



# On Liberation Psychology, Hate, Hope, and Healing

ARTICLE

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## ABSTRACT

Entering the third year of the COVID-19 era, the United States faces myriad problems with hate speech, misinformation, racial and politically based violence, and deep-rooted institutional abuses. Oppression of minorities making up the majority of the population contributes to mood disorders such as anxiety, depression, and panic disorders. The problem of hate has been an active study by psychologists since World War II, but as of yet publications uniting interdisciplinary hate studies and community psychology are sparse compared to other interests. This essay addresses one such theory, liberation psychology, and how its approach may guide clinicians and institutions to a better understanding and support of communities and individuals with marginalized identities. The essay uses the lens of addressing hate to discuss the main interventions that make up the practical application of liberation psychology, not limited to the use of testimonios (stories of oppression), conscientization (a daily awakening to the impact of oppression), and praxis, how all human service providers should mobilize their resources and education in service of addressing hate against oppressed communities.

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While there is often precedent for current events, every generation experiences its own unique challenges. Entering the third year of the COVID-19 era, this is a non-comprehensive “state of unrest” in the United States. The impact of Black Lives Matters remains pervasive and influential, while gains in studies of race are being rolled-back in primary and secondary schools, scapegoating intersectionality and college-level critical race theory as somehow new or dangerous despite decades of precedent (Crenshaw, 1991; Sawchuk, 2021). The growing prevalence of antisemitism and hate crimes involving Asian Americans and Pacific Islanders recently necessitated new emergency legislation (Hatewatch Staff, 2020; Tang, 2021). Investigations into widespread missing and murdered Native American women follows centuries of violence and recent decades of activism (Fadel, 2021). Gains in rights for gender-sexual minorities and reproductive rights are facing attacks in public policy in the majority of American states with abortion and transgender children as targets (Nash, 2021). Despite efforts in psychology and institutions to increase access to services, prevalence of depression did not significantly decrease in the decade prior to the pandemic, and has tripled since then (Brody et al., 2018; Ettman et al., 2021).

After years of human rights and social justice activism, it took an armed insurrection at the United States Capitol for social media platforms Facebook and Twitter to rein in online extremism, but they still face criticism for passivity (Satariano, 2021). Following the Russian government’s invasion of Ukraine, Meta (who owns Facebook and Instagram) has eased restrictions on hate speech regarding Russian leaders and invaders (Barrett, 2022), which may encourage hate speech and violence against Americans with Russian heritage. Permissive practices towards hate speech by these platforms often results in accelerated radicalization and extremism (Jensen et al., 2018). Political divisions and reduced digital literacy are associated with politically-based anti-science narratives, as seen regarding widespread sharing of fake news and unfocused, disruptive demonstrations, such as the COVID-19 truck convoys (Helmore, 2022; Sirlin et al., 2021). Urban social progress exists in tension with preservation of rural conservative values—the Oregon-Idaho secessionist movement is one continuing microcosm (Hitchens, 2021). Journalism proves to be a strong ally in the field of hate studies and confronting hate, but shifting media literacy and commercialization has complicated who the public relies on as a trusted source (Kennedy et al., 2022; Stern, 2004).

In response to these unrelenting demands, Stern’s call to action (2004) to expand our thinking regarding hate studies rings true. In such an interdisciplinary field of study, especially regarding behaviors, thoughts, and emotions, psychology has a place at the table. Of specific interest now is liberation psychology, which has deep roots addressing hate and oppression, originating from Latin America during the decolonialization and neo-colonialism of the Cold War era (Martin-Baró, 1994). While not new, liberation psychology is recently finding publication and discussion in Eurocentric environments such as the American Psychological Association (APA) (Comas-Díaz, 2020). Liberation psychology is a social-justice-oriented theory with formal connections to social, community, psychodynamic, and existentialist theories of psychology, and there-in offers hope towards peace, healing, and greater understanding (Martin-Baró, 1994; Watkins & Shulman, 2008).

Before addressing the hopeful and exciting aspects of how this conversation can support change, it is important to discuss where the conversation has been. Psychology as a field has a pervasive history of harm that should be acknowledged before addressing liberation and healing (Yakushko, 2019). The measures used to evaluate personality continue to improve due to concerns and challenges regarding the reliability of social and racial minority data (Floyd & Gupta, 2021). Cognitive measures are under constant re-evaluation not only to be a better science, but in reflection of past harm caused by facilitating bigotry under the guise of defining innate racial or gender capabilities (Sartori, 2006). These are human measures with human problems, and good work has been done, but standardization will always be a moving target. It is impossible to ignore the century of its impact on how institutions and clinicians reconcile the historical oppression of minority groups (Israel, 2006). There should be no statute of limitations in examining the ways psychology has been complicit in atrocities such as eugenics and maintaining systems of oppression in academia, criminal justice, and medical interventions. Doing better now is due in part to acknowledging

these past events (APA, 2017), so continued acknowledgement leads to more progress, which benefits society as a whole.

