


# No More Building Resiliency: Confronting American Psychology's White Supremacist Past to Reimagine Its Antiracist Future

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## Abstract

This paper introduces a historically informed antiracist approach to psychological practice aimed at disrupting American psychology's legacy of racism by first saying “No More” to the whiteness engulfing it. Its end goal is to detour psychological practices away from enduring legacies of oppression, reimagine psychological practice as an antiracist endeavor, and extricate the deep-seated structural whiteness rotting the profession at its core. No more building resiliency takes aim at the White discourses directing people suffering under the weight of White supremacy to bear it instead of compelling mental health professions to dismantle the systems of oppression causing the harm. Seven historical themes reveal how organized psychology has shaped and been shaped by racism and whiteness since its inception. By identifying the language and strategies used to cover up and sustain the racist harm by design, the themes provide starting points for antiracist psychological practices that interrogate and dismantle both forms of oppression. They issue the imperative for a critical, transparent, and transgressive psychology of the future, one that requires not a revision of existing practices, rather a complete redo. The closing section imagines where we go from here by offering immediate action steps for bringing this antiracist future closer within reach.

## Keywords

ethics, history, racism, antiracism, whiteness, White supremacy

## Public Significance Statement:

We introduce a strategy for engaging in meaningful, historically informed antiracist psychological practice, addressing a crucial gap that persists, despite growing recognition of racism's enduring legacy in American psychology.

Whiteness in a [W]hite supremacist society is [about] power, acceptance..., belonging, [and] a constant rewriting of history that centers [W]hites while dismissing or discounting [non-Whites]... [W]hites use ideologies and institutions to reinforce, defend, and continue the privilege of whiteness, and thus White supremacy in America... [I]t is [W]hite America's backlash (aka ‘whitelash’) against racial equality that echoes in their cheers to make America great again... for them. (Lippard et al., 2020, p. 5–6)

## Windows into Whiteness: The American Psychological Association's (APA) Response to the Capitol Riots and George Floyd's Lynching

January 2021: APA leaders condemn the U.S. Capitol storming by lamenting how the “images of rioters desecrating one of our greatest symbols of democracy” compounded the “layers of

trauma” affecting the nation due to “a rapidly spreading virus, widespread divisiveness, and economic uncertainty” (APA, 2021b, para. 1–2). Citing “[m]isinformation and conspiracy theories [as] the root of this week's tragedies,” they assert psychology's “immense value in a time of such complex tragedy and trauma” (para. 4, 3). They advertise psychological science's universality, transcendence of political ideologies, and how it mitigates violence to “promote hope, resilience, and a path forward for a nation that is in trauma and in need of healing” (para. 7). They close by reassuring the public that “APA is committed to doing that [trauma] work with all of you” (APA, 2021b). Not a single word about White supremacy is mentioned, an oversight made more glaring by the countless journalists and scholars stating its fundamental role (e.g., Fernando, 2021; Ray, 2021) (see Figure 1, Images 1 and 2).

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**Figure 1.** Images are arranged left to right, top to bottom. Image 1. TOPSHOT - A supporter of US President Donald Trump carries a Confederate flag as he protests in the US Capitol Rotunda on January 6, 2021, in Washington, DC. Photo by Saul Loeb / AFP via Getty Images. Published with permission from Getty Images. Image 2. Trump supporters near the U.S Capitol, on January 06, 2021 in Washington, DC. Photo by Shay Horse/NurPhoto via Getty Images. Published with permission from Getty Images. Image 3. Racist Mob Setting Fire to a Home White children cheer outside an African-American residence that they have set on fire. The police arrived soon afterward. (September 1, 1919). Photo by Bettman courtesy of Getty Images. Published with permission from Getty Images. Image 4. The lynching of Frank McManus in Minneapolis, Minnesota. (1882). Library of Congress. Accessed from [https://commons.wikimedia.org/wiki/File:The\\_lynching\\_of\\_Frank\\_McManus\\_in\\_Minneapolis,\\_Minnesota\\_LCCN2017645505.jpg](https://commons.wikimedia.org/wiki/File:The_lynching_of_Frank_McManus_in_Minneapolis,_Minnesota_LCCN2017645505.jpg) on 4/23/23. Image is in the public domain. Image 5. From Spivak, John L. Juvenile convicts at work in the fields. (1903). Library of Congress. Accessed from [https://commons.wikimedia.org/wiki/File:Convicts\\_\(1903\).jpg](https://commons.wikimedia.org/wiki/File:Convicts_(1903).jpg) on 4/23/23. Image is in the public domain.

January 2021: Almost a year has passed since 500,000 people joined Black Lives Matter protests, demanding defunding the police in the wake of George Floyd's lynching. Abolition medicine is gaining traction (Kaba & Murakawa, 2021), calling for historical redress through reparations and transforming the upstream structures, like policing, enabling the downstream violence that ended George Floyd's life (Iwai et al., 2020). It mandates re-imagining healthcare as an antiracist practice by first confronting its widespread human rights abuses, scientific exploitation, segregated workforce, and race-based clinical algorithms (Iwai et al., 2020; Legha et al., 2020, 2022; Legha & Martinek, 2022; Legha & Miranda, 2020).

However, APA's response to George Floyd's lynching is out of step with this national ethos, upholding the bad apples argument, implicating individual wrongdoers and defending policing as intrinsically good: "when police act in a procedurally just manner and treat people with dignity, respect, fairness and neutrality, people are more likely to comply with their directives and accept any outcome, favorable or unfavorable" (APA, 2020, May 29, para. 7). APA again refuses to acknowledge policing's—or its own—historical arc of anti-Blackness cementing structural racism (Williams, 2008). Instead, the statement laments the stress African American people experienced

after the lynching and offers individualized psychological interventions, like "talk [ing] about your feelings" and limiting access to media" (para. 8). A White police officer asphyxiating a Black man with his knee set off unprecedented international protests asserting that Black lives matter. A leading mental health organization offers a self-aggrandizing band-aid for a festering wound in need of immediate debridement.

### Confronting American Psychology's Legacy of Whiteness to Reimagine Its Antiracist Future

APA's refusal to acknowledge White supremacy in current events is a display of White supremacy that advances its centuries-long arc of White supremacy (APA, 2021d). This strategy is nothing new. Since its inception, organized psychology has positioned itself as the powerful savior and neutral arbiter of scientific healing in order to delete its White supremacist origins and veil contemporary racist practices. Celebrated frameworks like resiliency and flowery language like "diversity and inclusion" have long provided a cover for "helping" people of color while cementing the racist hierarchies subjugating them. This paper takes aim at this tactic by

