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REIMAGINING WHITE FRAGILITY: AN INTERVIEW WITH DR. JOE MAGEARY

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Beverly Ibeh: So I wanted to start off by just learning about you, about your identity a bit, your experience at Lesley, and what led you to counseling—just starting at the beginning.

Joe Mageary: Absolutely. Well, my name is Joe Mageary, my pronouns are he/him/his, I live in Somerville, Massachusetts, and I pretty much have been born and raised in Massachusetts. I come from a family of helpers. My mother was a nurse and my father a police officer. And so I grew up learning values of service.

But I grew up learning values of service within a sort of unspoken and implied white supremacist culture. We were a police family, even though it was really my father and maybe one or two other folks in the extended family that were connected to policing. But it becomes a culture and a lifestyle that, for me, it's a family system.

So, I grew up learning those values and being steeped in those values without understanding that there were other ways of being. I was the first in my family to get a college degree. My grandfather on my mother's side was orphaned, and at 13 he, during the Great Depression, went from farm to farm in California just to make ends meet. He lied about his age and ended up in the Navy and was in Pearl Harbor when it was attacked. He was still just basically a teenager, and so that became part of his identity. We really did have a paramilitary set of values in my family.

So, from my grandparents generation on both sides who, in my grandmother's words, "We had nothin'," to my generation, where I was able to go to college and go to graduate school, my family shifted socioeconomic status in such a way where I find myself identifying with different layers of economic privilege. And so that, combined with the values of service that I was taught, pushed me towards a career of doing something to hopefully better people, better the world.

But also, I rebelled. I was an angry, lost teen; I got into punk rock pretty early on and that's been at the core of my identity as well in terms of teaching me that there are other ways to be in this

world, that there are other value sets, and that there are ways of standing up against injustices and ways of connecting with people that connect to a sense of, “If you can’t do it with the system, you did it yourself; and you did it yourself but never alone.”

Beverly Ibeh: That’s right.

Joe Mageary: Those pieces together, plus what I think is often true of folks who get into psychology of wanting to figure myself out. Eventually, that led me to find counseling as a career path that seemed to resonate on a few different levels for me: personally, again, culturally, and familially—connecting to the values of service—but then also politically, knowing that there are ways of working in support of other people, witnessing, and standing with others that can promote change, growth, and healing on a personally and potentially systemic level as well. That’s what I found to be nice about Lesley University where I work: While no one’s perfect and ideas are not always actualized, stated mission, stated goals, and stated practices are designed to try to take a critical view towards the systems that we live in but also the problems that we face, and to try to infuse a social justice orientation into understanding that though a problem may manifest, at least in appearance, in an individual, it may be reflective of an experience within a context and that needs to be accounted for because that matters.

Beverly Ibeh: Absolutely. Thank you so much for sharing that and especially the mission, and the ways that Lesley is looking to actually match the mission statement. I think that we see a lot of that being talked about now, currently in the literature, in terms of inequity, race, and racism—within the mental health field. I think just with the influence of the pandemic and the aftermath of the lynching of George Floyd there was almost just a boom of this conversation. So, I’m wondering, in your opinion, how have you noticed this shift in these conversations in the counseling field that you have observed?

Joe Mageary: From the perspective of being a licensed mental health counseling and a college professor and a white male in a position of power and privilege, what I think I’ve seen is that people who have not necessarily had to live with the impact of white supremacist culture day-to-day, in-and-out, are becoming more aware of it. And what I’ve noticed, a lot of my white-identified colleagues, peers, friends, and family are beginning to grapple with and stumble through the ideas, concepts, terms, and conversations, and so I’ve seen a lot of new voices entering the conversation.

Just as an example, at Lesley, we have a diversity council that’s open to everybody, and pre-pandemic we would have a meeting and there might be ten people—maybe there’d be twenty—and they’d be mostly people of color at an institution where most of the faculty, staff, and students identify as White. Now, partially because of this growing awareness, but also partially because now we’re doing it via Zoom, we have more technology, more access for people. We’ll have seventy, eighty people at a meeting and a lot more folks who identify as White.

I think there has been a confluence of events: One) Such a public horror, seeing George Floyd die. Two) The politics of the last four years and more, but particularly the last four years leading up to everything that happened on January 6th at the Capital. There was blatant racism. There was blatant misogyny. It became harder to not see it.

