Diving into the Racial Cracks of the German Mental Health and Psychosocial Support System

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For nearly six years, I worked as a mental health practitioner with severely mentally ill people within an assisted housing facility. As within most community psychiatric facilities, we were a multi-professional team consisting of psychologists, social workers, nurses and alternative practitioners. Throughout my employment, I experienced many racist encounters with clients and microaggressions[1] from colleagues, which I struggled to navigate within my professional role.[2] When I sought resources to develop coping strategies in 2018, the existing literature itself reproduced the centrality of *whiteness*[3] within its research approaches as it primarily explored the relevance and perspectives of *white* social workers (Constance-Huggins, 2012; Moreno & Mucina, 2019). Within the past five years there has been a slight shift in the status quo, such as Kinounani's groundbreaking book *Living While Black. An Essential Guide to Overcoming Racial Trauma* (2020), which focuses on Black mental health professionals; or the German *Afrozensus* (2020), which additionally describes the experiences of racism during medical and therapeutic training. In contrast, this qualitative study explores in detail how racialized practitioners experience racism within Mental Health and Psychosocial Support Services (MHPSS) in Germany. To contextualize this study, I begin by describing the theoretical background of how racism is manifested and assessed in German MHPSS. Additionally, I offer personal reflections on my role as the researcher. In the second part I provide an overview of the study and analyze its results

1 Sue et al. (2007) define microaggressions as subtle, at times unintended, verbal, and behavioural negative cues which can broadly be categorized as micro-assaults, microinsults and microinvalidations.

2 See multiple articles in this book for personal coping strategies from Black therapists (Cuff-Schöttle & Saase; Grafwallner & Saase), quantitative studies including perspectives from marginalized therapists (Saase et al.), and material for education produced by racialized health experts (Fall & Kirschbaum) (ed. note).

3 Within the course of this article, I will italicize the words *white* and *whiteness* to highlight the political racialization of *whiteness*.

focusing on the various dimensions of racism that racialized[4] professionals encounter, the impact of these experiences, and how they navigate them. Finally, in the third part, I present recommendations for actions for an anti-racist approach to the German health and psychosocial support system and conclude the study.

Racism in the German Mental Health and Psychosocial Support System

Race and racism are phenomena that Germany firmly locates within its past and in the political far-right. It distances itself from these terms, finding new words to conceptualize its othering practices (Said, 1980), often framing it within *Ausländerfeindlichkeit* (xenophobia) (DeZIM, 2022; Tißberger, 2020; Yildiz, 2016). However, within the past decade, pivotal phenomena, such as the increased arrival of refugees in Germany and the global racial reckoning of the Black Lives Matter movement during the COVID-19 pandemic[5], created a new urgency to address the structural racism within German institutions. The German government commissioned the institution *Deutsches Zentrum für Integration und Migrationsforschung* (DeZIM) in 2022 to research the state of racism within Germany and to explore and record who is affected by racism and how it impacts the general public. This first multi-methodological and interdisciplinary report (*Nationaler Diskriminierungs- und Rassismusmonitor*) serves as the baseline record for monitoring how racism and discrimination develop over the coming years. The report portrays how racism is spread throughout German society, particularly within areas of education, work, and housing, and reveals that an overwhelming majority of the population is not aware of the depth and consequences of racism. Before that top-down initiated DeZIM research project, important insights were delivered by the bottom-up German research project Afrozensus (2020) with a mixed-method approach as the first comprehensive study on Black, African and

4 In referring to racialised people, I seek to emphasise the process of racialisation which occurs, as the construct of racialisation is malleable and places the emphasis on the people who are racialising groups of people, rather than on the people who are burdened with the experience (DeZIM, 2022; Gooding & Mehrotra, 2021). A German institute offering a racism monitor identified the following six specific groups who are racialised in Germany: Black, Asian, Muslim, Jewish, Roma and Sinti, as well as East European people (DeZIM, 2022).

