
PEER-REVIEWED ARTICLE

Unsettling the ‘master’s house’: A critical account and reflections on developing a clinical psychology anti-racism strategy

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ABSTRACT

Psychology and psychotherapy have long been regarded as a Eurocentric and largely homogenous field primarily dominated by white, socioeconomically privileged/middle-class women. This lack of racial/ethnic diversity and inclusion within the field has become an area of increased focus of discussion within psychological professions due to its significant impact on the care, experience, and outcomes of service users. Individuals from racially minoritised backgrounds face multiple systemic barriers when accessing the profession during their training and as qualified psychological professionals. Extensive research indicates that clinical psychologists from racially minoritised backgrounds experience racism in clinical psychology and this has persisted over the years. Similarly, in the psychotherapy literature, there has been an emphasis on addressing the lack of acknowledgement of racial disparities in psychotherapy training. As a result, it feels imperative that there is a radical shift in psychology and psychotherapy which involves acknowledging its role in creating and perpetuating racism and discrimination, as well as an urgent need to adopt a decolonised, socio-constructionist approach.

Despite this, there has been little focus or momentum on clinical psychology training programmes to actively address issues of racism and to develop anti-racist practice. The Newcastle University Clinical Psychology Doctorate Programme recently made an active stance to adopt anti-racist practice and implement an approach that supports collective responsibility and accountability. In this article, the authors engage in a critical, radical, and collective dialogue around their experiences, and share their reflections on developing a clinical psychology anti-racism strategy, attending to power, discomfort, and the role of

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systemic oppression. The diverse voices of trainers, trainees, and aspiring clinical psychologists presented suggest that collective action, solidarity, as well as attending to power and relationality, had a profound impact on the development of the anti-racism strategy, as well as on relationships, trust, and relational safety. The authors offer critical reflections on how these experiences can be helpful in further understanding the complexity and multi-faceted nature of anti-racist praxis in clinical psychology and psychotherapy.

KEYWORDS: clinical psychology; racism; anti-racism; narratives; whiteness

INTRODUCTION

Psychology and psychotherapy have long been regarded as a Eurocentric and largely homogenous field primarily dominated by white, socioeconomically privileged/middle-class women (Holland, 2018; Wood and Patel, 2017). This lack of racial/ethnic diversity and inclusion within the field has become an area of increased focus of discussion within the profession (Ahsan, 2020). This may be attributable to the rise in global consciousness following the increased prominence of the Black Lives Matter movement, following the murder of George Floyd in 2020 (Basset, 2022). Further, the enactment of a slave auction at the 2019 Annual Group of Trainers in Clinical Psychology Conference (and the field's poor/inadequate responses to the criticisms following this; Patel et al., 2020) may also have served as an impetus to evoke reflections and discussions regarding racism, diversity, and inclusion within the context of psychology and psychotherapy.

Racism is broadly defined as a 'system of power unevenly distributed along racial lines, resulting in the oppression of minority groups' (Harrell et al., 2011, p. 144), and is perpetrated at inter-personal, cultural, and structural levels. The impact of racism permeates several facets/layers/aspects of psychology and psychotherapy, resulting in particularly negative experiences/consequences for aspiring, trainee, and qualified psychological practitioners, and service-users from racially minoritised backgrounds (Patel et al., 2020).

The 'wicked' problem of racism in clinical psychology

The existence of racism is well documented across all psychological professions, including psychotherapy (Charura & Lago, 2021). However, in clinical psychology there is significant evidence that individuals from racially minoritised backgrounds face multiple systemic barriers when accessing the profession, such as being less likely to be shortlisted for interviews for training programmes or being unable to access the required professional and

academic experience (Atayero & Dodzro, 2021; Bawa et al., 2019; Turpin & Coleman, 2010). As a result, individuals from racially minoritised backgrounds are under-represented within the psychological professions workforce; however, these individuals are over-represented within the service user population, particularly in inpatient, secure, forensic, and crisis services. In addition, racially minoritised trainee clinical psychologists and qualified clinical psychologists have shared poor experiences of the profession and both direct/indirect racism and micro-aggressions (Adetimole et al., 2005; Ragavan, 2018).