And then a third piece, with the pandemic, I think people who may not have had day-to-day struggles as a prominent part of their lives, either began to experience struggle, or began to become more aware of it because we've all had to tune in a bit more remotely, because the rest of our lives shut down, so there was almost more of a captive audience.

And I think those three factors coming together made it harder to ignore for people who were not trying to ignore it prior but had positions of privilege that allowed them to not be aware of the degree of suffering and the degree of racism that have existed all along.

Beverly Ibeh: Absolutely. I think, to your point about it being harder to ignore, it's in our faces, we're all home, we're all positioned and now within a space we're encouraged not to leave, and so it's harder to then not be able to engage in this. We don't have the barriers of commuting or location or any of that; we can just log in to our laptops and engage. So, there's really no excuse to not engage in this dialogue. So, what I'm thinking about, as a white clinician yourself, as a white male clinician who holds power and privilege and leadership roles, what is your experience of witnessing other white clinicians try to understand what it means to be a white ally within the mental health field having conversations about race and racism with their clients. I know right now there's so much literature on how white clinicians should be supporting people of color within therapeutic spaces. I've been really interested and fascinated with the lack of literature between having that process of white clinicians talking about this with other white clinicians or other white clients. What does that look like? Is that happening?

Joe Mageary: Right, and I think this is where we get invited into a kind of white Savior role, and we replicate colonialism, but perhaps colonialism of ideas and senses of what it is to heal and grow and to be a helpful presence, as opposed to physical colonizing of a space. But that is something that I think we need to be aware of as folks who are becoming more aware of the problem. Not jumping in to say, "I can solve this, and I can speak for others." I think in general that's one of the invitations I've noticed from White supremacy. But specifically in a field where we're tasked with being a helper, a healer, to not say, "I can help! I can heal you" in a way that replicates the inequities that are part of the problematic systems; that is the challenge. The invitation to, you know, swoop in and save is real but also delusional.

Beverly Ibeh: Right, and it's self-serving. It often does come off as self-serving. "I'm doing my part and that's how I surpass this understanding of holding this power and privilege." So, what I'm hearing you say is that there is a significant difference between that White Savior complex that can sometimes be conflated with White allyship. I'm wondering if there has been a delineation of what those differences are in these conversations with White clinicians?

Joe Mageary: I think in some cases yes, but not enough. To speak specifically to my experience, we've got some affinity groups that have developed through the Counseling & Psychology division and the Graduate School of Arts & Social Sciences at Lesley that are for folks to meet with people who identify with similar races. So, there's a white affinity group and there's also a group for folks who identify as BIPOC and also another group for folks who identify as transnational and we also have a group where all the different groups meet.

But to your point, the real work to the question you asked happens in the white-identified group, because that's where we have to grapple with how is it that we can honor the desire to make the

world better and acknowledge the positions that we hold, and acknowledge the positions that others hold, and the sort of wisdom and knowledge that exists in all those different spheres.

So those conversations have been messy because part of the intention is to not replicate the academic hierarchy which tends to highly intellectualize and again adopting colonial white supremacist cultural aspects. So, people don't really know how to be in those spaces, and they look for the leader, they look for the same old same old—the things that we're all familiar with from our previous educational and really even social experiences. So, we have both dove in and taken it slow, because you know part of the thing that I think is true is that people are entering into affinity groups like white-identified affinity groups cautious, nervous, vulnerable in ways that can be challenging and I think we need to find that balance between continuing to be challenged but not scaring someone off in the first conversation. So, it feels like a start but a start of I guess an endless piece of work.

Beverly Ibeh: So, it's not something that can be mastered. I think when we think about cultural competency there's this assumption that we get to an endpoint and then we're done; you know, we get our certificate for cultural competency versus it's an ongoing lifelong learning process that we're committing to continually place ourselves in positions in which we are interrogating our own identities and biases and having humility about things that we do not understand, and trying to understand them.

Joe Mageary: Yeah, you know putting a Black Lives Matter sign in your window because of that protest you went to that one time...you know? I mean good for you but that's...

Beverly Ibeh: Certificate.

Joe Mageary: Yeah, exactly. And I think the element of being performative is something that we need to be conscious, aware of, and continuing to challenge because it is really easy to feel good about yourself after attending a Zoom meeting. But then how do you live out your values? You know one conversation that's come up in some of the meetings I've been in...we've been incorporating land acknowledgments and acknowledging the traditional and Indigenous land holders, but one of my colleagues said one time, "It feels really hypocritical to acknowledge land in the beginning and then enact colonialism and patriarchy for the rest of the meeting." You know?

