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Holding Up the Mirror: Deconstructing Whiteness in Clinical Psychology

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Sanah Ahsan is a liberation and community psychologist. Her work centres on compassion, decolonising understandings of 'mental health' and embracing each other's madness.

ABSTRACT: 88% of UK Clinical Psychologists are White (BPS, 2015). This study explores how nine white, middle-class female psychologists in London understand whiteness in clinical psychology.

KEY WORDS: Whiteness, class, PoGM, complicity

> *"For the master's tools will never dismantle the master's house. They may allow us to temporarily beat him at his own game, but they will never enable us to bring about genuine change."* – Audre Lorde (1984)

I begin this paper by asking the reader to join my attempt to "dismantle the master's house" of Clinical Psychology with a critical use of the "master's tools". I hope the reader can maintain a curious approach to the psychological theories and academic references used, recognising that these resources have a recursive relationship with whiteness. I also wish to clarify the terms 'whiteness' and 'people of the global majority' (PoGM).

Whiteness is the systemic rules, norms and discourses that produce (and reproduce) the dominance of those socially racialised as white (DiAngelo, 2018). Whiteness is often invisible to its benefactors yet remains an oppressive reality to PoGM. Nevertheless, systemic whiteness is not synonymous with white people (who are not a homogeneous group), and PoGM are also capable of reinforcing whiteness. I use the term PoGM instead of 'people of colour' because the latter term centres whiteness as default (Lim, 2020).

The experience of whiteness

In 2020, the myth of a post-racial Britain has been desecrated by racially traumatising global events. Institutions are forced to reckon with the extent of their racism, and the harm it causes, and British Clinical Psychology (CP) is not exempt. CP has long been criticised for

being 'white psychology for white folk'; for pathologizing PoGM; for its complicity in the Islamophobic 'Prevent' scheme and for being overtly and covertly racist (Wood & Patel, 2017). CP sits within mental health (MH) services where PoGM are more likely to be diagnosed with schizophrenia, sectioned, treated as inpatients, restrained by staff, given high doses of medication, and less likely to receive psychological therapies in comparison to their white counterparts (Fernando, 2017). Nevertheless, the impact of CP's whiteness is not limited to service recipients. In 2019, the discipline was criticised for racism after an enactment of a slave auction at a Group of Trainers in Clinical Psychology conference, and for its insufficient response to the effects on black trainees (Busby, 2019).

According to latest British Psychological Society (BPS) demographics, 88% of psychologists are white and 80% are female (BPS, 2015), a demographic which has shaped the profession since the 1970s (Goodbody & Burns, 2010). Given the entry salary is £30,764 (BPS, 2015), a degree in psychology is a mandatory requirement and a 'class-ceiling' in university access exists (Friedman & Laurison, 2019), CP can be described as a middle-class profession. Holding up the mirror to the majority identity (white middle-class female psychologists: WMFPs), to investigate their relationship to whiteness, is imperative.

Why are there still so many white psychologists?

White British applicants have a 1 in 5 chance of being shortlisted for interview for CP, compared to 1 in 13 for PoGM applicants (Clearing House, 2017). Systemic barriers such as unpaid assistant psychologist posts, a lack of belonging in elitist education, and institutional racism are explanatory factors. The pathway into the profession is underpinned by meritocratic assumptions; yet, rather than individual capability - time, financial privileges and support networks are often rewarded (Wood & Patel, 2017). 'Widening access' initiatives aiming to 'increase diversity and representation' (Turpin & Fensom, 2004) assume that the presence of PoGM trainees will neutralise systemic whiteness within the profession. Yet, despite these initiatives existing for over three decades, PoGM psychologists remain consistently underrepresented (Tong et al., 2019).

How does whiteness shape the 'evidence-base' and therapeutic approaches?

CP presents itself as an objective 'science,' regardless of its history rooted in colonialism, eugenics and empiricism (Patel, 2003). This 'science' is shaped by an 'evidence-base' disproportionately representing WEIRD (Western, Educated, Industrialized, Rich, Democratic; Henrich et al., 2010) populations, who constitute 5% of the global population (Arnett, 2016). This research is often presented as scientific and value-neutral, and informs courses and training resources commonly delivered by white lecturers. WEIRD research informs NICE guidelines which recommend psychological therapies for clinical practice. Therefore, Eurocentric, psychocentric models of distress grounded in individualism (e.g. Cognitive Behavioural Therapy), dominate the profession (Rimke, 2016), obscuring systemic, racial and political trauma as explanations

of distress. Locating distress within individual psyches places responsibility for recovery solely on individuals and individual coping mechanisms (Afuape, 2016). Psychological approaches centring systemic oppression in understanding distress, which emphasise collective healing (e.g. liberation psychology; Afuape & Hughes, 2015) are not mandatory to UK training courses, whereas CBT is.

