

The Psychology of Radical Healing Collective

Grace Chen: [00:00:00] That there is space for us to name it and also to say, we don't have to just accept it as is. And then we start envisioning together, you know, what are the different things I maybe individually feel like I can do, but what am I going to push the systems I'm a part of to do to make changes as well.

Bryana French: [00:00:19] We are in the spirit of liberation for the communities we belong to and struggle alongside with that. We're not in this fight for ourselves alone. So those five components are the main things, critical consciousness, strengthened resistance, cultural authenticity, radical hope, and collectivism.

Helen Neville: [00:00:35] When I think about how I want to spend my energies. I'm like, does this, value, this align with my values of liberation. Is this working toward liberation, particularly of black folks, indigenous folks and people of color.

Hector Adames: [00:00:48] So when I think of the future and the continued work of our, of our Psychology of Radical Healing Collective, um, I envisioned doing what we did here in this podcast. Right? Which is come to the Psychologist Off the Clock and, and shake it up a little bit. Right? Do things a little bit different. Um, and that is what radical is.

Diana Hill: [00:01:08] You're listening to Drs. Grace Chen, Bryana French, Helen Neville, and Hector Adames who together are the Psychology of Radical Healing Collective on Psychologists Off the Clock.

We are four clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships work and health.

Debbie Sorensen: [00:01:34] I'm Dr. Debbie Sorensen, practicing in Mile High Denver, Colorado.

Diana Hill: [00:01:38] I'm Dr. Diana Hill practicing in seaside, Santa Barbara, California.

Yael Schonbrun: [00:01:42] From coast to coast. I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist and assistant professor at Brown University.

Jill Stoddard: [00:01:48] And from sunny San Diego, I'm Dr. Jill Stoddard author of Be Mighty and The Big Book Of ACT Metaphors.

Debbie Sorensen: [00:01:54] We hope you take what you learn here to build a rich and meaningful life.

Diana Hill: [00:01:57] thank you for listening to Psychologists Off the Clock.

If you are a psychologist, social worker, counselor, behavior analyst, and that T physician nurse and more, and you really want to deepen your clinical skills. We highly recommend continuing education with Praxis. All four of us here on Psychologists Off the Clock. Have taken workshops through Praxis to enhance our learning and continuing education. As psychologists, they have hands on clinical skills workshops and act CBT compassion, focused therapy, and more, and online courses. So start learning now by going to our website off the clock, psych.com. And if you're interested in a live online course, you'll see a coupon code there for a discount. And some of the ones that are coming up are

Fundamentals in DBT for Everyday Practice. There was also the ACT immersion as an on demand course with Steve Hayes, where you can log in and learn any time. Check it out at our website offtheclockpsych.com.

One of the drawbacks to COVID-19 and being on quarantine is that we don't get to see each other in person as much. But one of the wonderful benefits is that we do get to expand our relationships online and. I'm really excited that a workshop that I usually just offer here in Santa Barbara, I'm going to be offering online so that it's accessible to a larger community. And I'm going to be leading a workshop on Committed Action: Making Values Based Moves on Sunday, August 16th from three 30 to 5:30 PM. And that specific time through Yoga Soup, you can check it out at yogasoup.com and we're going to be exploring how to take your values and turn it into committed actions, whether it's through social justice, uh, maybe you want to make a change in your health behaviors, or maybe you want to show up in your relationships in a more values based way. We'll be doing some real hands on experiential work together to put Acceptance and Commitment Therapy. Into committed action in your life. So join me. I hope to meet some of you there and really looking forward to it. Check it out at yogasoup.com. So today we have four of the six scholars that make up the Psychology of Radical Healing Collective on the show. And it was a real honor to have all of them on at once.

And when I looked up the definition of a radical in the dictionary, uh, it's an adjective that means effecting the fundamental nature of something. It is far reaching and thorough. And in listening to this episode and the work that they're doing, you'll notice how far reaching and how thorough it really is.

Jill Stoddard: [00:04:41] And, you know, can I just say to Diana that having four guests on at the same time is a pretty radical shift for Psychologists Off the Clock. And I want to just take a minute to give you some appreciation for your willingness to step out of your own comfort zone to do that. And I think it was such an important, um, and inspiring episode.

And, you know, I loved learning about radical healing and I loved when Dr. Adames talked about it as shaking things up, You know, that that radical healing is about shaking things up at the roots and really doing the work to excavate at the roots to shake things up. And that radical hope is a verb.

Diana Hill: [00:05:20] I also really appreciated how they give this important message at the end that taking action doesn't have to be perfect and that they, the imperfection is part of it. I know that there's things that I said that weren't perfect or right during the interview and lots of ways in which I'm working on growing and learning in this area. And I really appreciate that willingness and openness for us to step through the doors of imperfection, but just to keep on moving forward and moving in the direction of our values of really social justice and also radical healing in the therapy room.

Jill Stoddard: [00:05:55] Absolutely. I mean, there has to be a willingness to get comfortable with discomfort. And I think one of my other favorite parts was that I learned about the virtual club quarantine with DJ D-Nice right after my kids were talking about wanting to have a dance party. So who

Diana Hill: [00:06:12] Awesome. We'll take a listen. We hope you enjoy this

group as much as, as we did and find it as profound as we did today we have four scholars from the Psychology of Radical Healing Collective on the show. And in addition to contributing to academic counseling and training pursuits, the collective publishes a blog in Psychology Today where they share a strength based framework for radical healing and hope for identity-based traumas.

And I'm going to introduce all of you political order and your academic, their academic bios will be on our website. So that we can link your name to your voice. I'm also going to ask that maybe you say hello and maybe share something about you with that. We wouldn't be able to find on your bio. So, yeah, beginning with Hector Adames, he is a clinical psychologist and an associate professor of counseling psychology at the Chicago school of professional psychology.

He co founded and co-directs. The immigration critical race and cultural equity lab, and he's, uh, his scholarship focuses on colorism, racism and Latinx psychology. Welcome Dr. Adames .

Hector Adames: [00:07:27] Thank you so much for having us. I'm really excited to be here.

Diana Hill: [00:07:30] And what's something about you that we may not find out in your bio.

Hector Adames: [00:07:35] Something about me. Let's see. I love to dance. I love to dance and, um, done it professionally as well. And um, now, currently the classroom is my new desk floor.

Diana Hill: [00:07:47] Wonderful. And then we have Grace Chen, who is a licensed psychologist in independent practice in Menlo park, California for our clinical practice includes individual psychotherapy and. Court group facilitation. She also provides advising and clinical training and professional development for psychology doctoral students as a consultant and her scholarship and service activities have focused on marginalized populations, mentorship, and professional development. Welcome dr. Chen,

Grace Chen: [00:08:12] thank you. Happy to be here today.

