

**Your Guide to Individual, Interpersonal,
and Institutional Change**

HEALING BIAS

DANA E. CRAWFORD, PHD

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INTRODUCTION

A Tearful Confession and a Collective Burden

If I truly commit to ending racism, when my white son grows up, what will he have? How will he even get a job, everyone else will be considered before he will. Ending racism is like cheating him out of his birthright.

—JESSICA (PSEUDONYM), SENIOR EXECUTIVE IN A LARGE MENTAL HEALTH ORGANIZATION, WHITE WOMAN, MOM

Jessica's voice, thick with emotion, drew everyone into the virtual space. "Ending racism," she confessed, "feels like cheating my son out of his birthright." As a therapist who wrote my dissertation on ways that therapists have bias, I'd heard various versions of this fear before, secret worries tucked away in the protected corners of white privilege. But rarely had I encountered such raw honesty, such vulnerability laid bare in a semipublic space.

I have inherited a multifaceted identity that is rich in culture, nuance, and beauty. As a Black cisgender woman, I navigate intersecting social constructions of race and gender that shape how I'm perceived and interact with the world (Crenshaw, 1989). Everywhere I go, my race and gender are often the first things people see, influencing their interactions and assumptions about me (Sue, 2010). I am also very tall (a little over 6 feet), and some consider me pretty. While I acknowledge the privileges associated with my height and perceived attractiveness (Hill & Tiggemann, 2007), they cannot erase the realities of racial dis-

crimination and gender bias I encounter (Collins & Bilge, 2016). This interplay of various identities, both visible and invisible, shapes my understanding of the world and the challenges we face as we confront issues like racism and bias.

Before the fifth grade, I had already attended at least six different schools. I say “at least” because after a while, I lost count. My mother was young and moved us frequently, following job opportunities and seeking the support of our military family members. Constantly being the new kid was challenging, especially since I was extremely tall for my age. Yet these experiences taught me to make quick connections, adapt rapidly, and read people effectively.

The schools I attended were vastly different. One school had us performing through square dances, another felt more like a prison with its barred windows and echoing shouts in place of lessons. In one instance, a teacher literally whacked my cousin with a book for not returning to his seat fast enough.

This chaotic existence fueled a deep fascination in me. I craved understanding—of people, of systems, of the very fabric of cultures. I was a bookworm, devouring knowledge with an insatiable hunger. Every summer, I’d craft elaborate “learning syllabuses” for myself, a testament to my yearning for learning.

My childhood dream? Prison. Not for any criminal intent, but for the naive belief that it offered endless reading, catered meals, and an uninterrupted learning environment. Thankfully, upon discovering the disparity between prison and public libraries, my outrage fueled a more productive path. Today, I proudly donate books to NYC Books Through Bars, ensuring incarcerated individuals have access to the solace and power of stories.

The moving may have eventually stopped, but the nomadic spirit remained. High school found me recruited into the TRIO Program, a lifeline for students from underprivileged backgrounds. I enrolled in summer community college classes where I studied poetry. The classic poem “Harlem” by Langston Hughes still lives rent free in my head. In which he ponders the brilliant question, “What happens to a dream deferred?”

Through them, I enrolled in Vo-Tech, also known as the vocational and technical school. I studied cosmetology, plumbing, auto mechanics, and basic first aid.

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Eventually, I enrolled in their full-time a vocational nursing program, becoming a licensed practical nurse before my 18th birthday. I went to nursing school for half the day and then high school for my history and foreign language classes.

Balancing nursing school, high school, track and field practice, and a job at Hardee's fast food was relentless. I was track captain and dreamed of being a supermodel, physician, Olympian, business owner. In other words, my dreams were big, and I wasn't going to let them be deferred. Despite the exhaustion, I graduated high school and enrolled at Bennett College, an all-women's historically Black college or university (HBCU). After my first year, I was named Athlete of the Year and maintained a 4.0 GPA. Seeking greater challenges, I transferred to Howard University with full academic and athletic scholarships.

