (Melissa)

So, like [the facilitator] set the bar for the level of consistency that she provides in terms of, not only facilitating the sessions but also just making sure that she follows through on things. So that's containing in itself. (Ayesha)

It's almost like actually it's okay to bring something to talk about it and if you want change, then you're supported in kind of thinking about how to navigate it and get that change or if you just want to rant or a vent and a cry then that's okay as well... having that that space to do that. (Naomi)

Part of navigating a systemically oppressive system is using the Safe Space to get support in challenging discrimination. Ayesha discusses how the facilitator creates an environment of safety in that trainees can feel confident that this level of practical support will remain consistent throughout the year. Being in an environment where difficult and often painful memories and experiences are often brought to the surface, trainees value having a facilitator who is prepared to consistently honour these emotions and move towards effective action. It was expressed that having a facilitator who was a psychologist and connected to the formal aspects of the course, but who could also 'step in and out' when necessary, was important in enabling trainees to make complaints, challenge ideas in teaching, and speak out about issues that directly affect them. Trainees felt like their complaints would not only be validated, but actively and compassionately addressed and taken further. Here, safety can be conceptualised to include the material support given to trainees outside the confines of this monthly space. Melissa discussed how the Safe Space has increased her confidence not only generally, but in relation to challenging and speaking out about things that happen to her on placement. As Naomi discusses, the flexibility of the Safe Space also seems to be important in managing their experiences in that its functions can change depending on the needs of its members. What seems to be important is having a space to unload the weight of oppression without having to play down the experiences that have a real impact on their emotional and physical wellbeing (Addai et al., 2019).

## SUMMARY AND RECOMMENDATIONS/LIMITATIONS

The findings from this study demonstrate the multiple different aspects of ‘safety’ evident in the context of the Safe Space group. Not only is the group safe in itself, due to the way it acts as a temporary escape from Whiteness and provides connection amongst global majority trainees, but it is also safe in the way the facilitator is able to provide material support in a context where racially and culturally minoritised trainees have a relative lack of power, thus making it difficult for them to raise issues significant to their experiences in clinical psychology training. Based on the findings, we recommend that the Safe Space continues as a permanent feature of the university’s DClInPsy programme, offering a community of support to global majority trainees who require it. We acknowledge that some global majority trainees may decide not to participate in the Safe Space for various reasons, including to protect themselves from further othering or prioritising competing demands (Addai et al., 2019). We recommend the group be facilitated by a qualified clinical psychologist from a global majority background, with the necessary training and experience in anti-racism, Whiteness, and social identity due to the complexity of the topics that may arise within the group and the ability to follow up issues on the course. This will prevent the Safe Space from becoming a tokenistic ‘diversity’ initiative on course programmes. Where this is not possible, a suitable appointed facilitator should be trained and empowered to address the issues raised with the wider course team. Finally, we recommend programme teams to continue to work on the systemic issues identified by the trainees in this study that continue to negatively affect their experiences in training. This includes work on decolonising teaching content, appropriately dealing with complaints, addressing relations of power, and inviting speakers for trainees’ personal and professional development. We passionately encourage readers to consider the development of such spaces within clinical psychology and the wider field, to afford trainees and students the sense of belonging and safety that will enable the fulfilment of their cultural and professional values.

## REFERENCES

- Addai, C., Birch, K., & Nicholas, J. (2019). From safety to bravery: Creating trainee spaces to discuss racism and whiteness in clinical psychology. *Clinical Psychology Forum*, 323, 25-30. <https://doi.org/10.53841/bpscpf.2019.1.323.25>
- Ali, D. (2017). Safe spaces and brave spaces: Historical context and recommendations for student affairs professionals. *NASPA Policy and Practice Series*, 2, 1–13. [https://www.naspa.org/files/dmfile/Policy\\_and\\_Practice\\_No\\_2\\_Safe\\_Brave\\_Spaces.pdf](https://www.naspa.org/files/dmfile/Policy_and_Practice_No_2_Safe_Brave_Spaces.pdf)
- Alleyne, A. (2004). Black identity and workplace oppression. *Counselling and Psychotherapy Research*, 4(1), 4–8. <https://doi.org/10.1080/14733140412331384008>