5 The Black Lives Matter movement spread to Germany in 2020 after the killing of George Floyd.

Afrodiasporic lived realities in several areas of life in Germany, including the health sector. Experiencing racism regularly can lead to race-related stress and racial trauma (Harrell, 2000; Louw & Schwabe, 2020; Menakem, 2017). Race-related stress may lead to anxiety, depression, low self-esteem, feeling alienated and/or physical health issues (Louw & Schwabe, 2020). That the German government has only recently felt pressure to create a monitoring system to record instances of racism in Germany indicates the erasure and limited understanding of racism within the German public imagination (DeZIM, 2022). It comes as no surprise that the existence of racism within academic institutions and MHPSS has not been researched in any depth in Germany.

The existing literature published in English-speaking countries criticizes the centralization of *whiteness* within MHPSS and questions what happens when racialized professionals occupy helping spaces not constructed for them, revealing how scripts of *whiteness* and *white* supremacy are embedded within mental health structures (Badwall, 2014; Gooding & Mehrotra, 2021; Moreno & Mucina, 2019). Most of the existing literature focuses on the experiences of racialized social workers, with hardly any research centering the experience of racialized psychologists and therapists. In the following, I briefly and selectively describe research results about racialized realities in the national and international MHPSS.

Tißberger (2020) spoke with different German-speaking, primarily *white* social workers about frameworks of hegemonies, power hierarchies, racism, and *whiteness*. When the research participants reflected upon these questions, they initially identified the racism exhibited by clients towards each other and external instances of institutional racism. They viewed themselves as innocent subjects and felt they were at the mercy of their clients, bureaucracies, and politics. The interviews revealed the willful ignorance of the social workers and their complicity in perpetuating the centrality and hegemony of *whiteness* within the racist power matrix.

Through interviewing racialized students and trainers, Gooding and Mehrotra (2021) explored the *white* supremacist practices located within field placement settings. The participants felt tokenized as symbolic representations of their organization's diversity. They felt invisible, as they were often confused for someone with a similar racial background, people would not remember them, and/or they were mistakenly identified as clients within their initial meeting. They described the problematic team dynamics and the harm they experienced in the workplace setting, the emotional toll it had on them, and the invisible labor expected from them.

Witnessing colleagues and supervisors joke about and trivialize concepts such as *white* fragility made them feel unsafe to address matters of race or to speak up about other issues. These silencing mechanisms and invisibility of the racialized practitioners were re-inscribed when they witnessed microaggressions towards other peers and service users.

Similarly, Badwall's (2014) research investigated the lived realities of racialized social workers in Canada. The study portrayed how a number of *white* clients refused to work with the racialized social workers and how those social workers experienced microaggressions and close encounters with physical violence and death threats. The racialized social workers characterized these moments as violent, shocking, and painful. The challenges shaping these encounters were further exacerbated by unsupportive responses from co-workers and managers, who reminded the workers "to stay client-focused, empathic, and critically reflexive about their professional power" (p. 2). Through her study, Badwall (2014) reveals how through continuing mechanisms of *whiteness* in social work "racialized bodies are regulated through discourses that re-centre *whiteness* within the profession" (p. 4). There was the expectation to be a *good* practitioner, which meant centering the client's needs and remaining silent about racial slights.

Kinouani (2020) addresses the themes of silence, power dynamics, and racial trauma in her research on therapeutic group analysis. Her study investigates the functions of racism-related silencing in groups and how "silencing both originates from and transmits trauma" (Kinouani, 2020, p. 159). Moreover, Kinouani (2020) draws attention to "the use of silence as an instrument of violence [to erase uncomfortable expressions of] unbearable content and keeping the same out of conscious awareness" (p. 149). The silencing functions as an attack on the psychic autonomy of the other and their individuation. Kinouani draws upon the concepts of Di'Angelo's (2011) *white* fragility, Akala's (2018) *white* denial, and Mill's (2007) *white* ignorance to explore how group silencing mechanisms are acts of "repression that deny others reciprocity, recognition and the functional use of their voice and[,] by extension, negate their full humanity" (Kinouani, 2020, p. 149).

Feminist scholar Sara Ahmed's (2021) book *Complaint!* further explores how the prevention of speaking out, i.e., speaking about complaints, functions in the field of racism as a further mechanism to silence and erase disrupting voices from institutions. She reveals the complex nuances of complaint, how it may be expressed, what its objective is, and how it is a way to *protest* and say *no* to what is happening.