The clinical psychology workforce has long been criticised for being starkly unrepresentative of the general population in the United Kingdom (Davenhill et al., 1989), which is argued to contribute to and perpetuate racism within the profession, and impacts the quality of care and treatment offered to individuals from marginalised and disadvantaged communities (Alhusen et al., 2016; Sorkin et al., 2010). For example, there is a large body of evidence highlighting racial disparities in the use of detention, restraint, and seclusion in mental health services for both adults and children from racially minoritised backgrounds (Bhui et al., 2003; Farooq et al., 2021; Vidal et al., 2020).

In addition, taking an intersectional lens on racial and ethnic discrimination and disparities can yield further evidence of the complicated and complex relationship between identity and outcomes/experience of psychological professions and mental health care. There is a lack of research taking an intersectional lens in the context of psychological professions; however, there is some evidence to suggest that experience and outcomes in mental health services are influenced by racial and ethnic identity, socioeconomic status, gender, sexuality, religion, nationality, and ability (Bowleg et al., 2003; Opara et al., 2020). The multiple domains of lived experience and identity often lead to complex forms of exclusion and marginalisation (Lorde, 1984); for example, racially minoritised women from a working-class background who are living with a disability are likely to be subject to the cumulative effect of occupying multiple disadvantaged identities. It feels imperative to understand, explore, and interrogate intersectional privilege, oppression, and discrimination in psychological professions to fully understand the ‘wicked’ problem of racism (Came & Griffith, 2018) in the profession.

THE CONTEXT

In 2020, Health Education England announced the provision of additional funding for clinical psychology training programmes to tackle and address issues around racial inequality in the profession. This funding enabled training programmes to develop and deliver mentoring schemes for aspiring clinical psychologists from racially minoritised backgrounds, as well as a number of other key indicators such as reviewing the curriculum, teaching, training, and selection processes. Although many training programmes chose to deliver these ‘key performance indicators’ by creating a time-limited, temporary ‘Equality, Diversity, and

Inclusion (EDI) role'. The Newcastle Clinical Psychology Training Programme strongly felt that creating an 'Anti-Racism Lead' role would be more aligned to their values, in line with the evidenced racial disparities in the profession as well as inclusive of an intersectional perspective. As part of this work, a collaborative discussion was held with trainee and aspiring clinical psychologists from a racially minoritised background who suggested that the development of a co-produced anti-racism strategy may also be helpful. This strategy would account for the processes that the Newcastle Clinical Psychology Doctorate Programme would be engaging in and embedding to move towards becoming anti-racist. The strategy would also highlight how the programme would be taking a whole system approach to tackling racism, including in teaching, in selection, on placements, as well as interrogating themselves as a programme team. The anti-racism strategy would be considering the intersectional nature of privilege, oppression, and discrimination. Although there have been some international anti-racist efforts in psychology, such as the development of anti-racist audit tools to evaluate journals (Buchanan et al., 2021), there has been very little development and movement in the profession in the United Kingdom.

This article provides a reflective dialogue that the four authors engaged in on their experience of co-developing the anti-racism strategy. We chose to provide a dialogue of us reflexively wrestling and grappling with the process because we believe that racism creates, maintains, produces, reproduces, and justifies a particular narrative; for example, what anti-racist practice is, what it should feel like, and how it is enacted. One of the master narratives may be that the solution to addressing racism is simply the development of 'EDI strategies' (Ahsan, 2022), without any emphasis on the narratives of individuals engaged in this work, the challenges they experience, and how they navigate/survive this. This leads to the privileging of 'majoritarian' stories which are rooted in the legacy of racial privilege (Solórzano & Yosso, 2002).