- Arao, B., & Clemens, K. (2013). From safe spaces to brave spaces: A new way to frame dialogue around diversity and social justice. In L. Landreman (Ed.), *The art of effective facilitation: Reflections from social justice educators* (pp. 135–150). Stylus.
- Asare, J. G. (2020, July 19). *How communities of color perpetuate anti-blackness*. Forbes. <https://www.forbes.com/sites/janicegassam/2020/07/19/how-communities-of-color-perpetuate-anti-blackness/>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352. <https://doi.org/10.1080/14780887.2020.1769238>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>
- Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (1995). *Critical race theory: The key writings that formed the movement*. New Press.
- Cunningham, E. L. (2015). *Institutionally designated safe spaces: Understanding how black students utilize and experience these spaces to develop a sense of belonging* [Doctoral dissertation, The Pennsylvania State University]. Electronic Theses and Dissertations for Graduate School. <https://etda.libraries.psu.edu/catalog/24849>
- Ellis, E. (2015). *Exploring the conscious and unconscious processes of internalised racism in the therapeutic relationship: A thematic analysis* [Master's dissertation, Auckland University of Technology]. Tuwhera Open Access Theses & Dissertations. <https://hdl.handle.net/10292/9832>
- Fakile, D. (2021). Is my university white? Exploring the role and influence of a university's culture on the experiences of black undergraduate students in the UK. *Polish Journal of Educational Studies*, 73(1), 63–82. <https://doi.org/10.2478/poljes-2021-0005>
- Fanon, F. (1967). *Black skin, white masks*. Grove Press.
- Fernando, S. (2017). *Institutional racism in psychiatry and clinical psychology: Race matters in mental health*. Palgrave Macmillan. <https://doi.org/10.1007/978-3-319-62728-1>
- Grieve, P. (2016, August 24). *University to freshmen: Don't expect safe spaces or trigger warnings*. The Chicago Maroon. <https://chicagomaroon.com/22405/news/university-to-freshmen-dont-expect-safe-spaces-or-trigger-warnings/>
- Hanhardt, C. B. (2013). *Safe space: Gay neighbourhood history and the politics of violence*. Duke University Press. <https://doi.org/10.1215/9780822378860>

- Kinouani, G. (2014, October 19). *There is no racism in clinical psychology: Personal reflections for another black trainee*. Race Reflections. <https://racereflections.co.uk/2014/10/>
- Love, B. L. (2019). *We want to do more than survive: Abolitionist teaching and the pursuit of educational freedom*. Beacon Press.
- Museus, S., & Neville, K. (2012). Delineating the ways that key institutional agents provide racial minority students with access to social capital in college. *Journal of College Student Development*, 53(3), 436–452. <https://doi.org/10.1353/csd.2012.0042>
- Nolte, L. (2007). White is a colour too: Engaging actively with the risks, challenges and rewards of cross-cultural family therapy training and practice. *Journal of Family Therapy*, 29(4), 378–388. <https://doi.org/10.1111/j.1467-6427.2007.00406.x>
- Ong, L. (2021). *White clinical psychologists, race and racism* [Doctoral thesis, University of East London]. UEL Research Repository. <https://doi.org/10.15123/uel.89y81>
- Patel, N. (2004). Difference and power in supervision: The case of culture and racism. In I. Fleming & L. Steen (Eds.), *Supervision and clinical psychology: Theory, practice and perspectives* (pp. 108–134). Brunner-Routledge.
- Patel, N., & Keval, H. (2018). Fifty ways to leave..... your racism. *Journal of Critical Psychology Counselling and Psychotherapy*, 18(2), 61–79. <https://repository.canterbury.ac.uk/item/887q5/fifty-ways-to-leave-your-racism>
- Rajapati, R., Kadir, S., & King, S. (2019). Dealing with racism within clinical psychology training: Reflections of three BAME trainee clinical psychologists. *Clinical Psychology Forum*, 323, 20–24. <https://doi.org/10.53841/bpscpf.2019.1.323.20>
- Puwar, N. (2004). *Space invaders: Race, gender, and bodies out of place*. Berg.
- Rajan, L., & Shaw, S. K. (2008). I can only speak for myself: Some voices from black and minority ethnic clinical psychology trainees. *Clinical Psychology Forum*, 190, 11–16. <https://doi.org/10.53841/bpscpf.2008.1.190.11>
- Schapiro, M. (2016, January 15). *I'm Northwestern's president. Here's why safe spaces for students are important*. The Washington Post. [https://www.washingtonpost.com/opinions/how-to-create-inclusive-campus-communities-first-create-safe-places/2016/01/15/069f3a66-bb94-11e5-829c-26ffb874a18d\\_story.html](https://www.washingtonpost.com/opinions/how-to-create-inclusive-campus-communities-first-create-safe-places/2016/01/15/069f3a66-bb94-11e5-829c-26ffb874a18d_story.html)
- Shah, S. (2010). *The experience of being a trainee clinical psychologist from a black and minority ethnic group: A qualitative study* [Doctoral thesis, University of Hertfordshire]. University of Hertfordshire Research Archive. <https://uhra.herts.ac.uk/handle/2299/5088>
- Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *Journal of Negro Education*, 69(1/2), 60–73. <https://www.jstor.org/stable/2696265>
- Solorzano, D., & Yosso, T. (2001). From racial stereotyping and deficit discourse toward a critical race theory in teacher education. *Multicultural Education*, 9(1), 2–8.