**Table 1.** No More to Whiteness in Psychology, Yes to Antiracist Alternatives and Antidotes.

No more (whiteness)...		Antiracist antidotes and alternatives	
White washing everything	White hegemony	<ul style="list-style-type: none"> <li>-White agendas reinforcing whiteness in care, training, research, and public health, rather than dismantling it-including not naming it at all.</li> <li>-White experts promoting White hegemonic conceptions of deficiency among POC; or normalizing White-led or majority-white collectives.</li> <li>-Individual egos driving research leveraged for professional accolades and grant money, not collective wellbeing (mesearch).</li> </ul>	<ul style="list-style-type: none"> <li>-Reframe everything as reflections of whiteness, not expertise, requiring antiracist interventions that expose and dismantle it.</li> <li>-Reframe majority-White /White-led settings as a violence to be banned or deemed “high-risk” for racism/White supremacy.</li> </ul>
	Racial science	<ul style="list-style-type: none"> <li>-Whitewashed histories deleting white supremacy and racial science.</li> <li>-Measuring “racial differences” or “the effect of race,” which suggests that race is a biological construct; testing POC without restrictions and without stating their risk of toxic exposure to racism and whiteness.</li> </ul>	<ul style="list-style-type: none"> <li>-Research initiatives rooted in communities’ expertise and needs that advance collective good.” Nothing about us without us.”</li> <li>-Truth-telling initiatives exposing psychological science as racial science.</li> <li>-Expose tools’ eugenic origins and risk of racism through mandated antiracist informed consent processes—or ban them altogether. Expose how tools were shaped by the interests/social position of their creators.</li> </ul>
Claims to objectivity	Scientific authority	<ul style="list-style-type: none"> <li>-Advertising standardized testing/statistical analyses as gold standards promoting science as objective truth, and exalting data/research’s value</li> <li>-Commenting on national matters as experts serving the collective good</li> <li>-Normalising the reification of racialized hierarchies (White person with power over POC) in training, clinical, research, organizational settings</li> <li>-Promoting psychological testing/measurement as neutral/beneficial</li> </ul>	<ul style="list-style-type: none"> <li>-Expose statistics’ origins in eugenics and data , research, and tools as flawed byproducts of power and history through antiracism standards</li> <li>-Expose psychology’s complicity with White supremacy when national events transpire. Provide public accountability to atone for/ repair harm.</li> <li>-Mandate critical assessments of positionality to prevent abuse of power.</li> </ul>
	Scientific expertise	<ul style="list-style-type: none"> <li>-Promoting “psychological science” as expertise</li> <li>-Promoting universal benefit for “evidence-based” practices (EBP)</li> <li>-White “experts” measuring/assessing/evaluating/ extracting data or knowledge from non-white people</li> </ul>	<ul style="list-style-type: none"> <li>-Reconfigure testing/assessment as invasive (like surgery) &amp; assaultive.</li> <li>-Expose psychological science as an instrument of White supremacy</li> <li>-Expose EBP’s whiteness and related risks with antiracism standards</li> <li>-Expose psychology’s whiteness to the public. Provide full informed consent, explicitly warning about the risk of harm and degradation</li> </ul>
White normativity	Normalizing whiteness	<ul style="list-style-type: none"> <li>-Decontextualizing tools and their creators from the histories and oppression shaping them, thereby naturalizing White supremacy</li> <li>-Decontextualizing behavior from the white supremacy shaping it</li> <li>-Assessing intelligence, aptitude, or aggression among POC or diagnostic condemnation of POC (e.g. oppositional defiant disorder and conduct disorder)</li> </ul>	<ul style="list-style-type: none"> <li>-Recontextualize tools’ whiteness and their creators’ positionality. Expose full risk of racism/Whiteness during informed consent.</li> <li>-Recontextualize behavior; expose white supremacy as the source of harm and white privilege as the pathology/locus of intervention</li> <li>-Assess white rage, White supremacy, and other elements of Whiteness causing harm; identify them as the source of harm &amp; site of intervention</li> </ul>
	Pathologizing people of color (POC)	<ul style="list-style-type: none"> <li>-Measuring racial differences</li> <li>-Teaching POC to cope with racism/White supremacy</li> <li>-Capitalizing on POC’s subjugation while in systems of harm (e.g. juvenile justice, child welfare) to assess “symptoms” or treat them</li> <li>-Denial of state/white supremacist/racist violence past (e.g. lynching, convict leasing) or present (e.g. policing, gerrymandering, capitol riot)</li> </ul>	<ul style="list-style-type: none"> <li>-Assess and target the whiteness causing harm</li> <li>-Teach psychologists to dismantle their own delusion of whiteness; make antiracism (and anti-whiteness) a professional competency</li> <li>-Replace individualized interventions for POC in systems in harm with efforts to abolish carceral systems causing the harm</li> <li>-Expose White supremacy as pathological; nurture POC’s resistance</li> </ul>

(continued)

Table 1. (continued)

No more (whiteness)...		Antiracist antidotes and alternatives	
White saviors	White people saving non-white people	<ul style="list-style-type: none"> <li>-White experts trying to “help” POC</li> <li>-More (psychological science) is more</li> <li>-Exploiting POC in vulnerable (carceral) settings—where power differentials are steep—by assessing, treating, or researching them</li> <li>-Separating or “rescuing” children from their families of color as a therapeutic intervention</li> <li>-Focusing on POC’s wellbeing/behavior/parenting in carceral systems</li> <li>-Carte blanche access to and exploitation of “underserved”/“resource-limited” settings or with “troubled”/“disadvantage” youth</li> </ul>	<ul style="list-style-type: none"> <li>-Leave POC alone. Focus on eliminating White supremacy/rage</li> <li>-Less is more (for POC). Interventions are toxic exposures to whiteness</li> <li>-Antiracism standards for settings where POC are the majority, White experts are the norm, and exploitation risk is high (e.g. global health)</li> <li>-Keep families of color together at all costs. Promote intergenerational healing or remove psychological intrusion entirely</li> <li>-Reorient/focus on abolishing carceral settings (prisons, child welfare)</li> <li>-Identify White saviors as a source of harm; enact standards to remove/prevent them</li> </ul>
Rigged discourses	Promoting resiliency  To normalize white supremacy	<ul style="list-style-type: none"> <li>-Refusing to name racism, whiteness, and other systems of oppression; using flowery language/ acronyms covering up their violence</li> <li>-Blaming POC for their suffering by telling them to cope with racism</li> <li>-Promoting approaches that sounds egalitarian and just but do nothing to change practices or shatter racial hierarches</li> <li>-Invoking “racial disparities,” “disproportionality,” “state violence,” “anti-blackness,” “policing,” “genocide” as root causes of inequities</li> <li>-Preserving racialized hierarchies that sanction POC’s subjugation, promote White hegemony, and cement the racist status quo</li> </ul>	<ul style="list-style-type: none"> <li>-Discourses that name oppression and focus on liberation; no flowery language to obfuscate white supremacy as the root problem</li> <li>-Hold White people accountable for dismantling racism so POC no longer have to cope with racism. Support POC to resist. Reorient towards abolishing structures/systems as root causes of harm</li> <li>-Reference health inequities as products of oppressive histories related to slavery/ colonization; devise antiracism standards to mandate actions that challenge them instead of just staring at them like a spectacle</li> <li>-Expose rigged discourses’ preservation and promotion of racism and White supremacy and establish antiracist standards for eliminating them</li> </ul>
Intentions over impact	Mea culpas	<ul style="list-style-type: none"> <li>-Saying “I’m sorry” while doing nothing to disrupt the racist status quo</li> <li>-Public apologies as a cover for maintaining the racist business as usual with no disruption to white supremacy and its related racial taxonomy</li> <li>-Ignoring psychologies of color who challenge organized White psychology</li> </ul>	<ul style="list-style-type: none"> <li>-Innovate antiracist standards, practice parameters, professional ethical principles and codes of conduct that ensure accountability to the public to expose eugenics origins and to address/prevent related harm</li> <li>-Transform training, clinical, research, and public health so that harm is eliminated and no more apologies for racism are needed</li> <li>-Be accountable to psychologists of color who have organized</li> </ul>
POC resistance & triumph	Inoculating against whiteness	<ul style="list-style-type: none"> <li>-Eliminate the EPPP licensing exam due to its high risk of racism</li> <li>-Falsely advertising psychology training programs as opportunities to grow and expand expertise with no related risk of racist harm</li> <li>-Policing, abusing, exploiting trainees of color, and then removing them from programs as a result</li> <li>-Indoctrinating and assimilating future psychologists to the profession’s endemic whiteness and White supremacy culture during training</li> </ul>	<ul style="list-style-type: none"> <li>-Reorient towards antiracism professional standards that highlight psychologist of color’s activism and scholarship</li> <li>-Provide the full informed consent and expose the risk of racist abuse</li> <li>-Expose trainees of color’s expulsion as a sentinel national event; innovate antiracism standards protecting them against White supremacy</li> <li>-Reconfigure training as an opportunity to seed transgressive critical practices and establish expertise in antiracism</li> </ul>