Nursing continued to be my steadfast companion during summer and holiday breaks, and this time, I found myself in a nursing home. At 18, I stepped into the role of charge nurse, overseeing an average of 46 patients with just two nursing assistants under my supervision. The assistants, mostly women from African nations, greeted me with a blend of skepticism and amusement—seeing me as a “young girl trying to tell someone what to do.” The patients, predominantly elderly and white from rural communities, presented another layer of challenge. One patient in particular would shout, “Ouch, that hurt, you stupid nigger bitch!” every time I checked her blood sugar. This was my brutal introduction to the world's harsh realities, but it also taught me invaluable lessons in empathy and communication.

Among my patients was a woman I grew to care for deeply—Ms. M., a Black woman with an amputated leg and a feeding tube, the result of poorly managed diabetes. She rarely spoke, her eyes often filled with tears, and her days were shrouded in a silence that mirrored her isolation. But when I spoke to her, a light flickered in her eyes, and on some days, she would softly squeeze my hand. Her family never visited, and she didn't participate in the recreational activities meant to bring a glimmer of joy to the nursing home residents. Life offered her few comforts, few moments of dignity.

Joys were scarce for many residents, who often struggled with chronic pain. Yet one small ritual brought light to their lives: getting their hair done. This was

more than a cosmetic service; it was a chance to feel human, to feel seen. Residents marked their calendars, applied makeup, and asked staff to take pictures of them afterward, proud of how they looked, proud of who they were. It was a monthly spark of joy, a reminder that they still mattered.

And yet, this spark was withheld from Ms. M.—and every other Black resident. The white beautician hired by the nursing home never styled their hair. When I asked her about it, she shrugged, let out an awkward laugh, and said, “I just don’t know what to do with that hair.” It wasn’t just incompetence; it was indifference. And the nursing home, fully aware of this, paid her anyway. They paid her to serve only *some* of the residents, as if the dignity of Black patients was optional, as if their humanity was expendable. This woman was compensated to deny care, to exclude, to erase. And no one in charge seemed to care.

I was just 18 years old—a baby nurse. Bringing the issue up with leadership never crossed my mind. Maybe I thought they were too overworked, too disengaged, or simply wiser than me. Instead, on my days off, I returned to the nursing home to braid Ms. M.’s hair.

I’m not quite sure why I did it. Perhaps to remind her—and myself—that her joy mattered. That *she* mattered.

This was my first encounter with the insidious ease of inequity—the way it can seep into everyday practices, unchallenged and unchecked, until it becomes an accepted part of the environment.

By talking with my patients, I noticed a reduction in their complaints and a calmer environment. This sparked my interest in psychology, and I changed my major from biology/premed to psychology, with a double major in African American studies.

After graduating from Howard University, I moved to Philadelphia to study counseling psychology at Temple University. I transitioned from geriatrics to pediatrics, working in a partial hospitalization program for children. My first clinical supervisor was a social worker, laying the foundation for my commitment to service in my clinical work.

Philadelphia pulsed with a rhythm that resonated with my soul. Between

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therapy sessions, I poured myself into my artistic side. A book of poems found its way into print, a spoken word album materialized, and a poetry collective bloomed under my guidance. Every month, a local art gallery became a stage for raw emotions and rhythmic verses. Life was extraordinary—therapist by day, poet by night.

Life, however, has a cruel knack for throwing curveballs. One evening, while navigating a crosswalk on my trusty bicycle (Big Red), the world went red. A car. A screech. A searing pain. As the drivers argued over my bleeding body about who was driving, and I heard the distant wail of an ambulance, a harsh realization slammed into me with the force of the collision: “You aren’t even that good at poetry, girl. Go back to school and get your doctorate. Get your life together!”

The bicycle crash wasn’t some poetic revelation. It was brutal—a raw wake-up call that screamed, “Push harder.” The goal was clear: get my PhD in clinical psychology. My next destination? Miami University, a predominantly white institution buried deep in rural Ohio. The farms surrounding the small town of Oxford freaked me out, made me think of that old movie *Children of the Corn*, and I never got used to driving late at night. It was terrifying!

If you’ve read *Hillbilly Elegy* or seen the movie, it is set in Hamilton, Ohio. That’s where I spent a significant part of my clinical training, and my time in Ohio, especially when it came to race, transformed me in ways I never saw coming. This experience would forever change my understanding of bias in ways no classroom or textbook ever could.

