

MOVING PSYCHOLOGY FORWARD



**PSYCHOLOGISTS OF COLOR
MAKING A DIFFERENCE**



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INTRODUCTION

As we continue to grapple with the issues of race in America, meet six inspiring Black psychologists whose work is helping to dismantle systemic racism and advance health equity.

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PHILLIP ATIBA GOFF EXPLORES THE SCIENCE OF RACIAL BIAS



By Delia O'Hara

Social psychologist [Phillip Atiba Goff, PhD](#), believes that science can fight racism, one of our society's most intractable problems. Specifically, Goff has been studying and gathering data on policing for more than a decade—research that, in light of issues raised by Black Lives Matter, is more relevant than ever.

Goff wants to take “fundamental laboratory findings out into the world, particularly in the domain of public safety and policing,” to replace the systems we have “with better systems that have different intentions,” he says.

The Carl I. Hovland Professor of African American Studies and professor of psychology at Yale University in New Haven, Connecticut, Goff is an expert on racial bias. He co-founded and is chief executive officer of the [Center for Policing Equity \(CPE\)](#), a national nonprofit organization that studies how public safety systems affect communities, how departments can improve, and what can replace policing.

Until about 2008, “there were no national data on police behavior,” he says. Reports of crime were tracked, “but not what police did to people in those communities,” he says.

CPE grew out of a [2007 conference](#) of social science researchers and law enforcement officials who were seeking guidance on how to hire for and sustain diverse, fair-minded, effective departments. Goff and [Tracie Keese, PhD](#), a 25-year veteran of the Denver Police Department and New York Police Department, co-founded CPE at the University of California at Los Angeles, where Goff was first

tenured. He says CPE has the world's first and largest collection of data on policing behaviors. The organization has worked with more than 75 jurisdictions.

BLACKS TWICE AS LIKELY TO ENCOUNTER FORCE

One of CPE's core principles is a rigorous opposition to White supremacy, but racial bias can be unconscious. [Goff's own work](#) has shown that people reflexively associate Black people with crime, and that they perceive Black children as being [older than they are](#), and less evocative of innocence.

Part of the dilemma of law enforcement in minority communities is that police officers now are first responders in situations that would more appropriately be addressed by mental health professionals and other social service providers, Goff says.

"We don't need to have punishment as the only public safety and public health response," he says.

That framework is especially dangerous for Black people. While one in four [adults in the United States](#), about 62 million people, have contact with law enforcement in a year, only about 1.3 million of those people are dealt with with force. Goff told an audience at a 2019 TED talk that Blacks are more than twice as likely to be targeted for force than Whites.

Goff's early work at Stanford began to establish his stance and credentials on addressing racism at large, and in law enforcement. He won early career awards in 2009 from APA [Division 9](#) and [Division 48](#) and was named a 2011 Association for Psychological Science Rising Star.

He is often interviewed and also [writes](#) regularly in the media; he has [testified in Congress](#) and before President Obama's Task Force on 21st Century Policing.

GEORGE FLOYD

The year 2020 was an intense time for Goff. He was living in Manhattan when COVID-19 hit. For weeks, Riverside Drive, which he could see from his home, was deserted, the city "ghostly silent except for the sound of ambulances," he recalls.

Still, Goff was mindful of "the systems of inequality we already had" and concerned about the possible intensifying effects of the pandemic, he says. He started by advocating for personal protective equipment for law enforcement and getting incarcerated people released, if possible. But after [George Floyd](#) was killed by a Minneapolis police officer on May 25, 2020—or more precisely, after a shocking video of the murder surfaced—"there was a lot of demand for our services," he says.

Floyd's death was only one of several high-profile incidents of violence toward Black people that year, which contributed to what Goff calls "[a sea change](#) in public opinion," with nearly [60% of Americans polled](#) saying they believed major changes were needed to improve public safety.

"I was always working on something that felt like the most important thing that we had ever done," Goff says.

Many police departments have been eager to work with the CPE team; behaviors and policies are two variables over which police departments do have some control, Goff says. Even so, "experiments should have metrics and scientists involved," he says. "That's what we're up to—and not just at CPE. That's what the country should be up to."

By early this year, some of CPE's activities were paying off with substantial change. Berkeley, California, implemented [a package of reforms](#) designed to reduce racial disparities, based in part on [a study](#) Goff's CPE did in 2018 that showed that Berkeley police were 6.5 times more likely to stop Black motorists than White ones, and 20 times more likely to search Blacks than Whites.