Diana Hill: [00:08:15] And what's something about you, not on your bio.

Grace Chen: [00:08:18] Um, I believe I grew up in Texas and it was really hot there growing up. And now that I've been in California for a long time, I've been converted to the outdoor lifestyle. So I really appreciate being able to hike pretty much year round.

Diana Hill: [00:08:33] We have beyond a French who is a counseling psychologist and associate professor in the graduate school of professional psychology at the university of st. Thomas, . Her research has explored the sexual corrosion and sexual scripting using a black feminist framework and her training interests focus on multicultural and social justice. Psychology doc, dr. French. Welcome to the show.

Bryana French: [00:08:53] Hi, thank you for having us. And let's see something that is not in my bio, um, is that I am an amputee. And so I'm trying to be active and in more nature with a prosthetic leg, which is exciting and frustrating at the same time.

Diana Hill: [00:09:15] Thank you. We have Helen Neville who, uh, actually was

the first person that I contacted and it was. The, the woman that arranged all of us to get together today. And dr. Neville is a professor of educational psychology and African American studies at the university of Illinois at Urbana champagne. She is past president of the society for the psychological study of culture, ethnicity, and race and past associate editor of the counseling psychologist and of the journal of black psychology. Welcome Dr. Neville.

Helen Neville: [00:09:47] Thank you so much for having us, I'm looking forward to our conversation. It's going to be a lot of fun and something different. Um, about me that might not be on my bio is that I've really been getting into forest bathing. Um, and so just really going out in the trees taken, uh, and, and really seen the curative and healing effects of that.

Diana Hill: [00:10:10] So some movement and nature lovers amongst, amongst the four of you. So I think a good place to start is to just even break down the words of your collective. So the Psychology of Radical Healing Collective, and maybe we can begin with what you mean by radical healing. And then also like, well, how it works as for you as a collective.

Bryana French: [00:10:35] radical healing was. Really doctor Neville's, um, brain child, and thinking through during her presidential year of, uh, APA division 45 and how so justice work activism in and of itself is healing and how to heal through social justice. And so through that, the dream team or the radical healing collective was created. So she found. Five of us, six of us in total, including Helen to think through ways that we can create a psychology by and for black indigenous and people of color. And so briefly radical healing, um, builds off of Sean. Jen writes notion of radical healing from his book, black youth rising. And we see it as different from conventional healing and that we take a collective focus.

And so instead of an individual healing perspective, we. Think about how our communities can heal from racial radically oppressive conditions. And so with the belief that radical times call for radical approaches and we integrate black liberation, psychology, and intersectionality for that intentional focus.

And radical healing. We conceptualize it as sitting in a dialectic of both resisting oppression and imagining something better or future possibilities, and that we need to be in both spaces at the same time. Um, because to be in just a place of acknowledging and resisting oppression can lead to a sense of maybe pessimism, but also we can't fight in vain.

And so the leading to believe that there's something better on the other side, outside of that fight and resistance.

Diana Hill: [00:12:14] what does radical healing look like in terms of when you're working with people or communities, what are some of the main sort of pillars or concepts that, that you're working with them?

Bryana French: [00:12:28] Yeah, so we see it as being comprised of five components. So first critical consciousness and so needing to be aware. Of the structural historical, um, institutional the conditions that created these inequities in the first place. As opposed to internalizing a negative sense of self or, you know, I haven't met the quote unquote American dream because of something I'm doing wrong, but really a critical understanding of where that came from. So really pulling on Paulo free Ray's work around critical consciousness, and that,

that leads to action and needing a sense of strength and resistance as the second pillar or component and to do something then about that awareness. So first being. Aware woken up to know the conditions that we're in and then having the sense of empowerment to do something about that. And calling on ancestral resistance and knowing that we are the descendants of people who have continued to fight and resist and have a sense of strength to, fight against some of the negative realities that we've been subjected to.

The third is cultural authenticity and building on some of the psychology of, uh, racial identity development and indigenous healing practices. And so resisting negative stereotypes about them own identities, and instead of fostering a sense of positive self worth and. And, um, self love also recognizing from a psychological perspective that our communities, grandparents and beyond have been healing, engaging in different healing practices long before Freud ever showed up on the scene. And so believing that there is. Value in that even if there isn't an entire textbook written on it or a whole course or field of study, but that we have what we need to heal ourselves and our communities. Um, if we go back to those indigenous roots and a sense of radical hope that we. It's a different reality as possible and, um, to not lose sight of that is the fourth.

And then the fifth is collectivism that we are in the spirit of liberation for the communities we belong to and struggle alongside with that. We're not in this fight for ourselves alone. So those five components are the main things, critical consciousness, strengthened resistance, cultural authenticity, radical hope, and collectivism.

Diana Hill: [00:14:50] I recently read about your collective, that you actually truly act as a collective, even in how you write for psychology today. And I, and I'm wondering about how that, that collective approach applies to you as a group, and then how you use that in, um, In sharing your message and maybe dr. Neville, you could share on that as, as the founder of the collective.

Helen Neville: [00:15:14] Oh, sure. And I think, um, that's such a great question and fun to kind of think about when I think about the collective, I think about each of us has an equal say, um, in terms of identifying the content in terms of shaping the message in terms of, um, where we might want to go.

And so. Um, for example, when we write for the psychology of, uh, today, our articles, we might. Pitch an idea and say, Hey, I think this is happening in this current moment. I think we need to speak to this. Is there somebody, um, who wants to write? So people will say yes, I think it's important. And who would like to take a stab at it.

And then from there, what we might do is have informal conversations among ourselves. To kind of get ideas that people have about the particular topic, their evaluation, our assessment of the topic. And then one of us will take the lead and incorporate the ideas and draft something and then share it with somebody else. Say, Hey, what do you think here? And then they'll build that further and then we'll put it in like a Google doc and begin and to have a conversation. And then we sometimes have conflict or disagreements in terms of how we're thinking about things. And we'll have a conversation about that. Well, what is it that we really mean here?

How is it that we would like. To resolve this tension that we have. And sometimes we have to sit within the tension within our own group and how we want to move forward with that in terms of getting something published So we work as a cloud to have, and our writing process and our conceptualization process and how we want to move forward.

Um, even in terms of this particular opportunity to be on the podcast, you had reached out to me and it's like, okay, this is really a collective, a collaborative, let me turn it over to the collective and seeing who else would like to be part of this. So that there's not one person who has ownership of these ideas.

