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Article

Is Clinical Psychological Science Infected by Racism and White Supremacy?

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Abstract: The psychological clinical science paradigm holds that mental health problems should be treated with therapies having the strongest evidence for their efficacy. For the past several decades, clinical scientists have conducted randomized controlled trials identifying specific treatments that best alleviate symptoms of many psychological disorders, as confirmed by objective, reliable assessments. However, a growing number of psychologists, exemplified by Rodriguez-Seijas et al. (2024), argue that the paradigm fosters a racist, White supremacist subdiscipline. They urge clinical scientists to embrace an antiracist agenda by promoting equity (i.e., equal outcomes) for minority and majority groups in access to doctoral programs, publications in high-impact journals, faculty positions, and grants. The purpose of this article is to evaluate the arguments and evidence bearing on the claim that the paradigm is infected with racist, White supremacist ideology, and to defend the meritocratic standards that have underwritten the success of clinical science.

Keywords: Clinical science; antiracism; White supremacy; meritocracy

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If one were to ask clinical psychologists what comes to mind when they hear the words *white supremacy*, I suspect that many would say *Ku Klux Klan, lynching, burning crosses, Jim Crow,* and *racism*. Until recently, I suspect, few would say *clinical psychological science* – the perspective that holds that people with mental health problems are most likely to benefit from treatments based on science. Among those are Rodriguez-Seijas et al. (2024, p. 526) who claim that "systemic racism and white supremacy pervade" the institutions and structures that undergird clinical science, noting that its "failure to contend with systemic racism in the field propagates a racist subdiscipline." In support of this accusation, the authors complain that minoritized psychologists receive fewer research grants, publish fewer articles in prestigious journals, and occupy fewer tenured positions in clinical science departments than do White clinical psychologists. Accordingly, they

say, the Psychological Clinical Science Accreditation System (PCSAS) – whose stamp of approval has been earned by the finest PhD clinical psychology programs in North America – must embrace *antiracism* to redeem itself and the field of clinical science.

The purpose of this article is to evaluate the accusations of racist White supremacy issued by Rodriguez-Seijas et al. (2024) and others who have made similar claims (e.g., Buchanan et al., 2021; Dupree and Kraus, 2022; Gómez, 2023; Roberts, 2024; Sue et al., 2024).

Racism, Antiracism, and Equity

The term *anti-racism* first appeared in *The Chicago Defender* in 1937,[1] a renowned African American newspaper established in 1905. However, the rejection of the racist belief in the inherent superiority of White people over non-White people is much older. Indeed, the assertion that "all men are born equal" (p. 240) was central to Baron de Montesquieu's devastating condemnation of the enslavement of Africans (de Secondat and de Montesquieu [1748], 1949). And, of course, opposition to racist, White supremacist ideology figured in the battle to abolish slavery in nineteenth-century America (e.g., Douglass, 1854).

But the most prominent contemporary version of *antiracism* was formulated by Ibram X. Kendi, an influential historian at Boston University. Kendi's first book on the history of racist ideology in America won the National Book Award. His second book, *How to Be an Antiracist*, was catapulted into the bestseller ranks following the death of George Floyd.[2]

Unsurprisingly, Kendi's concept of antiracism figures prominently in the critique of clinical science as propagating racism (Rodriguez-Seijas et al., 2024, p. 536). According to Kendi, antiracists strive to detect and counteract racist policies wherever they may arise. As he affirmed, "When I see racial disparities, I see racism" (Kendi, 2018). Kendi believes that in the absence of systemic racism, the racial composition of people in different occupations (e.g., professors of clinical science) or other settings (e.g., inmates of state prisons) should closely approximate the racial composition of the United States. All but the most trivial departures from expectation constitute inequitable disparities and thus qualify as racist.

Antiracists endeavor to correct these imbalances, whereas racists do not, he says. Accordingly, one is either functioning as an antiracist or functioning as a racist; merely denying that one is racist is itself "a mask for being racist" (Kendi, 2023, p. 10). Hence, nonracists do not exist. Moreover, those who favor colorblind policies ensuring equal opportunity for all people are themselves racist if those policies fall short of producing the expected equitable outcomes. As Kendi (2023) has emphasized, "There is no such thing as a nonracist or race-neutral policy" (p. 21). Policies either produce equitable outcomes or they do not. In summary, Kendi's antiracist perspective holds that social justice requires that the racial composition of all occupations (and outcomes) in America should mirror that of our country.

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1 link to the article.