My clinical training was as diverse as the settings I worked in—juvenile detention centers, residential treatment facilities, Head Start programs, and schools, from elementary to high school. But my education didn’t stop at the doors of those institutions. I witnessed the striking intersection of poverty and whiteness—white poverty interlaced with white pride and racism, sitting right alongside extreme wealth. I saw it all. The “Ivy League of the Midwest,” where students drove cars nicer than the faculty’s. Fraternity and sorority parties where people dressed in blackface with the theme “dress like a thug.” It was wild, and the racism? It was a different kind from what I had experienced on the East Coast.

Back home, racism was quieter—hidden, something whispered. But here, it was casual, open, unapologetic. I'll never forget walking from the psychology building one evening and someone rolling down their car window to shout, "Hey darkie, go home!" This was a different kind of reality, and it would reshape everything I thought I knew about race.

When it was time for my clinical internship residency, I got out of that small town and headed south to understand a different region and its unique brand of racism. I was accepted into a highly competitive psychology internship program at Tulane University, placing me in the heart of post-Hurricane Katrina New Orleans, a city still grappling with the scars of devastation. This firsthand encounter with generational trauma carved a deep impression on my soul. Following this, I moved to Texas and returned to my family tradition of military service. While I did not join the military like my mother, grandfather, aunt, and uncle, I undertook a two-year fellowship with the Department of Defense at Ft. Sam Houston. During my time there, I worked primarily with the children of active-duty soldiers, witnessing firsthand the profound impact of war and military service on their lives. These children faced the universal challenges of childhood—such as physical, mental, and behavioral health issues, including anxiety, ADHD, phobias, chronic pain, and trauma—while also bearing the unique burden of having a parent in the military. The emotional toll of seeing a parent deploy to war, coupled with the uncertainty and fear that comes with it, added an additional layer of stress and resilience to their young lives. For over two years, I was honored to support these families, helping them navigate the complexities of their struggles while recognizing the courage and sacrifices they make every day. I gained expertise in over 10 specialty clinics including oncology, headache, developmental, feeding and eating disorders, gastrointestinal, genetics, and PTSD.

New York City beckoned next. Here, in the heart of the South Bronx, I served a community brimming with resilience despite facing immense hardships. My work as a pediatric clinical psychologist involved confronting the stark realities of poverty and a system stretched thin. My numerous certifi-

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cations and experience span biofeedback, hypnosis, prolonged exposure, and Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), which were critical in working prenatally to adulthood, with parents, grandparents, extended family members, and foster caregivers. I've held roles as director of training, education, and trauma-informed care, all while developing theories and training to reduce the bias I've witnessed at every level of my clinical practice. While I provided clinical services, I have always been in supervisory roles. Hence through all my clinical work, I provided education to medical students, externs, physicians, nurses, and colleagues. In summary, my entire life has trained me to develop and implement practices in healing bias.

**CRAWFORD BIAS REDUCTION THEORY
& TRAINING: AN OVERVIEW**

Crawford Bias Reduction Theory & Training (CBRT) is a synthesis of my clinical expertise, lived experiences with bias, and unwavering commitment to social justice. The theory provides a conceptual framework to understand how bias forms, operates, and can be reduced, uncovering its psychological and systemic roots. It lays the groundwork for meaningful interventions by offering the “why” behind bias. But theory alone is not enough. Crawford Bias Reduction Training transforms these insights into action through practical, skill-based workshops that teach individuals and organizations how to recognize and mitigate bias in their daily lives. While the theory provides understanding, the training delivers tools—actionable steps to foster inclusivity and reduce bias in real-world settings.

Theories and actions are interdependent. Theories guide actions by offering clarity and structure, ensuring interventions target root causes rather than symptoms. Without this foundation, actions risk being random or ineffective. At the same time, actions bring theories to life, demonstrating their relevance and refining them through practice. This interplay creates a cycle of learning and improvement, where informed actions validate and enhance theoretical understanding, and robust theories ensure actions are purposeful and effective.

CBRT boldly redefines bias—not as a flaw, but as a socially constructed coping mechanism shaped by trauma, stress, and the relentless pursuit of resources—empowering participants to disrupt and transform its impact.