I think that's really important. And it also honors the fact is that when we think about knowledge production, and we think about actions, it's not an individual thing. Right. We don't. Great knowledge as these individuals, knowledge is really created as a group. And by talking about as, as a collective and collaborative, that we are acknowledging that our work is truly based on it's interdependent and it's based on all of our contributions.

And, and I think that's, that's the beauty of our work together. We really try to honor that.

Diana Hill: [00:17:52] Yes. It's certainly the first time that in the over 150 episodes that we've ever had we've had this many voices on the show. And, uh, and in some ways, when I started reading about your work, I started understanding more why, and then it really changed my frame of mind around, Whoa, how are we going to manage, you know, all these different people and voices and, and, and I think which can be a barrier too, to also really hearing lots of.

Of different voices and the richness of all, of, all of your voices coming together and it shows in your blog and in your, um, in your work. Uh, so thank you for talking about that. And also, um, I think many people are also probably thinking about, Hmm, how could this model be scaled in even a bigger way?

So I, I am curious, your collected was formed a couple of years ago and, uh, recent events around, um, the pandemic that, um, real stressful events around loss of jobs, stressful events in terms of police brutality, which has been ongoing, but I think has really, um, really heightened right now.

Have impacted, I think a lot of, what I'm reading in your work. And I'm curious, dr. Chen, what have you experienced personally and professionally in terms of how has this shaped your writing and, um, and your work as a collective.

Grace Chen: [00:19:17] Yeah. Um, then really painful, um, obviously, uh, to continue to witness this, um, violence and injustice towards black folks, um, in particular recently, um, and even the responses, um, to. These, um, violent episodes. And, and so I think that's just personally painful, right? Um, it's especially for our collective where we've been writing about these. Um, it it's, um, That's the upsetting part. Like we have addressed this issue, you know, a year ago, year and a half ago. And so it, I think it just highlights why there is such a need for healing. And, um, I think what comes up for me personally and professionally is. How do we continue moving forward? The psychology of radical healing as an applied model, um, and really being able to use it to help people heal, because it's really overwhelming. Um, as you mentioned, like being an, uh, a pandemic people stressed. And so, um, it's. Can be quite overwhelming for

folks to feel like I don't know what to do about this. And this has come up in my clinical work with clients of color. Okay. I've talked to you about experiences of racism, but I'm not sure if that was helpful. And my response is, yeah, absolutely. It's like, do we just stop there?

And so what I've been doing, doing is trying to bring in elements of the radical healing model by helping them understand a little bit more awareness. I have. Pretty highly educated clients. And so sharing more information about racial identity development, kind of telling them there's actually a framework for what you're experiencing and then empowering them to feel more connected.

I think one of the things that's come up quite a bit is the importance of community. So that collective, um, aspect that Brianna was mentioning. Is really empowering for folks. So that's something that I feel like I'm seeing it happen in real time right now, and that we want to share this model even more so that people can understand that there are so many different ways to heal. And a big piece of it is connecting folks and community around these issues.

Diana Hill: [00:21:34] I'm wondering for you, dr. Adames, since we haven't heard from you yet, how have recent events impacted you personally and professionally?

Hector Adames: [00:21:40] Yeah, I would echo everything that dr. Chen, um, just said, um, personally, really it's, it's, it's been a struggle. It's a day to day struggle. Oftentimes I tell my loved ones and family members that when I wake up in the morning, I have to decide what I'm.

What my day is going to be, am I actually going to feel, or the injustice or the oppression that's going on in the country? Um, but has always been going on in the country, but it's just complicated a little bit more now. Right? Hope it. And, um, the increasing killing of, of black bodies, right? Like George Floyd and Brianna Taylor and Nina pop.

Right. Um, So personally, I have to make a decision, you know, today, am I going to try to mental lies a little bit, which I know in psychology, we say that it's not healthy, but yeah. Or many of us, that's the way we're able to then function through the day. And then some, some days then, you know, I'm like, okay, today I'm going to feel, or what's going on today.

So for me, it's a daily. Battle that I have to kind of consciously wake up and think, how am I going to engage with the well today? And I don't think that experience, this is unique to me. I think a lot of, um, folks of color, um, black indigenous people of color have, um, similar experiences. I'm assuming. You know, and then when I think about our collective work in the psychology of radical healing, it's like the ancestors were preparing us for this particular moment in history because we started this work a couple of years ago.

I mean, even the article that's published in the counseling psychologists, obviously we started doing that work. Even way before he was even published. So in many ways I kind of go back to what I study, what I, what I write, what I teach, what I work on, the wonderful, brilliant collective of women that I've worked with.

Um, and then think about K how, how can I stay grounded in right now in the present? Right? Cause that's a big component of radical healing. Oftentimes, um, think of it as it's a visual, right? There's a tug of war. There's this rope and on one

end, what's pulling you is all the oppression or the systems of, of, of inequities. Um, and then in, in, in, in the other end of the rope, you have, you know, kind of let's, let's not think about all the, the, the. The inhumanity that we're going through now, let's just focus on dreaming. Let's just focus on the future. Let's not worry about, you know, how we're being dehumanized now and living in either of those extremes are really not that, um, Feasible.

Right. And they, and because in one we're not, we're not honoring and being mindful with what we're experiencing. And then another one we're not even giving ourselves permission to breathe and dream and think and envision about a future. So radical healing is right at the middle and being able to balance that, um, that cycle more.

So I kind of go back to our framing of radical healing and apply it for myself.

Right. As a person. As a, as a, as a, as a, as a man of queer, uh, uh, African descent and also queer. And, um, and also as a, you know, as a scholar, as a mentor, As a, as an instructor, as a teacher.

Diana Hill: [00:25:01] thank you. And I, I really appreciate, um, just the movement.

You're also a dancer. And so even how you describe that you describe it as sort of this dance of moving in and out of the feelings and into the action and acknowledging all the identities that, that in our socks, in that process for you. I appreciate that. And I'm, I'm curious for you, um, Dr. French. How do you, how has, how has recent events and maybe even we can talk about the pandemic because there's something about a collective that is that involves communities and communities are being, um, really impacted, people of color or communities are being impacted more by, the pandemic and, disadvantages around healthcare, mental healthcare.

But also communities are being disrupted and broken up because we can't gather in the way that we've been gathering. So I'm curious for you, dr. French, how can psychology radical healing be useful right now?

