



COMMENT



It's about racism, not race: a call to purge oppressive practices from neuropsychiatry and scientific discovery

Sierra E. Carter^{1,5}✉, Yara Mekawi^{2,5} and Nathaniel G. Harnett^{3,4}✉

© The Author(s), under exclusive licence to American College of Neuropsychopharmacology 2022

Neuropsychopharmacology (2022) 47:2179–2180; <https://doi.org/10.1038/s41386-022-01367-5>

Neuropsychiatry is beginning to reevaluate current research approaches in the wake of contemporary events of racialized violence against Black and other minoritized individuals. Although researchers, clinicians, and leaders have proposed reactionary personal and institutional commitments for change, many have done so without thoughtful consideration of how race and racism have been conceptualized in science and how sciences racist history could potentially contribute to harmful approaches. Here, we highlight three crucial errors that must be avoided for ethically sound research investigating the neurobiological effects of racism: (1) a belief in “race” as a biological reality, (2) a failure to address problematic approaches that maintain racism and (3) detachment of individual racism-related stress from structural and systemic issues.

ERROR 1: BELIEF IN RACE AS A BIOLOGICAL REALITY

The language of “race”—originally used as a term to mean “breed” or “type”—dates back to Middle Ages and only became a taxonomy for human beings in the early 18th century [1]. In the United States, the construct of race was used to justify the enslavement and dehumanization of Black individuals [2]. The inhumane treatment against enslaved Black individuals was further justified by the proliferation of “scientific racism,” a pseudoscience that purports there are supposed meaningful biological differences between racial groups that reified white superiority and Black inferiority. Robert Bean, a professor at Johns Hopkins University, reportedly stated:

“From the deduced differences between the functions of the anterior and posterior association centers and from known characteristics of the two races the conclusion is that the Negro is more objective and the Caucasian more subjective. The Negro has lower mental faculties (smell, sight, handcraftmanship, body-sense, and melody) well developed, the Caucasian the higher (self-control, will-power, ethical, and aesthetic senses and reason) (p. 412) [3].”

The belief that Black individuals only excelled at tasks that do not require intellect served to dehumanize and maintain the status quo of white supremacy. Further, these racists roots contextualize the general stagnation in the fields approach to studying racism.

Despite decades of research debunking the concept of race as a biological reality (see ref. [2]), many researchers continue to

engage in racial essentialism (i.e., belief of an innate biological difference between racial groups). Racial essentialism is associated with negative outgroup interactions [4, 5] and reinforces the misbegotten belief of biological differences that can be harmful to neuropsychiatric practice (e.g., belief that group differences reflect genetic vulnerabilities versus environmental factors). Medical researchers unjustifiably using “race” as a risk factor for medical diagnoses can impede minoritized individuals’ healthcare [6]. In response, researchers may be tempted to avoid/minimize studying race-related topics altogether; however, this may inadvertently lead to racial “colorblindness” [7]. Colorblind approaches deliberately deny racism and ignore racial disparities in exposures to stress and psychiatric treatment that is deleterious to our goals as researchers and clinicians. Neuropsychiatry must take a thoughtful approach to examining *racism* as a determinant to mental health by considering how systemic racism plays a role in the development, etiology, phenomenology, research, and treatment of psychiatric disorders.

ERROR 2: PERPETUATION OF BIAS WITHIN RESEARCH METHODS

Neuropsychiatric research risks perpetuating racial bias in research methodology and findings by failing to consider how racism-related stress may impact findings. Though researchers often claim to “control” for race in analyses, these analyses do not meaningfully explicate the impact of *experiencing* racism which are likely related to the psychiatric variables of interest. Racism directly impacts neurophysiological processes that are often measured in experimental paradigms (e.g., skin conductance or neural responses) [8]. Critically, decisions about “usable” data often ignore racism’s influence, leading to disproportionate exclusion of racially marginalized participants [9]. Bias may also exist in the form of language choices that inadvertently demean or demoralize Black communities, highlighting the need for consideration of approaches to bias free language. We emphasize the need for researchers and clinicians to partner with racism scholars with expertise in the study of racism-related stress to mitigate the potential for bias throughout the research process. Collaboration with racism scholars will allow neuropsychiatry to avoid engaging in “health equity tourism” [10] that will divert funding from long-standing racism scholars and lead to inferior scientific inferences, clinical diagnosis, and care.

¹Department of Psychology, Georgia State University, Atlanta, GA, USA. ²Department of Psychological and Brain Sciences, University of Louisville, Louisville, KY, USA. ³Division of Depression and Anxiety, McLean Hospital, Belmont, MA, USA. ⁴Department of Psychiatry, Harvard Medical School, Boston, MA, USA. ⁵These authors contributed equally: Sierra E. Carter, Yara Mekawi. ✉email: scarter66@gsu.edu; nharnett@mclean.harvard.edu

Received: 9 May 2022 Revised: 9 June 2022 Accepted: 14 June 2022
Published online: 30 June 2022