The table features American psychology’s seven sins of whiteness, corresponding examples of practices we must say “No More” to, and antiracist alternatives and antidotes we can engage in immediately. POC=people of color. EPPP=Examination for Professional Practice in Psychology.

outlining seven historical themes that situate contemporary practices amidst the oppressive histories and systems that gave rise to them, while exposing the racism and whiteness they, in turn, sustain. Rendering the invisibility of whiteness visible, they expose the gaslighting<sup>1</sup> language and concepts covering up the racist harm by design in order to sustain the racist harm.<sup>2</sup>

If the aforementioned APA statements offer a window into American psychology's enduring past, then the subsequent seven historical themes help construct a portal leading towards an antiracist future. They confront the practices we must say no more to while positioning us to engage in a critical, transgressive psychology that dismantles harmful practices instead of blindly accepting them as therapeutic (see Table 1). The final section, "where do we go from here," builds upon the themes to guide us towards the future while mandating not a revision but a redo. The collective professional movement needed to launch a redo begins within the psychologists who have naturally internalized psychology's racist oppression and related values. Each theme, therefore, opens with a question prompt to implicate them in remaking psychology's White supremacist history into an antiracist future. These prompts also help the millions of clients receiving psychological services each year ensure an explicit informed consent about their potentially racist "care." Everyone owns the past, present, and future of American psychology. By transparently exposing the past and present manifestations of oppression, this antiracist future becomes closer within reach.

## Colonization: American Psychology's Foundation

"How does a culture that enslaved people, encouraged lynching, and developed racial segregation decide who is and is not sane?" (Raz, 2020, p. 449).

In the late 19th century, psychology—also known as colonial psychology by Indigenous psychologists—emerged as a key instrument of the scientific racism justifying White supremacist practices antithetical to Indigenous practices of communalism, interdependence, earth-centeredness, and egalitarianism (Blume, 2020). It burgeoned in defense of settler colonialism (APA Division 45 Warrior's Path Presidential Task Force, 2020), reinforcing the racialized taxonomy of human value that promoted European colonization and Indigenous genocide as the logical next step in human evolution.

The delusion of White supremacy, which had emerged in the 15th century, quickly transformed into a floridly psychotic break. The plunder of ancestral lands supplanted being in communion with it. Individual (White) saviors oppressing communities of color—that had previously thrived in solidarity with one another—now knew what was best for them. Their newfound knowledge was conceptualized as a more important technology to be hoarded, while the Indigenous customs and traditions passed down freely for centuries were rendered meaningless. The similarities and shared mission binding people together became less important than the differences that divided

them—differences that were used to justify their annihilation. American psychology legitimized White supremacy's related practices as rational and scientific while advertising them as natural and just. Far from vestiges from the past, these relational arrangements and power asymmetries germinating from colonization remain the foundation for psychological practice and theory, research, and clinical care alike today (American Psychological Association, 2020). The following seven themes illustrate how.

## American Psychology's Seven Sins of Whiteness

### *Whitewashing Everything: White Hegemony, Racial Science, and the Legacy of Eugenics*

*Readers' Prompt.* How did psychology's White hegemony, racial science, and legacy of eugenics manifest in my professional practice today? How did my colleagues, supervisors and I whitewash White supremacy and maintain its racialized hierarchy, including by saying or doing nothing at all?

The country's largest professional organization representing psychology was founded in 1892 when 31 White males were elected to membership (APA, 2021d). Between 1892 and 1947, APA's 31 White male presidents led eugenics organizations and promoted their policies, refuting predominantly positivist accounts erasing these racist practices completely. Eugenics was foundational to psychology's methodological, ideological, and epistemological values fixated on measuring, comparing, and statistically analyzing racial differences in aptitude and behavior. It allowed the new profession to promote itself as a necessary entity serving the collective good by promoting human evolution according to social Darwinist views. Measurement, comparison, assessment, testing, and statistical analysis remain hallmarks of the profession today (Schooley et al., 2019).

American psychology at the turn of the 21st century welcomed the opportunity to serve as a champion of racism. Jim Crow racial terrorism resulting in the Red Summer of 1919 and genocidal campaigns culminating in the massacring of men, women, and children at Wounded Knee in 1890 offered the profession unique opportunities in the midst of bloodshed. Categorizing races as distinct biological entities and then testing them utilizing assessment tools they or other White men developed was self-serving. It positioned these *mesearchers* (see Ray, 2016) to leverage psychological science for professional advancement and academic promotion, while reinforcing their White hegemony through claims of Black inferiority (Guthrie, 1976). Thus, in the 1890s, they exploited racial differences in memory tasks and reaction times comparing Black, Indigenous, and White people, to argue that non-White subjects had more primitive brains and less evolved intelligence (APA, 2021d). From 1917 to 1919, the APA administered its own aptitude tests to two million Army soldiers and

proclaimed that darker skinned Black people were less intelligent than lighter-skinned Black people (APA, 2021d). These findings legitimized banning interracial marriage and legalizing segregation by manufacturing links between race, psychological racist science, and policy, while forging military intelligence partnerships that APA capitalized on well into the following century (see APA, 2021a). Devising research to reinforce, rather than dismantle, whiteness and strengthen, rather than abolish, the institutions upholding them is another enduring hallmark of the profession.

The taxonomy of human value validated by biological racial difference paved the way for 20th century campaigns annihilating and subjugating unworthy, non-White others. Mass sterilization, forced assimilation, and racial purification campaigns represented the violence not visited upon the children and loved ones of White men dominating psychology. Because this violence was necessary for maintaining their White privilege, not only was it not worth condemning, it was worth sanctioning. Several longstanding patterns emerged related to White men's hegemonic presence in psychology, that is, dominating the profession in number and leadership; setting clinical, research, and public mental health agendas to advance their own White privilege; normalizing rather than treating White rage; capitalizing on racism, human rights abuses, and other grave injustices rather than condemning them; and embracing opportunities to expand psychology's sphere of influence—all in the name of (racial, eugenic) science. Against this backdrop, the APA's 2021 response to the Capitol Riots and its 2015 coverup surrounding the torture of (non-White) war-on-terror prisoners emerge (see Hoffman, 2015), not as aberrations warranting apology. Rather, they advance deeply entrenched patterns of oppression that cast serious doubt on the profession's recent apology for racism serving as the "the first steps in a long process of reconciliation and healing" (APA, 2021e).