[Changes went into effect](#) in Ithaca and Tompkins County, New York, too, one of which was the elimination of the "[no-knock](#)" search warrant, which allows police to enter a home without warning. Goff's [CPE](#) was involved in those efforts.

METRICS AND TRAINING CAN MAKE A DIFFERENCE

There are [18,000 distinct law enforcement agencies](#) (PDF, 1MB) across the

United States at the federal, state, county, and local level, Goff notes. "Seventy-five percent of them are 25 officers or fewer, and there are a thousand that are just one dude," he says.

"We know you are twice as likely to get shot in a rural area as you are in an urban area." Citizens are safer in locales where rigorous training to address different situations is common. But it's also true that "it really matters what's happening in those small places," Goff says.

Goff was born in Philadelphia and grew up in the suburbs there. He majored in Black studies at Harvard University in Cambridge, Massachusetts. He founded [the Black Arts Festival](#) there. If Goff weren't a social scientist, he says he might have been a performer or a storyteller, but he believes he chose "the work that needed doing most."

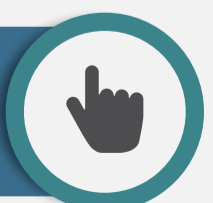
He obtained his PhD in social psychology at Stanford University in Palo Alto, California. Goff's original plan was to stop at a master's degree in psychology; he recalls his first year in the program as a slog.

"I knew I wanted to be a professor and ask questions for a living. I thought I wanted to be in an interdisciplinary program," he says.

Later on at Stanford, though, he worked with [Claude Steele](#) and [Jennifer Eberhardt](#), researchers who have done foundational work on race, unconscious bias, and stereotypes. He says he came to realize that social psychology could be a powerful tool for investigating racism.

"Racism is about behaviors, not feelings," Goff told that 2019 TED audience. "When we change the definition of racism from attitudes to behaviors, we transform that problem from impossible to solvable, because you can measure behaviors... (and) hold yourself accountable to the metric. If every other organization measures success this way, why can't we do that in policing?" ■

Learn about fellow psychologists and the wide variety of careers that make up the profession.





MANA ALI CARTER WANTS TO HELP ELIMINATE HEALTH DISPARITIES

By Delia O'Hara

Rehabilitation psychologist [Mana Ali Carter](#), PhD, decided long ago that she would do what she could to make life better for African Americans. "It's on my heart and on my spirit to do something for my community," she says.

Ali Carter is a clinician and researcher at MedStar National Rehabilitation Hospital in Columbia, Maryland. She marvels that in the past year, remarkable both for the COVID-19 pandemic and the prominence of the Black Lives Matter social justice movement, all her own clinical and research interests have shown up in the public discussion at once—the doctor-patient relationship, African American life and culture, [health disparities](#), psychosocial factors that affect health outcomes, and the role the rehab institution plays in recovery for grievously injured patients.

The health-related concerns have come to the fore in part because of the unequal toll the pandemic has taken on Blacks and other minorities. Blacks are nearly four times as likely to be hospitalized with [COVID-19](#) as Whites, and

nearly three times as likely to die from [the novel coronavirus](#), according to the U.S. Centers for Disease Control and Prevention (CDC).

Even in normal times, Blacks are more likely to die at early ages from [all causes](#), according to the CDC. One "silver lining in this horrible time," Ali Carter says, is that attention is focusing on [health disparities](#) and inequities as never before, and [new research](#) is being directed toward [addressing them](#).

Ali Carter, who is also the director of training for the Rehabilitation and Pain Psychology Postdoctoral Fellowship at MedStar, works with adults with debilitating medical conditions, some congenital and others caused by disorders like [Guillain-Barré Syndrome](#) or traumas like sports injuries or gunshot wounds.

Profound loss is at the center of these experiences, Ali Carter says, but while she doesn't gloss over her patients' feelings, "people are resilient. Rehab is a strength-based discipline," she says. "When people come in here, we say, 'You've had

a spinal cord injury and lost the use of your legs? Then we're going to get your arms beefed up to be your legs. They're going to do what your legs used to do for you. We're going to focus on what's working, what's in your control."

COVID-19 has disrupted this can-do approach. "In normal times, a rehab setting is a very lively place," Ali Carter says. "We're having fun in groups, we're moving people toward independence. It's a bubbly environment with a lot of teamwork."

