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. Seven historical themes reveal how eugenics, claims to objectivity, white hegemony, white normativity, white saviorism, and various rigged discourses have shaped organized psychology since its inception. By exposing myriad forms of racism and whiteness, they provide starting points for antiracist psychological practices that interrogate and dismantle both. By providing a common language, shared strategy, guiding ethos, and urgent tone, this approach offers a theoretical blueprint for advancing a professional collective movement. 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 to its core.

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.

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January 2021: The president and chief executive officer of the American Psychological Association (APA) condemn the U.S. Capitol storming. They lament 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, 2021a, 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 the value of psychological science, particularly how it traverses political ideologies to mitigate violence and "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, 2021a). Not a single word about racism or 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).

January 2021: Almost a year has passed since 500,000 people joined Black Lives Matter protests in the streets, demanding defunding the police in the wake of George Floyd's lynching. Abolition medicine is emerging fearlessly. Recognizing policing's deep roots in slavery (Kaba & Murakawa, 2021), this movement calls 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 reimagining 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 & Miranda 2020; Legha et al. 2020; Legha et al., 2022; Legha & Gordon 2022).

However, APA's response to George Floyd's lynching is out of step with this national ethos. The APA President's statement upholds the bad apples argument implicating individual wrongdoers while 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. Instead, the statement laments the stress African American people experienced after the lynching and offers individualized psychological interventions, like engaging in self-care, "talk[ing] about your feelings," and limiting access to media (para. 8). The devastating footage of 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 responds by offering 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

> Whiteness in a white supremacist society refers to more than just privilege afforded to one group or another; whiteness is about power, acceptance…, belonging, [and] a constant rewriting of history that centers whites while dismissing or discounting nonwhites… [W]hites use ideologies and institutions to reinforce, defend, and continue the privilege of whiteness, and thus white supremacy in America... [I]t is white

> 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)

This definition captures the whiteness engulfing APA's refusal to name and condemn the white supremacy driving the Capitol Riots and the racism that extinguished George Floyd's life. APA's rewriting of history that centers White people and discounts people of color (POC) is manifested in its statements' failure to connect both events to its own disturbing origin story. For decades, scholars of color have highlighted organized psychology's colonizing, white supremacist agenda. They have advocated for interventions that heal intergenerational trauma while identifying systems of oppression as the locus of harm. However, no formalized redress or repair process has transpired. Decolonization, critical race theory (CRT), and abolition are gaining traction in mental health, highlighting this harm (e.g., Comas-Diaz, 2021; Legha et al. 2022; Legha & Gordon, 2022; Moodley et al., 2017). They eschew the apolitical and color-blind racial ideology put forth in APA's response to the Capitol riots. They reject its sanitized language of "hope" and "resilience" obscuring the centuries-long arc of white supremacist violence the storming represents.

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. Positioning itself as the powerful savior, the magnanimous arbiter of scientific healing, while deleting its white supremacist origin story is yet another manifestation of its whiteness. APA's statements provide a window into the profession's history of racism and white supremacy, while capturing its active efforts to refuse and deny it. This paper challenges this refusal, redirecting collective attention back to the past to delineate the patterns shaping our unfolding present. Organized psychology is the foundation for implementing antiracist psychological practices. However, these practices—

whether they are APA statements, clinical tools, or research protocols—cannot be reimagined as antiracist until the whiteness overpowering them is revealed. This process requires interrogating contemporary practices and situating them in the histories and systems of oppression that gave rise to them.

"No More Building Resiliency" takes aim at celebrated psychological frameworks that uphold whiteness, thereby bending the moral arc of the universe towards injustice. Encouraging resilience among the nonwhite, marginalized people assaulted by whiteness and its intersecting systems of oppression, rather than condemning the sources causing harm, is an injustice. American psychology's narrow view and orientation to individual-level change, which renders itself ineffective at best (e.g., Price et al., 2021), is harmful in more subtle ways (Chen et al., 2021; Fadus et al., 2019). Pathologizing minoritized children for attachment deficiencies theorized by white psychologists while sidestepping the violent family separation forced by the legacies of slavery and colonization is another (Causadias et al., 2021; Coard, 2021).

Detouring away from oppressive legacies is the first, most important step in an antiracist journey. However, this sharp turn cannot transpire until American psychology's sordid history is exposed and its contemporary threads are unraveled (Legha et al. 2022). This antiracist approach to psychological practice, therefore, offers seven historical themes illuminating the whiteness engulfing commonplace psychological practices. This historically oriented approach rejects seeking reductive answers through natural processes born from colonial social order (APA Div 45 Warrior's Path Presidential Task Force [Warrior's Path], 2020). There are no boxes to check or competencies to master, as is often the norm for psychological practice. Anchored by CRT, abolition, and decolonization, it, instead, inspires asking better questions that lack immediate answers. Each historical theme, therefore, begins with a question prompt to implicate clinicians

in remaking psychology's white supremacist history into an antiracist future. This prompt also positions the millions of clients receiving psychological services each year to hold their providers accountable by interrogating their clinicians' practices. 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 to being within reach.