CBRT drives us through a transformative journey with its three-pronged approach: awareness, investigation, and reduction. It begins with an unflinching look at how bias develops, activates, and perpetuates itself within us and our world. We explore how bias is taught, ingrained into our identities, and spread through our relationships—all in the name of acquiring, maintaining, and controlling resources. This journey challenges us to shift our perspective, recognizing bias not as a mere character flaw but as a humanitarian crisis that affects us all.

Using our internal world as our guide, we delve into the ABCP framework, dissecting our emotional (affective), behavioral, cognitive, and physical responses to bias. Armed with this profound self-awareness, we investigate how bias, prejudice, and racism manifest within us, between us, and throughout our institutions. We interrogate our responses to these challenging situations using the LET-UP approach: listen, empathize, talk, offer unconditional neutral regard, and develop a clear plan.

LET-UP is more than just a tool; it is a lifeline that keeps us grounded and engaged during difficult interactions, allowing us to forge genuine connections and live out our values. Listening to our own inner world gives us the insight needed for real interpersonal and institutional change. We come to understand our ABCP reactions to bias and recognize the coping mechanisms we deploy when bias is triggered.

Next, we cultivate empathy—not just for others but for ourselves. We hold ourselves accountable through ARISE: authenticity, resources, integrity, steadfastness, and engagement. ARISE leads us through deep introspection, revealing our bias triggers and the coping strategies we've unconsciously relied upon.

Finally, we move to the heart of CBRT: Reduction. Here, we apply the knowledge gained from awareness and the skills honed through investigation to actively dismantle bias. We engage with case examples, implement best practices, and assess our progress with unwavering honesty.

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CBRT is more than a traditional cultural competency training; it shifts the focus from simply responding to others' biases to confronting our own. It asks us to recognize that we are not separate from those we serve—whether clients, patients, students, colleagues, or family members. In a world steeped in bias, prejudice, and racism, we are all implicated. CBRT challenges us to deeply understand our biases, relentlessly interrogate their presence in our lives, and commit to lifelong learning and bias reduction.

CBRT is theoretically rooted in clinical practice, but its application is universal. It's a human approach that equips every member of society with the tools to navigate the complexities of human interaction with empathy, understanding, and integrity. It offers a way for all of us to participate in healing the biases within us, between us, and all around us.

BIAS IN FOCUS: RACISM AND ITS PLACE IN THE BROADER FRAMEWORK

All right, let's talk about bias. Bias in general refers to any unfair inclination or prejudice for or against individuals or groups. It's a broad term that captures a multitude of ways our perceptions and behaviors can be skewed, often without us even realizing it. It's a big deal, right? We all have biases—it's kind of unavoidable. But when we talk about bias writ large, we're talking about the big-picture stuff—the systems, the structures, the unspoken rules that shape our world. Racism is a glaring example of bias writ large. It's not just about individual prejudices; it's about policies, practices, and power structures that systematically disadvantage people of color. This form of bias has far-reaching consequences, influencing everything from social interactions to institutional policies and significantly impacting mental health by perpetuating inequality and stress.

But racism isn't the only kid on the block. There's sexism, ageism, ableism, homophobia, transphobia, classism, and the list goes on. All of these biases are interconnected, and they work together to create a world where some people have it easier than others. And as mental health providers, we know better than anyone how these biases can impact people's mental well-being.

FORMS OF BIAS

1. **Ageism:** Discrimination or prejudice against individuals based on their age, often targeting the elderly or, conversely, younger people.
2. **Sexism:** Prejudice or discrimination based on a person's sex or gender, often manifesting as unequal treatment of women.
3. **Homophobia:** Discrimination or prejudice against individuals who are, or are perceived to be, homosexual.
4. **Transphobia:** Discrimination or prejudice against transgender or gender-nonconforming individuals.
5. **Ableism:** Discrimination or prejudice against individuals with disabilities.
6. **Classism:** Prejudice or discrimination based on social class or economic status.
7. **Religious Bias:** Prejudice or discrimination against individuals based on their religion or beliefs.
8. **Ethnocentrism:** Judging another culture solely by the values and standards of one's own culture.
9. **Colorism:** Prejudice or discrimination against individuals with a darker skin tone, typically among people of the same ethnic or racial group.
10. **Nationalism:** Excessive or prejudiced loyalty to one's nation, often leading to xenophobia or discrimination against those from other countries.
11. **Weight Bias:** Prejudice or discrimination against individuals based on their weight or body size.
12. **Linguistic Bias:** Discrimination or prejudice based on language, including accents, dialects, or proficiency.
13. **Educational Bias:** Prejudice based on the level or type of education one has received.
14. **Appearance Bias:** Discrimination or prejudice based on physical appearance, including attractiveness, clothing, or grooming.