Beverly Ibeh: Wow, that's powerful. And I'm wondering: what was the reaction to hear something so powerful said?

Joe Mageary: Yeah, well this was a small meeting—there were maybe only six of us. And part of our conversation was, "Jeez, how come the numbers have dropped?" And we were being a bit reflective. And so those who were there, it was already a sort of self-selecting audience of people who were interested in challenging the systems that we have all sort of been indoctrinated in. And so, the group, similar to my reaction, said, "Woah, ok, that's profound and feels pretty accurate."

Beverly Ibeh: Absolutely. I mean I'm thinking about the topic of white fragility and I heard you kind of mention and describe of that potentially occurring because the numbers are dropping and people are showing up less, and I'm wondering, in your opinion, about how white clinicians in those affinity groups can continue to support other white clinicians that may be deterred from

entering and having these dialogues?

Joe Mageary: Thank you, yeah. And even just the phrase “white fragility” I think is something to consider. Again, I’m speaking for people who are not present in this conversation, but another one of my colleagues noted that, from their experience as a person of color, the term “white fragility” is itself an out for white people because fragility all of a sudden inspires empathy and, “Oh no! You’re fragile, you’re hurt,” when in reality the real hurt is done to folks who are not white-identified in this. So, a piece of it is continuing to even just challenge the basic invitation and assumptions about the words we’re using. It’s in the air we breathe, for those of us who are inhabiting dominant spaces.

And this is where I think the push and pull lies: that a compassionate and supportive education and invitation to others who perhaps are using terms and phrases that replicate harm unknowingly, is important; but then also the ongoing critical engagement and connecting to the values of why we are here. A person shows up to a space...typically people don’t show up by accident to a white affinity space. So engaging a person in their reasons for being in that space in the first place and inviting a perspective that we are going to stumble and we are here to support each other in what amounts to a shared value to some extent — again, people don’t show up to a white affinity space by accident — but though some of the basic values and assumptions are shared, we are each in a unique journey, in a unique spot on the journey and so there is going to be messiness. There’s going to be discomfort.

And this is where I think it’s nice to have a background as a licensed mental health counselor because it becomes similar to the therapeutic process in that we have to become ok with discomfort; we have to become ok with silence; we have to become ok with challenging each other for a greater purpose.

And that I think is one of my largest challenges is knowing how to intervene in the moment, knowing what to say in the moment, whether it be in an affinity space or really more so in larger meetings with mixed audiences who maybe don’t have shared values. How do we call people into the conversation? How do we speak up and engage in ways that can disrupt harmful practices? And that’s a piece that I know I still struggle with, but that’s also a common theme that has come up in a lot of the conversations in the affinity spaces I’ve been a part of.

And getting at those basic questions of, “How do I be who I want to be? How do I honor the values that I hold?” I believe it is one way to engage people. And really if one person shows up one time and gets something out of it, that’s better than nothing. If they show up two times, that’s better than one. You know, so it’s that...knowing that we’re all taking steps and honoring that I think is a piece of it, while knowing that there is an urgency of now to steal another phrase.

Beverly Ibeh: Absolutely. I mean there are, I think there are people out there—white clinicians or other clinicians of color—who might say, “You know, I see mostly white clients. This conversation is not something that I think I need to be privy or well-versed on to engage in the event because I’m not treating people of color or my population isn’t,” and I’m wondering: what are your thoughts if you’ve ever heard something like that?

Joe Mageary: Yeah, I think that is one of the assumptions that needs to be challenged because that starts to separate people into an us and them: a false dichotomy. And it gives an out to a white person to say, “It’s not my problem.” And this may not be 100% connected to race, but whether it be knowing the products that we buy, where they are made, how they are made, even if we buy it from another white person; whether it be the ways that we engage with people on the street, you know, just walking down the road or whatever; or whether it be the things we say that the kids around us hear; it’s not about me in isolation right now, the person I’m talking to. It’s about the ripple effects, the words I use, the choices I make, the actions I make.

And the other thing in my personal opinion: If you’re sitting there saying, “I’m a white person that only engages with white people,” that’s a thing that you’ve got to think about too. Why is *that*? And what is that indicative of? And what is potentially problematic about that?