The key findings of the above mentioned studies point toward the multiplicities of racism-based silencing mechanisms and show how voicing the lived experiences of racialized practitioners becomes a site of disruption. Moreover, this selective literature review highlights the local research gap on the experience and behavior of racialized therapists and, thus, the necessity of the research project of this article.

My role as a researcher – self positioning

I reflect upon my positionalities and identities within the light of the context of racism in MHPSS to acknowledge my tensions and voice. I am a racialized dark-skinned, able-bodied, cis-gender female psychologist from Berlin, the daughter of two South Indian migrants from Bangalore. I lean into the paradox of my educationally privileged upbringing whilst being the first in my family to achieve a graduate degree. When I reflect upon why I care so profoundly about this topic, it all comes back to my late parents, the struggles we faced as a family, and the values they taught us. Upon medical advice from our German pediatrician in the 1980s, my parents chose to raise my brothers and me in German and only spoke their mother tongue Telugu with each other. However, they passed on their cultural identity through other means – food, music, dance, religion, and oral (hi)stories. Despite my parents' best efforts to adapt and assimilate to their new home, living as racialized people in Berlin led us to incessant experiences of microaggressions, racial profiling, othering, and structural racism. I share these personal histories to illustrate the complex nuances of my German-Indian identity and how it shaped my sense of belonging and my perspective viewpoint as a researcher.

As a psychologist I was confronted with the dilemma of how to hold onto my professionalism in the face of racism, navigating tumultuous team dynamics and trying to process the negative impact of the racial stressors on a personal level. How does one navigate witnessing colleagues committing racial microaggressions and discriminations at our sites of practice? What is the cost of intervening and speaking up? What do those interruptions lead to? What is the cost of remaining silent? At what point do we stop analyzing things through our professional lenses and when is it acceptable to respond on an embodied human level? In one memorable instance,

an elderly *white* German male client insulted me with the n-word[6]. In the subsequent roundtable discussion, our director addressed the client about his racist behavior, asking him why he could not return the respect with which I had treated him. The client responded calmly and clearly, "I am sorry…but she is not a full human being to me." A deafening silence followed that statement. As I sat at the table, a cloak of numbness enveloped me. We sat there, each of us processing the heavy words, which lingered like a heavy grey cloud within the room.

I do not remember much in the aftermath of the conversation, except for my director approaching me. She sat with me in her own helplessness around the situation. She saw my wound at that moment and wanted to support me but did not know how to proceed. The client soon left the project due to other circumstances, but what remained was a sense of inevitability and powerlessness in the face of racism, particularly within the context of mentally ill people. There was no institutional response, no recourse for me to address the situation, and no supportive practice to help me process the emotional violence of being dehumanized. My enforced silence kindled a quiet rage within me which grew stronger with each racist encounter. As Lorde (2017) once said:

> "My response to racism is anger. I have lived with that anger, ignoring it, feeding upon it, learning to use it before it laid my visions to waste, for most of my life. Once I did it in silence, afraid of the weight. My fear of anger taught me nothing" (p. 107).

Utilizing my rage as a driving force, I leaned into this rupture and sought to harness the knowledge that arose from these cracks. In line with Ahmed (2021), I wanted to give racialized mental health practitioners the space to be angry, to be heard and seen within the fullness of their racialized experiences. Heading Lorde's (2017) wisdom, the aim of my research is not to cast blame and generate guilt but to generate change within, and call for accountability from, our colleagues and organizations.

Research overview

The focus of this study was to investigate the nature of racist encounters experienced by racialized MHPSS practitioners within their organizations

6 The abbreviation for a racist term to describe a Black person is used to stop reproducing racist language.

in Berlin and Brandenburg. The essence of this study is grounded in an indigenous and decolonial approach. Moving beyond the Western academic traditions of scholarship, I incorporated practices from indigenous scholars (Clark, 2016; Moreno & Mucina, 2019; Wilson, 2008), leaning into the cracks emerging from this exploration and holding space for uncertainty. Rather than inhabiting the role of the objective researcher, I followed the examples of previous decolonial researchers (Smith, 2012; Tuck & Yang, 2013; Wilson, 2008). Responding to the call of Metís social psychologist Natalie Clark's (2016) decolonial indigenous appeal, I located myself within and throughout the research. Clark (2016) writes, "Indigenous scholars no longer willing to leave spirit at the door have reminded us to situate ourselves in our writing, to start from our intentions, to answer the question: Who are you and why do you care?" (p. 49).