2 Indeed, as of June 18, 2024, *How to Be an Antiracist* has received 28,669 Amazon reviews with an average rating of 4.7 (5.0 = maximum), and 115,239 Goodread reviews with an average rating of 4.4 (5.0 = maximum). *How to Be an Antiracist* must not be dismissed as a mere "popular" book. Indeed, as of June 18, 2024, it has garnered 3902 Google Scholar citations, whereas Kendi's National Book Award winner, *Stamped from the Beginning*, has received a respectable, but relatively modest, 139 Google Scholar citations.

There appear to be two problems with Kendi's perspective. First, it is tautological to invoke racism as the cause of disparities when the only (alleged) evidence of racism is the disparities themselves. That is, the burden of proof lies on the shoulders of those claiming that racist policies or practices produce disparities. I am *not* denying the existence of racism. Rather, one cannot automatically assume that racism is the *current* cause of disparities without providing evidence of racial discrimination producing the disparities.

For example, the Jim Crow legal system established racist obstacles contributing to the scarcity of Black psychologists during the first half of the twentieth century (Guthrie, 2004). The cause was independently ascertainable and distinct from the effects it produced. Although the systemic racism of Jim Crow impeded the socioeconomic progress of Black Americans in the past (Wilson, 2012), one cannot attribute the persisting effects of bygone racism to contemporary racism without independent evidence of the latter. As behavior therapists have long recognized, the variables that initiate problems need not be the ones maintaining them, and only maintaining variables can be targets of intervention. So, for example, adolescents with marked social anxiety may drink alcohol excessively to cope with social situations. As they mature, their social anxiety may diminish while their excessive drinking persists, partly maintained by the avoidance of withdrawal symptoms. Accordingly, just as social anxiety would no longer be the focus of intervention, targeting long-abolished Jim Crow laws would no longer be the focus of intervention for those aiming to bolster the academic performance of impoverished children, for example. We must identify and address the maintaining variables of whatever problem we seek to rectify.

Consider the work of the economist, Roland Fryer, and his colleagues. They noted no discernible cognitive differences between Black and White babies at nine months of age, but when they begin kindergarten, Black children lag White children by 0.64 and 0.40 standard deviations in math and reading, respectively (Fryer and Levitt, 2004a, 2004b). And the gap tends to widen as children grow older.

However, in a remarkable experiment they conducted in the Harlem Children's Zone, Dobbie and Fryer (2011) found that socioeconomically disadvantaged minority children randomly assigned to a very intensive educational intervention experienced massive gains on standardized tests, relative to a control group of children who did not receive the intervention. The authors did not seek to dismantle White supremacy, whatever that might mean. Rather, they did something far less abstract and hence useful. They directly strengthened the academic skills of these disadvantaged children.

The second problem with Kendi's perspective is that there is little reason to expect that the racial distribution across occupations should mirror the racial distribution of the American population (Sowell, 2023, pp. 1–21). Even in a perfectly fair society with equal opportunity for all, we should not expect such a distribution; no country in world history has ever had one (Sowell, 2016). And differences do not necessarily confirm disparities attributable to racism. As Sowell (2023, pp. 1–21) observed, a multitude of cultural, geographical, and historical variables results in different ethnic and racial groups excelling in certain domains (e.g., French and Italian cuisine versus British and Irish cuisine). Notably, the creative contributions of Black artists to American music are vastly disproportionate to that of every other racial or ethnic group in our country.

Or consider professional basketball and hockey. In 2021, the percentage of Black players in the National Basketball Association (NBA) was 73.2, whereas the percentage of White players was 16.8 ("Race and ethnicity in the NBA", 2023). The current percentage of White players in the National Hockey League (NHL)is 93%, whereas most of the remaining

7% are of African Canadian ancestry ("Race and ethnicity in the NHL", 2024).[3] It seems implausible that the NBA is discriminating against White players, whereas the NHL is discriminating against Black players. Professional sports are ruthless meritocracies. The first NHL team to ignore a tacit ban barring Black talent would soon be hoisting the Stanley Cup in celebration of its championship.[4] Racist policies do not pay.

In summary, we cannot assume that disparities in clinical science are attributable to systemic racism in the absence of independent evidence of discrimination, and not all differences are toxic; some are benign that "arise naturally because of cultural and demographic differences between groups" (Hughes, 2024, p. 109). Finally, members of minority groups may favor other fields, such as medicine or law, over clinical psychology.

Are Standardized Tests Racist?