Drawing on critical race theory and methodology, our collective dialogue and narratives are offered as counter-stories which are grounded in the experiences, knowledge(s), and voices of individuals from racially minoritised backgrounds. The aim of offering these counter-stories was to foreground race and racism, challenge the 'traditional' research paradigms used to explore the experiences of racially minoritised individuals engaged in anti-racist praxis, and to use more liberatory approaches to explore the strengths of individuals from racially minoritised backgrounds engaged in this work (Solórzano & Yosso, 2002). We begin by sharing who we are, our intersections of difference and similarity, and our positionality. We then go on to talk together about our individual and collective experiences of developing the anti-racism strategy, what was evoked in us, and how we navigated our relationships and the intersections of power, privilege, oppression, and difference.

WHO ARE WE?

We are three women from a racially minoritised background and one woman who identifies as white. We are at different stages in our journey in clinical psychology, with differing levels of experience and training. Geographically, we are all living in the North of England, although our life histories have consisted of migration and movement across geographical boundaries and nationalities. Some of us also have a history of displacement and disruption. We are all passionate about social justice and social empowerment. Despite our intersectional differences in age, race, ethnicity, education, religion, class, and professional trajectory, our personal and professional journey has been one shaped by social injustice, privilege, and discrimination, which has undoubtedly influenced our practice and our narratives. We are aware that through the process of writing this article that we may have chosen to make visible or invisible parts of our identities, and this is connected to perhaps our own relationship with different aspects of our identities. However, more importantly, from an anti-racist perspective, we believe that women from racially minoritised backgrounds should have autonomy and control over their narratives and their identities, including what they choose to make visible or remain invisible.

Olayinka (Yinka) Oladokun: I am a Black Nigerian heterosexual cisgender woman; born in England and raised in Ireland. I am presently in my final year of training on the Newcastle University Doctorate in Clinical Psychology. I am a qualified psychological wellbeing practitioner and have experience, within and outside of this role, working with individuals across the lifespan with a variety of psychological presentations, in the National Health Service (NHS)/statutory and third sector settings. I have also been involved in the development of outreach programmes to increase mental health awareness and community engagement for individuals and communities from a range of backgrounds, i.e., adults with forensic histories, children/young people at risk and in care, minoritised ethnic groups, and low-socioeconomic backgrounds.

Rawan Al-Mujaini: I am a heterosexual cisgender woman from an Arab, Muslim background and I am currently in my third year of training on the Newcastle University Doctorate of Clinical Psychology. I have a range of experience working with minoritised individuals that come from varied socioeconomic backgrounds experiencing mental health difficulties, risk, and vulnerability both within and outside of an NHS context. I also have previous voluntary experience of raising mental health awareness, increasing access to care, and reducing social stigma for individuals from minoritised socioeconomic backgrounds.

Chelsea Addy: I am a white, British, heterosexual cisgender woman from a predominantly white working-class background, and I am in my first year of clinical psychology training at Newcastle University. I have previous experiences of working with adults in the community who have experienced mental health distress within a socio-political context of poverty and financial crisis. I also have experience of working as an assistant psychologist in the NHS in the

Children and Young People's Secure Estate with children and young people victim to exploitation and modern-day slavery. More recently, I have worked as a research assistant with the Newcastle Clinical Psychology Doctorate Programme on their anti-racist initiatives and developments on the programme.

Romana Farooq: I am a heterosexual cisgender woman from a racially minoritised background, a Kashmiri and a Muslim who works clinically with survivors of human rights-based violations, gender-based violence, and sexual violence within the National Health Service. I have worked with children, young people, and their families who have been subject to sexual violence, exploitation, trafficking, and modern-day slavery both in the statutory and voluntary sector. I have worked with grassroots communities and community leaders to co-develop services and to support them in influencing existing service provision. I have significant experience of working with children and young people who present with high risk, high harm, and high vulnerability in the community, as well as those who have been deprived of their liberty in secure and locked settings such as the Children and Young People Secure Estate. I am currently a consultant clinical psychologist in a Tier 4 inpatient CAMHS (Child and Adolescent Mental Health Services) service as well as academic director for the Newcastle Clinical Psychology Doctoral Programme.