Beverly Ibeh: Yeah. I mean I think it’s one that some people shy away from talking about. It can be...you more so will hear excuses such as, “Oh, it’s just the location I’m in is predominantly white or those are the clientele I get,” and it’s utilized as a way to remove themselves out of this dialogue. I appreciate you acknowledging that.

Joe Mageary: You know, one of the ways that stereotypes can be perpetuated is through this game of telephone. You know, “I don’t actually know a Black person, but I heard somebody talking about a Black person and they said this. Or this is what I’ve seen in the movies.” I mean talking about all the anti-Asian hate right now, but I mean we’re not talking about hate against Russians, for example, who are also Asian, you know. We’re talking about sort of more of the Southeast Asian hate where people don’t know to even differentiate between however many dozens of cultures and countries on the largest continent on the planet to allow a disconnect from those basic facts. There are so many different people who are hurt by such a sentiment who are not even connected to the stereotype necessarily that you’re wrongly applying. These are the things I think that directly impact a person.

But what about in five years or in five days or whatever when they engage with somebody from a culture with which they’re not familiar? What are the implicit biases? What are the assumptions they’re bringing into that *because* they have little to no experience with that cross-cultural engagement?

And that I think is where the problems come in because if you don’t have the experience you fall back to the conditioning that you have. And that conditioning for people the way that we’ve described is white supremacist colonialist dominant discourse that has been hurtful and deadly to I don’t know how many people. But you know, thousands if not millions of people.

Beverly Ibeh: Absolutely. To add to that piece, there have been works written about how the deleterious effects of racism are impactful on the lived experiences of white people; it’s not just people of color but it is harming White individuals. I think it really surprises people to hear that being said out loud because I think there is this assumption that it’s *just* people of color that are impacted by racism and so that’s why we should pay attention to it. But it affects all of us all [by adding protections to white individuals to remain ignorant of their history and ways in which POC and Indigenous folk must survive their inequity in this society...and it further perpetuates harmful “isms.”

Joe Mageary: Yeah, and if nothing else, that allows a white person who hangs out with just white people to be like, “Hey, maybe my culture is the best. Maybe what I’ve been taught is right.” And if we can ignore the negative and potentially deadly impacts on people who don’t identify as white or as part of “my culture”, that is a loss for an individual to not be open to the idea that there are different ways of being in this world that...forget better or worse, are just interesting and worthwhile and valuable and can challenge the small space that we inhabit. And that I think is maybe not the top tier of importance but there as well. It’s a loss for people to just get into this space where we can assume there’s just one right way to be in this world.

Beverly Ibeh: You shared a bit about your identity earlier in coming from a police family and I’m sure there are a lot of clinicians out there who would identify with having that same upbringing and are maybe struggling to even have these conversations, not just in the clinical setting but outside the clinical space. Are you able to reflect and share your journey being able to really place yourself in the midst of this dialogue and repeatedly coming back to it. What would you say to some of these other white clinicians that might identify with having your similar background that are also struggling to...or completely in avoidance of this dialogue because of [their own fears about disclosing potential] white supremacist internalized ideology or, you know assumptions and stereotypes that have been learned over the years?

Joe Mageary: You remind me in your question about a conversation I had with someone I grew up with whose father was also a police officer and I grew up with him because our families socialized due to the shared vocation that our families had. And we were talking, he and I, about ACAB—and I don’t know if, for the purpose of this recording, if saying words such as “bastard” is a problem but ACAB: “All Cops Are Bastards,” right? So, he and I were talking about it and he said, you know, “What do you make of this? Because it’s like, on the one hand, yeah, I get it: cops are killing people; but on the other hand, my dad.” And his dad was a legitimately lovely person, you know.

So that’s one thing that I think folks from backgrounds similar to my own have grappled with because I think to be an effective clinician you have to be a clinician/advocate that, the more you work with people, the more you get put in positions to acknowledge the troubles that are outside of the person and the challenge to this notion of biological basis to all of our mental health woes. So on the one hand, giving space to have a dialogue about that I think was important, to unpack it a bit more.

And what we came to in that particular conversation is talking about some of the differences even from urban to rural settings where he said, “What about the police officer in some small town wherever, who pretty much is a crossing guard? Is that the same as the police officer who is in some large city targeting people of color in a disadvantaged neighborhood, you know, who is enacting some of the misapplied attempts at community policing and the cracked windows...or broken windows concept which really just perpetuates systemic racism?”