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15. **Heteronormativity:** The assumption that heterosexuality is the default or normal sexual orientation.
16. **Cisnormativity:** The assumption that being cisgender (having a gender identity that matches one's sex assigned at birth) is the default or normal.
17. **Regional Bias:** Discrimination or prejudice against individuals based on their geographic region.
18. **Neurodiversity Bias:** Discrimination against individuals with neurological differences (e.g., autism, ADHD).
19. **Racism:** Discrimination or prejudice based on race or ethnicity.
20. **Speciesism:** The assumption of human superiority, leading to the exploitation of animals.
21. **Occupational Bias:** Discrimination based on one's job or profession.
22. **Parental Status Bias:** Discrimination based on whether an individual has children.
23. **Political Bias:** Prejudice or discrimination based on political beliefs or affiliations.
24. **Cultural Bias:** Prejudice or discrimination against individuals based on their cultural background or practices.
25. **Mental Health Bias:** Discrimination against individuals based on their mental health status or history.
26. **Generational Bias:** Prejudice against individuals from different generational cohorts (e.g., baby boomers, millennials).
27. **Rural–Urban Bias:** Discrimination or prejudice based on whether someone lives in a rural or urban area.
28. **Technology Bias:** Discrimination based on an individual's comfort or familiarity with technology.

Bias is an intricate web where each form is deeply interconnected with others, influencing and reinforcing one another in various ways. For instance, ageism

intersects with ableism when older individuals with disabilities face compounded discrimination. Similarly, sexism intertwines with racism, as women of color experience unique biases that are not merely the sum of racism and sexism but a complex, compounded form of discrimination known as intersectionality.

Homophobia and transphobia frequently overlap with religious bias, where certain beliefs stigmatize LGBTQ+ individuals. Classism exacerbates linguistic bias, judging those from lower economic backgrounds for their accents or dialects. Each form of bias—whether it be colorism, nationalism, weight bias, educational bias, or appearance bias—does not exist in isolation. Instead, these biases interact and compound, creating a multifaceted experience of discrimination for those at the intersection of multiple biases.

Recognizing this interconnectedness is crucial in developing effective strategies for bias reduction. Naming a theory “bias reduction” rather than focusing on a single form of bias, such as racism reduction, acknowledges the complex and interwoven nature of these prejudices. By addressing bias in its entirety, we can better understand the systemic nature of discrimination and work toward comprehensive solutions that foster inclusivity and equity across all dimensions of identity. This holistic approach is essential for creating meaningful change in both our personal and professional lives, ensuring that we address the root causes and pervasive impacts of bias in all its forms.

Choosing the right name for a bias reduction model is critical, especially when tackling a complex issue like bias. In my work on racism, sexism, and homophobia, I noticed that labels like “racist” or “sexist” often trigger defensiveness, shutting down any chance of meaningful conversation. That’s why, when naming my bias reduction model, I deliberately chose “bias.” This term is inclusive and acknowledges universal human tendencies without the judgment that specific labels can provoke. Most people are comfortable admitting to biases, even if specific labels make them bristle. By creating a space for open dialogue and self-reflection, we can better address and mitigate the various forms of bias that permeate our lives.

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A TEARFUL CONFESSION

Now that you understand a bit about me, bias, and CBRT, let's revisit Jessica, the mother, white woman, and senior executive who confessed her concern that ending racism might cheat her son out of what she actually called his birthright. What is this bias? Racism? Perhaps, but it seems so much deeper. I wonder about issues of gender expectations, parenting competence, and even attachment. While we could spend pages pondering, one of the goals of CBRT is to streamline these reflections and get right to the heart of the matter: There is bias, it is showing up, and we need to reduce it.