### **Claims to Objectivity: The Racism of Scientific Authority and Expertise**

*Readers' Prompt. Reflect on "evidence-based practice"; diagnostic, treatment, and assessment tools; and research procedures you used today. How do they obfuscate racism and whiteness while causing yourself, your clients, your colleagues benefit or harm?*

Psychologist Francis Galton, father of eugenics, validated racial science by imbuing eugenics with measurement of the human body and complex statistical analysis to prove biological racial difference (Yakushko, 2019; see also APA, 2021d). Measurements of physicality—whether skull volume or angles, nasal septa or bridges, skin color or hair texture—were construed as indicators of racial difference. They were linked to measures of aptitude and performance developed, conveniently, by eugenic psychologists, frequently on predominantly White subjects (Guthrie, 1976). Locating differences in the physical body facilitated claims to objectivity

through materiality and quantification, while experimental and empirical research designs bolstered claims to scientific truths transcending individual bias (Guthrie, 1976; Yakushko, 2019). Statistical methods conferred an aura of mathematical fact so convincing that their widespread practice in psychology continues today without acknowledgement of the purpose or origin (Clayton, 2020). Pearson's chi-square test, goodness of fit, homogeneity, regression, and correlation were all devised to champion racial purity. Their logic cast a fog so dense that journal publications—and their White editor gatekeepers—*still* require their use without stating their risks.

But early psychological research rooted in eugenics, social Darwinism, and their colonizing agenda presumed a racialized hierarchy dependent upon White supremacist violence that was anything but logical. G. Stanley Hall, APA's inaugural president, captured the prevailing ethos:

The color of the skin and the crookedness of the hair are only the outward signs of many far deeper differences, including... temperament, disposition, ...emotional traits and diseases. All these differences [are] so great as to [imperil] every inference from one race to another, whether theoretical or practical, so that what is good and true for one is often false and bad for the other (Hall, 1905b, p. 358).

He argued that Indigenous "savages" arrested in the child stage of intellectual development required "civilizing programs" to eradicate their language, customs, and spiritual practices (Hall, 1905a; see also APA, 2021d). These civilizing programs included boarding schools, where throughout the 20th century White school officials kidnapped thousands of Indigenous children from their families and forcefully assimilated them to whiteness by stripping them of their ancestral practices. They sexually, physically, and emotionally abused these children and sometimes murdered them, dumping their bodies in mass graves (e.g., McCleave, 2020). What was good and true for some proved fatal and damning for others.

American psychology's claims to objectivity served multiple White supremacist objectives. It positioned White experts with the White knowledge (and power) to study and control racial minority others configured as ignorant and lacking such White expertise (Zuberi & Bonilla-Silva, 2008). It reified racialized hierarchies and justified White researchers' non-consensual extraction of data from POC's bodies (APA, 2021e). It allowed them to exploit data and generate conclusions pertaining to White supremacy causing further harm (Guthrie, 1976). It intensified power differentials by generating distance, making it difficult for White investigators to sympathize with the subjects whose humanity they were degrading by reducing them to numeric form (Guthrie, 1976). Finally, it provided a veneer of neutrality to mask the violence inflicted upon POC's bodies through research abuses and the racial terrorism of the times (Yakushko, 2019). Claiming Black inferiority based on intelligence tests developed by more "enlightened" White eugenicists not only sanctioned legalized segregation and state violence (Kendi, 2016), it allowed White

people to wash their hands of this violence, absolving themselves from any responsibility to end it. To this day, Institutional Review Board protocols do not protect against this risk because they do not even acknowledge it.

Thus, objectivity, much like race, reveals itself to be a socially constructed weapon leveraged by (White) people in power to advance their (racist) contentions by claiming they are numerical and, therefore, indisputable. There is a long history of combining medical technologies, whether spirometry, craniometry, pulse oximetry or IQ tests, with statistical techniques to measure biological differences “accurately” (Braun, 2014; Guthrie, 1976; Sjoding et al., 2020). These practices veil racial essentialism myths while wreaking havoc for POC’s health and legal rights and dangerously serving eugenic intent. Perhaps the best example is the ongoing use of standardized tests—like the Scholastic Aptitude Test and the Examination of Professional Practice in Psychology licensing exam—spawned from the work of early 20th century White psychological science pioneers. Kendi contends they have become “the most effective racist weapon ever devised to objectively degrade Black and Brown minds and legally exclude their bodies from prestigious schools” (Boston Coalition Education Equity, 2020, para. 12). Another important example involves the use of racialized bias in neuropsychological assessment in the National Football League. Race-based adjustments to former players’ cognitive test scores made it more difficult for Black former players to qualify for compensation from the league for life-altering head injuries sustained on the field of play (Gasquoine, 2022).

The lesson is clear: measurement does not imply truth. “[N]umbers are interpretive, [embodying] theoretical assumptions about what should be counted, how one should understand material reality, and how quantification contributes to systematic knowledge about the world” (Poovey, 1998, p. 12). Data—a manifestation of power, not a construct free of it—demands interrogating what is being measured and what for, who is doing the measuring and to whom are they doing it, and what (personal) agenda they are advancing and what truths they are trying to obscure. Finally, asking why it is being measured in the first place helps lift the dense fog to expose the dangers involved. Given these eugenic roots, antiracist ethical, research, and clinical standards assume psychological measurement is assault until proven otherwise.

### **White Normativity: Normalizing Whiteness to Pathologize and Police the Non-White Other**

*Readers’ Prompt.* How did your research, care, diagnosis, psychoeducation, and administrative practices today uphold or dismantle racism and whiteness? Reflect on and then articulate the mutually constitutive relationship between the science of these practices and our racist society.

Indigenous scholar Dr. Kim Tallbear describes how “[r]ather than being discrete categories where one determines the

other in a linear model of cause and effect, *science* and *society* are mutually constitutive—meaning one loops back in to reinforce, shape, or disrupt the actions of the other” (italics ours) (TallBear, 2013). Two events from 1916 are instructive. On May 16, a White mob in Waco, Texas, tortured and lynched a mentally disabled 17-year-old Black child named Jesse Washington in front of city hall, stripping, stabbing, beating, and mutilating him before burning him alive in front of 15,000 White spectators (Equal Justice Initiative [EJI], 2017). Charred pieces of his body were dragged through town, and his fingers and nails were taken as keepsakes. The same year, *The Psychology of the Negro* was published, which linked performance (reasoning, association, memory, and intelligence) with skin color and argued that Black people are more emotionally volatile, unstable, and less capable of abstract thought (as cited in APA, 2021d). Though the White mob and tens of thousands of spectators in Waco objectively displayed sociopathy and mental impairment, Black people—thousands of whom were being lynched and displaced by White pogroms nationwide (EJI, 2017)—were constructed as unstable. American psychological science and American society’s mutually constitutive relationship comes into focus, revealing their reinforcement of one another, cementing a racialized hierarchy they both dominate(d). APA’s failure to name and indict the White supremacy driving the Capitol Riots takes on new historical meaning. This erasure of White supremacy emerges as part of the larger network of lies used to protect whiteness within the United States—and its White psychology—since its inception (Hawkman & Diem, 2022).