COVID-19 HAS SUBDUED REHAB'S CAN-DO SPIRIT

Now, though, the rehab unit has become subdued, she says. Everyone is covered in masks and gowns, avoiding contact, staying as far apart as possible. Access to exercise areas is restricted. Inpatients can't have visitors; they may be confined to their rooms. The cheerful engagement that plays a large part in recovery is missing.

"Everybody has had a hard time with this," Ali Carter says.

For African Americans, the bleak COVID-19 version of rehab is even worse. For them, Ali Carter says, the environment that results from all those necessary adjustments "creates a brewing pot of medical mistrust and isolation that is horrible for recovery and engagement."

Mistrust of the health care system already runs deep in the African American community. Individuals may know about the racist [experiments and treatments](#) that have exploited and damaged African Americans over the centuries and into the present. One notorious episode was the [Tuskegee Study](#), initiated by the U.S. Public Health Service in 1932. For decades, scientists withheld effective treatment from hundreds of Black men with syphilis in order to observe the devastating disease process, even to death.

Many Blacks have their own family stories and personal experiences with racism in health care that promote mistrust, which

in turn contributes to health disparities by keeping people from getting the care they need, Ali Carter says.

She thinks a great deal about "the power imbalance" between health care providers and patients, she says, and she tries to level it out as much as she can. She doesn't ordinarily wear a white coat to see patients; she believes that just one article of clothing can make her appear to be coming at the patient from on high.

"It says, 'You're the little one here.' The work is on the provider to establish that rapport. A poor provider relationship is horrible for outcomes. If people don't trust me, they won't get better. If they feel intimidated, they won't ask questions. They won't speak up for their values," she says.

Ali Carter has done research that shows that the patient-centered medical home (PCMH) model, which includes [a mental health component](#) and team-based care, may help reduce disparities and improve outcomes. That approach, which is gaining momentum in health care, will also give more people easier access to, and normalize, mental health care.

UNDERSTANDING PATIENTS' CULTURE IS CRUCIAL IN HEALTH CARE

Given that only [5% of psychologists](#) are African American, and that the need is great in that community, White psychologists need to think about how to put their Black patients at ease, Ali Carter says. Making the effort to understand patients' culture has to be an intrinsic part of any health care interaction, she says. She works to convey that message to the fellows she helps train at MedStar. She also co-chairs the hospital's equity committee.

"I would like to see providers broaden their sense of who that person is in front of you, and why they are showing up in the state they are in," especially if patients are upset or appear uncooperative, Ali Carter says. "We need to look past personality to explain health status. People want to be

well. We need to connect with their circumstances and the challenges they encounter in the health care system."

Ali Carter has spent her entire life in the Washington, DC, area. She grew up in a comfortable "bubble," she says, in suburban Prince George's County, Maryland. Though she comes from modest means, Prince George's is one of the most affluent majority-Black counties in the United States.

Ali Carter attended the University of Maryland, where she studied psychology and criminal justice, and got her doctorate in clinical psychology from [Howard University](#), a Historically Black University in Washington, DC. She also completed a fellowship in rehabilitation psychology at Johns Hopkins University in Baltimore.

At Howard, Ali Carter was pleased to discover that diversity was "woven into every course. We were thinking about all people all the time," she says.

For a researcher, one great benefit of the Howard program was that "African Americans trust Howard," Ali Carter says. She worked on two studies during her fellowship there—one through Howard, and another study through the National Institutes of Health (NIH). It took four times as long to recruit people for the NIH study as for the Howard project, even though the NIH offered participants "way more money," she says. Less time spent recruiting participants made the Howard project much easier—something for psychologists interested in working with African Americans to consider, she says.

"You're doing your dissertation for as long as it takes to gather that data. If it takes two months, great!" Ali Carter says. "But if it takes five years to get the data, you're still doing that dissertation." ■

Learn about fellow psychologists and the wide variety of careers that make up the profession.



JANET HELMS STUDIES THE MECHANISMS OF INEQUALITY

By Delia O'Hara

Early in her career, [Janet Helms](#), PhD, decided to take on the elephant she saw in the room—the fact that all of us have a racial identity that has a big effect on our lives. Perhaps best known for her contributions to our understanding of racial identity as a process we all undergo, Helms, Augustus Long Professor in the Department of Counseling, Developmental, and Educational Psychology at Boston College in Massachusetts, helped forge the language we use today to talk about race, and has also studied how we relate to one another in this country across our racial differences.