Kendi (2016) has condemned standardized tests as "the most effective racist weapon ever devised to objectively degrade Black minds and legally exclude their bodies" (p. 1). Although Kendi's default interpretation for any but the most negligible difference between the mean scores of Black and White testees is racism, racial bias in a test has a specific meaning in psychometrics. A test is biased only if it underpredicts performance on the criterion measure (e.g., school grades, number of publications) for one group, but not for another (Hunter and Schmidt, 1976). A mere difference in mean scores between groups is insufficient to confirm bias.

Those who believe that standardized testing is biased against Black individuals are mistaken. As Hunter and Schmidt (2000) wrote:

> For the past 30 years, civil rights lawyers, journalists, and others have alleged that cognitive ability and educational achievement tests are predictively biased against minorities. That is, they have argued that when test scores are equal, minorities have higher average levels of educational and work performance, meaning that test scores underestimate the real world performance of minorities. Thousands of test bias studies have been conducted, and these studies have disconfirmed that hypothesis. The National Academy of Sciences appointed two blue ribbon committees to study the data from these studies, and both committees concluded that professionally developed tests are not predictively biased (Hartigan and Wigdor, 1989; Wigdor and Garner, 1982). Thus, the issue of test bias is scientifically dead. (p. 51).

Moreover, recent large-scale studies indicate that standardized tests *overpredict* the academic performance of Black and Latino testees in college (Mattern and Patterson, 2013) and in the workplace (Berry and Zhao, 2015).

In the absence of range restriction, studies involving many participants spanning the full range of cognitive ability, reveal an approximately linear function between developed

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[3] One might wonder whether the greater equipment costs of hockey versus basketball explain why Black hockey players are far less numerous than Black basketball players. But there are many Black football players, and this sport also has high equipment costs. A more likely explanation is that high schools in America have football teams more often than hockey teams. Also, also there are fewer Black citizens in Northern states suitable for hockey relative to Southern states.

[4] This is what happened in Major League Baseball (MLB) when general manager Branch Rickey signed Jackie Robinson to play for the Brooklyn Dodgers in 1947. As the first Black player in MLB's modern era, Robinson won the Rookie of the Year Award, the National League's Most Valuable Player Award in 1949, and led the Dodgers to a World Series championship several years later. Once Robinson broke the color barrier, other teams quickly followed suit as none was so foolish to bar Black talent.

ability and success in a diversity of fields (Arneson et al., 2011; Lubinski, 2009; Lubinski et al., 2001). These studies refute the claim that intelligence hits a plateau around an IQ of 120 whereby additional points do not "seem to translate into any measurable real-world advantage" (Gladwell, 2008, p. 79). For example, Lubinski (2009) did a 25-year follow-up study of 13-year-olds who had scored at or above the 99th percentile on a math test. Not only was the group highly accomplished, but those in the top quarter of the top 1% were even more accomplished than those in bottom quarter of the top 1% (e.g., more scientific publications, higher incomes, more patents, more awards).

Standardized tests identify low-income, minority children eligible for gifted education who are often overlooked in the public school system. Working in Florida, Card and Giuliano (2016) found that universal cognitive ability screening greatly increased the detection of these youngsters who then benefited from the gifted track. An antiracist ban on cognitive testing would have deprived these children of valuable educational experiences that gifted middle-class children routinely receive. Indeed, because standardized tests predict performance in a race-neutral manner, the abolition of testing would adversely affect the educational opportunities of all socioeconomically disadvantaged children. Unfortunately, when the Great Recession occurred in 2007–2009, funding for the Florida testing program ceased and the percentage of low-income minority students in the gifted track returned to pretesting levels.

However, cognitive ability is seldom sufficient for high levels of achievement. Curiosity, intense motivation, and a disciplined work ethic are essential for converting promise into achievement (Simonton, 1994, 2002). For example, Hsin and Xie (2014) conducted a longitudinal study of the academic trajectories of nationally representative samples of Asian American and White students tracked from kindergarten through high school. They found that a powerful work ethic and a strong belief in the connection between hard work and achievement predicted the superior academic achievement of the Asian American children, whereas cognitive ability test scores did not.

Finally, the predictive relation between standardized test scores and academic performance is not plausibly attributable to socioeconomic status (SES). Indeed, controlling for SES reduces the test-grades association from r = .47 to r = .44, whereas controlling for test scores reduces the SES-grades association from r = .19 to r = .05 (Sackett et al., 2009).