This White normativity required naturalizing a White supremacist universe in which White children and adults could rape, pillage, and plunder non-White people’s lands, communities, and bodies freely and exuberantly (see Figure 1, Image 3). Racial differences in IQ test scores and other assessments, accordingly, reflected heredity and innate biological difference—not the fallacies of the tests, their White tastemakers, or their eugenics profession (Chomsky, 1972). Crime statistics generated following the 1890 census, the first to measure the generation of Black people born after slavery, served a similar purpose, detailing their excessive arrest rates and overrepresentation in northern prisons (Muhammad, 2019). Police surveilled and arrested Black neighborhoods and people disproportionately; White prosecutors and juries indicted and found Black people guilty disproportionately; and White judges gave Black people disproportionately long sentences. But the same logic of Black inferiority—specifically criminality—not only cloaked these vestiges of slavery’s surveillance and social control but also justified them while obscuring their White supremacist intent (Kendi, 2016; Muhammad, 2019). The White mob in Waco had no choice but to subdue such a violent man so the logic goes. The APA—natural, just, and right—will provide the path to healing from the Capitol Riots and George Floyd’s lynching, despite—or perhaps because of—its enduring legacy of eugenics and racism.

White normativity is distorting enough to incite mass violence and fuel delusional beliefs.

It draws power from decontextualizing human behavior from the racism and White supremacy of the moment. The persistent history of identifying non-White bodies, minds, and feelings as pathological illuminates how. “Drapetomania,” for example, categorized runaway slaves as ill, rather than the institution of slavery shackling them or the White people selling and raping their children (Metzl, 2010). Instead of recommending abolition or celebrating this resistance, White male physicians prescribed whipping to cure it. During the Civil Rights Movement, White psychiatrists slapped Black men championing their human rights with a dangerous “protest psychosis” diagnosis (Metzl, 2010). Scapegoating minoritized children by over-diagnosing them with oppositional defiant and conduct disorders (e.g., Fadus et al., 2020)—while failing to protect them against the policing and racist educational practices disproportionately assailing them—is one contemporary touchpoint.

Locating health and pathology within individual psyches and bodies represents an active and deliberate erasure of oppressive histories and racist structures. White normativity denies the mutually constitutive relationship between society and psychological science by masking the White supremacist racial hierarchy breathing it to life. It champions an unliberated psychology by freeing it from any responsibility for naming, challenging, or abolishing this violence. Encouraging individuals to turn off the TV after George Floyd is lynched is tantamount to offering a flimsy band-aid for a festering wound in lieu of debridement, a recommendation that amounts to clinical negligence and abuse.

### **White Saviorism: White People Saving Non-white People from (White Supremacist) Harm**

*Readers’ Prompt. The United States has a long and enduring history of White supremacist violence harming and maiming racial minorities’ bodies and communities. How was this harm taken form in interventions intended to help? Should White people be allowed to assess, treat, or analyze any data involving non-White people at all? Why or why not?*

For over 100 years, White saviorism in psychology has involved majority White individuals exploiting minoritized children and families’ vulnerability when trapped in the juvenile justice, child protective services, and other oppressive settings (Chávez-García, 2015; Fettes et al., 2021). A pattern emerges: measure, assess, and intervene in order to police and control behavior; imagine links between race, heredity, and criminality or deficiency; and reinforce the racist systems conspiring to ensure racial minorities’ demise while expanding psychology’s and its White saviors’ spheres of influence. In the 1910s, psychologists leading the California Bureau of Juvenile Research oversaw early eugenics fieldwork projects at Whittier State School, a reform school.

They psychologically tested minoritized boys confined there, measuring their intelligence, constructing family trees, and harshly grading their home and neighborhood environments. Prison officials used these results to justify biological inferiority and sterilize and confine thousands of children of color without parental consent (Chávez-García, 2015).

In the mid-1990s, White psychologists and child psychiatrists from Columbia and Mt. Sinai administered the now banned cardioarrhythmic drug fenfluramine to 34 Black and Hispanic boys, ages 6–10. Non-therapeutic in nature, the studies imagined a link between these children’s hypothesized predisposition to aggression, violence, and criminality and their neurotransmitter activity, as well as their parent’s psychopathology and poor parenting practices. Study inclusion criteria specifically stated recruitment of Black and Hispanic children (Shamoo & Tauer, 2002). The researchers, most of whom were White, were not interested in assessing the impact of the War on Drugs as the more pivotal source of violence criminalizing, policing, and traumatizing Black and Latinx youth nationwide (Kendi, 2016). Nor did they theorize that the distress these children and families were experiencing stemmed from the kind of wrongful incrimination that killed Kalief Browder (Gonnerman, 2015).

Linking race, intelligence, heredity, and crime reinforced psychological science more forcefully. So, the researchers targeted the boys by violating the sealed court records of their older brothers, who were “convicted delinquents,” to find them. They compensated their parents less than 200 dollars for the physically invasive and dangerous study procedures, which they minimized in the informed consent paperwork (Schoofs et al., 1998). They then blamed the boys’ families for biologically and psychosocially driving their purported aggression. For their own aggression, the institutions involved were investigated due to public outcry. They denied wrongdoing, were never sanctioned, and published their findings in top journals (Shamoo & Tauer, 2002). Several researchers went onto illustrious academic careers. Dr. Gail Wasserman, Professor of Psychology at Columbia, now directs the Center for the Promotion of Mental Health in Juvenile Justice, which contends that mental health can, indeed, be promoted in a fundamentally racist system where Black children are more than 16 times as likely as White children to be imprisoned (Columbia University Department of Psychiatry, n.d.; The Annie E. Casey Foundation, 2021).

In systems, like juvenile justice, that have historically traumatized and separated Black and Brown families, American psychology has relied upon the epidemiology of their alarmingly high rates of psychopathology to justify additional systems involvement through mental health. More is always more when it comes to racist harm. Leaving POC alone is never an option (see Dettlaff & Boyd, 2020; Kim et al., 2017). Interventions follow a White supremacist circular logic predicated on their innate criminality and inferiority. Their psychopathology is not an indicator of these racist structures targeting them, rather an indicator of the need



for White civilizing interventions to save them or subdue them. Multisystemic Therapy (MST) and Functional Family Therapy (FFT) are two contemporary evidence-based interventions developed by White men (Drs. Scott Henggeler and Charles Borduin for MST, Dr. James Alexander for FFT) five decades ago (FFT, n.d.a; Schoenwald et al., 2008). They target “high-risk youth” (FFT, n.d.b, para. 1) with “serious antisocial and problem behavior” (MST, n.d., para. 2) with the long-term goal of changing children and families’ “problem behaviors” (FFT, n.d.b, para. 8), preventing recidivism, “decreasing problem and delinquent behavior” (MST, n.d., para. 1), and improving “mother and father psychiatric symptomatology” (MST, n.d., para. 10).