In line with existing decolonial research suggestions (Smith, 2012; Tuck & Yang, 2012; Wilson, 2008), I stepped into this circle of knowledge discovery as a curious participant, engaging with the heart of this research through a decolonial framework. This approach did not reduce the racialized practitioners to their pain narratives but sought to embrace the fulness of their experiences, honoring their stories in a meaningful way. I became aware of the multiple subjectivities embodied by the participants and recognized that their experiences were not representative of all racialized practitioners. I sought not to speak for the *subaltern*[7] (Spivak, 1988), and I did not want to focus solely on their experiences of harm but also with their strengths (Spivak, 1988; Tuck & Yang, 2013).

I conducted a qualitative study based on semi-structured interviews with six participants – four individually and two in a paired interview. Except for one, all interviews were conducted online due to Covid-19 restrictions and were held in either German or English. All participants self-identified as racialized MHPSS practitioners who had worked in Berlin or Brandenburg. The interviews were analyzed using an inductive thematic analysis, which provided a rich description of the data set – a method often employed when exploring under-researched areas (Braun & Clarke, 2006). To balance and make sense of my reactions, responses, and tensions, I engaged in a self-reflexive practice of keeping a logbook. I structured the results of the analysis by exploring the range of racist encounters the participants

7 The post-colonial concept of the subaltern refers to individuals and groups who are socially oppressed and marginalized within a hegemonic cultural society (Spivak, 1988).

experienced within different power dynamics. I then presented the results beginning with one of the main patterns which emerged from the data.

Result 1: The effects of racism on practitioners within psychosocial support organizations

Across the range of interviews with the participants, it became apparent that different forms of racism existed within all contexts of professional practice, from services for assisted living facilities of mental health organizations to practitioners working in mental health administration services or with refugees. Often times, they weren't just straightforward racist encounters but intersected with gender, sexual harassment, or bullying, or disguised as more subtle variations, such as microaggressions, resulting in significant mental and emotional harm. Furthermore, participants recalled racist encounters with their service users, co-workers, bosses, and institutions. Interestingly, it was the encounters with co-workers and managers that were mentioned more frequently and that had greater negative impacts on the participants.

The racist encounters with service users often occurred whilst the clients were in acute distress, using racial slurs to insult and provoke the practitioners. The participants were quick to suppress their emotional reactions and viewed these encounters through their professional lens, hypothesizing about the motivation and frame of mind their clients were in. In contrast, experiencing microaggressions from clients whilst they were in stable states resulted in feelings of annoyance, self-doubt, insecurity, and defensiveness. Particularly it was their competence as racialized professionals that was scrutinized by their (both *white* and racialized) clients. The participants' narratives highlighted the client's intention and mental clarity as factors for interpretation of the racist encounters. Moreover, how their colleagues and organization chose to respond to the racist incidents tremendously impacted how the participants processed the racist encounters.

The co-workers' racism, in contrast, consistently negatively impacted the participants. A few participants reported how some of the racist encounters intersected with sexism or bullying. The often humiliating racist encounters deeply upset and traumatized the practitioners. Some participants reported colleagues reproducing racial tropes. A female participant recalled in outrage how her co-workers made jokes about her and how they stopped talking to her; meanwhile, a male co-worker sexually harassed her, referencing

her ethnicity and racialized body. Colleagues even discredited her to her clients. As a result, the participant lost weight, was emotionally distressed and felt unable to go to work. She was paralyzed by shock in the face of the unfolding events. She started experiencing psychosomatic ailments and withdrew from social situations, all which affected her personal life significantly. In the end she quit her job and prioritized her mental health. My research indicates that group and power dynamics play a significant role in how the participants processed the racist incident at work.