The concept of therapist neutrality may offer a 'professional' justification for silence rather than engagement in social-justice informed practice. How psychologists use their formulations holds great power. It is unlikely psychologists would suggest a woman with a history of sexual abuse participate in a therapeutic space with nine men. Contrastingly, PoGMs with racial trauma are placed into white-dominated spaces (Griffiths, 2020). When people can no longer tolerate therapy, their departure maybe 'formulated' by the therapist through a Cognitive Analytic lens of 'reciprocal roles' (e.g. abandoned becomes abandoner), instead of acknowledging racism. Racial trauma is commonly pathologised (Fernando, 2017). As Menakem (2017) describes: *"Trauma decontextualized in a person looks like personality. Trauma decontextualized in a family looks like family traits. Trauma in a people looks like culture."*

Study Rationale

Lipsitz (2006) states that attention must be focussed not only on those harmed by systemic processes, but also toward the majority who benefit from the resulting inequities and whose identities are often deemed invisible: a shift from the position of researcher to researched. It is therefore imperative to understand the viewpoint of the dominant group in CP. To date, there is no UK research explicitly exploring experiences of whiteness from the professional majority group perspective.

Methodology

Nine participants (self-identified WMFPs), were recruited using opportunity sampling from responses to an advertisement in the BPS Psychologist magazine. Inclusion criteria required training in the UK and current or previous employment in London NHS Trusts. The focus on London was due to its racially diverse population, somewhat reflected in MH services (Turpin & Coleman, 2010). Face-to-face semi-structured interviews were conducted (range: 58 - 88 minutes) in 2019, focussing on participants' understandings of whiteness, how it operated in therapy, as well as in the wider profession.

Verbatim transcripts were analysed using Interpretative Phenomenological Analysis (IPA), following Smith, Flowers & Larkin's (2009) recommended process. Grounded in phenomenology, this approach offers an 'insider perspective' of a systemic process. Through line-by-line coding and commentary, analysis moved from descriptive to interpretative, identifying patterns and distinguishing between emergent and superordinate themes. Additionally, IPA's double hermeneutic approach enables a consideration of one's own difference and interpretational lens as a PoGM researcher on the outcome of analysis. However,

to reduce researcher bias and ensure consistency across findings, themes and collated data, a WMFP academic supervisor linked to the research was involved in naming and identification of themes.

Themes

Three interrelating superordinate themes emerged from interview data: 'the white profession', 'therapy is a white idea based on white peoples' experiences' and 'we don't see ourselves as white.' All three theme titles are direct participant quotations. Table 1 below illustrates the themes and uses example quotes with anonymised identifiers to illustrate participants' personal relationship to whiteness and experience of whiteness in the profession and in therapy.

Table 1: Superordinate Themes, Emergent Subthemes and Quotes (continued overleaf)

Superordinate Theme	Emergent Subtheme	Direct Quotation
The White Profession	This white bubble	*"I really want the profession to be more diverse, but I don't want it to happen at the expense of really good potential white psychologists."* - Becky *"It is a profession created by white people..there's a power to create what a clinical psychologist looks like"* - Jane
	It's not to do with individual merit	*"Almost exclusively the people who applied for our voluntary assistant post were white middle class women. It struck me that they were in a position where they could"* - Julie *I applied five years and faced kind of, a lot of rejection. It's not what they're looking for. My friend of colour got on the first year, when no one else got in. She joked at her own expense, about it being the fact that she was black"* - Becky

Superordinate Theme	**Emergent Subtheme**	**Direct Quotation**
Therapy is a white idea	You're not gonna get this cos your white	*"I have a young person in front of me who has black skin, explaining to me why she doesn't want dark skin. I can see her choosing words carefully and feeling like she needs to explain it, that although I'm not really gonna understand, they almost have to be apologetic that it's their fault that they could bring something outside of my range of experience.There's an inadequacy, like I wish I could be black right now and give you a different experience"* - Sophie
	White middle class families end up getting more	*"White, middle-class are not going to be the kind of families who'd ever end up being referred to social care… there is a sense of knowing how to use your power and an understanding of how the system works."* - Amy
We dont see ourselves as white	Not wanting to identify with it	*"We don't see ourselves as white, do we really? I don't think we're forced to look in the mirror. It is never really pointed out to you.Whereas if you are black or brown, your experience is- you are reminded of it"* - Abi *"I think I feel quite bad. And then probably like it stops me from really getting into conversation like I probably think there is that resistance if I am honest."* - Jo
	I'm often treading on eggshells	*"I find it hard to talk about these things. I find it anxiety-provoking"* - Julie *"I have been conscious of not wanting to say something that is discriminatory"* - Anne
	I am committed to keep on thinking about this stuff	*"We shy away from power and the responsibility that comes with that.We have the knowledge to stick heads above the parapet for some things, but not this.We need to do more."* - Hannah

Exploring the Themes

How do WBMF clinical psychologists understand whiteness?

