

White Supremacy Culture

This is a list of characteristics of **white supremacy culture** that show up in **organizations**. These are damaging because they may be ever-present, unconscious, and difficult to identify – yet become deeply embedded cultural norms that uplift white supremacy.

We encourage reading through this list with **curiosity** and **self compassion**.



Perfectionism

Patterns:

- Mistakes generally seen as personal (reflecting badly on person making them) vs. honest error, human
- Doing wrong = being wrong = I am / you are bad; leads to shame
- Little / no time to reflect on lessons learned
- Centering what's wrong over what's right
- Talking about inadequacies of someone's work without talking directly to them

Medicine:

- Embrace org as a “learning organization” that tries new approaches in service of collective growth
 - Reframe failure as an opportunity to cultivate wisdom
 - Take time to appreciate each person's effort, regardless of outcome
 - Practice self compassion, collective compassion
 - When offering feedback, separate the person from the mistake and highlight the good
 - Create a culture of sharing mistakes and what you learned in team meetings
 - Celebrate when people make mistakes – this means they took a risk, learned something new
 - Model sharing your own mistakes + learning, so others realize it's okay to be human too
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Urgency

Patterns:

- Creating / upholding short / urgent / unrealistic deadlines at the cost of wellbeing, thoughtful / intentional processes, collaboration, creativity, consideration of alternatives
- Reactivity in decision making, communications, relating to others
- Lack of depth; no time for processing, feeling, reflecting, metabolizing, learning

Medicine:

- Realistic work plans that include time buffers
- Assessment of how this fits into the big picture
- Consideration of neurodiverse ways of thinking, doing
- Realize that rushing can take more time in the long run (fixing mistakes, addressing resentment of people who were excluded from the process, etc.)
- Leadership that understands that things take longer than anyone expects

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Defensiveness

Patterns:

- Structure is set up and energy spent trying to protect and prevent abuse of power
- Criticism of those with power seen as a threat
- People are afraid to challenge ideas or raise new ideas
- “This is the way it’s always been done”
- Energy spent trying to avoid hurting others’ feelings

Medicine:

- Understand link between defensiveness and fear (of losing power, losing face, losing comfort, losing privilege); Name the underlying fear(s)
 - Approach defensiveness with curiosity; What old wounds might be activated here? What needs care?
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Quantity Over Quality

Patterns:

- Valuing things can be measured over things that cannot
- Transactional vs relational
- Product vs process
- Valuing scientific-based evidence vs practice-based evidence
- Prioritizing content / agenda vs connection / engagement
- Linked to **bigger = better** (see below)
- Discomfort with emotions, feeling

Medicine:

- Create process / quality / relational goals, metrics, intentions
 - Create a values statement that includes **how** you want to do the work
 - Embrace “Seventh Generation” thinking: ask how actions may impact people 7 generations from now
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Worship of the Written Word

Patterns:

- If it’s not in a memo, email, report, etc. it doesn’t exist
- Those with strong documentation or writing skills are more highly valued
- Valuing academic or outsider expertise above lived experience expertise

Medicine:

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- Embrace other ways of knowing / learning / sharing (i.e. visually, orally, somatically, etc.)
 - Be careful about asking people to read things out loud. Be thoughtful about inclusivity and belonging for non-native English speakers, neurodiverse folks, folks with speech impairments, etc.
 - Avoid academic jargon, buzz words, acronyms, idioms; practice using plain language
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Only One Way

Patterns:

- Belief that there's only one way and once people are introduced to it, they will see the light
- Belief that when people do not adapt or change, something is wrong with them; can lead to blaming / shaming / pity

Medicine:

- Acknowledge there are many ways to reach a goal
 - Look for tendency of a group or person to push the same point
 - Take time to reflect on what you've learned when things are done differently than you would've done
 - Embrace org as a "learning organization" that tries new approaches in service of collective growth
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Paternalism ("I / we know best")

Patterns:

- Those with power think they are more capable of making decisions on behalf of those with less power
- Not being transparent about decision making processes, complexity of issues / perspectives considered
- Those with less power don't know how decisions are made, yet are most impacted by them

Medicine:

- Transparency regarding decision-making (who, what, how, when)
 - Transparency regarding each person's responsibilities and agency to make which decisions
 - Include those who are impacted in decision-making process
 - Explore Participatory Research / impact evaluation methods that center community members / those most impacted
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Binary Thinking

Patterns:

- People, perspectives, decisions are either/or; good/bad; right/wrong; with us/against us
- Simplifying complex ideas and issues