Institutional racism was also heavily reported by the participants, though hesitantly at times. The individual insights regarding clients' and co-workers' racism were deepened through how negatively the participants were impacted by racist encounters with their management. Several participants reported management suppressing the thematization of racism within the organization, being instructed to not call the incidents racist and to not comment on racist encounters, so the management would not be accountable for taking action. In one instance, a participant described a manager who racially bullied her, abusing his position of power. The racist encounters with her manager had such a detrimental impact on her mental health that she was forced to set a boundary and resign from her role, despite her deep care for her clients. What struck me in the narration of these experiences was the anger, sadness, determination, and resignation that permeated the conversations.

The results highlight racism in MHPSS on three levels: service users, colleagues, and management. However, they also reveal that a supportive management's response can mitigate the negative impacts of racism experienced in the workplace.

Result 2: Uncovering white supremacist structures

Another result of this study highlights *white* supremacist structures in MHPSS. When the participants tentatively complained about their racist encounters to their team and management, they faced *white* fragility and complicity. Participants reported their colleagues felt embarrassed and self-conscious when discussing the racist incidents, avoiding any kind of meaningful engagement with the racism they witnessed. Instead, they reacted defensively by negating and trivializing the racist encounters, which amplified the harmful effects of the race-related stress the participants reported. Even the colleagues who usually supported the racialized practitioners

did not intervene or interrupt the racist encounters, leading to secondary victimization. Secondary victimization occurs when a person who has experienced racism faces further harm due to disbelief or invalidation from their environment (Louw & Schwabe, 2020). This lack of support can exacerbate the initial trauma, leading to feelings of isolation and distress. Several participants reported feeling unassisted and isolated in reporting cases of racism, thus getting the impression that it was their sole responsibility to identify and redress racist behaviors from clients and co-workers.

These examples reveals that *white* complicity is embedded within MHPSS organizations, often masking itself as *white* allyship, and how it amplifies the harmful effects of the racist encounters through the secondary victimization of participants. In the worst-case scenario, participants reported how their hesitation to call out microaggressions tacitly permitted colleagues to continue with their racist language. As a participant described, her *white* colleagues felt free to use the n-word in conversation as long as no one specifically intervened and called it out as racism. If a team member felt uncomfortable with the usage of this word, they would have to address it individually. As the participant described, "it's clear if I do not feel comfortable with it, I have to address it, yeah." The colleagues continued using the n-word.

An important element for naming racism is feeling safe enough to report it, with the assurance that you will be believed and your experiences validated. For most of the participants in this study, this was not the case. The trivialization of racist encounters through *white* denial effectively silenced their complaints.

In summary, all participants reported encountering racism within the MHPSS structures to varying degrees. However, whenever someone attempted to lodge a complaint or suggest a change, their concerns were ignored, trivialized, or silenced.

Result 3: The erasure of racialized practitioners through tokenism and silencing mechanisms

The results also reveal that many services providers are engaged in nonperformativity regarding their diversity practices. By this, Ahmed (2021) refers to "institutional speech acts that do not bring into effect what they name" (p. 30). Several participants reported feeling tokenized by their organizations, which sought to appear diverse. The organizations conflated

diversity with equity, erasing the lived realities of their racialized staff. They failed to address racial tensions, offering neither guidelines nor support. Many MHPSS institutions adhered to performative diversity practices, embedding these within their organizational branding to fulfill funding requirements. According to the participants, whenever someone attempted to raise complaints about racial discrimination, they were ignored, dismissed, or silenced, effectively reducing them to tokens of diversity. Additionally, there were multiple instances of self-silencing, where participants hesitated to voice their complaints for fear of disrupting team dynamics and being labelled as a *Störenfried* (troublemaker) within the organization.

As Ahmed (2021) wrote, "to *hear* complaint is to become attuned to the different forms of its expression, particularly to hear with a feminist *ear*[8] is to hear who is not heard, how we are not heard" (p. 4). Through using this feminist *ear*, complaints against racisms can be seen to be entangled at their core with some form of violence (Ahmed, 2021). The suffering of the racialized research participants was exacerbated by the erasure of race from their professional role, by the discouragement they faced, by the organizational silencing of their complaints through willful ignorance, complicity, and blindness. As Ahmed (2021) explained, "Violence is often dealt with by not being faced. It is then as if the complaint brings the violence into existence, forcing it to be faced" (p. 121).