A DIALOGUE ON CREATING AN ANTI-RACISM STRATEGY

Romana: I guess when we set off on this journey to develop this anti-racism strategy, we weren't quite sure what the process would be like. And I know I in particular was really keen that the process of developing the strategy was as important, respectful, and anti-racist as the end goal. I also became very interested in your decisions to be involved in the development of the strategy, the different positions that you occupied, and how it felt working together.

Chelsea: So, I suppose thinking about the position that I occupy, I grew up in a really small working-class town, which was, I would say, 98% predominantly white. And so, I suppose when I'm thinking about my upbringing and my time in school, through primary school and even secondary school, I was always in the majority group. And I suppose for me, that continued when I moved up to Newcastle; we know that Newcastle is a predominantly white area too. It was the same in my undergrad and through my master's, it was the exact same, it was all majority white. So, I had the privilege of never really having to think about what it meant to be other than white. Perhaps I only really knew whiteness, but at the same time didn't know it at all.

Yinka: That's really interesting; I would say my experience is probably the complete opposite of yours, Chelsea. I'm Black African, but I grew up in a really rural area in Ireland which was 99% white. I was naturally part of the minority group there, and with that comes the

experience of being othered quite regularly. So, from a really young age, I think I became hyper-aware of what racism was and what difference was, because of my experiences. I do recognise the relative privilege I possess as a heterosexual, cisgender woman; however, my experiences of discrimination have also been compounded by my intersecting identities as a Black woman, resulting in experiences of misogynoir (the combined effects of bias rooted in sexism and anti-Blackness). So, anti-racist practice with a focus on intersectionality is something that's always been at the forefront of my mind and is what I'm most passionate about as well.

Rawan: Thank you both for sharing that. I think I share similar experiences with both of you, just differently. I moved a lot throughout my childhood, between different countries, and I have different experiences with being within the minority and then being within the majority. While being within the majority, I didn't feel that difference as much. I didn't feel like an outsider, it wasn't as obvious to me, and I didn't have to think about how I benefitted which I didn't realise was a privilege at the time. But when I was positioned as a minority or when I identified as a minority, it really hit me, especially as a child. In terms of what differences those experiences mean and how they affected me, I find that they affect all the things that I can do or some of the things that I'm able to access as part of that minority status and then having that complete opposite as a comparison of being a majority in some settings, if that makes sense? I think after moving to Newcastle, I went back to being a minority rather than the majority, so I'm still trying to explore the effects this has on me and the effects on the position that I hold not just within my career but also within my personal life at the moment.

Romana: For me I became politicised and aware of my difference and the intersections of my identity at a very young age—I distinctly remember being a child and witnessing the violence and riots across the Pennines which were fuelled by racial hostility, othering, and indifference. Having witnessed the hurt and pain of racism, I became passionate and interested in justice and equity, but in particular the need for racially just approaches. I came to the anti-racism strategy with hopes to do something different, whilst recognising that systems are pernicious, and racism is deeply entrenched in institutional structures.

Chelsea: And I suppose it's quite interesting, isn't it? Because we came together to develop this anti-racism strategy all having had really different experiences. And I don't think we've really thought about that much until we came to the end, and we were asked to present at the Equity and Social Justice in Mental Health Conference in Newcastle. And I think for me, the importance of being involved is that I really wanted to be part of that responsibility, I wanted to be responsible and accountable to my colleagues from a racially minoritised background in terms of taking responsibility to do this work, but without taking over. I think I've been sat thinking for a while, but more so as I've got further in my psychology career, but thinking more about well, if I don't sit and reflect on myself, like my journey, my relationship with my whiteness, or the kind of power and privilege that I have because of that, what could I continue to perpetuate in psychology, or in wider society? And I thought, actually, when the

opportunity of developing an anti-racism strategy came about, that was something that I definitely wanted to be involved in. I think from my experience, and from what I've seen, is that often these types of developments or initiatives can be left to those in racially minoritised positions, whereas actually I don't think that's ever going work. It needs to be that kind of collective response. And I think that's why we have worked quite well together. I don't know what you think about that?