Participants' sense-making of whiteness focussed on both a racialised, individual level of being white, as well as wider understandings of structural whiteness. Participants had rarely 'been forced to look in the mirror' (e.g. Abi), and reflect upon being racialised as white, as captured by the superordinate theme 'we don't see ourselves as white.'

Conflict arose for participants in the subtheme 'not wanting to identify with it', resulting in emotional manoeuvres in response to whiteness which may be understood as white guilt (Rasmussen & Garran, 2019). A psychoanalytic framework suggests anxiety about owning one's own part in negative social processes triggers unconscious defensive reactions (e.g., denial, splitting). Acknowledging one's privileges requires confronting the de-idealized self: split off parts of the self previously projected onto the 'other' become relocated inside oneself (Segal, 1977). Unconscious defensive reactions against these processes create self-imposed limits to engaging with one's white embodiment and, as participants experienced, can result in fearful paralytic silence(e.g. *"It stops me from getting into conversation"* - Jo), rather than justice (Kinouani, 2020).

Participants identified supervision and therapy (and the interview itself), as spaces that help raise unconscious behaviour into consciousness. Pendry (2012) highlights the importance of the client-psychologist-supervisor triad in working with whiteness, and the supervisor's ethical responsibility in prioritising this.

The statement, 'I am committed to keep thinking about this stuff,' highlights participants' awareness that professional power comes with the responsibility of anti-racist work. An awareness of 'difference' without challenging individual and structural whiteness is mere 'verbalism' (Afuape, 2016), reflected in participants' simultaneous awareness and complicity (e.g. *"We shy away from the power and responsibility"* - Hannah). For psychologists cultivating social justice-informed practice, an interactive relationship between action, willingness and awareness is vital.

How do WBMF clinical psychologists understand how whiteness might influence therapy?

The subtheme, 'I'm often treading on eggshells' demonstrates participants' fear when addressing whiteness with clients, often couched in an unwillingness to compromise neutrality, make assumptions or make things worse (e.g. *"…not wanting to say something that is discriminatory"* - Anne). Several participants understood being white as a barrier to therapeutic work, underpinned by assumptions that the client had negative perceptions of this. For some participants, black therapists were idealised as being more competent in racial matters (e.g. *"…I wish I could be black right now and give you a different experience"* - Sophie). Perhaps both good and bad projections are made onto black psychologists to alleviate intrapsychic tensions and the responsibilities WMFPs carry when working with the complexities of race-relations in

therapy. Participants' varied references to blackness in particular may align with reports of anti-blackness within the profession (Paulraj, 2016).

'Therapy is a white idea' showed participants' awareness of therapy propagating psychocentrism (Rimke, 2016) and erasing indigenous healing knowledge, whilst being complicit with the political notion that social problems can be treated through individual behaviour change (Afuape, 2016).

The subtheme 'white middle-class families end up getting more' reflects the perceived racialised, class-defined identities of clients as influential to clinical outcomes, particularly in risk assessment and referral. This aligns with literature reporting the unconscious primitivisation of black service users in particular, manifested by greater sectioning, restraint, entry through the criminal justice system and over-medicating (Kilomba, 2008). White professionals assessing risk may see more of themselves reflected in white clients (Lowe, 2018), perceiving less risk in the familiar. Psychodynamic manifestations of both love and hatred for the self are, however, complex; participants' frustration at the privileged expressions from white people may be understood as a projection of the unwanted parts of the self.

Finally, the subtheme 'you're not gonna understand this because you're white' encourages reflection on the reported benefits (e.g., diversity of cultural knowledge), of having greater representation in the profession (Gibbs et al., 2019). Individuals with strong racial preferences reportedly benefit from being ethnically matched with a psychologist (Cabral & Smith, 2011). However, with evidence of PoGM trainees 'losing themselves' to fit into the landscape of whiteness, entrenched structural whiteness in the profession may be more influential than the number of PoGM bodies physically present (Martinot, 2010).

How do WBMF clinical psychologists understand the influence of whiteness on the profession?

The theme 'the white profession' highlighted participants' awareness of structural whiteness in the profession, as well as the dominance of white bodies (e.g. psychology teams, clinical training, assistant posts). Some participants understood this lack of diversity to be un-representative of client perspectives, whereas others found comfort amongst white professionals viewing diversification as a potential threat (e.g. *"I don't want this [diversification] to happen at the expense of white psychologists"* - Becky). Dalal's (1993) group psychoanalytic ideas suggest safety is strengthened in the white in-group via the unconscious processes of marginalising the out-group.