Echoing Kendi, Rodriguez-Seijas et al. claim that there is scant scientific evidence to justify the use of the Graduate Record Examination (GRE) for selecting applicants for graduate training in clinical psychology. Accordingly, they argue, its continued use violates the ethos of the clinical science movement by basing decision-making on a measure lacking predictive validity. Moreover, they argue, if it disproportionately impedes the acceptance of minority applicants who are presumably otherwise qualified, then it would bolster White supremacy.

When highly competitive clinical science PhD programs admit only a handful of individuals from among hundreds of applicants it can, indeed, be hard to detect the predictive validity of the GRE vis-à-vis important outcome criteria (e.g., likelihood of completing the PhD, number of publications in graduate school). Range restriction on the GRE, outcome variables, or both can mask evidence of predictive validity, especially when analyses necessarily exclude the many applicants whose GRE scores were too low to gain admission to graduate school in the first place.

Yet synthesizing a large body of data, Kuncel and Hazlett (2007) concluded that standardized tests do, in fact, predict success in graduate school and beyond in a range of basic and applied fields (e.g., medicine, law, PhD programs) on diverse outcome

measures (e.g., number of publications, first-year grade point average [GPA], success at passing licensing exams, passing PhD qualifying exams, citation counts).

In an especially relevant analysis, Bridgeman et al. (2008) accessed a very large data set comprising students admitted into clinical psychology programs. For each program, they identified the students whose GRE scores were in the upper quartile, and those whose GRE scores were in the lower quartile. The remaining students had scores in the two middle quartiles. They next considered the first-year graduate school grades (GPA) for each program, identifying the top 25% of students, the bottom 25% of students, and those in the middle 50%. Of the students with GRE scores in the top quartile, 41% were in the top quartile in terms of first-year GPA. Only 10% of the students in the bottom quartile on the GRE had GPAs in the top quartile. These data support the validity of the GRE for predicting performance in clinical psychology programs.

Epistemic Exclusion?

Rodriguez-Seijas et al. (2024) hold that "epistemic exclusion" (p. 532) is yet another manifestation of White supremacy in clinical science. Others have expressed similar views in somewhat more dramatic terms such as "epistemic oppression" (Gómez, 2023, p. 32) and "epistemic violence" (Roberts, 2024, p. 593). Rodriguez-Seijas et al. (2024) claim that qualitative methods presumptively favored by minority psychologists are disfavored by mainstream clinical science and therefore "frequently relegated to specialty journals of concomitant lower impact regardless of scientific rigor" (p. 538).

Yet all methodological innovations must pass muster. Single-subject experimental designs, ecological momentary assessment, network psychometrics, and many others, including rigorous qualitative methods (e.g., Bellet et al., 2020) had to earn their inclusion in the methodological canon by convincing reviewers, editors, and fellow psychologists of their scientific value. Importantly, the issue is not about rigor per se, but whether the method is suitable for answering an investigator's question (McNally, 2001).

Moreover, most researchers typically publish in specialty journals, thereby increasing the odds of reaching their target audience, and such articles can have a major impact, as evinced by Google Scholar citation counts. For example, the specialty journal *Behaviour Research and Therapy* has published many high-impact articles, exemplified by two relevant to panic disorder (Clark, 1986; Reiss et al., 1986) and one on posttraumatic stress disorder (Ehlers and Clark, 2000). As of September 2, 2024, these three have earned 3,791, 4,393, and 8,694 citations, respectively.

Bemoaning what they call psychotherapy's "White epistemology," which they believe subsidizes racism, Sue et al. (2024, p. 593) criticize four principles they deem problematic: empiricism, objectivism, individualism, and universalism. To dismantle racism and terminate the reign of White supremacy, they recommend four alternative guiding principles: experientialism, subjectivism, collectivism, and relativism. Their article, appearing in the flagship journal of the American Psychological Association, does not bode well for our field. It is a recipe for epistemic anarchy, not racial justice.

Racial Inequities in Psychopathology and Treatment?

Finally, Rodriguez-Seijas et al. also claim that little attention has been addressed to "minimizing racial and ethnic inequities in psychopathology and treatment outcomes" (p. 529).

To the extent that minorities have limited financial means, they are likely to encounter difficulties in securing access to evidence-based psychological treatment. This, of course, is an economic problem (McNally and McNally, 2016), not a problem of racism.