Bryana French: [00:26:01] Yeah, no, that's an important question and certainly. Don't have all the answers. I think, you know, one thing I'm thinking about is how we can use the radical healing model and apply that to COVID-19 and communities of color. So the resisting oppression is knowing the realities of stomach, racism, and how it has led to COVID-19 disparities, like a greater risk for respiratory illnesses and BiPAP communities, environmental racism, which then exacerbates those. You know, health, uh, health disparities. The fact that frontline workers are disproportionately black indigenous and people of color there's limited resources for PPE. Um, and for social distancing, we are collective people. So there's multiple generations living in our homes. My mom's house for example, is three generations within it. So this idea of social distances, um, a bit. Counter counter intuitive or a challenge, but then like a blind eye to these realities. And so I would, you know, if I see ways of the resistance coming up, like resisting, opening up too soon, um, challenging, who's going to be most impacted negatively. Those were to open up, who's got the PPE, who's got the resources, what schools have the resources to that's safely. Um, and then seeing all sorts of other ways of resisting, like creating things by us for us. So throughout COVID and this imagining something different, I'm thinking about way throughout

COVID-19, um, that we've seen all sorts of black wellness popping up on social media, um, virtual meditation, virtual house parties. Club quarantine, right with DJ. D-Nice. For example, um, Side hustle is being created because we're being disproportionately impacted financially and people leveraging the strength and wisdom that they have to create, uh, additional pieces of income. So I'm seeing kind of all of that play out in a way, um, with COVID-19. , and engaging in healing justice in a different, in a different way. And that we are needing to be, you know, we are, as we see with COVID-19 that the, what happens to the individual is, is, um, going to impact the collective. And so the broad. Narrative of individualism that is so pervasive in the United States is getting spun on its head and drawing on ways that BiPAP communities have been interconnected and interrelated for generations. So the deep need to care for each other, um, and push against this individualistic focus is really apparent and obvious right now. So those are just some of the things I'm thinking of. I'm not a, um, public health professional, no, to what extent the future, you know, how to other ways to resist kind of what's to come, you know, as the pandemic takes, continues to grow and every Sierra leadership fail is tremendous mostly, but I also see some pretty remarkable strength and resistance. I mean, the fact that people are showing up and showing out to resist and these racial uprisings, um, max heavy, right? Like I'm in Minneapolis and I'm seeing the thickness of, of resistance despite the pandemic.

Diana Hill: [00:29:12] Dr. Neville, it sounds like you wanted to share.

Helen Neville: [00:29:15] Yeah, I just loved with, uh, dr. French said so ditto to everything that she said.

And, um, in addition to that, I want to amplify the fact that we're in an opportunity where we are relying on, um, On the internet and online platforms. And we can actually use this to our advantage and talking about radical healing. A piece of this as dr. French outlined earlier, was developing a critical consciousness.

And so since then, So many people now are tuning in and relying on the internet for new information. This is a great opportunity for us to educate the public about what's going on and to provide a critical analysis about that. About the core issues that we're confronting wanting at this moment, which is actually sleep critical.

And there, um, there's amazing podcasts that are already doing this. I know that, um, Kimberle Crenshaw intersectionality matters is doing has the under the black light series. That's doing a great job of this. And so we really need to seize this moment to really fine tune and educate people about anti-blackness white supremacy.

Capitalism the core things that are really accounting for our struggles at this moment. And so I, I wanted, I wanted to make sure that I added that to the things that dr. French was already saying.

Diana Hill: [00:30:44] You've created as a group, a syllabus, a psychology of radical healing syllabus, where. There's a tremendous amount of resources, both multimedia.

So you can look at the syllabus and just click on the video and watch it right now. And then also resources that you can see like systematically go through different topics that are involved in radical healing. I'm wonder if you could just speak briefly to that? Cause I think that could be something we could link to that could

also help people in this, in this space.

Hector Adames: [00:31:13] Yeah, absolutely. So we created the psychology of radical healing syllabus and, um, what we really want, wanted to do and continue to do is that we really want to give, um, the psychology of radical healing away. Right. We really wanted to give it to the public. Um, and what I mean, or what we mean by giving it away is that we really want it make the work accessible, not just to academics and researchers and clinicians, but also just to everyday folks who, um, are not necessarily in the Academy who are not necessarily quote unquote professionals or how other professions.

And we really want to want it to find creative ways to make the work accessible. And also, um, It's being delivered in multiple, in multiple medias mediums. Right? So we have art, we have videos, we have documentary music. We have researchers for folks who like that. We have theory, we have practice, we have a little bit of everything.

So it's like the radical healing buffet. Right. When you go there, you get to have a little bit of everything yeah. And share it with folks. And we also made it accessible. Right. So that anyone could just have access to it. Right. Who have access to the internet. And that was a lot of fun putting it together because what we all did was again, applying the radical healing model was we, we drank, we started dreaming, right.

We started envisioning we were in graduate school or what would the syllabus look like? And we all put our kind of wishes and our dreaming into the syllabus. And that's really how it. Kent came together. And then of course we like to have opportunities for the upcoming generation. So we invited, uh, a current undergraduate student.

Who just made it look all jazzy and nice and artistic and, you know, um, just absolutely, um, appealing for the eye as well.

Diana Hill: [00:33:04] Beautiful document. Yeah. That's the first, the first comment when I shared it with a partner, he's like, Whoa, that's a beautiful document. Yeah. But thorough, very thorough. Yeah. So, um, dr. Neville, you mentioned some of the work by dr. Crenshaw about, um, intersectionality and you and your blog posts did a post. I think the post is actually at say, say our names. Uh, and you also mentioned that, say her names in response to, um, the killing of me on a Taylor and really sort of how in a critical and central way right now.

Intersectionality is showing up, uh, for, in particularly black women who are getting impacted in a disproportionate way, in terms of the stressors of COVID the stressors of, um, uh, race, um, and the demands, um, on them. And I'm wondering if dr. Neville, you can speak to that, that post and also speak to intersectionality.

And as in general,

Helen Neville: [00:34:10] Great. Yeah. Um, I think that's a really important question. right before all of the upgrades, as in right before the murder of George Floyd, we see things kind of bubbling and percolating to the surface. Um, in terms of anti-blackness in particular.

So of course, you know, weeks before we learn about Brianna, Brianna Taylor and her, uh, murder, you know, she's sleeping in her bed, police on a no knock

warrant shot, um, you know, fire shots into a room, killing her. What we know now is that they let her. Set for upwards of 20 minutes without attending to her health or physical health to see if she was okay, that's outrageous.

So we see that we see some other killings. And then right before the 25th, May 25th, when George Ford is, is murdered, um, the New York times publishes is really profound. Um, Um, editorial article on mourning and black communities. And what it talked about was the heavy toll that COVID-19 is playing in black communities in terms of black folks, disproportionately dying, but that just kind of ripples out.