Summary of the results

The participants' recollections of their racist encounters in the German MHPSS reflect a sense of violence in their professional lives. Experiences of racism with clients, colleagues, and management have devastating impacts on their mental health and career. Furthermore, these effects are exacerbated by the practice of silencing employed by colleagues and management. In line with existing literature (Kinouani, 2020; Mills, 2007), the lived reality of racialized practitioners is pulled into the absurd, is denied, ignored, banalized, trivialized, and downplayed. The results support hypotheses from Ahmed (2021) and Kinouani (2020) that any suggestion of a complaint and attempts to be truly seen are denied, thereby perpetuating the violent cycle of silencing. Through recounting their experiences, the

8 A feminist *ear* is more attuned, deeply sensitive and hears beyond the surface (Ahmed, 2017).

research participants offered up their stories as sites of resistance and disruption, against *white* supremacist violence enacted in the workplace. Within the participants' narratives, I heard how they were "trying to resist it quietly, each of [them] on their own, even if it's just through whispers" (Ahmed, 2021, p. 262). The interview process itself, by providing a platform for participants to articulate long-silenced experiences, released a palpable tension. Sharing often painful truths allowed them to find a sense of relief. Furthermore, this study illuminated vulnerabilities within the German MHPSS.

Recommended actions

Sustainable, lasting change is crucial for racialized practitioners to achieve full visibility within their organizations. As my qualitative study revealed, racist encounters were corrosive to participants' lives, leading a third of them to resign. A multipronged anti-racist approach is essential. Organizations must prioritize awareness and accountability, ensuring the mental and physical well-being of their staff. They should enhance self-reflexive processes and develop practical tools to address racism head-on. A valuable starting point could be critical *whiteness* or anti-racist training for staff and management. German psychosocial institutions must critically examine the racist constructs embedded within their foundational practices. It is imperative to believe and validate the experiences of victims and survivors of racism and to provide them with support, such as supervision or empowerment rooms. Moreover, practitioners should document racist encounters in their first aid logbooks and record psychic and emotional injuries. This documentation can be crucial for accessing therapeutic counselling[9], insurance, or potential legal action.

Conclusion

The findings of the literature research and my qualitative study demonstrated how *white* supremacist ideas are embedded within MHPSS structures. Moreover, they provided valuable insights into how organizations can

9 Most publicly funded therapists don't have training regarding race-related stress and racial trauma; if they do, they are in high demand with few vacancies. It will most likely require a private therapist.

create safer environments through anti-racist approaches. Although the Afrozensus (2020) provided first, mainly general results about experienced racism as Black health experts, this study provides a more in-depth and detailed account of the lived realities of racialized mental health practitioners in Germany. It lays the groundwork for future research.

A major limitation of this study is the relatively small sample size. It is important to emphasize that these results are based on the specific experiences of six individuals and cannot be generalized to all racialized mental health professionals in Germany. Further research should explore how intersections of oppression might interact with the racialization of the practitioners and differentiate between specific work environments, as conditions in psychiatric clinics might differ from those in private practice, independent counselling, or social work services.

Despite the relatively small sample size, the insights gained about racist key factors within the MHPSS at both individual and structural level can be used to further develop targeted management interventions and guidelines. These interventions can help create spaces for racialized professionals experiencing racism and explore new creative ways for the subaltern to be heard and represented within our imaginations (Spivak, 1988). I believe these antiracist strategies are important components of the future of MHPSS services. This way, racialized identities can transcend their painful experiences. By existing within these spaces, our racialized selves can become more than just disruptions to normative, *white* structures. These diverse perspectives, nuances, and competencies we bring to these spaces and carry within our bodies, along with the cracks we break open within rigid, outdated systems, hold the potential for a more just, equitable, and caring future.

References

Afrozensus (2020). *Perspektiven, Anti-Schwarze Rassismuserfahrungen und Engagement Schwarzer, afrikanischer und afrodiasporischer Menschen in Deutschland*. Afrozensus. https://afrozensus.de/reports/2020/#start

Ahmed, S. (2017). *Living a Feminist Life*. Duke University Press. https://doi.org/10.2307/j.ctv11g9836

Ahmed, S. (2021). *Complaint!* Duke University Press.

Akala (2018). *Natives. Race and Class in the Ruins of Empire*. Two Roads.