On almost every measure of physical health status (e.g., hypertension, diabetes), Black Americans are worse off than White Americans (Williams and Earl, 2007). Medical morbidity and mortality are consistently higher for Black than White Americans. Strikingly, though, many studies have confirmed that despite greater exposure to life stressors, Black Americans are *less* likely to develop psychological disorders than are White Americans (e.g., Breslau et al., 2005; Hasin and Grant, 2015; Louie et al., 2022), and this held even during the Covid-19 pandemic (LaMotte et al., 2023). This difference is especially pronounced for depression, anxiety disorders, and substance abuse disorders. Furthermore, not only are Black Americans less likely to develop mental disorders, but they score higher than White Americans on measures of positive psychological flourishing (Keyes, 2009).

Epidemiologists have sought to explain this Black–White Paradox in physical and mental health (Williams and Earl, 2007). Provisional causes for the heightened psychological resilience of Black Americans include strong family social support, religiosity, experience mastering social stressors, and especially heightened self-esteem (e.g., Louie et al., 2022; Twenge and Crocker, 2002a, 2002b).

When Black individuals do develop psychological disorders, they respond just as favorably to evidence-based psychological treatments as do their White counterparts. Cougle and Grubaugh (2020) reviewed 23 meta-analytic studies of randomized controlled trials (RCTs) of such therapies for diverse disorders (e.g., substance use disorders, depression, posttraumatic stress disorder). They found that race and ethnicity did not predict response to treatment. Minority status does not appear to impede a favorable response to evidence-based psychological interventions, at least in the RCTs that figured in these 23 meta-analyses.

What Is to Be Done?

As Kendi (2003) has argued:

> The only remedy for negative racist discrimination that produces inequity is positive antiracist discrimination that produces equity. The only remedy to past negative racist discrimination that has produced inequity is present positive antiracist discrimination that produces equity. The only remedy to present negative racist discrimination toward inequity is future positive antiracist discrimination toward equity. (p. 24)

Equity, according to Kendi, denotes approximately equal *outcomes*, not equality of opportunity.

The most straightforward approach to abolishing presumptive racist White supremacy in clinical science would be to mandate an equitable number of slots in graduate admissions, faculty hiring, publications in high-impact journals, and funding of grants to minorities in clinical science. So, for example, a journal that publishes 20 articles per issue could mandate that at least five or six articles have a lead or senior author who identifies as being part of a minority group. These authors would compete against other minority authors for the reserved slots. Once these are filled, then the competition can be opened to all authors. Hence, meritocratic standards would figure *within* minority groups until equity is achieved.

Such policies clearly satisfy Kendi's criteria for being antiracist but will trouble those committed to meritocratic standards. Unfortunately, scientists who worry that such policies undermine meritocracy (e.g., Abbot et al., 2023) are at risk for being stigmatized as racist. Moreover, departures from meritocratic standards, whereby minority scholars are exempt from meeting the performance criteria applied to everyone else, will cast a stigmatizing shadow of inferiority over the supposed beneficiaries of such departures.

Is there another way to address the concerns expressed by those who urge us to decenter Whiteness in clinical science? I believe there is.

The Development Narrative versus the Bias Narrative

When considering the challenges facing Black Americans today, the economist Glenn Loury (2020) has emphasized the value of the *development narrative* as distinguished from the *bias narrative*. He acknowledges the many obstacles that have slowed the progress of formerly enslaved people and their descendants. But the White supremacist ideology that drove racial discrimination has waned dramatically during the past 70 years. Accordingly, Loury argues, today's challenge for Black Americans is how best to use their freedom to develop their capacities to the fullest. The development narrative emphasizes agency as the driver of Black progress, whereas the bias narrative implies that progress must await the dismantling of systemic White supremacy. Indeed, a narrative emphasizing the power of systemic racism is a strikingly demoralizing interpretation that would seemingly take the motivational wind out of anyone's sails.

The development narrative appears to capture the trajectory of previously minoritized groups in America. For example, as Neiman (2023) noted, "Through most of the nineteenth century, neither the Jews nor the Irish counted as white" (p. 20). According to DuBois[1903], 1989, the Irish were the most stigmatized group in his native state of Massachusetts. Reflecting on his childhood, Dubois wrote: "I think I rather assumed, along with most of the townfolk, that the dirty, stinking Irish slums were something that the Irish preferred and made" (p. xxvii).

Yet the descendants of the famine-stricken Catholics who fled Ireland (Anbinder, 2024) and the descendants of the Jews who escaped the pogroms of eastern Europe (Wooldridge, 2021, pp. 86–98) turned out well by century's end. As the sociologist Patterson (1997) wrote: "Contrary to common knowledge, Irish Catholics are today the second most prosperous group of people of European ancestry in America, trailing only Jews, with their household income 118 percent of the U.S. average, way above Americans of Protestant British ancestry, who ranked a distant fifth in 1989" (p. 168).