Yinka: I agree, and I think there are many strengths in the differences that we have, because we are from different ethnicities and different racial and cultural backgrounds. I think that's really helped for us to have like a broad understanding and perspective of how the strategy should be approached and developed. For me, experiencing discrimination and racism can make you feel quite helpless, especially when you experience it within the system of clinical psychology. And so, for me, I think I felt really drawn to working on the strategy because it was an opportunity to have some power, in terms of making change and having an influence on the system so that those who are coming after us might not have the same experiences that we've had, in terms of discrimination and racism.

Rawan: I agree with that as well. I think it kind of made us sit, reflect, and question why these barriers exist, where they fall, and how we can start breaking them down together. Because it's easy to feel helpless, and sometimes it's hard to take that first step to doing something about it. And it can be as small as just acknowledging that it exists. Pulling together this strategy has been such a journey with different layers involved, because we didn't think it would come together to be as big as it is now, we thought it would be a small project that we were just working on and gathering ideas for, things that could be done within a small-scale context, and then it can be developed into some form of strategy. And throughout that journey, we felt a shift in our different positions in terms of how we relate to our experiences of racism, how we relate to engaging with diversity and inclusion and maybe in terms of leadership as well. When we first started pulling the strategy together, we didn't realise how empowering some of this work can be, and I guess it changed the way we engage in leadership, as the process of doing this work can be viewed from a leadership lens even though we might not necessarily see it that way.

Yinka: Yeah. I think there's definitely something about the fact that leadership is often viewed as something that's tied to a particular position, so people can often think you can only be a leader if you're in a really high position within the system. But the fact that Romana has extended, shed, and shared this power with us really enabled us to walk in and take ownership of this. That sharing of power meant that I was able to see myself as a trainee and a racially minoritised individual as having leadership qualities and this is something I am going to take away for when I am a supervisor and clinical psychologist. I think this process has really highlighted to me that it's not just the responsibility of people who are higher up in the chain, but that power should be shared with those who are less privileged and have less power within the system. At the same time, it's not about placing the responsibility to bring about

the change with the individuals who have access to the least amount of power, but during this process giving them access to those resources too. So, I think the process has really just given me the boldness that I didn't have before; to be more vocal and bolder about addressing racism as and when I see it within the workplace.

Romana: I guess I'm really struck by your experiences as throughout this process I've been aware of my structural power as a member of the programme team but also as a qualified clinical psychologist, and how that may influence your relationship with me and the process. Perhaps I am more open to shedding my power due to my own experiences of systems of oppression and discrimination; I guess if you've always been privileged in these systems, you wouldn't understand how profound shedding power is. I've also been aware of how doing this work can be challenging and emotionally triggering for individuals from a racially minoritised background. My own experiences have consisted of micro- and macro-aggressions from individuals in the system, such as placing profound responsibility on a racially minoritised individual to fix a racist system and then being critical, obstructive, and hostile towards them. This isn't unusual and is indicative of how racially minoritised women are positioned in institutions when they engage in anti-racist practice, but also how power, privilege, and whiteness operate in clinical psychology. It's fascinating to see how others react when you attempt to just unsettle the 'master's house'. I came to realise that the defensiveness and hostility said more about others and how wedded they were to racism and whiteness than it did about me or anti-racist praxis. I guess, Chelsea, this work can be challenging for white individuals too but perhaps in a slightly different way?