Forty-odd years ago, when she was starting out, “Aside from ‘You’re a racist’ or ‘You’re not a racist,’ people really didn’t have the language for being more expansive than that,” she says.

The founding director of Boston College’s Institute for the Study and Promotion of Race and Culture, Helms is an expert on Whiteness, a concept that has come to the fore recently with the ascendancy of Black Lives Matter.

“Finally, some White people are recognizing that they have a race,” says Helms, a fellow in APA Division 17 (Counseling Psychology), 35 (Psychology of Women), and 45 (Ethnic Diversity). Part of the reason racism is so intractable in our society, she says, is that “White people don’t think about being White; they just act White.”



That is to say, they assume the privilege that being White conveys. “White privilege...is the foundation of racism,” Helms wrote in her slim 2020 book, *A Race is a Nice Thing to Have: A Guide to Being a White Person*, or *Understanding the White Persons in Your Life*. Her other books include *Using Race and Culture in Counseling and Psychotherapy: Theory and Process*, which she co-authored, and *Black and White Racial Identity*, which she edited. In 2019, she received the American Psychological Foundation’s Gold Medal for Lifetime Achievement in psychology in the public interest.

Helms’s approach to discussing Whiteness is not positive or negative as much as it is unvarnished. To evolve away from racism, she says, White people must not only embrace their Whiteness, but they also have to accept that being anti-racist could entail some loss.

“I ask my students, ‘What are you willing to give up to end racism?’” The answer that comes back, she says, is usually, “Nothing.” Some White people want to be helpful, but virtually none want to miss out on work opportunities, or send their children to inferior schools, or risk not living in a pleasant neighborhood, she says. Plenty of White people do live, work, and go to school in modest or even wretched circumstances, but often, “they hope to become one of the privileged eventually, and if that doesn’t happen, they blame people of color,” Helms says.

“All people should be treated equitably,” Helms says, but that is not what happens, and she has spent her career exploring the mechanics of how and why that is.

“Race is a power system,” a means of classifying people and “determining who has the power, and who doesn’t,” she says.

Take academic testing, which Helms also studies. “A lot of my work has been focused on looking at what’s wrong with the tests,” and with making them fairer, she says. High scores on standardized tests can

open doors for people to better schools, financial aid, and good jobs. Helms says, “The general belief is that Black people are inferior, but we know that there are some Black people who have higher skills than some White people.” Helms believes developers fortuitously tailor tests that assure that White people will score higher than Blacks. “That is my argument,” she says.

She has also studied how race affects Asian and Latinx people, and how it plays out in the therapy process.

Whites can evolve from “obliviousness” about race to develop healthier and fairer strategies for living in a multicultural world, and to see and treat Blacks as humans with the same needs and aspirations they have.

“Only White people can end racism,” Helms says.

She grew up in Kansas City, Missouri, the second of seven children. Her father wanted her to be a mathematician, which had been his dream, and she did take a number of statistics classes, but Helms had been planning to be a psychologist since she was seven. In college at the University of Missouri at Kansas City (she also got a master’s degree there), she filled out a postcard to get information about graduate school, and checked a box for counseling psychology.

“It sounded like something I might want to do,” she says.

As the first Black woman doctoral candidate in her program at Iowa State University in Ames, Helms found that, on the one hand, people tended to act as if racial differences didn’t exist; on the other hand, when race did enter the conversation, all eyes turned to her. Didn’t White people realize they too had a race? she wondered.

ISU was also the first place Helms says she encountered microaggressions, subtle acts of discrimination, mostly coming from faculty members.

“It made me feel invisible, in a way, but you can’t go through life being mad. The experience taught me a whole lot about White racial identity, as an observer, and I was able to use it later in my work,” she says.

She discovered the work of William Cross, PhD, who in 1971 described “Nigrescence,” stages he theorized Blacks pass through to develop an integrated racial identity. Helms began to build on Cross’s work by viewing racial identity as dynamic and interactive and as influencing our understanding of who we are racially as coming to some extent from how people treat us.

Early response to her research in this area, Helms says, came in the form of questions about why she thought Blacks’ and Whites’ experiences would be different. That set her on the path of exploring White racial identity.