Badwall, H. K. (2014). Colonial Encounters: Racialized Social Workers Negotiating Professional Scripts of Whiteness. *Intersectionalities. A Global Journal of Social Work Analysis, Research, Polity, and Practice*, *3*, 1–23. https://doi.org/10.48336/IJAAKH9194

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Clark, N. (2016). Red Intersectionality and Violence-informed Witnessing Praxis with Indigenous Girls. *Girlhood Studies*, *9*(2), 46–64. https://doi.org/10.3167/ghs.2016.090205

Constance-Huggins, M. (2012). Critical Race Theory in Social Work Education: A Framework for Addressing Racial Disparities. *Critical Social Work*, *13*(2), 2–16. https://doi.org/10.22329/csw.v13i2.5861

DeZIM – Deutsches Zentrum für Integrations- und Migrationsforschung (2022). *Rassistische Realitäten. Wie setzt sich Deutschland mit Rassismus auseinander?* Rassismusmonitor. https://www.rassismusmonitor.de/fileadmin/user_upload/NaDiRa/CATI_Studie_Rassistische_Realit%C3%A4ten/DeZIM-Rassismusmonitor-Studie_Rassistische-Realit%C3%A4ten_Wie-setzt-sich-Deutschland-mit-Rassismus-auseinander.pdf

Di'Angelo, R. (2011). White fragility. *International Journal of Critical Pedagogy*, *3*(3), 54–70.

Gooding, A., & Mehrotra, G. R. (2021). Interrupting White Supremacy in Field Education. *Advances in Social Work*, *21*(2/3), 311–330. https://doi.org/10.22329/csw.v13i2.5861

Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, *70*(1), 42–57. https://doi.org/10.1037/h0087722

Kinouani, G. (2020). Silencing, power and racial trauma in groups. *Group Analysis*, *53*(2), 145–161. https://doi.org/10.1177/0533316420908974

Lorde, A. (2017). *Your Silence Will Not Protect You*. Silver Press.

Louw, E., & Schwabe, K. (2020). *Rassismussensible Beratung und Therapie von geflüchteten Menschen. Handlungs- und Interventionsmöglichkeiten*. Vandenhoeck & Ruprecht.

Menakem, R. (2017). *My Grandmother's Hands. Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*. Central Recovery Press.

Mills, C. (2007). White Ignorance. In S. Sullivan & N. Tuana (eds.), *Race and Epistemologies of Ignorance* (pp. 11–38). State of New York Press.

Moreno, S., & Mucina, M. K. (2019). Cultivating a Racialized Practitioner Ethic: A Guide for the Human Services. *Intersectionalities. A Global Journal of Social Work Analysis, Research, Polity and Practice*, *7*(1), 82–104. https://doi.org/10.48336/IJYIRJ9794

Said, E. W. (1980). *Orientalism. Western Concepts of the Orient* (New edition). Routledge & Kegan Paul PLC.

Smith, L. T. (2012). *Decolonizing Methodologies. Research and Indigenous Peoples* (2nd ed.). Zed Books.

Spivak, G. C. (1988). Can the subaltern speak? In C. Nelson & L. Grossberg (eds.), *Marxism and the Interpretation of Culture* (pp. 271–313). Macmillan Education.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, *62*(4), 271–286. https://doi.org/10.1037/0003-066x.62.4.271

Tißberger, M. (2020). Soziale Arbeit als weißer* Raum – eine Critical Whiteness Perspektive auf die Soziale Arbeit in der postmigrantischen Gesellschaft. *Soziale Passagen*, *12*(1), 95–114. https://doi.org/10.1007/s12592-020-00342-5

Tuck, E., & Yang, K. W. (2013). R-Words: Refusing research. In D. Paris & M. T. Winn (eds.), *Humanizing Research. Decolonizing Qualitative Inquiry With Youth and Communities* (pp. 223–247). Sage.

Wilson, S. (2008). *Research Is Ceremony. Indigenous Research Methods*. Fernwood.

Yildiz, E. (2016). Das strategische Geflecht von Migration, Ethnizität und Geschlecht. *Österreichische Zeitschrift für Soziologie*, *41*(S3), 29–45. https://doi.org/10.1007/s11614-016-0238-2