One exemplar of Loury's development narrative has been the remarkably successful Meyerhoff Scholars Program at the University of Maryland's Baltimore County campus (Mervis, 2019). Excellent high school students scoring very high on the quantitative section of the Scholastic Achievement Test (SAT) participate in an intense six-week residential science "bootcamp" prior to their freshman year at the university. Most participants are highly motivated Black and Latino adolescents aiming for careers in science, technology, engineering, or mathematics (STEM). The program helps students develop a powerful work ethic, study skills, persistence, and confidence that they, too, can excel in these challenging STEM fields. Students work in small teams and learn to help one another as they tackle difficult problem sets across these disciplines. The program is both exhausting and inspiring, and follow-up data on the Meyerhoff Scholars are very impressive. For the fall semester of 2023, the GPA of the 264 Scholars was 3.54. Cumulative data over the years indicate that 95% receive their undergraduate degree in

a STEM field, and hundreds of Black former Meyerhoff Scholars have gone on to achieve PhD degrees in stem fields, MD degrees, or both.

Working with fellow students devoted to science is important. Indeed, as McWhorter (2000) has noted, Black students in upper-middle class suburban public schools tend to underperform academically relative to their White and Asian counterparts. Empirical data and mathematical modeling indicate that excellent Black high schoolers encounter what economists call a two-audience signaling problem. These students aim to excel academically to signal competence and motivation to college admission officers while avoiding being ostracized by a second audience of Black peers prone to reject academic "overachievers" for "acting white" (Austen-Smith and Fryer, 2005). Indeed, as Black students move from "very good" to the "excellent" range of academic performance, their popularity among fellow Black students begins to drop (Fryer and Torelli, 2010). Accordingly, being embedded with a group of very bright and hard-working racial peers, as in the Meyerhoff program, may counteract the pattern noted by McWhorter.

In recent years, the Department of Psychology at Harvard University has offered a free, intensive weekend workshop early in the fall semester conducted nationally via Zoom.[5] It provides remote mentoring guidance and follow-up for college students motivated to obtain post-baccalaureate research assistantships and subsequent admission to PhD programs in psychology, including clinical science, at universities throughout the country. The enrollees include members of underrepresented minority groups, first-generation college students, and others who are unlikely to acquire the tacit knowledge about the educational and other experiences enabling applicants to gain admission to graduate school. The aim is to level the playing field by transmitting tacit knowledge, which is readily available to upper-middle class undergraduates, to potential applicants who are otherwise unlikely to be acquainted with it.

Conclusion

White supremacy is the ideological claim that white people are inherently superior to nonwhite people. It served to justify slavery and imperial domination, and it persists among members of certain far rightwing extremist groups. But to describe clinical psychological science (Rodriguez-Seijas et al., 2024), psychotherapy (Sue et al., 2024), or the entire field of psychology (e.g., Buchanan et al., 2021) as White supremacist is implausibly hyperbolic. Indeed, stretching the term White *supremacy* to include, for example, academic journals whose editorial boards are predominantly White exemplifies what Haslam (2016) called "concept creep" (p. 1) – expanding a harm-related concept far beyond its proper boundaries.

In summary, critics of clinical science have failed to adduce convincing evidence of systemic racism or White supremacy in our field. In the absence of identifiable discriminatory barriers blocking the progress of minorities in clinical science, one might wonder what "dismantling racism" or "decentering Whiteness" might entail.

As Efimov et al. (2024) chillingly document, we now know. On his first day in office, President Joseph Biden signed Executive Order 13985 which injects the principles of Diversity, Equity, and Inclusion (DEI) into the process of reviewing scientific grant applications for all federal agencies, including the two most relevant to clinical science: the National Institute of Mental Health and the National Science Foundation. No longer

[5] See link to the article.

are grant applications evaluated by purely meritocratic criteria. Regardless of the scientific promise and intellectual merit of their research proposals, Principal Investigators (PIs) will not be funded if they fail to budget for and hire diverse members for their research team. Science and society are harmed when rigorous meritocratic standards are diluted by ideological criteria. Efimov et al. (2024) warn that "DEI politicizes science, which erodes public trust in scientific institutions, scientists, and the entire scientific enterprise. Should the public withdraw its support for science, loss of funding will ultimately ensue, with attendant detrimental consequences for the nation. Mistrust in science provides fertile ground for science denial, conspiracy theories, and political opportunism" (p. 8).

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