“Evidence-based” parenting interventions, like SafeCare and Triple P, target families at risk or already reported for child maltreatment and emphasize parental self-sufficiency, self-efficacy, and self-management to improve home safety and parent-child interactions and reduce behavioral challenges in children and adolescents (Chaffin et al., 2012; Guastaferrero et al., 2012; Lanier et al., 2018; Schilling et al., 2020). They sound appealing; but by denying any impetus to reform the structures causing harm, they point the finger of blame at POC suffering under their weight. A multitude of the papers pertaining to MST and FFT advance American psychology’s longstanding pattern of White people fixating on “delinquent” children of color as a leading public mental health concern—not the structural violence assaulting them. Their strategy uplifts them as the White chief experts dictating treatment and “care” of children and families of color. The fenfluramine study and the broader legacy of whiteness in psychological practice reveal the racist risks involved with such an approach. These risks are never noted in informed consent paperwork.

Notably, the purview of White saviorism in psychology is limited to minoritized people only (Chávez-García, 2015; Fettes et al., 2021). It has never involved White psychologists saving their own White kin deranged enough to shoot up churches and nightclubs, drive through crowds, or storm the Capitol building—or suggesting their parents should have raised them or managed their behaviors differently. It has never called for abolishing the family regulation system and juvenile (in)justice systems as extensions of the carceral regime separating Black families and hauling their children down the school-to-prison pipeline by design (Dowd, 2020; Roberts, 2020; Legha & Gordon-Achebe, 2022). Systems of White supremacy disproportionately surveilling non-White bodies—whether the non-profit industrial complex, the foster industrial complex, or public education—must remain intact and upheld as safe spaces ripe for psychological intervention. The White savior paradigm and its beneficiaries’ grants, publications, and tenure depend on it.

White saviorism is contingent upon White normativity. Locating health within White saviors and pathology within racial minority others paves the one-way path needed for the

former to rescue the latter. White saviors leverage the racial hierarchy and arrive uninvited, their White skin inspiring enough fear to provide carte blanche access; or their academic, social service, and grant agencies kicking the door open for them. Importantly, they feel sentimental about their good deeds—whether assimilating kidnapped Indigenous children at a boarding school at the turn of the century; teaching Black girls in Africa about “empowerment” each summer without seeking their parents’ consent<sup>3</sup>; or policing minoritized families as a mandated reporter at the low-income clinic across town once a week. Seduced by professional gains, personal recognition, and a heightened sense of superiority, White saviors delete ethical concerns regarding whether they should be there in the first place (Schuller, 2021). By positioning themselves as the solution, they cover up the assault. White saviorism is the White supremacist assault, thinly veiled by the language of “strengths-based,” “trauma-informed,” and playful acronyms suggesting “we got you.” Saving people from harm rather than eradicating the harm is the strategy to cover up and sustain the harm. There is a long history of civilizing, charitable agendas cloaking White supremacist, assimilationist violence (Legha et al., 2022; Legha & Martinek, 2022; Schuller, 2021). Amidst psychology’s legacy of eugenics controlling the non-White races, White people helping or harming them are indistinct entities that run the risk of being one and the same.

### ***Rigged Discourses: Promoting Resiliency to Normalize White Supremacist Violence***

*Readers’ Prompt.* Consider the frameworks and jargon used to consider racism, White supremacy, whiteness, and racial minorities’ experiences, like “resiliency,” “empowerment,” “racial disparities,” “social determinants of health,” “diversity and inclusion,” and “cultural humility.” Do these frameworks maintain racialized hierarchies or dismantle them? Do they guide POC to cope with oppression or do they compel the profession to dismantle it?

White supremacist policies and practices require justifying ideologies and narratives. Slavery, Jim Crow racial terrorism, and the prison-industrial complex have depended upon Black criminality. Manifest Destiny, massacres, forced relocations, and masquerading prisoner-of-war camps as reservations have relied on Indigenous savagery (Kendi, 2016). American psychology has constructed rigged discourses (Petrella, 2019). These compelling but fabricated conceptual frameworks sustain its White hegemony while providing systems justification to defend the psychological profession as legitimate, fair, and good (Jost, 2020). The overarching strategy: distract from the systems of oppression and White supremacist violence causing harm; scapegoat non-White individuals brutalized as a result; choreograph the charade of ostensibly “helping” while actually doing nothing or perpetuating harm; and finally, control the narrative about racism to thwart antiracist change and preserve

White self-interest at all costs (Legha et al., 2022; Legha & Martinek, 2022). Rigged discourses have given eugenics, racial intellectual inferiority, diversity and inclusion, and the whiteness sustaining them legs to stand on.

“Racial disparities” is a dominant framework describing racism in mental health. It conceptualizes minoritized children as experiencing poor mental health outcomes due to their “racial minority status,” “low levels of mental health service utilization,” and care that is not “culturally competent or does not conform to evidence-based guidelines” (see APA, 2018). It seemingly advocates for their needs. But these statements are problematic because they presume that the indicators—the diagnoses—are objective, rather than the racialized markers of emotional health steeped in White normativity (Legha et al., 2022). Implying that evidence-based and culturally competent psychological care is implicitly safe and therapeutic is a dubious contention, given the pro-White implicit bias and psychological tools developed by White saviors shaping care (Bridges, 2017; Maina et al., 2018).

“Disproportionality” may be cast upon the number of Black children in juvenile justice settings and the prevalence of their psychopathology. But it negates juvenile justice’s deep roots in slavery, America’s active denial of Black children’s protection, its concurrent normalization of their White peers’ terrorism, and adultification’s role in hypercriminalizing them (Kendi, 2016; Epstein et al., 2017; *Imprisoned Children*, 2018). It blurs the searing images of Black children shackled on a chain gang and providing slave labor while their White contemporaries cheer upon the ruins of an African American home they burned to the ground (see Figure 1, Images 3 and 4). The jargon, presumptions, and concepts surrounding “disparities” condone skimming the surface of such centuries-long White supremacist violence while erasing the intergenerational trauma minoritized communities have suffered as a result. Standards of care cannot mandate challenging racist violence when a prevailing discourse solely requires providers to simply mindedly stare at and describe it (Legha et al., 2022).

In some groups, the discussion of resilience is about strength of culture rather than strength of body. For example, Black resilience refers to psychological and physical survival and health under extraordinarily adverse circumstances spanning hundreds of years of intentional subjugation by drawing on strength of mind and body (Taylor et al., 2020). Indigenous resilience involves individual attributes and skills as well as collective, family/community and systemic/structural protective factors that strengthen connectedness and enable thriving (beyond surviving) in the face of enduring legacies of colonization, continuous and cumulative transgenerational grief and loss, structural inequities, racism, and discrimination that are unique to Indigenous communities (Usher et al., 2021). However, when reappropriated and distorted into a rigged White discourse, resiliency suggests that minoritized people have—or should have—a unique ability to live with and thrive in the face of oppression as a

sign of wellbeing, rather than a violence they have no choice but to suffer (Wingo et al., 2010). White resiliency harkens back to theories of “racial resistance” contending Black bodies, including children’s, were stronger in order to justify their enslavement (Legha et al., 2022).