Chelsea: I think that's a really interesting thing for us to think about, as the challenges that I face doing anti-racist work as a white woman I imagine are starkly different. For me, an initial challenge, or should I say moment of discomfort, was really taking the time to reflect on and interrogate my whiteness, power, and privilege and I suppose the feelings of guilt and shame that comes with that when thinking about how I lived a part of my life not considering these things. However, I quickly realised that this discomfort that I was experiencing was really important and now the reason why I want to continue in this anti-racist journey. I also think that's when it clicked for me, about why we can see so much push back and defensiveness from white individuals when attempting to implement this work, which makes me think about this more widely in the context of clinical psychology as a field too. Another initial challenge for me was when I was considering whether I was the right person to be involved in developing Newcastle's anti-racism strategy and I was left with confusions around wanting to take responsibility and accountability and use some of my power, being white in psychology, but also not wanting to jump into white saviourism. I think even now after we've developed the strategy, these confusions are on my mind and I'm always trying to take the time to reason with them.

Rawan: I think I would relate with some of the points you make Chelsea, especially with the idea that this work increased our awareness of the importance of allowing ourselves to sit

with some of that discomfort. I guess that discomfort can also look different for different individuals whether they identify as being from racially minoritised backgrounds or not. For me personally, I initially felt that I wasn't entitled to speak up and contribute to making these changes as from my perspective; I had no official form of power to enable these changes to happen. Upon reflection, it also made me realise that being given the voice to speak up about some of the disparities in the profession was something I wouldn't previously engage in, as I worried that I might be perceived as trying to create a 'problem' or be 'problematic' as a racially minoritised individual rather than just getting on with things. It made me reflect on different adjustments I put in for myself to avoid sitting with that discomfort. For example, I would ask myself questions such as: should I put in extra work in a team to make up for the fact that I don't feel like I fit in? Do I have to be nicer to clients/allow myself to be more flexible to their needs to be less of a barrier? And similar thought processes that followed through, which made me realise that if I faced any difficulties as a trainee, I would have a tendency to overlook it, to steer away from the idea that I was trying to be 'problematic'. I guess on a wider scale, it was challenging to become more aware of the power dynamics and social differences both within the context of the profession, and of our roles as trainees for individuals seeking help. Despite that, we were still able to use some of those uncomfortable feelings to help us collate different steps that we can put in place to name these disparities, and to help give other trainees and aspiring psychologists a voice to start to tackle some of these barriers as well.

Yinka: Your points really strike a chord with me, Rawan. For me, the feelings of discomfort I have experienced were primarily related to anger and frustration towards the system. In conducting the background research for the strategy, I felt angered by the amount of research that has highlighted disappointingly consistent findings regarding the issue of racism in the field for several decades. Yet, there has been very little change observed in the system; attempts to disrupt oppressive practices and structures are often met with denial and resistance. This has made me question how willing the field is to allow, facilitate, and pursue change in this area, and perhaps may shed light on why there is still so much more work to be done in shaping clinical psychology into an anti-racist profession. Personally, I have also grappled with how much of my personal-self I can integrate with my professional-self and, indeed, how much of my personal-self is welcomed/invited in the world of clinical psychology. This fear/challenge has been substantiated by experiences of being 'othered' in professional contexts, due to my race and ethnicity. I found it maddening/frustrating/infuriating that the system has been designed in a way that often causes those from minoritised ethnic backgrounds to acquiesce to orphaning or minimising parts of their personal differences/identities to be perceived as more acceptable, professional, and feel more part of the homogenous group. And, congruous with our experiences, Rawan, this often manifests in us trying to compensate for the differences we present with, often shrinking ourselves to make others more comfortable or minimise the risk of experiencing discrimination and harm from others. This led me to reflect on the recent initiatives that have been introduced with