Helms has been at Boston College for 20 years, where she has enjoyed the freedom to study race and culture, she says. She relishes convening the annual Diversity Challenge, celebrating 20 years with this year’s virtual conference October 23 and 24.

Protests organized by Black Lives Matter in response to police brutality captured on video over the past few years, and culminating with the murders of George Floyd, Breonna Taylor, and others this year, have brought discussion of race to many gatherings—including virtual ones—in America in 2020.

“I am pleased to hear that people are having conversations about race,” Helms says. “I would encourage people to stay with the discomfort, because if you’re uncomfortable about race, there is liable to be growth there.” ■

Learn about fellow psychologists and the wide variety of careers that make up the profession.



A portrait of Joy Harden Bradford, a Black woman with curly hair, wearing a bright pink top and a pearl necklace, smiling. The background is a blurred indoor setting.

JOY HARDEN BRADFORD WANTS BLACK WOMEN TO EMBRACE PSYCHOLOGY

By Delia O'Hara

Joy Harden Bradford, PhD, an Atlanta, Georgia, clinical psychologist, specializes in working with African American women in her practice, especially around relationships, breakups, divorce, and work-life balance, but she goes well beyond merely making herself available to her own clients.

The creator of the website Therapy for Black Girls, Bradford provides an array of resources to introduce psychology to African American women, who have typically been raised to handle their problems in the context of family, church, and friends.

"A lot of Black families have had this idea that what goes on in the house stays in the house. Talking to a stranger about some very personal things has been taboo," says Bradford, an APA member.

Black women are often seen as strong and resilient, and Bradford says, as a general rule, that is true, but only part of the story. Black women have all the stressors other women have, as well as the additional effects of systemic racism to

deal with. For example, Black women are more likely to experience postpartum depression, a condition often linked to socioeconomic status, yet they are far less likely to get help in dealing with it.

Bradford's outreach to Black women dates back to her days as a college counselor, when she first noticed that African Americans sought mental health services from the campus centers much less often than other students. She aims to make a discussion of mental health issues "accessible and relevant" for Black women.

Her project, Therapy for Black Girls, is part of that effort, and it seems to be working. The website has 100,000 followers, and Bradford's weekly podcast has had more than 2.5 million downloads since it began in April of 2017. The podcasts are designed to help Black women become familiar with the objectives, terminology, possible topics, and some of the processes of therapy. She enlists other therapists, all Black women so far, to analyze the issues that, say, characters from popular culture might discuss in therapy, like Molly from the HBO series Inse-

cure, or [Olivia Pope](#) from ABC's *Scandal*. Bradford lists books and other resources on the website as well. A new subscription service, the Yellow Couch Collective, has 65 members so far.

"I want every Black woman to be able to have a great therapist," she says.

The road to that objective is strewn with obstacles, though, Bradford says. For one thing, in her experience, most Black women who are open to therapy say that another Black woman is their ideal mental health professional. But while more than two-thirds of psychologists are women, only 5.3 percent were African American in [2013](#). And those are not spread evenly across the country.

Two years ago, Bradford began assembling a [national directory](#) of mental health professionals who are licensed and ostensibly culturally competent to work with Black women. The directory has grown to more than 1,000 therapists. Some nominate themselves; other names come from current or former clients who report good experiences. Most therapists in the directory are African American women themselves. Bradford doesn't endorse the therapists on the list she's created, but she is proud that it gives women a start on getting help.

Trust-building is an important aspect of any therapeutic relationship, but especially when client and therapist come from different backgrounds. The importance of cultural competence may be on White psychologists' radar these days, and therapists are almost by definition well-intentioned people, Bradford says, but good intentions are just a start.

"White therapists need to do the work to allow Black women to have the best therapy experience possible," she says.

Black women may feel traumatized by a bad experience with a therapist who, for example, questions the legitimacy of some-

thing the client is reporting that the client knows to be true, Bradford says. Or, Black women may talk with fervor when they have strong feelings about something, but that doesn't mean they are habitually angry, as one stereotype has it.

On the other hand, White therapists absolutely do need to talk about racial issues with their Black clients. "Our training tries to take this color-blind approach, but if you see me as just another woman, then you're missing a whole lot of what's bringing me into therapy. You're not seeing all of who I am," Bradford says.

Affordability is another roadblock. Black women are less likely to have health insurance than White women and, even when they do have it, therapists may not take insurance — Bradford herself doesn't.