Another opportunity for clinical psychology is shifting the emphasis to the community-level rather than focusing on the individual. Even in biopsychosocial models, the suffering of individual persons is often viewed as an individual adjustment problem, meaning that their depression or anxiety is an individual issue with adaptation that can hypothetically be corrected with a generalized treatment (Borrell-Carrió et al., 2004; Martín-Baró, 1994). The reality of distress and dysfunction having a social origin is not novel, but the individual pathology is still often laid on the patient or practitioner to treat with tools that might be universalized to others via evidence-based protocols with poor ecological validity. Liberation psychology does not naively suggest that individuals facing oppression wait for society to change around them, but includes the person and their community in addressing the circumstances that contribute to suffering (Burton & Kagan, 2009). Activism as a resource also acknowledges that the agent of change cannot only be the marginalized, but that it is the responsibility of the practitioner to engage in active participation alongside those they serve, using one's privilege and resources in support of needs and healing (Fernández, 2020).

Liberation psychology finds an important place in the field of hate studies. This approach can be adapted to all related human service fields in its tenets and approach, including but not limited to social, medical, law, military, or mental health services, all of which the developers wrote about, which dovetails well with Stern's call (Martín-Baró, 1994; Stern, 2004). Major areas of relevance are a community focus regarding hate (be it the target or perpetrator), acknowledging that hate and oppression are not natural states (and should be overcome), and centering the strengths of populations facing discrimination or persecution (Moane, 2003). The last is notable for its inclusion of ability, race, gender, sex, religion, and class, which makes up the majority of any population by arithmetic of basic demographics (Perry, 2005). The status of minority groups making up any population's majority of "the people" will be discussed here and is important to recognize as a unifying force for a common good of all, and source of hope and healing (Martín-Baró, 1994).

Often, the discussion of hate centers who hates and why they hate (Beck, 1999; Dozier, 2002; Sternberg, 2005). This was seen in studies of personality following World War II (Allport, 1955), which had very clear merit, but leaves us short in such an interconnected era. There is a utilitarian interest in how people are radicalized on a systems level, or how divisions motivate people to harm others. This individualized mindset can center victims as well without addressing the systems that enable the assault. The optimism in liberation psychology is not as a panacea for all ills, but is an approach towards hope and healing (Duran et al., 2008). It is the goal of liberation psychology to engage with communities, rather than individual perpetrators in order to disempower hate and inspire hope.

## PSYCHOLOGY AND HATE STUDIES

Classic conceptualizations of hate featured its seeming inflexibility and philosophical status as an antithesis of love, while modern psychology mostly agrees that hate is a flexible, affective syndrome formed and experienced by feelings and thoughts (Royzman et al., 2005). Groundbreaking studies in the 1900's have been instrumental in describing alienation and dehumanization of "the other" as a pervasive origin for wanting to erase the other (Allport, 1955; Beck 1999; Murray, 1938). Subject matter such as differences among coworkers, family, and even sports fandom supports how hate is constructed and experienced, even if the stakes do not include interpersonal violence (Aumer-Ryan & Hatfield, 2007). The link between experience and information—that hate is learned, or a response to stimuli—is the most relevant aspect and fits models of learning rather than a personality defect of the hater (Allport, 1955; Beck, 1999; Jasini et al., 2017). Here, humanizing exposure to other people is the antidote to hate, as has often been discussed (Lerner et al., 2005). In psychology, the literature differentiates intergroup hate or individual hate, but the hope that positive, humanizing interactions with the hated "other" remains consistent. It should be noted that negative interactions reinforce negative or hateful schemas, so forcing people together who do not like each other, and having them argue without guidance, is expectedly non-productive.

