

DIVERSITY SPOTLIGHT:

Dr. Monnica Williams

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We had the pleasure of interviewing Dr. Monnica Williams, the director of the Laboratory for Culture and Mental Health Disparities at the University of Connecticut. As a researcher, therapist, professor, and speaker, she incorporates clinical psychological science pertaining to stigmatized racial and ethnic minority groups in all that she does. Originally from San Jose, California, Dr. Williams attended MIT for her undergraduate degree in Electrical Engineering with a specialization in biotechnology. She first took psychology courses at UCLA as a part of a post-baccalaureate program. She attended the University of Virginia for her Master's and Doctorate degrees. As an MIT undergraduate, she describes herself as being "steeped in research from day one." She has published over 75 peer-reviewed articles, book chapters, and scientific reports mostly focused on cultural differences in anxiety-related disorders. Her papers have appeared in scientific journals such as JAMA Psychiatry, Behavior Research and Therapy, Clinical Case Studies, and Depression and Anxiety. She is also on the editorial board of The Behavior Therapist, The Journal of Obsessive-Compulsive and Related Disorders, and Cognitive Behavior Therapy. Her work has been funded by funding outlets such as the National Institutes of Health and the American Psychological Foundation. She has written and contributed to several popular press outlets such as NPR, The Washington Post, The New York Times, and The Huffington Post. She also has a blog on Psychology Today called "Culturally Speaking." Notably, when Dr. Williams was at the University of Louisville, she was the first woman of color to become tenured in the department's 108-year history. Here is what Dr. Williams had to say about her work related to racial and ethnic minority issues in clinical psychological science...

HOW DO YOU DEFINE "DIVERSITY?"

There are a multitude of ways that people can be diverse, including race, ethnicity, culture, age, religion, gender, disability, sexual identity, etc. My focus is on stigmatized ethnic and racial minorities in the US, but I think all forms of diversity are important.

WHAT ARE SOME BARRIERS TO STUDYING MINORITY GROUPS?

One of the biggest barriers is that clinical psychology is very White as a field, and ethnic minority mental health is not considered as important as the mental health of White people. As a result, much of the basic foundational work needed to understand mental health in people of color in this country has not yet been done. For example, if our gold standard measures of psychopathology have not been validated in people of color, we don't know if the outcomes of our RCT's are generalizable to those populations.

When researchers decide to get involved in minority issues, if they haven't worked to improve their own cultural competence and understand their biases, difficulties with perspective-taking can result in incorrect and even harmful conclusions. I think some of this is happening right now with respect to micro-aggressions research, where Whites have a particularly hard time understanding how harmful these are because they don't see or experience them, and the term itself is off-putting to many White people.

AS A RESULT, MUCH OF THE BASIC FOUNDATIONAL WORK NEEDED TO UNDERSTAND MENTAL HEALTH IN PEOPLE OF COLOR IN THIS COUNTRY HAS NOT YET BEEN DONE.

FROM YOUR RESEARCH, WHAT ARE SOME MAJOR THEMES OR LESSONS LEARNED ABOUT LGBTQ POPULATIONS?

I think the most important thing I am learning is the profound and damaging effect of racism in all its forms on the mental and physical well-being of people of color. Stigmatization and discrimination appear to be psychopathogenic, and we see evidence of this in ethnic minority groups and LGBTQ communities as well. People with intersectional identities, such as LGBTQ people of color, appear to be the most at risk. We have 20 years of research underscoring the harms of both overt discrimination and everyday discrimination, and we are now in the process of amassing evidence surrounding the harms of microaggressions as well.

HOW DO YOU UTILIZE RESEARCH ABOUT OPPRESSED MINORITIES IN A CLINICAL CONTEXT, IN TERMS OF BOTH ASSESSMENT AND INTERVENTION?

I think it is critical to do a culturally-informed assessment of all people of color, as well as for those from different cultural groups. This means including measures and interviews tapping into experiences of racism, ethnic identity, and culture. I use the research to inform report writing, as norms for people of color are often different than norms for Whites. Also, I make sure to invite discussions of culture in the therapeutic process. Unfortunately, we have few empirically-supported treatments that have been properly validated in people of color. Therefore, we are often modifying EST's on the fly to make them culturally appropriate, which is not optimal.

HOW CAN THE FIELD OF CLINICAL PSYCHOLOGY DO A BETTER JOB OF THINKING ABOUT ISSUES OF CULTURAL, RACE, ETHNICITY, GENDER, SEXUAL ORIENTATION, ETC. IN REGARD TO PSYCHOPATHOLOGY RESEARCH?

I could write a whole book about that! But in a nutshell, I'd say we need to diversify our field. Diverse groups promote learning for everyone and press the issue of inclusion in our programs of research. Our society is becoming increasingly diverse, and if we don't keep up with the times, we risk becoming a fringe discipline in the service of Whites only, with little relevance to the rest of society. One reason we see so few minorities making use of mental health care is because it doesn't resonate, and for good reason - it wasn't designed for them.



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