In terms of black women in particular are impacted because they are the ones that are holding the families two together. They're the mothers, you know, that are losing their sons, but they also have to attend to the emotional kind of needs of the family. Um, and they're the caretakers and how COVID-19 is exacerbating the stress of caretakers in particularly among poor and working class black families.

Um, and so yeah, you just have that in the face of it. And in that article, it presents. Data, we're black folks. Aren't being tested in New York. And when they finally do get tested, it's almost too late because then they're dying and they're dying, you know, just as it's a lot, it's a lot adding and adding to it.

Um, And so when things blow up and people are really demanding, kind of change what teams to be lost, there is the unique positions that black women are faced and our pain and our suffering is often erase for this larger picture. And as we've been talking about Kimberle Crenshaw and her, um, Intersectionality theory and the work she's doing with intersectionality matters and the African American policy forum really highlight the importance of underscoring black women's voices, our experiences, not we race that because many times our stories or.

Signed to like a historical footnote. And what that means is we don't then evoke the same, um, empathy, um, for us and are applied the same emotion, the same kind of mobilization. Um, so yeah, um, in terms of intersexuality matters in terms of our mourning process, who's impacted the most during the COVID-19, um, Um, it also in terms of childcare.

So we know that for all women and have been impacted, especially working mothers have been impacted a lot by COVID-19 in terms of who's taking care of the children, who's schooling the children who's, you know, And those that have been impacted most are black women, because we have so many other community responsibilities that we are, um, need to attend to.

So it's, so, um, intersection intersectional lens, this is important to look at not only who's being killed, um, not only who's being disproportionately impacted, but also in terms of how we think about healing. And moving forward and telling our stories. It is a piece of it because it allows us to name what is the ills that are impacting us.

Diana Hill: [00:38:10] Thank you, Andy. And I also think of intersectionality as a, as a source of strength and, um, source of meaning. one of the pieces

Grace Chen: [00:38:20] of your work

Diana Hill: [00:38:20] that struck me, was talking about radical hope. And is that a sort of a key component of radical healing? And I'm wondering abductor novel.

If you can speak to that, of how you find radical hope, especially during times like these.

Helen Neville: [00:38:36] Um, and I want to build on some of the things that dr. Adames was saying a little bit earlier about the importance of hope. And I I'm so glad that you asked about that and I'm thinking about some, um, work like Julio Havas has talked about the importance of hope. I recently, um, I've listened to a panel by the association of black psychologists and national association of black social workers and hope was really described in by both by Julio Alvarez and in that panel discussion as a way for us to kind of think through, get through the now.

While we are preparing for the future and we really owe it to our children and the next generation to be hopeful. Can you imagine that what would happen if our grandmothers and great, great grandmothers and great, great grandmothers, right. Have lost hope. Um, the idea with this, uh, radical hope is not just, um, there's going to be a better future for me, myself.

How a novel, but if there's going to be a better future for our communities and our world, and one of the things is we've thought through and also began to unpack well, what does radical hope mean? Um, and how is it and why is it important? What are the key pieces? And I would just like to kind of highlight some of those if that's okay.

Um, So pizza, radical hope is this notion that when we think about hope, we are usually future oriented, but because we all come from collectivistic societies in terms of where we're working at, we both think about the past our current moment. As well as the future and understanding hope so it's not just oriented to the future.

It's the fact that we can look back to the past to see how our ancestors have survived in order for us to get answers for the future. And so a piece of the, the radical hope then is really understanding our history of oppression and resistance. So it's not just depression, but we have overcome or been through, um, Land displacement, uh, attempted genocide or genocide, um, um, slavery, um, denial of art, basic human rights to a whole range of forms throughout history and even contemporary.

, and our ancestors had played a role, not only surviving that, but pushing changes in the United States. State so that they could be a more democratic place. So really understanding this notion of resistance and the, and we have a long history of that. And so we can look to our ancestors, um, the strengths that they had there, as well as gee, are there some things that they didn't quite do, right.

That we can actually use as we move forward. Um, Another part is, um, that's kind of related to that is also having a sense of pride and who our ancestors are, uh, were, um, their accomplishments, this notion. Then we know there's, that's the literature that talks about the importance of pride, um, in our history and the, uh, the role that, that plays in our psychological wellbeing.

So, those are important, but in terms of also looking toward the future, there is a couple of other key components. One is this idea about envisioning possibilities and been doing some reading, even, uh, Adrian Marie Brown, if anybody has. Read her work, but in her work or emergent strategy, one of the things that she

highlights in there is like all the ways that we've been socialize to things that we can't do or shouldn't do or things that lock us in.

And one of the things that she talked about as being socialized around is really good at understanding what is possible. We're less good at socializing and helping us create what is. Impossible. And I think envisioning this possibility is important for instilling hope. Um, I'm an old, a lot older than all of the folks in, um, in our conversation.

Now, I don't know if you all remember, but I remember all of the anti-apartheid movement and activities and people would say. Oh, my gosh. It'll never end in my lifetime. And then like within years, right. Of when I was thinking about this, it ends almost abruptly. It was a surprise for a lot of folks, although it was built on decades of struggle, the transformation came so quickly and I always hold that in terms of what is possible.

Now the transformation can come quickly. And now all of these uprisings that we're having. These changes that we're moving. This is an opportunity for us to create additional changes. So we should always be thinking about not what is logically possible, but what is impossible that we can make possible.

And let's envision that. And that's also related to ideas of meaning and purpose, and the notion that this radical hope are, um, as we, as individuals, Um, hold meaning of contributing to society. That's our goal and our purpose. Like we are in service of other people and that can contribute to this hope. So the notion of radical hope is different because it embraces a sense of collective and it moves beyond the individual.

Diana Hill: [00:44:04] I love that. And I'm, I'm curious. Many of our listeners are mental health professionals. And I'm wondering what that would look like in the therapy room, how you would bring that up. How would you address the, um, imagining the impossible in, in the therapy room? ,

Grace Chen: [00:44:21] well I think it's, um, It's all within the holistic aspect of radical healing. Right. Um, what I've seen is. You know, a big part of what empowers folks to imagine kind of the impossible, if you will, is, um, all of these elements we've been talking about today. So just the critical consciousness and putting that within context.

So, um, I have clients who are talking about from their own individual experiences of. You know, microaggressions and racism, but then when we put it into this larger context, I think, um, the current racial uprisings it's really giving voice to folks who felt like they haven't been able to talk about it openly.

And so then that kind of empowers them to speak up. And the more we talk about it in session, I check in with them about. You know, this seems really important to you right now. Do you mind if I share some information? So I share elements of radical healing with them in terms of like, yeah. When we know our history that really gives us more information, empowers us to figure out where we would like to act and, and take more action.