ERROR 3: DETACHMENT OF INDIVIDUAL RACISM-RELATED STRESS FROM STRUCTURAL ISSUES

In partnering with racism scholars, neuropsychiatry researchers must also properly conceptualize what racism *is* within U.S. society. Many researchers erroneously detach individual racism-related stress from structural issues. Racism is a multilevel construct with health impacts spanning from the individual to the structural levels [11]. Yet, researchers overwhelmingly locate racism at the individual level. As interest of racism-related stress grows within neuropsychiatry, we must continually reflect on historical and contemporary desires to focus on individual biological responses, rather than intentionally studying the multilevel impact of racism, particularly structural racism (e.g., residential segregation, Jim Crow laws, and intergenerational effects [12]). One potential reason for an individualist focus is an inherent fear of potentially finding that societal ills and not individual deficits are a fundamental cause of mental health illnesses for marginalized groups. Krieger notes privileged scientists with the power and resources to shape and acquire racism-related data often make assumptions about research findings that are in direct contrast to those with lived experience who desire to utilize data to directly address social inequalities in health. Therefore, even when researchers attempt to study the impact of racism, a focus on individual racism, independent of structural considerations (for further discussion, see ref. [13]), could lead to a continuous stream of research that “whitewashes reality” and harms minoritized individuals by blatantly disregarding the role of the environment on psychiatric disorders [14]. If individual-level factors of racism are solely considered, it is plausible that research findings in this area will only produce individual-level solutions that focus on individual behaviors and deficit-based approaches to interventions. Thus, we encourage researchers to think structurally when engaging in racism-focused work.

CONCLUSIONS

Although laudable, neuropsychiatry's current interest in racism-related research risks engaging Eurocentric ideological fallacies that fail to position experiences of individual racism within the larger context of overarching societal oppression and issues of power and privilege [15]. The erroneous presumption of race as a biological reality, ignorance of bias in the research process, and avoiding the structural components of racism are egregious research errors that promote racism the field must avoid moving forward. Neuropsychiatry researchers can learn from the field's prior mistakes by partnering with racism scholars to recognize and center the multifaceted nature of racism to promote more socially conscious and efficacious scientific practices. These changes, which should begin early in researchers' training (e.g., graduate school/residency), have the potential to move the field forward and better align social justice values with research practices.

REFERENCES

1. Fernando S. How ‘race’ began, and the emergence of psychiatry and clinical psychology. *Institutional Racism in Psychiatry and Clinical Psychology*, Springer: London, UK; 2017. p. 11–37.
2. Smedley A, Smedley BD. Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race. *Am Psychol*. 2005;60:16–26.
3. Bean RB. Some racial peculiarities of the Negro brain. *Am J Anatomy*. 1906;5:53432.
4. Tawa J. The Beliefs About Race Scale (BARS): dimensions of racial essentialism and their psychometric properties. *Cultur Divers Ethnic Minor Psychol*. 2017;23:516–26.

5. Landry AP, Ihm E, Protzko J, Schooler JW. Essentially subhuman: psychological essentialism facilitates dehumanization. *Peace Confl J Peace Psychol*. 2022;28:167–76.
6. Sheets L, Johnson J, Todd T, Perkins T, Gu C, Rau M. Unsupported labeling of race as a risk factor for certain diseases in a widely used medical textbook. *Acad Med*. 2011;86:1300–3.
7. Yi J, Neville H, Todd NR, Mekawi Y. Ignoring race and denying racism: a meta-analysis of the associations between colorblind racial ideology, anti-blackness, and other variables antithetical to racial justice. *J Counsel Psychol*. 2022; Advance Online Publication.
8. Harnett NG, Wheelock MD, Wood KH, Goodman AM, Mrug S, Elliott MN, et al. Negative life experiences contribute to racial differences in the neural response to threat. *NeuroImage*. 2019;116086.
9. Webb EK, Etter JA, Kwasa JA. Addressing racial and phenotypic bias in human neuroscience methods. *Nat Neurosci*. 2022;25:410–4.
10. Lett E, Adekunle D, McMurray P, Asabor EN, Irie W, Simon MA, et al. Health equity tourism: ravaging the justice landscape. *J Med Syst*. 2022;46:1–6.
11. Harrell SP. A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *Am J Orthopsychiatry*. 2000;70:42–57.
12. Gee GC, Ford CL. Structural racism and health inequities: old issues, new directions. *Du Bois Rev*. 2011;8:115–32.
13. Adkins-Jackson PB, Chantarat T, Bailey ZD, Ponce NA. Measuring structural racism: a guide for epidemiologists and other health researchers. *Am J Epidemiol*. 2022;191:539–47.
14. Krieger N. Data, ‘race,’ and politics: a commentary on the epidemiological significance of California's Proposition 54. *J Epidemiol Community Health*. 2004;58:632–3.
15. Bowleg L. The Master's Tools Will Never Dismantle the Master's House: ten critical lessons for black and other health equity researchers of color. *Health Educ Behav*. 2021;48:237–49.

ACKNOWLEDGEMENTS

We are grateful to racially minoritized and marginalized participants for their contributions to the field of neuropsychiatry and to pioneers of racism-related scholarship for the advancement of critical knowledge to psychiatry and public health.

AUTHOR CONTRIBUTIONS

Drafting of the paper: SEC, YM, NGH. All authors revised the paper critically for important intellectual context and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

FUNDING

This research was supported by the National Institute of Mental Health K00MH119603, the National Cancer Institute R01CA220254-02S1, and the National Institute on Aging R01AG059260.

COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

Correspondence and requests for materials should be addressed to Sierra E. Carter or Nathaniel G. Harnett.

Reprints and permission information is available at <http://www.nature.com/reprints>

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.