"Insurance companies need to do a better job. There has been so much information about how mental health professionals are not reimbursed at the same rate as physicians," even though psychologists also go through several years of postgraduate training. "And physicians can see four to six people in an hour, where we see only one. The reimbursement rates are not up to par," she says.

In rural areas, "there might not be a therapist within 20 or 30 miles, and sadly, a lot of community mental health facilities have closed," Bradford says. Telehealth options might be at least one answer in those areas.

Growing up in Paincourtville, Louisiana, Bradford says she was the girl her friends would come to with all their problems. "I always knew I would do something in the helping professions," she says.

Bradford did her undergraduate work at Xavier University of Louisiana in New Orleans. She has a master's degree in vocational rehabilitation counseling from Arkansas State University in Jonesboro, and a PhD in counseling psychology from the University of Georgia in Athens.

Bradford has worked for the Wisconsin Division of Vocational Rehabilitation and in the counseling centers of Virginia Commonwealth University in Richmond; Georgia Southern University in Statesboro; the University of Georgia in Athens; Emory University Oxford College in Oxford, Georgia; and Clark Atlanta University in Atlanta, Georgia.

It wasn't easy, as an African American woman, getting all the way through psychology training, she says. "The programs are still very White, and not the most welcoming. In fact, they can be downright hostile." She wrote her dissertation on depression and anxiety among Black people attending predominantly White academic institutions.

"Even if you figured out the money piece, you also had to deal with the assault to your mental health," she says.

Luckily, Bradford was one of two Black female students in her cohort, and a scattering of other Black grad students were in the program as well.

"We did a good job supporting one another. There were also a couple of faculty members who got it, who understood we weren't making things up. Support is the only way you can make it through," she says.

Now, she's gratified to find herself at the center of an "active and strong community" through Therapy for Black Girls. She's thinking about offering live events starting in 2019, perhaps some half-day or full-day intensives.

"I'm always in conversation with the community," Bradford says. "I don't want to just say what I think they should hear. I want to make sure that I'm giving them content they feel is useful, and helpful to their lives." ■

Learn about fellow psychologists and the wide variety of careers that make up the profession.



BEVERLY DANIEL TATUM WANTS US TO TALK ABOUT RACE



By Delia O'Hara

Helping to facilitate the national conversation on race has been Beverly Daniel Tatum's overarching area of specialization. She first took on that role as a young university instructor, and has spent her career helping people from all backgrounds, and especially college students, learn to talk with one another about that fraught but crucial topic.

The author of *Why Are All the Black Kids Sitting Together in the Cafeteria?*; president emerita of Spelman College, a historically black college for women in Atlanta, Georgia; and a longtime academic, Tatum notes that today, colleges all over the country are struggling to create communities from increasingly diversified groups of students, which isn't easy.

"There's a lot of unlearning that has to happen in order for young people to engage effectively with each other, and we need to be creating opportunities for that learning to take place on campuses," says Tatum, who in 2014 received the APA's Award for Outstanding Lifetime Contribution to Psychology, its highest honor.

As a fledgling adjunct teacher at the University of California at Santa Barbara (UCSB), in the early 1980s, Tatum brought her training as a clinical psychologist and her experience running therapy groups to bear in a class designed for students to discuss racism among themselves. Those conversations weren't happening much at the time, Tatum recalls, but it was "such a powerful bridge" for those early students that she taught the course every term for as long as she was at UCSB.

“The other regular professors didn’t really like this group exploration concept,” she recalls, but it was “a transformational experience” for the students.

Tatum and her husband, Travis Tatum, had two careers to launch, and they were starting a family. From Santa Barbara, they went to western Massachusetts, Tatum’s home state, first at Westfield State College. Then, in pursuit of more time for research and writing, she moved to Mount Holyoke College in nearby South Hadley. Her 1992 *Harvard Educational Review* article, “Talking about Race, Learning about Racism: An Application of Racial Identity Development Theory in the Classroom,” put her on the road to being an acknowledged expert.

In 1997, Tatum published *Why Are All the Black Kids Sitting Together in the Cafeteria?*, an exploration of the psychology of racial and ethnic identity, which garnered a great deal of attention. In 2017, to mark the book’s 20th anniversary, Tatum, who lives in Atlanta, updated the psychological research, revised and augmented the content throughout, and added a new epilogue “intended to remind the reader that change is possible, even in the face of the current political climate,” Tatum says.