So, yeah. I have folks who are speaking up more at work, really thinking about how do they use their hands, our within their workplaces, because they're like, you know, this is the time to really start calling things out. Yeah. And you know, there are envisions that things can be different. And so they are now putting their energy in that direction because they feel more hopeful because we've given to

them.

Um, The other way I've seen it as, um, during COVID, um, like dr. mentioned that the virtual space

Helen Neville: [00:45:58] actually

Grace Chen: [00:45:58] has created more opportunities in some ways more access to therapy. You might have seen this yourself, um, dr. Hill, this sense of, um, people are just more willing to log on to. Um, therapy online, um, and I've actually seen groups forming, um, so early, yeah, on and COVID, there was a lot of wealth.

There still is of anti-Asian racism happening. And so, um, several of my Asian American therapist colleagues have created these support groups for Asian Americans who have really been feeling isolated. Um, but also feeling anxious. About racism on top of COVID itself. And so those spaces, um, I've sent in individual clients to those spaces, they have felt that that's been very healing in terms of getting into the collective.

So again, it's that feeling of community that makes a difference and then it gives them hope. And then it continues the conversation. Right. That there is space for us to name it. And also to say, we don't have to just accept it as is And then we start envisioning together, you know, what are the different things?

I maybe individually feel like I can do, but what am I going to push the systems? I'm a part of to do, to make changes as well.

Diana Hill: [00:47:12] Yeah, thank you. And yes, we had, um, dr. Sandra Matar on the show, a couple of episodes back, and she talked about how the attendance rates for when she's working with refugees. Um, they've gone up since going to an online, um, format and a lot, or if, actually a lot of phone as well and how that it really is reducing a lot of the barriers to, to coming into therapy. And I think. One of the barriers that that can show up in the, in the therapy room in itself is an understandable sort of mistrust of what's going to happen in there with my therapist. And is it a safe place for me to be able to talk about racism or my experiences, um, or my culture. And I'm curious if, uh, one of you could speak to that of how to bring race and culture and racism and oppression into the therapy room in a way that is.

Most effective and helpful.

Hector Adames: [00:48:11] so I think, so your question is how could we bring that into the February room into the session? Right. And I would say that it's always there. We don't need to bring it in. Right. And I think that's something really important that I try to, um, help my own students as I train students who want to be therapists, um, that it's not something that we can leave out into door. It's not something that we welcome in. It's something that's always there. Right? Question is, are we paying attention to it or not? And sadly, most of the times, we're not because it's so uncomfortable to talk about racism and to talk about race, even though it's the elephant that's right in the room. It's that third eye, right?

If you think about the third or the third year, that's in the room, right. It's, it's always there, but oftentimes we're not trained or feel comfortable or feel we're not going to do it perfectly. And then we don't bring it up and we don't address it. And, um, I I'd venture to say that that actually, um, it's the growth and the

movement of, of the work that we're doing with other people.

So it's always there. The question as are we, as, as you know, mental health and health care providers, what are we going to do to address it? So I always like to recommend for clinicians to say, be, it always starts with us, right? We need to look at ourselves. Um, we need to understand what's our own relationship with race and racism.

Right? Um, it starts with us. It's never going to be comfortable. Right. No matter what color you are, no matter what your background is, it's always going to be uncomfortable. If you're, if we're going to wait for a time where paver for it, not to be uncomfortable, we're just never going to address the elephant in the room.

Right. And I think it's really important to kind of say that and lean into that discomfort. Um, and also be ready to screw up, be ready to not do it right. Right. It's better to not do it right than to not do it at all. But what's really important is how are we going to address when we're doing the therapeutic dance?

And I stepped on your toe, let's talk about how I just hurt you by what I said, but what I miss, but what I'm, I'm not saying. Right. And that's really bad. Yeah.

Where we'll be able to have a dialogue and we're clinicians are then able to. But welcoming maths and help the clients understand, I, this is a place we could talk about this.

And this is a place where you could tell me that what I just did did or, or say it was hurtful. And how, and how am I reenacting and recreating what happens in society right here between you and I? Right. So a lot of this it's about my stuff, your stuff. And then our stuff. And oftentimes because we don't focus on our stuff and my stuff. In therapy and racism is all of our stuff.

Grace Chen: [00:51:15] Hi, this is great. Yeah. I just want to reiterate what dr. is commenting on is it's so much about what the clinician. Is bringing into the room and what our own awareness is. Um, cause when I was thinking about this topic, it's really, what's the racial identity of the clinician. So not only how we identify racially, but what's our racial identity in terms of how we have really thought about race, our own race psychologically. Um, so, uh, dr. Janet Holmes would be the resource for those who want to learn more about racial identity development models. Um, I think it's really important.

They're there. There are ways we need to signal to the client that this is a space that we want to talk about. Racism, oppression, um, privilege all these different topics. Yeah. And if you're in private practice, I would say one of the things is like, what do you have on your website? What do you have in your marketing materials that indicates that I don't shy away from these topics.

In fact, I really bring that as part of the context. And so when clients come to me, I've already put that all out on my website, for example. Um, and we talk about it. It's like, well, what drew you to wanting to talk to me? And it becomes part of the conversation of like, you know, it's not necessarily a salient aspect in terms of race or culture, but, um, it becomes this, this matters because it's a relevant part of my lived existence. And so how do we signal to them that this is a space for it? So, um, That's one, one way to do that. Um, but also when people are kind of referencing things, but they kind of keep going. So, um, let's say I've had a white client kind of mentioned like, Oh, I feel really bad. What's going on? I'm starting to think more, you know, how can I make changes to be more supportive of black

folks that I work with, but then they keep going in their conversation. I'm like, Whoa, Slow down. Cause I feel the anxiety I'm sensing the anxiety of bringing this topic up. Let's slow it down. It's okay. Then, you know, and just really start talking about it directly. Um, and again, maybe providing some education, not no judgment, just saying like, it sounds like what you're talking about is this and let me help you understand. Maybe here's a different perspective to consider. And so addressing it directly when I see like, there are these. Not it gets that they're signaling. I want to talk about this, but I don't know how then we, we want to take those opportunities to be really supportive, but also say like, Hey, let's slow down and just hop on that. You know, I, I picked up on that and as a clinician, you know, those moments when people are they're dropping little crumbs, they're not quite sure how to, to bring something up and we need to not be afraid. How do you approach those conversations?