Examples of hate in research often focus on the perpetrator's lens, "who hates and why." Research into the origins and experience of hating need not have a moral component, as the experience of hating someone else is universal, with "no experience of hate" being an extreme outlier in anonymous surveys (Aumer-Ryan & Hatfield, 2007). That said, research since World War II acknowledges how people are injured or die under the most horrific suffering due to hate, and that deserves to be acknowledged in these conversations (Jasini et al., 2017; Kidd & Witten, 2008). Compounding the impact of hate is the secondary trauma from their families and community first responders, then the effect it has on communities who share identities with the victims and survivors (Cohen & Collens, 2013; Kidd & Witten, 2008; Martín-Baró, 1994). Oppression born from prejudice and hate exacerbates this suffering via models of minority stress (Meyer, 2003). Thus, the necessity of addressing hate is a community and healthcare problem on a systemic level, as well as an individual treatment and ethical need. Focusing on the perpetrators for answers is one strategy used by institutions and researchers following hate-based violence, but this is not best practice for healing. In the experience of violence, those individuals and communities affected by hate may find some meaning to be made from knowing why they were targeted, but this does not lessen the impact or severity of the damage, suffering, or subsequent trauma. A response that focuses on the victim/survivor and their communities is necessary for healing, rather than an approach that centers the perpetrators (Duran et al., 2008).

Institutional violence is at the heart of this discussion, which is concerned about policy at any level, be it school, medical, community, law enforcement, state public policy, national, or international. That laundry list is both long and non-comprehensive, which is a problem as systemic oppression has influenced all those systems, yet acknowledging systemic oppression has not cured long-standing problems. As one example, COVID-19 has exacerbated longstanding gaps in family caregiving for people with disabilities and serious/chronic illness (Kent et al., 2020). In terms of social justice and liberation, this is an example of historical and long-standing oppression. Hate is an important term discussing power and privilege as it relates to an aversion of some identities and bodies, and a preference for other identities and bodies (Beck, 1999). This relates to psychology, as the APA requires awareness of diversity, with the social construction of disability causing undue marginalization and suffering, while society (and clinicians) have the means to offer care and alleviate suffering via access and interventions (Olkin, 2017). The caregiver crisis intersects with institutional racism and classism regarding who has access to effective affordable healthcare, as well as gender studies, which indicate women and those assigned female at birth are most likely to require healthcare and be engaged as home healthcare providers (Olkin, 2017).

While the aversive part of hate (anxiety and fear) is part of formal models (Beck, 1999), this often focuses on topics of bigotry rather than negative/traumatic events creating disillusionment. Survivors of violence might learn to hate and be fearful. Anger, hate, and fear in these cases are natural protective factors arising from trauma formation (Center for Substance Abuse Treatment, 2014). Anger assists a fight response to defend oneself, and fear assists an avoidant or flight response. In general, many people who experience intergroup hate can express a cognitive reason to how they feel threatened (Jasini et al., 2017). As such, simply telling people not to hate their oppressors or people who did violence to them is not therapeutically or ethically sound—forgiveness by individuals or communities is a personal choice and experience, not a prescription for healing. Healing can often come across through a dialogue or narrative about what their fears and injuries are (Cervantes, 2020), which is a social psychology intervention supported by liberation psychology. This can help address the very valid experience of anger or hate in marginalized communities.

In response to personal activism and public demonstrations, resistant or lukewarm public attitudes towards suffering and oppression may be explained by just world bias (JWB) (Dharmapala et al., 2009). Many people in the United States believe that people experiencing suffering had it coming due to choices or chains of decisions that were in their control. This is part of the JWB, that events happen to people commensurate with their actions, where suffering is a causal effect based on guilt or moral failing. While this is typically subverted by clear personal testimonials, it remains pervasive as a generalization until someone explains their conditions and it is revealed crimes

against them are less-deserved (Dharmapala et al., 2009). It then follows that bias towards self-causation exists until it is challenged by interpersonal knowledge, thus necessitating that marginalized people educate others on their suffering to relieve this bias.

## ON LIBERATION PSYCHOLOGY

In the 1960s, Jesuit priests from Brazil coined the phrase “liberation theology” to describe the work they had been doing during the post-World War II restructuring of post-colonial Cold War nations in Latin America (Burton & Kagan, 2009). The focus of this shift was on the common people taking agency and power back from colonial governments such as Euro-American-instilled puppet administrations (Martín-Baró, 1994; Mishler, 1994). To reclaim power for Latin Americans, a priest and psychologist named Ignacio Martín-Baró, based on his doctoral training in community psychology in Chicago, developed the concept of liberation psychology. The site of his training is important as he remained critical of Eurocentric psychology until his death via a United States-trained death squad in El Salvador in 1984. Rather than running down specifics of liberation psychology in a practical vacuum, the discussion will examine how the approach and interventions may apply to hate.