And on the one hand I think that’s helpful to start to pull it apart but at the same time it’s the system itself that is problematic, and part of the problem is that the small town crossing guard and the big city cop that’s busting down doors and shooting people are given the same definition. And this is where conversations about how and why to defund police matters because when you start to

dig into that, it's not...when that phrase is used "defund the police" it is used in a way, just that phrase is a detraction, you know, which leaves a vacuum. And that is scary, especially for folks who are funded. Defunding means that my livelihood, my safety, etc. etc. are at risk, theoretically.

So, then it's about, "Well, what's the other side of that coin?" You know, and for clinicians, I've worked as a jail diversion clinician, which means that I was a master's level Licensed Mental Health Counselor who was riding around with police officers and responding to calls with them. Oftentimes I was just on the calls they were on, but other times, we were specifically assigned to calls where there could be a mental health or a social work component. And there was cross training there where we would leave a particular and the police officer would say, "What was that about? I heard you say the word 'bipolar.' Is that what bipolar is?" So, we would have an education in the real world which then by the anecdotal reports of the police officers changed the way they engaged with the person the next time even when the clinician was not present.

So, if we clinicians are able to educate ourselves and engage with the system in ways that allow us to say, "It's not just about defunding and all of a sudden there is this vacuum that is really scary; it's about doing things differently, and here are examples of how things can be done differently." Then it takes the fear element out of it a bit, and when the fear element is taken out of it a bit I believe there can be some room for dialogue about ways that we would all prefer to see the world.

Because my experience of the police officers that I've known is they also don't end up where they are by accident and the vast majority of folks that I know who have taken up that vocation want to make the world better; it's just the way that that gets enacted is what's problematic. So, if we can talk about, again remove the fear piece, and talk about what it means to make the world better, then I think we can start to find some common ground in different ways. So, these are the sorts of things I think that clinicians can learn about and can engage with that can forward the conversation as opposed to putting us in these polarized deficit orientations where, you know, no one's going to just give up funding and defund and then allow whatever scary thing to happen.

Beverly Ibeh: Yeah, I mean, to your point about polarization, I think that's typically what tends to happen when these conversations get brought up. It's either that you're for it or you're not for it, and there's no space to really unpack what it would mean in greater society and for people who have been historically marginalized, people who are oftentimes get the short end of the stick in terms of community policing and oftentimes are victimized by that. And so, I really appreciate kind of sharing more of the perspective of talking to someone within a police family as well about that.

Joe Mageary: I think for those of us who have stepped into both of those worlds, we are in positions that perhaps others might not be where I have sort of a nuanced understanding of how to be in police culture. And being able to speak to my values and act my values but in ways that can connect to the languages and the enacted assumptions of police culture I think is a way of bridging a gap because, you know, police culture is distrustful of outsiders often.

And oftentimes the stigma of mental health and "weakness" exists strongly so, you know, a lot of cops I know, they don't want to talk to a shrink. But if I can use what I know from having grown up in and around policing and paramilitary cultures and then use what I know from the work I've done to develop myself as a clinician, as a person, as an advocate—I hope that it can help prevent that polarized entrenching in what is known and familiar.

Beverly Ibeh: Thank you so much for just sharing your insights and reflections. To close out our conversation: What message would you like to leave for individuals that would read this piece, read about experiences of white clinicians discussing race and racism that are potentially grappling with what it means to understand ‘white fragility’ as you just explained—how it perpetuates the racism that we’re trying to dismantle. And so, I’m wondering: what would you like to leave as a message for white clinicians when it comes to this conversation of racism, especially within the clinical space?

Joe Mageary: Yeah, what comes to mind is: “It’s not about you. And it’s going to be uncomfortable if you’re doing it right. And any discomfort we as white-identified clinicians experience while engaging with these topics is a price worth paying for the world that we all deserve to inhabit. So, it’s not about you; but at the same time, it is directly about you because if you’ve been in positions to not have to do the work, you’ve benefited from privileges that other people don’t have. And as someone who has entered a field that is inclined to promote change, growth, and healing, it’s imperative on us all to take the steps to create real change, real growth, and real healing—not just performative, surface-level actions.”

Beverly Ibeh: Thank you. I think that’s very well said, and I think it just kind of encapsulates everything we talked about today. So, thank you so much, again, and I’m looking forward to sharing this with our community in the counseling field.

Joe Mageary: My pleasure. I appreciate the opportunity.

Beverly Ibeh: Absolutely.