Hector Adames: [00:54:01] I also think it's important to pause. I completely agree with dr. Chen, um, currently, just because of everything that's going on in the country right now, also some of my clients want to go into action. What can I do? And this is what I want to do. And it's more like going into action or doing things. It's actually a distractor. From what the problem is right now, we need to understand ourselves.

We need to sit through the pain. What does it mean for you? Right. As a client, before you go into action and trying to solve it. And I think that within itself could be very therapeutic. For, for any client, whether it's a white client who is suddenly having an awakening moment and wants to just go out and be a leader and it's like, Whoa, wait a second.

How, how is that? Are you reenacting whiteness by taking a lead? Wait a second, slow down. Let's do it worry about doing anything let's focus. What does it mean for you right now to be a white person or a person of color? Right. Who just wants to go out and do I want to go do this? It's great. But let's also process. What does it, what, what does it mean to be a person of color right now? What does it mean to be a queer black woman in today's society right now? So that when you go out there to do action, then you are a little bit more intentional planful and better equipped to take care of yourself as you're doing the activism work.

So pausing, slowing down. Is really important before people just want to go from zero to 60 and just do, and I think we as clinicians have a, uh, you know, we have the, the opportunity to help give people permission to slow down and that they don't have to jump into actions right away.

Diana Hill: [00:55:42] Thank you.

Helen Neville: [00:55:44] also as we continue on, um, or if you would even entertain this question you are really concerned about how this was going to go and how the flow would be with so many people I had just wanted to turn it. The tables and ask you what the experience was like for you. The first time I'm doing an interview with four people, as opposed to a one on one interview. So I don't know if you would entertain that toward the end or not.

Diana Hill: [00:56:10] Yeah, absolutely. I mean, I think at any time that I'm doing an interview, I have trying to manage Isen and Isaiah out at the same time. And so, like I said, it's, um, Like, instead of just noticing my own eyes in and my

own, um, wanting as you described Hector, like wanting to go in and, and manage things. And, um, also. Stepping back and listening and actually just trying to take in as a, as a listener. And then, um, and then also just aware of everyone and like is everyone's needs getting the therapist help her was everyone's needs getting met.

It's everyone having an equal amount of say. And so, um, I'm juggling all of that and I appreciate you Helen for, for bringing that up. And I think that right. That's sort of the, um, when you were talking about in therapy, Stepping into spaces that are uncomfortable leading up to this podcast has been very uncomfortable. And, um, in terms of, uh, Just my own process of, um, not just this podcast, but like for many people over the last number of weeks, looking at art, looking at ourselves and pausing and what I've done as a therapist that has stepped on toes and what I continue to do as a therapist. And even just as my continued understanding grows.

I see more and more. And so, um, I think that there is a big, um, wake up call to us for white psychologists leading a podcast, and we've done, uh, you know, I think majority of our most have been white experts. And, um, it was something that we, um, are taking a look at deeply of like, why, why is that the case?

So I'm, I'm curious, um, as you're talking about dr. , what happens in the therapy room is what happens outside of the therapy room How do you, um, you know, address sort of the same kind of, approaches into conversations that people are having about race?

It feels like. If we're having a conversation right now, whether you're at the beach or your talking to your cousin, you're talking either about COVID or race, or probably both. And, um, and, um, and, and sometimes those conversations get quite heated. And I'm wondering how you, how you navigate, um, sort of these hot moments in a way that, so that they are productive and, uh, that, um, And actually produce change as opposed to just getting, uh, either caught in heat or avoiding them altogether.

Hector Adames: [00:58:58] Yeah. That's a good question. So I'm kind of free associate out loud, right? Cause when I think of, of, of heat and that it's a hot topic, I'm like, it's hot for who, right. Because for a lot of us folks of color, we don't, we we're used to the heat. We're used to the warmth. You know, for us the heat, the warmth, the hotness is not necessarily something to shy away or run away from.

Um, so, and I think just because of the way we're socialized and the way we're treated as black, indigenous and people of color in this particular country, um, and w we could also say around the world, um, so I just kind of wanted to kind of put that out they're right. Um, in terms of, uh, you know, that it's a hot topic, um, Because whenever we enter a room, we are the fire.

Right. And, um, you know, and, and then there, the whole dynamic starts going from there. So we don't have the option to turn that off. Mmm. Unless of where we may be in our racial identity as people of color. Right. So racial identity is just the lens that we use to interpret the world, um, the racialized world.

Um, and, um, You know, we have to decide it. And my am I going to engage? Are we going to go? You know, I, you know, I talk with a lot of friends. We know how our conversation is going to go when we're going to have it cross racial dialogue,

you know, within, within the first two seconds, I know what people's. Likely rebuttal is going to be, or how they're going to, to derail the conversation or say, well, I don't see it as raised. I really see it more as a social class issue. Right. Um, and suddenly folks become so creative and coming up with other terms to discuss or to deflect talking about race. So oftentimes that's how they try to.

Um, we all try to diffuse the heat when it, when it comes to, we try to find creative ways to not talk about it. And, um, you know, whether it's talking about gender, talking about class, talking about sexuality, right. And then we kind of think about it as these silos, without understanding where, well, you know, there's, there's gendered races and there's gender sexuality, right.

That, that everything is kind of overlapping and it's really. Difficult to tease all those pieces apart.

Helen Neville: [01:01:25] Can I jump in here?

Diana Hill: [01:01:27] Go ahead, doctor.

Helen Neville: [01:01:27] I just, I loved what, uh, dr. was saying, as you were, uh, talking dr. Adames what I, what I'm also struck me was like, um, hot for whom. So not only like we're always in it, but the notion of who is it hot for. So for example, when race is not talked about. That becomes highly uncomfortable for people of color because is they then, um, their experiences are being silenced or ignored or not attended to.

So the notion of not talking about racism and norm, but it's really designed to protect white people, to protect their feelings, take them not digging into the concept. And it's at the expense of often at the expense of people of color. And so w and as I was hearing, doctor Adames talk. It just got me thinking about the question itself.

Um, is the, what do white people say to other white people? Um, when they talk about race, is it what white folks. And, um, people, uh, black indigenous and people of color that talks, or is it a company among black, indigenous is people of color, the same ethnic group or across racial groups. And I think it could be hot and number of levels and how you deal with it will depend.

Yeah. And on that diet or that group level. Well, but just to let you know, um, Um, it's harmful to people of color when race and racism is not directly addressed on any level. And I think that's really important to highlight.

Diana Hill: [01:03:02] That was, that was a wonderful, um, exploration of how.