The subtheme 'this white bubble' highlights participant awareness of structural processes upholding the status quo, including gatekeepers (e.g. white interviewers, white lecturers) and dissemination of ideologies of the dominant group such as through white resources and knowledge (e.g. *"It's a profession created by white people"* - Jane). White psychologists' unconscious investment in this status quo may mean they identify themselves as positive and legitimate knowledge sources, colonising the subjective consciousness of PoGM as negative

(Fanon, 1963). From a Kleinian perspective, a depressive stance recognises that PoGM may be (un)consciously both desired and feared; therefore, fear of, and desire for, diversification in the profession perhaps co-exist.

The subtheme 'it's not to do with individual merit' demonstrated that most participants understand pathways to the profession afford access to an elite group of socio-economically privileged, often white, communities. Yet, some participants understood that being white is a disadvantage in accessing the profession, believing that specifically black applicants benefit from the need for diversification acknowledged by the BPS (Turpin & Fensom, 2004). This is perhaps another participant reference to anti-blackness, and can be described as 'white victimisation': a psychological defence against the unconscious realities of white privilege (Lipsitz, 2006).

Implications

Structural shifts must be led by the professional organisations and universities to address the issues discussed. Academic and clinical recruitment practices must prioritise PoGM representation across lecturers and staff, as well as white psychologists working to relinquish power and offer PoGM leadership and voice. Access to the profession could be improved by valuing lived over clinical/academic experiences in short-listing; mandatory PoGM interview panel representation and interview questions exploring experiences of oppression and how these might inform psychological practice. Anti-racist teaching (e.g., white psychologists holding spaces to dismantle whiteness together) must be threaded through training, rather than tacked onto UK training courses. PoGM must have the power to consume, construct and produce their own knowledge during training and post-qualification. Therefore, diversification of the curriculum (e.g. mandatory reading by PoGM authors) and inclusion of liberation and indigenous psychological approaches in training is crucial. Furthermore, legitimising non-academic knowledge through PoGM music, poetry and arts may facilitate further deconstruction of whiteness.

On an individual level, psychologists must move past processes of complicity, intellectualisation, avoidance, denial or silent paralysis and centre their discomfort. A key question for psychologists is: how can discomfort (in self-confrontation) be normalised rather than avoided or enacted? The analytical space of reflection and intellectual debate may be more familiar than the embodied experience of confronting whiteness, as somewhat reflected in participants' intellectual responses. Part of the psychologist's anti-racist work is becoming embodied: staying with the tightening throat and chest, recognising that this is a healthy place to return to meet an opening for change.

Limitations

There are several limitations to the sampling in this study. Focusing on white identity risks emphasising that which is already centred, and risks centring the individualised psychology of

racist identities rather than systemic processes. However, it successfully addresses criticisms of critical race theory for ignoring the lack of individual agency in systemic processes. Recruitment methods may have attracted psychologists already engaged in thinking about whiteness. Although including White-British participants was necessary to ensure a representative sample of the dominant group in the profession, experiences of being 'white other,' 'white-passing' or working class have their own complex differences, which were beyond the focus of this research (Bueno-Hansen & Montes, 2019). Additionally, the relationship between whiteness and differing racialised groups is only touched upon in the data analysis and requires further research, especially given that black people are the most disadvantaged by systemic whiteness (e.g. Tangel et al., 2019).

There are challenges to taking a critical approach to phenomenological data. Furthermore, it is difficult to predict what my race, professional position and gender meant to participants. My racial difference may have evoked greater self-awareness and sensitivity for participants, however, the honesty in responses suggests otherwise. Through regular supervision with a WMFP supervisor and keeping a diary throughout the research process, I managed my emotional responses to the research as encouraged by IPA's critical realist position.

The spectrum of racism

Menakem (2017) describes all people racialised as white as existing on a spectrum of racism from devout to complicit. The nine participants in this study were aware of the operation of whiteness in the profession, yet remained complicit. Participant responses indicate that the question CP needs to be asking itself is not *if* racism is taking place in the profession, but *how* is it taking place? The discussion above draws on psychological theories to help critically examine behaviours attached to whiteness, and highlights some of the processes through which harm can occur.

As Eula Biss (2020) states, *"You might be stuck on this team, but you don't have to play by its rules."* WMFP committed to dismantling the 'rules' of structural whiteness must actively engage with their own and each other's embodied discomfort and resist defensive manoeuvres (e.g., intellectualisation). The stakes are too high for PoGM and individual practitioners to rely on voluntary engagement in deconstructing whiteness. Structural changes must be driven by professional bodies including the BPS to show that anti-racist praxis is a core competency for psychologists, rather than an intellectualised debate or an optional 'reflective' exercise.

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