CBRT is designed to cut through the complexities and focus on actionable steps. By recognizing how bias manifests in various forms and understanding its impact, we can create practical strategies to address and mitigate it. This approach not only helps in identifying and reducing bias but also in promoting a more inclusive and equitable environment for everyone.

Now, you might be wondering: Why is this relevant to you? Why am I, a Black woman therapist, telling you about a white woman's tears? Because this wasn't simply a private revelation in a therapy session, clinical supervision, or an intimate conversation. Jessica's unveiling was in a Zoom workshop with over 100 mental health professionals. "Jessica" (a pseudonym) was a very senior executive in a mental health organization (and a self-proclaimed "ally" of efforts to combat racism and other biases). Her disclosure was a crack in the carefully constructed facade of a system built on racial inequities, a glimpse into the anxieties that simmer beneath the surface of the common self-proclamations in white spaces of "being a good person who cares about diversity." And even if "Jessica" was the only person who was honest enough to admit this bias, it is likely many others in positions similar to hers, people who sincerely don't consider themselves to be biased and who even hold professional positions in which they are expected to recognize and counter other people's biases, feel the same way.

In predominantly Black spaces, the reality of white privilege is often a given, a whispered understanding woven into the fabric of our shared Black

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experiences. But to witness a white person in Jessica's position, a senior executive in a mental health organization, openly grapple with the implications of the elimination of white privilege for her son's future was profoundly moving. It wasn't just the admission, rare as it is, but the vulnerability, the fear laced with her hope for him. Jessica's confession, while shocking to some (not me), was a reflection of a truth many of us grapple with, whether consciously or unconsciously. The truth that white folks may claim to want to end racism but are not willing to cope with the loss of white privilege. It mirrored a familiar dance—Black folks holding space for truths that white folks rarely confront, truths that cut at the core of how white folks perceive themselves.

So there I sat, facilitating a CBRT workshop, being a Black woman, watching white tears. What was I supposed to do? Inside, my mind, spirit, body, and heart were a complex roaring fire. Initially, I shifted, masking my emotions with a neutral expression, trained to shield my intrapsychic issues and strive to be a blank slate or rather a *tabula rasa*. My mind fixated on Jessica's fear, this notion of an inherited advantage, a white birthright. There seemed to be an underlying assumption that his unique skills, mind, passions, and interests wouldn't be enough—that he needed whiteness to succeed. Where, in this equation, did the humanity for those unlike her reside? I wanted to shout, to show her how this very fear had hollowed her, killed her humanity, and risked doing the same to her son. I could even envision, in the bleakest corners of my mind, how privilege unchecked could morph into entitlement, into the kind of violence that scarred our world. Perhaps this has a bit to do with the increasing number of white male terrorists engaging in mass shootings fueled by hate.

But this book isn't about finger-pointing or pronouncements. And this isn't a naive book about how unconditional positive regard and being a *tabula rasa* is a pathway to dismantling global systems of oppression. And moments of great vulnerability aren't going to change the world either. White tears, even when genuine, won't dismantle systems of oppression and won't erase the hurt inflicted. Witnessing white people cry over their role in perpetuating

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racism stirs a storm of emotions within me—a volatile mix of rage, empathy, and ultimately, crushing hopelessness. Rage for the countless Black individuals harmed by the biases of people like Jessica, often unknowingly. Empathy, both as a therapist seeing someone in distress and as a mother understanding the yearning for her child’s success. And hopelessness—because if someone in a high-ranking position within a mental health organization harbors such deeply ingrained bias, what hope is there for the ordinary people out there, those who aren’t actively working to dismantle these walls within themselves?

This book is an invitation to approach the humanitarian crisis of bias differently. At this point, you might ask me, “What did you do?” This book isn’t about rushing into action fueled by the pain and guilt of injustice. This isn’t about “doing something.” It’s about pausing, taking a deep breath, and stepping back from the reactive impulse we continue to cycle through, this cycle of seeing something terrible and rushing to do something. We’re all, in a sense, haunted by the ghosts of bias, prejudice, and systemic inequities. The long legacies of oppression, misogyny, homophobia, ableism, and countless other societal inequalities continue to haunt us, shaping our experiences and reinforcing inequities. We witness these legacies in our communities, workplaces, and even within ourselves.