Uh, even just my view comes into the, comes into the question as a white woman, right. Because I'm thinking about my conversations that I've been having.

so as we, as we're closing our conversation today, I'd love to hear from all of you about what your hopes are for radical healing, as both a collective, and your work ,

Grace Chen: [01:03:31] this is grace. I was going to speak from maybe from a more personal perspective. Um, I think one way I. I'm trying to develop more radical hope and healing is, um, just the way I raise my children. Um, and having them, I know their history, um, from a critical lens. Um, even though their elementary and middle school age, they, they, they know the history.

Um, and for me again, it's like, Having knowledge about our own history is really

empowering and important. Um, and then in my professional work, really applying the radical healing model, um, in the things I'm doing is giving me more hope because I see how it is empowering my clients. Um, also the community I talked with, um, some college student activists recently about self care. Um, these are Asian American college students who, um, are doing social justice work and really helping them understand this, um, framework was very empowering for them because they're like, I'm already tired and I have classes. And so we want this work to be sustainable and yeah.

Really I'm going to Audrey Lord's quote of self care as self preservation. I think that really resonated with them. And so I think the more, I feel like our collective can share the psychology of radical healing modeled. That gives me hope because it's really been empowering for folks to feel like, ah, this is.

This really reflects my experience and it's helping me hold that down lactic between, you know, really seeing how we're trying to resist oppression, but it's not just her. We're also trying to thrive and that there is wellness and joy that comes out of our collective experiences too. So that's, what's giving me hope. Is that just seeing the impact of, um, our work together as a team has really moved me to continue to, to try to figure out how to use this work and. You know, my own personal spheres.

Helen Neville: [01:05:36] Thank you. Awesome. Um, I enjoyed listening to that. Dr. Chen. I just like to chime in here too, as I really feel like it's part of, um, really incorporated into my day to day work of thinking about healing and pre, uh, my thinking about parenting and grandparenting and highlighting my research. So just thinking about. Date day to day and this broader project. Um, one of the things that was talked about earlier was this notion of giving it away, hoping that other people have resonates with other people and they can take, um, take the kernels of it, what applies to them. And so I think my participating in this podcast and other things.

To educate people about radical healing so they can have their own interpretation of it and do something with it. I think that's engaging, but I also slept find myself, like in my grandparenting stuff, we have a 13 year old granddaughter who lives with us and during the wonderful COVID, uh, 19 trying to find creative, um, activities for her to do while we are quarantine and in, um, and work with her really, um, we devised, uh, a. A project for her to do, uh, four generations of it generating, um, doing interviews with four generations of people in her family, but it's about blackness and about activism and she recorded it and cut it down. And she created the questions. The interview protocol. But it really was a lot about these things of racial socialization, cultural knowledge that we talked about. And so a lot of impetus came from our kind of work. And then the other thing is just really prioritizing the work that I do, both in my research and my activism for a while. I've been thinking about changing my lab, name the lane. So now we're the liberation lab and we are all about everything liberation, which is a lot of radical healing. And so when I think about how I want to spend my energies. I'm like, does this, value this is align with my values of liberation. Is this working toward liberation, particularly of black folks, indigenous folks and people of color.

Diana Hill: [01:07:42] Thank you, dr. Neville

Bryana French: [01:07:43] I think these. Reflections have been making me hopeful and of themselves. That's that's part of the beauty of the collective is how we rebuild and feed and grow from each other. Something that also is that the, that the radical healing model is giving me is recognizing that it feels like we're at a tipping point personally for me. And so how. Kind of like dr. Neville was saying, this might, this broader movement is leading to something, something better and different and how I can Mmm. Foster that and encourage an authentic unapologetic way of showing up whole in that movement, if that makes sense. And so, uh, Building on the strength of the people that have come before me and that I do not need to modify, adjust temper silence. Myself in a, in any certain way to get to the, to and encouraging my students the same and my nephews and nieces the same to be unapologetically them. And however, that, however that looks and not feeling like I need to assimilate more to, to, uh, couch something in a more palatable. Recipe, so to speak. So, so that's feeling like there's a movement towards that and like black indigenous people of color leaning into their strength and their power and their wisdom and really incredible ways. That's giving me hope and then healing.

Diana Hill: [01:09:24] Beautiful. Thank you, doctor . Yeah.

Hector Adames: [01:09:28] So when I think of the future and the continued work of our, of our Psychology of Radical Healing Collective, um, I envisioned doing what we did here in this podcast. Right. Which is come to the psychologist off the clock and, and shake it up a little bit. Right Do things a little bit different. Um, and that is what radical is right. Radical is about right. Getting at the roots of something that's established and shaking it up at the roots so that it could actually grow, expand, and be a little bit different and collectively what we need to do. I think, as a field of psychology and in any other field is to actually do the hard work of. At excavating and getting at the roots and shaking things up. And that for me, gives me not just hope, but it gives me radical hope. And for me, radical hope is a verb. It's about action. It's about doing, it's not just a now. And that's what I hope I'll be able to continue to do with these wonderful group of, of folks that the universe has blessed us all to be together with each other.

Diana Hill: [01:10:37] Thank you. And we do appreciate you coming on to Psychologists Off the Clock and shaking us up in lots of different ways at the beginning.

Um, I mentioned that. This is the first time we've had this many voices on the show. And, um, my own anxieties about that, not only about anxieties, about having many people in the show, but my own anxieties about just really not having the knowledge and expertise around racism and around, um, it's impact the work that I do and being such a beginner and learner in this process. Um, and. It's really, um, been an honor to hear from all of you and the weeding of both, um, your academic expertise, your personal experience, and then your life's work, um, and how you're applying it with each other, with yourselves, with your families and, um, and the people you work with. And I appreciate all of you for taking this time and we'll definitely link to you as a collective, your work in psychology today, and some of the publications that you've created. And thank you so much for being on the show. Thank you, Dr. Chen. Thank you, Dr. French. Thank you, Dr. Adames and thank you, Dr. Neville for being here today.

Helen Neville: [01:11:53] Thank you so much.

Bryana French: [01:11:55] Thank you. Thank you for having us.

Diana Hill: [01:11:57] Thank you for listening to Psychologist Off the Clock. If you enjoy our podcast, you can help us out by leaving a review or contributing on Patreon.

Yael Schonbrun: [01:12:04] You can find us wherever you get your podcasts and you can connect with us on Facebook, Twitter, and Instagram.

Jill Stoddard: [01:12:09] We'd like to thank our interns, Dr. Katherine Foley-Saldeña and Dr Kati Lear

Debbie Sorensen: [01:12:14] This podcast is for informational and entertainment purposes only and is not meant to be a substitute for mental health treatment. If you're having a mental health emergency dial 911; if you're looking for mental health treatment, please visit the resources of our web page offtheclockpsych.com