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- “Zero sum” thinking (one’s gain is another’s loss; objective balance is possible)
- Can lead to conflict, **defensiveness** (see above) and **urgency** (see above) in decision-making

Medicine:

- When binaries appear, explore whether more alternatives exist and if so, consider the value in each
- Embrace “both/and” (i.e. “**both** this **and** that can be true at the same time”)
- Step back and look at the holistic view; embrace multidimensional nature of people, things, issues
- Allow space for people to show up in their full humanity (see also **Perfectionism**: Medicine)



Power Hoarding

Patterns:

- Little, if any, value around shared power
- Power defined as limited, zero sum, only so much to go around
- Those with power feel threatened when anyone suggests changes
- Those with power don’t see themselves as hoarding power; act defensively
- Those with power assume those wanting change are problematic

Medicine:

- Explore power sharing in the org, including in leadership positions
- Create flattened power structures
- Embrace leadership qualities that develop team members’ skills, agency
- Create shared goals, responsibilities; celebrate group not just individual progress



Fear of Conflict

Patterns:

- People in power scared of expressed conflict and try to ignore or avoid it
- Culture of blaming /shaming those who raise issues that cause discomfort
- Emphasis on being polite; respectability politics
- Equating raising difficult issues with being impolite, rude, out of line
- Can lead to “GroupThink” where conformity and harmony are valued over diverse ideas

Medicine:

- Examine how each of us respond to conflict and whether this was learned or inherited
- Reframe radical honesty as kindness
- Reframe conflict as a way to deepen connection, be known, get needs met
- Create culture where constant feedback is a gift
- Role play ways to handle conflict before it happens
- Slow down process of resolving conflict; take time; be intentional; center feelings / connection

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- Once conflict is resolved, examine how it might have been handled differently
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Individualism

Patterns:

- Little experience / comfort working in teams
- People in org believe they are responsible for solving problems alone; siloed hierarchical structure
- Competition vs collaboration / cooperation
- Org values those who can get things done without supervision or guidance
- Leads to time spent spinning wheels, anxiety, isolation

Medicine:

- Include teamwork / collaboration in values statement
 - Include group, not just individual, goals
 - Create culture where people bring challenges to the team
 - Use staff meetings as problem solving time, not just activities updates
 - Include community / collective in decision-making processes
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Martyrdom

Patterns:

- “If something is going to get done (right), I have to do it”
- Little to no ability to delegate
- Prioritizing end product vs process; lack of prioritization
- Belief that we must sacrifice ourselves and our wellbeing in service of the cause
- Leads to **urgency** (see above), isolation, resentment, and burnout
- Leads to toxic organizations, systems, dynamics that can perpetuate same trauma and harm we are working to transform

Medicine:

- Understand connections between martyrdom and “I am not enough” wounds
- Create wellness goals, intentions, benefits, and programs; check in regularly to track progress
- Incorporate trauma-informed, healing-centered trainings, practices, policies, processes, programs (e.g. track how people are feeling during team and 1:1 meetings)
- Hire and evaluate people based on ability to collaborate
- Invest in services, apps, and other tools that will save valuable time and energy
- Consider “shared service” arrangements with other people, orgs
- Incorporate practices that cultivate joy, connection, creativity, resourcing, and fun!

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Bigger = Better

Patterns:

- Progress / Success / Impact = bigger, more
- Belief that everything can be / must **scale** to be more effective
- Metrics / milestones that value **quantity over quality** (see above)
- Does not consider the cost of bigger, more

Medicine:

- Embrace “Seventh Generation” thinking: ask how actions may impact people 7 generations from now
- Cost / Benefit analysis and metrics / milestones include non-financial costs (e.g. capacity, emotional well-being, process vs product, depth of impact, etc.)
- Consider how you want to **feel** in the process, not just what you want to **do / achieve**; check in regularly to track progress



Objectivity

Patterns:

- Belief that pure Objectivity or Neutrality exist
- Logic over Emotions
- Invalidating / shaming people who show emotions

Medicine:

- Realize that everyone’s perspective is informed by their experiences, values, culture, etc.
- Sit with discomfort when others express themselves, even if you disagree
- Allow space for, and validate, multiple truths



Right to Comfort

Patterns:

- Those with power have a right to emotional and psychological comfort
- Scapegoating those who cause discomfort
- Equating individual acts of unfairness against white people with systemic racism targeting people of color

Medicine:

- Embrace discomfort (i.e. stepping into stretch zone) as an element of learning and growth
- Deepen political understanding of systemic racism and connection between privilege + comfort