But the answer to being haunted isn’t impulsive action; it’s a deliberate journey of self-discovery, skill-building, collective action, and accountability. We can’t dismantle these societal ghosts until we understand their intricate anatomy. This book serves as a road map, to equip us with the tools of introspection, critical analysis, and clinical practices.

Often unbeknownst to us, biases infiltrate our interactions, permeating relationships, media, and even educational spaces. Under the radar, our hidden biases fuel systems like racism and sexism, often stemming from a deep-seated fear of running out of power, opportunities, or a sense of security—leaving us trapped in cycles of exclusion and inequity.

When perceived threats endanger our sense of control, respect, or belonging, our biases morph into defensive shields. Deep-seated beliefs, handed down over time, weave themselves into our daily talk, cementing the divides we see

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all around us. While biases offer a semblance of cognitive efficiency, their cost is substantial, manifesting in harmful stereotypes and discriminatory practices. Notably, global prejudices against specific groups often stem from unfounded fears, perpetuating harmful “isms” like racism and homophobia.

HOW TO USE THIS BOOK

This book isn't a quick fix. Healing bias isn't a straight shot—it's a process, and like any good gardener, you must start by preparing the soil. Awareness is the first step, clearing away the rocks and weeds of assumptions and misconceptions to make space for growth. This is where you begin to recognize your biases and prepare your mind for change.

Next comes investigation, where you nurture the soil of your awareness. Like a gardener tending to the earth, you need more than sunlight—you need understanding, reflection, and care. Investigating bias means digging deeper, questioning where it comes from, and learning how it's been nurtured in you. This is the hard work of growth.

Finally, reduction is the act of planting the seed—deciding what you want to grow in place of your bias. But simply planting a seed doesn't guarantee a harvest. You must continue to tend to it, monitor its progress, and adapt to the challenges that arise. The gardener must choose the right seed, adapt to the weather, and patiently wait for the crop to grow. In the same way, you must actively nurture your progress.

I can teach you how to heal from bias, but only you can tend to your garden. Each of us carries different seeds—our biases, experiences, and perspectives are unique. We don't all have the same soil; we come from different backgrounds, environments, and histories. Some of us face harsher conditions than others. But we are all gardeners, and our responsibility is to cultivate growth, no matter the circumstances.

This journey will challenge you, but it will also reshape you. Take notes, reflect, and revisit these exercises. Your future self will thank you. This process

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is not about perfection—it's about persistence. Healing bias, both conscious and unconscious, is uncomfortable but necessary. It's about confronting hard truths and building a more just future.

So take a deep breath, put aside the urge to do something, and join us on this journey. Let's face our biases together, step by step, and plant the seeds of equity and justice that will shape our collective reality.

OVERVIEW OF OUR PLAN

SETTING THE INTENTION (FOUNDATION)

- **Metaphor:** Deciding to plant a garden.
- **Bias Healing:** Acknowledging the need to address and transform your biases. Making a conscious commitment to embark on the journey of self-awareness and growth.

PREPARING THE SOIL (AWARENESS)

- **Metaphor:** Clearing rocks, weeds, and hard-packed dirt to create fertile ground.
- **Bias Healing:** Recognizing and understanding the origins of your biases, clearing away misconceptions and assumptions to make space for value-driven behaviors.

NURTURING THE SOIL (INVESTIGATION)

- **Metaphor:** Providing nutrients, water, and care to the soil.
- **Bias Healing:** Delving into the triggers and manifestations of your biases, fostering self-awareness, and enriching your understanding through empathy and reflection.

PLANTING THE SEED AND TENDING THE GARDEN
(REDUCTION)

- **Metaphor:** Planting seeds of healing and change. Continuously caring for the garden, choosing seeds, and adapting to challenges.
- **Bias Healing:** Taking actionable steps to replace biases with value-driven behaviors, nurturing these changes to ensure they take root, adapting strategies as needed to overcome new challenges.