Psychology's Legacy of Racism and White Supremacy: Past is Prologue, the Future is Now

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

American Psychology and Its Refusals of White Supremacy

While APA defines white supremacy as a "pervasive ideology that continues to polarize our nation" (APA, 2021c, p. 12), philosopher Charles Mills' (2014) conceptualization of white supremacy provides the more nuanced historical perspective this antiracist approach encourages. Mills defines white supremacy's "epistemology of ignorance" as the structured ways of not knowing that allow white people to claim innocence and, in turn, preserve a sense of self as decent in the face of privileges dependent upon obvious and violent injustices against nonwhite others. White supremacy is a system of domination requires this tacit agreement among people racialized as white to see the world as they believe it to be (Mills, 2014). These five refusals are points at which they actively maintain white ignorance in order to preserve both a sense of the self and of the wider structures of white privilege and dominance (Gibbons, 2018):

1. A refusal of the humanity of the other—and a willingness to allow violence and exploitation to be inflicted
2. A refusal to listen to or acknowledge the experience of the (nonwhite) other—resulting in marginalization and active silencing

3. A refusal not just to confront long and violent histories of white domination, but to recognize how these continue to shape injustice into the present
4. A refusal to share space, particularly residential space, with resulting segregated geographies that perpetuate inequality and insulate white ignorance
5. A refusal to face structural causes, e.g., capitalism as it has intertwined with white supremacy from its earliest beginnings.

This paper does not specifically identify the refusals underlying the seven historical themes by design. Instead, readers are called in to do so on their own by repeatedly asking themselves: "Which of the five refusals operates within this particular historical theme?" Implicating readers to join this antiracist effort now sets the stage for dismantling these refusals immediately and collectively. Because each defense mutually reinforces the others, undoing one requires undoing all others, meaning all hands must be on deck. The following overlapping and interrelated themes expose the myriad forms of racism, whiteness, and its related refusals shaping organized psychology since its inception and manifested in contemporary practices.

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, 2021b). 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.

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 nonwhite subjects had more primitive brains and less evolved intelligence (APA, 2021b). 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, 2021b). 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, 2021f). Devising research to reinforce, rather than dismantle, whiteness and strengthen, rather than abolish, the institutions upholding them is another hallmark of the profession today.

The taxonomy of human value validated by biological racial difference paved the way for 20th century campaigns annihilating and subjugating unworthy, nonwhite others. Mass sterilization, forced assimilation, and racial purification campaigns represented the violences not visited upon the children and loved ones of white men dominating psychology. Because these violences were necessary for maintaining their white privilege, not only were they not worth condemning, they were worth sanctioning. Several longstanding patterns emerged related to white men's hegemonic presence in psychology, i.e., 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, 2021b). 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 for their 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 today 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, 1905a, 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, 1905b; see also APA, 2021b). 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. It reified racialized hierarchies and justified white researchers' non-consensual extraction of data from POC's bodies. It allowed them to exploit data and generate conclusions pertaining to white supremacy causing further harm. 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. 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. 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 IRB 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).

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, 2021b). 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 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" (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 these violences. 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 Nonwhite 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, 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; Guastaferro 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 et al. 2022; Legha & Gordon 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; 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 (Schuller, 2021; Legha & Martinek, 2022). 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 the 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 & 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 simple mindedly stare at and describe it (Legha et al. 2022).

Resiliency, another rigged discourse, 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). It harkens back to theories of "racial resistance" contending Black bodies, including children's, were stronger in order to justify their enslavement. 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, 2011, 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 IRB 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 anti-racist misses the mark and exemplifies that their resolution and apology is simply a means by which to absolve themselves of white guilt" (ABPsi, 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; 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.

POC 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. We believe that mass 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 POC 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 when in 1968 when 75 Black psychologists 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, 2021d). 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 amore 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' 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. Whereas

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?*

Whiteness relies on its invisibility to retain its immunity to destruction, and antiracism renders its invisibility visible to challenge it. The common language, shared strategy, guiding ethos, and urgent tone provides here strives to galvanize the activism necessary for reimagining psychological practice as an antiracist endeavor. Extricating the deep-seated whiteness rotting the profession to its core remains the primary imperative. There are no clear answers. There is no tidy conclusion drawing this exercise to a close. The antiracist psychology of the future begins with our shared commitment to commencing this never-ending journey together today. The past is prologue, and the future begins now.

American psychology needs a complete redo.

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Images. Image 3. Ten thousand people gather to watch the lynching of Harry Smith in Paris, TX on February 1, 1893. Copyright CORBIS. Image 4. White children cheer outside an African-American residence that they set on fire. September 1, 1919. Bettman Collection, Getty Images.