When the book first came out, Tatum had been at Mount Holyoke for eight years. Looking for a new challenge, she took on the role of dean of the college, and then of acting president while then-president Joanne Creighton went on sabbatical. Tatum enjoyed being able to put her ideas into action as an administrator, and soon accepted the job as ninth president of Spelman College, a thrilling assignment, she says.

“If you grow up Black in the United States, particularly as a young Black woman, there are very few places where you can say, ‘This place was built for me.’ But that is what you can say when you come to Spelman,” Tatum says.

Her goal was to make Spelman a top-flight college, and during her 13 years as president, a strategic plan strengthened the core curriculum and improved opportunities for research, service learning, international study, internships, and alumnae networking. Historic buildings were renovated; new buildings incorporated “green” standards. In 2014, Spelman College raised \$157.8 million, the largest sum in the history of the institution; 71 percent of donors were alumnae.

In 2013, Tatum also shut down Spelman’s \$1 million Division III sports program — about 4 percent of the students played on its teams, she says — and put the money to work on establishing a “wellness revolution” program for the entire student body, emphasizing good health habits like fitness and nutrition, to impact more students with lifelong benefits, she says.

Tatum now spends a great deal of her time speaking across the country. She traces the major motifs of her career in part to the “insider-outsider experience” of a childhood spent in an engaged Black family in Bridgewater, Massachusetts, a predominantly White community 30 miles outside of Boston where her father was an art professor at the state college. Her mother was a member of the Bridgewater school board and eventually taught in the public schools. Tatum, one of four children, was often the only African American child in her classes and, because she skipped a grade, also the youngest. Still, “I always had a lot of confidence in myself as a student,” she says.

She came of age at the height of the civil rights movement, which made its presence felt in Massachusetts, noticeably in school desegregation that led to race riots in Boston, which Tatum saw on television. “It wasn’t part of my daily experience.” Still, she recalls one classmate asking her about the racial tensions. “I don’t know. I live in Bridgewater,” she replied.

So while her childhood was “pretty benign,” she felt an increasing social isolation from peers she had known most of her life. “I was eager to get out of Bridgewater,” she says.

In high school, she worked in the town library, where a favorite task was putting plastic jackets on new books. One of those was *Dibs in Search of Self*, by the psychologist Virginia M. Axline. “It was about a psychotherapist working with a young boy, and I was really fascinated by it. Based on that book, I decided I wanted to be a psychologist,” she recalls.

Tatum was 16 years old when she graduated from high school. Both her parents were alumni of Howard University, a historically black college in Washington, DC, but her own sense of identity led her to choose Wesleyan University in Middletown, Connecticut. Wesleyan had been an all-male institution, but was seeking to diversify across the board, Tatum says, which was one reason why she chose it.

After college, she started out in management training at the retail giant Sears, but that book she’d read in high school stayed with her. Tatum soon enrolled at the University of Michigan in clinical psychology, intending to practice. She met her husband in Ann Arbor. Even before she had finished her dissertation, he got a fellowship at UCSB, and they moved to California.

“And so I taught that class,” she says, the one that changed her life. “I was 26 years old, wet behind the ears, as they say, a very inexperienced classroom teacher. But it went really well.” ■

Learn about fellow psychologists and the wide variety of careers that make up the profession.





DAVID WILLIAMS STUDIES HEALTH DISPARITIES IN AMERICA

By Delia O'Hara

The work of David Williams, PhD, illuminates the damage that discrimination does to individuals, how it hurts their health and prospects, and how it shortens lives.

Williams, a public health professor at the T. H. Chan School of Public Health at Harvard University in Cambridge, Massachusetts, is perhaps best known for the Everyday Discrimination Scale he developed in 1995 at the University of Michigan (U-M) in Ann Arbor. Working with James Jackson, PhD, Williams used the university's ongoing "Detroit Area Study" to look at how social influences like stress and racism affect people's health and outlook on life.

The scale has been adapted and put to wide use assessing the occurrence and effects of discrimination based on race, ethnicity, gender, age, or religion in situations like job interviews, trying to obtain a bank loan, or interacting with the police. But the kind of treatment the Everyday Discrimination Scale measures is not the most important mechanism of racism, Williams says.

"Racism affects health in profound ways that are over and beyond any of the measures," he says, through systems that have been built up over the years and are now "locked in place, replicating social inequality."