This discourse echoes in a 2012 paper authored by two White women investigating coping efforts’ relation to psychological adjustment in a sample of 373 “male juvenile offenders,” over 90% of whom were children of color. Disturbingly, they wrote,

The most important conclusion to draw from this study is that incarcerated youth are not very effective at coping with the stresses that confront them. In spite of attempting to engage in coping efforts...youth exhibited high levels of distress and misconduct during the first month of incarceration (italics ours).

The White supremacist circular logic of upholding systems of oppression prevails. The definitive treatment for children of color disproportionately punished and policed for existing is not to demolish the settings that cage, traumatize, and separate them from their families. Instead, “aiding youth in improving their coping skills appears to be a worthwhile goal for practitioners working with this population” (Shulman & Cauffman, 2011a, p. 825). Rigged discourse: distract from the juvenile injustice system policing and criminalizing children of color; blame them for this brutality by suggesting they do not cope well enough with it; choreograph the charade of helping by encouraging interventions teaching them to cope; suggest that coping, not protecting them against or demolishing the racist system causing harm, is the goal; and publish the findings to secure additional grant money and academic promotion. If they could see the faces of the White children playing in their neighborhoods and growing up in their families in this “population,” would the two White women who wrote this paper posit the same? Such questions do not emerge in the Internal Review Board or journal submission process.

### ***Intentions over Impact: The Racism of Mea Culpas***

*Readers’ Prompt.* Consider the times you have heard people say I’m sorry—e.g. “I’m sorry that happened,” “I’m sorry you feel that way,” “I’m sorry, but there’s not much I can do.” How often does “I am sorry” emerge in the context of people saying, “I didn’t know,” or “I would like to understand better.” How often is “I am sorry” followed by detailed measures of accountability to ensure the harm never occurs again?

In October 2021, APA issued an apology to POC for “hurt [ing] many through racism, racial discrimination, and denigration of [POC], falling short on its mission to benefit society and improve lives” (APA, 2021e). The Association of Black Psychologists (ABPsi) rejected the apology, condemning the historical review as “fabricated”

(p. 2) and “obscur [ing] [the] full history of racism and White supremacy atrocities at the hands of White America [and] the APA” (p. 3). ABPsi added, by “failing to acknowledge and own this reality, the APA’s endeavor to be antiracist misses the mark and exemplifies that their resolution and apology is simply a means by which to absolve themselves of White guilt” (Association of Black Psychologists, 2021, p. 2). Various scholars of color rejected the apology for its failure to confront the full history of racism/White supremacy and to outline a truth and reconciliation process, true accountability, and deep and probing transformation and change (Pope-Davis et al., 2021). The APA did not respond to the ABPsi statement.

While the APA apology suggests hope for an antiracist future, the ABPsi response raises grave concerns that APA, by refusing to confront its history fully, is falsely promising radical change. The apology reveals a profession so engulfed in whiteness that it cannot lift its head above the surface to see beyond it. This whiteness lives in APA’s obfuscation of its eugenics origin story and its historical timeline implying a bystander role, rather than chief architect (APA, 2021e). The arbiter of scientific healing pledging to help the country heal from the trauma inflicted by the Capitol Riots in 2021, in fact, constructed and sustained the arc of White supremacist violence that caused them. It did not fall short. It operated as planned. Erasing White supremacy—whether through statistical analysis or saying sorry—is a display of its White supremacy that advances its centuries-long arc of White supremacy.

Mea culpas sans truth and reconciliation are performative and racist claims to innocence. They allow perpetrators to wash their hands of the truth, look fair, and sidestep any redress—financial, legal, or otherwise—while allowing the harm to continue (Davis, 2014). This apology caters to the more than 4 in 5 American psychologists who are White (APA, 2020) by evoking a sentimentality soothing any guilt they may feel for benefiting from this legacy of racism. The 2021 racism apology echoes APA’s 2015 apology for its secret collaboration with the CIA to support torturing non-White war-on-terror prisoners. The apology emerged after a 512-page report exposing its role and lack of accountability (Hoffman, 2015). The APA still has not overhauled its ethical principles and code of conduct to prevent these moral failures or even stated the risks of its White supremacy (APA, 2016). It has not issued any apologies for the harm it continues to cause by upholding testing, training, and licensing practices that bar and discourage POC from entering the practice; for maintaining top journals with almost entirely White male leadership gatekeeping their content by promoting epistemological hegemony and oppression; and for championing practice and ethical parameters that say little to nothing about racism, whiteness, or antiracism. The business of racism continues as usual. The racism of the mea culpas provides a cover. Both reveal the psychology of

American psychology and offer a clear warning to question, interrogate, and challenge everything it says and does.

### ***Black Resistance and Triumph: Inoculating Against Whiteness***

**Readers’ Prompt.** *Where do I look for antiracist inspiration in a profession embroiled in its own racism and whiteness? Do I find it within? Do I seek it within or outside organized psychology? What would its overarching goal be? Would it cultivate psychology’s role in POC’s lives or eliminate it altogether? How would fighting for an antiracist present and future feel?*

We believe that the government must provide, free of charge, for the people, health facilities which will not only treat our illnesses, most of which have come about as a result of our oppression, but which will also develop preventive medical programs to guarantee our future survival. [M]ass health education and research programs must be developed to give all Black and oppressed people access to advanced scientific and medical information, so we may provide ourselves with proper medical attention and care. (Black Panther Party, 1972)

For as many disturbing examples of racism that exist yet are unexposed in American psychology, there are more examples of resistance and triumph among Black people inoculating the profession and their communities against whiteness. In the late 1960s, Black Panther Party (BPP) began establishing People’s Free Medical Clinics nationwide as alternatives to President Johnson’s Great Society campaign, which they considered a scheme to police and surveil Black communities. Their innovative efforts included a national education and screening campaign to fight sickle cell anemia; training “patient advocates” to accompany those requiring further treatment at local hospitals; offering financial, housing; and protecting vulnerable communities against abusive research practices (Nelson, 2016). They reflect the century-long arc of antiracist health activism embodied by Ida B. Wells’ anti-lynching campaign, Fannie Lou Hamer’s reproductive justice demands, and Black mental health professionals’ resistance, too (Nelson, 2016). ABPsi formed in 1968 when 75 Black psychologists and psychology graduate students fled the APA, charging that it had failed to address poverty, racism, and social concerns. Its original ten-point plan, submitted to 300 psychology programs nationwide, held psychology programs accountable for training Black psychology students (Williams 2008). ABPsi also called for a moratorium on testing, charging that such tests were culturally biased, racist, and unfair (APA, 2021f). Less than two decades earlier, only a few dozen Black psychologists existed; and by 1960, large research universities like Yale and Harvard had yet to graduate a single Black psychology doctoral student. ABPsi’s efforts were, therefore, triumphant.

The contentions put forth by Black mental health professionals a half-century or more ago still ring true today, reflecting their precision and acumen while signaling the profession's sustained refusal to acknowledge these concerns. In 1970, eminent Black psychiatrists, like Drs. James Comer and Chester Pierce, exposed historically White institutions' oppressive practices. They condemned public education's efforts to "brainwash Blacks [sic] into accepting second class status" and rejected National Institute of Mental Health's focus on problems "frightening the White community, rather than aspects of Black community health that may be more beneficial to Black people than White people." They engaged in the same medical self-defense as BPP, refusing exploitative research efforts intended to abuse and tame their communities into passive submission. BPP resisted UCLA research initiatives targeting "violence" among incarcerated Black and Latinx boys (Nelson, 2016). BPA fought back against the Office of Research and Development's child development initiatives targeting aggression and striving to "produce children who would be no trouble for competition to the existing [racist] social order."