- Taylor, G. W., & Ussher, J. M. (2001). Making sense of S&M: A discourse analytic account. *Sexualities*, 4(3), 293–314. <https://doi.org/10.1177/136346001004003002>
- Tong, K., Peart, A., & Rennals, S. J. (2019). Reframing our stories: Addressing barriers faced by black people trying to access a career in clinical psychology. *Clinical Psychology Forum*, 323, 14–19. <https://doi.org/10.53841/bpscpf.2019.1.323.14>
- Ussher, J. (1999). Eclecticism and methodological pluralism: The way forward for feminist research. *Psychology of Women Quarterly*, 23(1), 41–46. <https://doi.org/10.1111/j.1471-6402.1999.tb00339.x>
- Valencia, R., & Solorzano, D. (1997). Contemporary deficit thinking. In R. Valencia (Ed.), *The evolution of deficit thinking in educational thought and practice* (pp. 160–210). Falmer.
- Woods, C., Chronister, K., Grabow, A., Woods, W., & Woodlee, K. (2021). Racial battle fatigue: The experiences of black/African American, biracial black, and multiracial black identified graduate students. *Journal of Black Psychology*, 47(4-5), 219–243. <https://doi.org/10.1177/00957984211002615>
- Wynn, D., & Williams, C. (2012). Principles for conducting critical realist case study research in information systems. *MIS Quarterly*, 36(3), 787–810. <https://doi.org/10.2307/41703481>
- Yost, M. R., & Gilmore, S. (2011). Assessing LGBTQ campus climate and creating change. *Journal of Homosexuality*, 58(9), 1330–1354. <https://doi.org/10.1080/00918369.2011.605744>

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**Dr Saafi Mousa** is a senior clinical psychologist working clinically in psychosis services and has a special interest in systemic oppression, inequality, and social justice within psychology and healthcare. Saafi previously led the anti-racism work on the Clinical Psychology Doctorate at the University of Sheffield and was awarded the Vice Chancellor's Award for Learning and Teaching in the category of Approaches to Inclusivity and Diversity for this work.

Saafi lectures at the Universities of Sheffield and Leeds and facilitates Balint groups for trainee clinical psychologists. She also works as an organisational consultant focusing on racial equity, developing and facilitating training and workshops on racism, Whiteness, and becoming anti-racist for a variety of organisations, including NHS (National Health Service) trusts, universities, and other public sector organisations.