Williams is a sociologist, but he is a social psychologist by training, and he is an APA member. He says he has always been interested in how the two fields come together. Williams has done groundbreaking work in the realm of health disparities, looking beyond obvious associations to find deeper truths. His contributions can be found throughout the APA's 2017 report, *Stress and Health Disparities*.

What we have been comfortable accepting as genetic differences are actually rooted in the precarious nature of life for African Americans and other disadvantaged people, Williams says.

“Race is not a useful genetic category, but it’s a profoundly useful social category. That we know what race we belong to tells us much more about our society than about our biological makeup,” he says.

The handicaps of being disadvantaged in America include worse nutrition as children; stress from the anticipation of violence in everyday life; diminished access to good health care; and, more broadly, socioeconomic differences that might not exist if the individuals were not targeted, marginalized, and deprived of the tools to make their lives better.

For example, African Americans are known to be relatively more susceptible to hypertension, or abnormally high blood pressure, than White Americans. In the past, the perception that they were genetically disposed to the condition was common. But Richard Cooper, MD, of Loyola University Medicine—located outside Chicago, Illinois—has shown that [the association](#) is not genetic but societal, that not only do Black Americans have elevated blood pressure, but so do Whites. In fact, White Americans have higher blood pressure than Black people living in Africa, Cooper found.

Williams says, “What predicts hypertension is the social context. It’s not consistent with a simple Black gene causing high blood pressure. While we as a nation focus on the racial differences in health, the gaps in income and education for most health outcomes are larger than the racial gap.”

Even so, “at every level of income and education, there is still an effect of race,” Williams says; even wealthy Black Americans are statistically less healthy than

affluent White people. “Health disparities are large and persistent over time. About 220 African Americans die every day in the United States who would not die if their death rates were similar to those of White people,” he says.

Williams identifies housing segregation as the most pernicious agent of racism in our country, a system of public policies and rigged lending practices that channel Black people into neighborhoods where no one else wants to live. This happens in every sizable city in the country, and has for many decades, forcing most African Americans to live in less desirable circumstances than White people do, Williams says, [citing the work](#) of William Massey and Nancy Denton.

“Even when they are living in the same city, Blacks and Whites are living under very different environmental conditions,” [Williams says](#). “If you could eliminate residential segregation in America, you would completely erase Black-White differences in income, education, and unemployment, and reduce single motherhood by two-thirds. All that is driven by the opportunities linked to geographic space. That is the power of racism. The most powerful mechanism is this one that no one sees.”

Taking individuals out of their disadvantaged neighborhoods improves their health, Williams says, but “I don’t think that’s the perfect model. People shouldn’t have to move.” He likes [“purpose-built communities”](#) like the East Lake neighborhood in Atlanta, Georgia, a formerly dangerous, depressed, mostly African American area with high crime and low school-completion rates. [A wealthy patron](#) volunteered to help, and East Lake was subsequently transformed physically and otherwise into a safe, pleasant place to live.

Why don’t similar interventions happen more often, if they work so well? In part,

it is because of what Williams calls “an empathy gap.” He says, “For most Americans, we do not care” what happens to Black people.

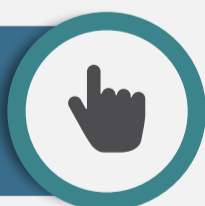
Williams was born in Aruba and reared as a Seventh-day Adventist in St. Lucia in the West Indies. He went to college at the University of the Southern Caribbean in Port of Spain, Trinidad, then came to the United States to attend Andrews University near Berrien Springs, Michigan, committed even then “to social justice and working to improve the life of others.” He went to Loma Linda University in Loma Linda, California, for his master’s in public health. At the Battle Creek Adventist Hospital in central Michigan, he did community health education, first for his field work and subsequently as an employee for a year.

It was there that he began to realize that to be effective, “programs needed to enable people to address all the challenges that they faced in their social environment. I was not focused just on poverty or racism—but on all the sources of acute and chronic stress and adversity in people’s lives,” he recalls.

Williams enrolled at U-M because “it was clear that my prior academic training had not prepared me to fully understand and effectively address the challenges linked to living and working conditions that were determinants of poor health in many communities.” His mentor in graduate school, he says, was James S. House, PhD.

Williams taught sociology at Yale for six years, returned to U-M for 14 years, and moved to Harvard in 2006. ■

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