Psychologists of color have long recognized that Western psychology's harm and posited antiracist psychological practices to protect their communities from undertreatment, overtreatment, and mistreatment by various social institutions, including health care. Though liberation psychology's systematic use as a distinctive way of doing psychology in the context of oppression emerged in 1986 (Burton and Guzzo 2020), related theory and practice existed long before then. In the early 20th century, W. E. B. Du Bois had anticipated the need for "critical consciousness," a restoration of the awareness of self and culture stripped by White supremacist educational practices yet necessary for challenging oppression and achieving health. In the 1960s, Martinique psychiatrist Frantz Fanon argued that neuroses and psychopathologies in colonized populations were products of the political and social forces of the colonizer. However, organized psychology's White hegemony, White normativity, and White saviorism have pathologized, indicted, and exploited POC's bodies and families, antiracist efforts led by POC have highlighted strengths, pathologized the institutions and systems of oppression assailing them, and fundamentally believed in their own communities' ability to heal and protect themselves.

## Where Do We Go from Here?

### Collective Prompt

*What does an antiracist American psychology from the future look like in our ancestors' wildest dreams? Which existing psychological practices do we reform, and which ones do we abolish and say, 'No more' to altogether? How would fighting for this antiracist present and future feel, and what would we gain or give up? How does your antiracist journey continue once you finish reading this paper?.*

Well over a century since the APA first emerged from eugenics, psychology—like most American institutions—remains a White profession designed by White people for White people. White methods and White logic prevail due to the White experts and White agendas espousing them,<sup>4</sup> and psychology's whiteness remains invisible because people cannot condemn, much less dismantle, that which they cannot or will not see. But once things are seen, they cannot be unseen, and doing nothing while remaining on the racist sidelines is not the only option. Psychologists—clinicians, researchers, post-docs, department chairs, and internship program directors alike—can say "no more" to the established practices causing harm (Table 1, column 1) while imagining alternative practices promoting healing (Table 1, column 2). Give the full informed consent by warning people about the racism baked into standard clinical, research, and training practices. Take an antiracist oath to first do no harm by exposing whiteness in all its forms each day. Embrace a critical psychology that questions everything in lieu of the White psychology that promotes blindly accepting it as scientific truth.

Reimagined training programs could prepare the next generation of psychologists to cultivate transgressive practices exposing the profession's whiteness while protecting them from being indoctrinated by these values (Legha & Martinek, 2022). Outlining standards for protecting trainees of color from racism while implementing competencies that mold them into social justice warriors could make psychology's antiracist future more of a reality today. Antiracist standards could mandate the research, clinical, publication, and supervisory practices that reject the sins of whiteness and disclose their risks of harm so psychologists and members of the community do not blindly submit to them. Professional organizations could embrace national events, not as an opportunity to falsely advertise "expertise," but to expose complicity and offer accountability to the public through multidisciplinary truth-telling initiatives. Public health agendas centered on mitigating health disparities could shift their focus from increasing non-White people's access to White mental health assessments and treatments to compelling White America to manage its White rage and reality test around its delusion of White supremacy, so their victims no longer experience racism's emotional and physical turmoil as a result. Table 1 features practical here and now strategies that anyone reading this paper can contribute to moving forward.

However, reimagining America's White psychology demands a redo built upon a new foundation of racial equity and antiracist practice. Extricating the deep-seated whiteness rotting the profession at its core cannot involve revising or "culturally adapting" existing practices built upon the same decaying foundation White supremacist values borne from colonization. The new foundation must draw inspiration from the same Indigenous practices of communalism, interdependence, earth-centeredness, and egalitarianism that the original White

American psychology from over a century ago tried to annihilate. If the APA's response to the 2021 Capitol Riots is any indication, however, we cannot wait on the profession's organized sector still swimming in the seas of whiteness. If we, instead, look to the triumphant resistance of the Black Panther Party and other activists, we find hope, strategy, and potential in forming collectives that resist the standards of "care" maintaining the racist status quo.

A people's mental health movement is emerging, one in which emotional wellbeing derives from peer support rather than biomedical expertise, decarceralized practices supplant force and policing with choice and autonomy, and community-building and intergenerational healing prevail over individualized manualized treatment approaches geared towards diagnosis and symptom management. A movement by the people for the people is, perhaps, more likely to ignite the transformation needed for White psychology's antiracist reawakening. This movement could foster the solidarity needed to dissolve binaries like practitioner and patient, researcher and research subject, and the profession and the public. It could provide the best accountability for transgressive practices that tell the truth about the harms at the hands of the "caring" profession and to facilitate repair of past wounds. This antiracist psychology of the future begins with our shared commitment to commencing this never-ending journey together today (see Table 1). The past is prologue, and the future begins now.

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### Notes

1. Gaslighting is an insidious psychological manipulation by a person or group in power feeding victims false information, leading them to question themselves and their reality, growing more complex and potent over time, making it increasingly difficult for victims to see the truth (Davis & Ernst, 2019).
2. This paper uses the term "White" to refer to individuals racialized as White and to refer to the dominant concepts, ideas, and actions upholding whiteness in American psychology (e.g. White Supremacy, White logic, White experts, White rage). Since the psychological workforce is presently 80% White (and was previously even more White), far more often than not, White people will be the subjects for the actions and verbs put forth in this paper. However, the term "White" refers not just to the dominant population but also the dominant perspective in American psychology. Readers should rely on contextual information from the sentence to decipher meaning.
3. This particular example pertains to White saviorism and the White savior industrial complex (WSIC) and their relationship to psychological interventions through global mental health. Aronson explains: "WSIC involves a 'big emotional experience that validates privilege.' Ultimately, people are rewarded for 'saving' those less fortunate [and] completely disregard the policies they have supported that have created/maintained systems of oppression....*Distorted narratives [about] Africa and other developing countries...allow for the hegemonic project of whiteness and white supremacy [in order] to create a need for white intervention for 'emotional needs to be satisfied' so the opportunity for agency at the local or individual level becomes non-existent....*The WSIC creates a white savior [who is] emotionally rewarded about the contribution made to the cause and [convinced] that he or she has made a difference in the lives of these poor unfortunate individuals with disregard for how. [A]s Cole described, "The white savior supports brutal policies in the morning, founds charities in the afternoon, and receives awards in the evening" (Aronson, 2017, italics ours).

4. The term White methods borrows from Bonilla-Silva and Zuberi's definition: the practical tools used to manufacture empirical data and analysis to support racial stratifications in society; the various practices that have been used to produce racial knowledge since the emergence of white supremacy in the 15th and 16th centuries. White logic refers to a context in which White supremacy has defined the techniques and processes of reasoning about social facts. "White logic assumes a historical posture that grants eternal objectivity to the views of elite Whites and condemns the views of non-whites to perpetual subjectivity" (Zuberi & Bonilla-Silva, 2008).

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