the aim of increasing diversity within the field. Although it is promising to see this commitment, engaging in this project and being privileged to hear the stories of those from minoritised backgrounds has highlighted a dire need for attention to be paid to the environments that trainees are being invited into. This commitment to increasing representation must equally be matched with a deeper commitment to go beyond simply acknowledging that the problem exists, but also examining, challenging, unsettling, and dismantling the oppressive structures that maintain and perpetuate the issue of racism in clinical psychology. Romana has modelled how those in positions of hierarchical leadership can use their structural power to empower others and collaborate with them to create meaningful change. With this in mind, I have found the process of developing the strategy to be hugely empowering. It has catalysed my passion and determination to take action, evoking a sense of resistance and a renewed commitment to take part in disrupting and dismantling the patterns and systems of oppression within the field.

CONCLUSIONS

In the field of clinical psychology, neuropsychology, and psychotherapy there is a call to level the playing field and address issues of colonisation, racism, and white privilege (Abbas & Farooq, 2022). However, there has been little focus and exploration of the challenges and impact of doing anti-racist praxis, and anti-racism in clinical psychology and psychotherapy. In particular, there has been little written about the experience of individuals engaged in this work, their intentions and hopes, and an analysis of their voices, narratives, and stories. The process of talking together about our lived experiences of co-creating the anti-racism strategy enabled multiple stories, experiences, and complexities to emerge. It also allowed our intentions and hopes for engaging in anti-racist praxis to become transparent to ourselves, to each other, and to others. It is vital that individuals engaged in anti-racist practice interrogate, explore, and make transparent their motives and intentions for engaging in this work and how it may influence their practice (Case, 2012).

Furthermore, although there have been calls to unsettle 'Western' thinking and 'dismantle the master's house' (Lorde, 1984), reflecting the Eurocentric, white Western models, ideas, and practices perpetuated in clinical psychology and psychotherapy (Wood & Patel, 2017), there remains more to be done to explore and analyse what happens when anti-racist praxis is introduced and the shifting emotions, tensions, and beliefs. Clinical psychology and psychotherapy are embedded and entangled in colonial relations of power and privilege that reinforce Western/white culture as the norm, and unsettling this is easier said than done (Abbas & Farooq, 2022; Cullen et al., 2020). Engaging in anti-racist practice can be evoking, challenging, and confronting for different reasons for different people (Zembylas, 2012). However, the dialogue that emerged between us highlighted the critical tensions and emotions that individuals from a racially minoritised background experience when engaging

in racial equity work and how this is different to the tensions and emotions that individuals who identify as white may experience. In spite of this, through the process of collectively co-creating the strategy we were able to harness the power of solidarity, shared responsibility, and accountability (Came & Griffith, 2018). The work to re-address the balance of power and racial inequalities is not the sole responsibility of individuals from a racially minoritised background, but equally, individuals who identify as white also do not hold all the answers. The emotional toll of anti-racist work highlights the importance of this burden being shared collectively and institutionally. Talking together about our tensions and emotions helped us to identify our sites of struggle and discomfort, including its effects on us personally and professionally.

One of the biggest ethical dilemmas when engaging in anti-racist praxis is the use of power, working with power, and taking power seriously in the process of doing this work (Wagner, 2005). A prominent theme across our reflections pertains to how emboldening and empowering it is to have structural power shared across different roles and positions. This work was made possible due to individuals in a position of power and seniority shedding and sharing their structural power and those currently positioned as trainees taking up the power and being supported. However, this is often not the case in clinical psychology and psychotherapy; those in positions of power struggle to let go of it whilst expecting individuals with limited power to be responsible for change and transformation. This is evident in the time-limited funding that was provided to clinical psychology programmes to recruit 'EDI leads' to address racial inequality; these positions were often taken up by individuals from racially minoritised backgrounds who were then afforded very little structural power to bring about change. Yet, anecdotal stories highlight that these individuals were subject to complex tensions, hostility, and micro/macro-aggressions.

Furthermore, true anti-racist praxis requires safe, trusting, and psychologically/relationally safe contexts for meaningful work to be facilitated (Patel, 2022). We were able to challenge each other, hold each other to account, and confront each other during the process of co-creating the anti-racism strategy because we felt relationally and psychologically safe. This again would not have been possible if we were working in a system that was not psychologically or relationally safe. The process of developing the strategy has emphasised the central importance of environments/contexts/systems characterised by mutual trust and psychological/relational safety, as well as the necessity for collaborative co-production between trainees and programme staff.

Through the process of sharing our narrative and dialogue on co-creating the anti-racism strategy we hope to amplify that this process is complex, complicated, and multi-faceted. Our hopes are that this dialogue enables others to see how this process can be meaningfully and sensitively facilitated/supported in the context of psychological and relational safety. In addition, we hope that clinical psychology and psychotherapy training programmes begin to attend to the workings of power and how power may influence anti-racist praxis. We

recognise that for this to happen, those in positions of power must begin to confront and interrogate their own positions and privilege, in order to create space for change to occur. It remains to be seen how willing and committed clinical psychology is to truly begin to recognise and shed its power.

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Dr Romana Farooq is a consultant clinical psychologist with significant experience of having worked in complex settings such as the Children and Young People Secure Estate, Youth Justice Services, and Inpatient Child and Adolescent Mental Health Services. She is also academic director on the Newcastle University Clinical Psychology Doctorate Programme leading on the teaching and training of clinical psychologists. She was awarded the British Psychological Society Early Career Award for outstanding contributions to clinical psychology in respect of her work with children and young people subject to sexual exploitation within 2

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Olayinka (Yinka) Oladokun (BSc, MSc, PGCert) is a final year trainee clinical psychologist at Newcastle University, UK, working in the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. Yinka's previous experience includes working with adults experiencing psychological difficulties in the contexts of socioeconomic deprivation, homelessness, and seeking asylum. Yinka also has considerable experience working with children and young people in the community with complex psychological presentations. Yinka has previously been involved in the development of outreach programmes to increase mental health awareness and community engagement for individuals and communities from a range of backgrounds, i.e., adults with forensic histories, children/young people at risk and in care, minoritised ethnic groups, and those with low-socioeconomic backgrounds. Yinka is deeply passionate about social justice, racial equality, diversity, and inclusion within the field of clinical psychology and wider society; she is presently leading on anti-racism/EDI-related projects within the academic and third sector.



Rawan Al-Mujaini is a final year trainee clinical psychologist at Newcastle University, working in the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. Previously, Rawan's experience involved working with adults and young people in underrepresented communities who experience mental health difficulties. She is passionate about promoting equity, inclusion, and access to mental health services for marginalised populations, taking cross-cultural impacts on training and treatments into consideration. During the pandemic, she was involved in digital outreach projects to help support non-English speaking communities to access psychological support and resources. She is currently involved in anti-racism and EDI projects on her training program and beyond,

with hopes that some of this work will highlight the importance of decolonising and diversifying the field of clinical psychology and its training.



Chelsea Addy is a first-year trainee clinical psychologist at Newcastle University working in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. Chelsea has previously worked with adults in the community who were experiencing mental health distress within the socio-political context of poverty, financial crisis, and stretched mental health services. Chelsea also has experience of working with children and young people in forensic community mental health services, as well as within the secure estate with survivors of child sexual and criminal exploitation, County Lines, and other forms of modern-day slavery. Chelsea has worked alongside others to publish research outlining best practice with children and young people who have experienced exploitation and the importance of using participatory methods with this population, the importance of trauma-informed care, ethnic disparities in admissions to the Children and Young People's Secure Estate and the need for equity and decolonisation within the field of clinical psychology and its training programs. Chelsea is passionate about human rights, trauma-informed care, social justice, and promoting equity and inclusion within the clinical psychology field.