Like many theories of psychology and modalities of psychotherapy, liberation psychology is foremost an approach (Comas-Díaz, 2020). Interventions then arise from this approach. Analysis and acknowledgement of power is integral. This finds a ready home on the topic of hate, be it interpersonal physical violence or institutional violence by larger systems. The theory evaluates systems of power that are commonly understood as “-isms,” where members of a dominant or desirable identity hold power either through their identity, or through legal and institutional power (Hook et al., 2017; Martín-Baró, 1994). By acknowledging and naming systems such as sexism, racism, ableism, heteronormativity, and classism (non-comprehensive examples), good work can be accomplished, both on the individual and systemic level. This is in line with the broader goals of psychodynamic and cognitive theories, which is to address previously unnamed processes to evoke insight and change. By shedding light on hierarchies and giving the unspoken a voice, the approach does not create cynical castes of victims and oppressors, but offers insight into how identities and social systems create inequity on both the interpersonal and systemic level.

The approach here is valuable in addressing such prescient concerns such as racial trauma and minority stress by formal acknowledgement of systemic factors as a target of intervention (Duran et al., 2008). Often, institutional oppression is viewed from a lens of systems and evaluated by an institutional needs assessment. Sometimes the intervention ends there with acknowledgement that a need for diversity training or sensitivity exists. But even when the training is offered and a by-the-numbers disparity is administered to human service providers, the work can also end there (Martín-Baró, 1994). The issue with those approaches is that they do not necessitate contribution from the communities the training is discussing, nor does it change the power disparity creating harm. In a liberatory framework, the disenfranchised and marginalized are empowered via a strengths-based focus, either as individuals in the service-relationship (via a healthcare team, or in individual psychotherapy), or on the community level in a school, neighborhood, or city via participation in research (Fernández, 2020). There are multiple interventions in liberation psychology to accomplish this. This theory provides a framework of interventions based on awareness to inform treatment and lead to direct action.

## DEIDEOLOGIZING

Deideologizing is the act of exposing and challenging the “big lie” that we live in a meritocracy where all people have equal access to resources and justice (Martín-Baró, 1994; Rivera, 2020). It is important to acknowledge that adopting liberation psychology in the global Northern Hemisphere generalizes differently from the Latin American origins of liberation theology regarding indigenous rural farmers in oppressed, colonized nations. For example, in the United States and Canada, genocide against indigenous people is discussed alongside other forms of oppression, including

those against racial minorities of global origins, as well as other identities that do not fit a cisgender male, heteronormative, ableist, capitalist paradigm required for full participation in society.

Liberation psychology finds an earnest home on other continents, and Martín-Baró had an interest in communicating the theory to African American, Latin American, and Native American individuals, and North Americans in general (Mishler, 1994). It is notable that economic oppression is a key part of deideologization, that poverty is neither a virtue nor a sin, but a form of violence against populations who produce the wealth that others exploit. Regarding the topic of hate, this intervention resists narratives that many minority populations' intrinsic value have been largely, structurally validated with legal rights, when the reality is that major inequities do exist and require change to resolve (Rivera, 2020). This also fulfills one aspect of the well-meaning, "what do we do about hate?" from people in institutional power and people who hold privilege. As said previously, sometimes the conversation stops at recognizing that not everyone is on a level playing field, but in liberation theory, the interventions continue.

## **DENATURALIZING**

Denaturalizing is distinct as an intervention, addressing the daily and interpersonal experience of violence or oppression rather than the previous systemic ideological one. Here, the naturalization of bigotry or aggressions against marginalized people is viewed as a toxic influence on the individual and community level. Rather than, "This is just the way it is," denaturalization is a call to action to not tolerate intolerance of diversity (Martín-Baró, 1994; Montero & Sonn, 2009). This intervention calls for all people no matter their location to power to see and confront discrimination. This disrupts the narrative that the individual or community is solely the cause of their own suffering, so in the case of persecution or abuse, they cease to be the focus of the so-called pathology—depression, anxiety, anger, panic, among others (Moane, 2003). In the scope of hate, this helps to initiate a conversation of healing, that the injury against them was not natural as a consequence of their existing as a person of color in a White society, a person with a disability in a society that prefers able bodies and neurotypical minds, someone of Jewish or Islamic faith in a Christian society, or a Queer person in a heteronormative society, just as non-comprehensive illustrations. The challenge then becomes how to disrupt the very real consequences of hate, such as low mood, chronic fear, and rage, not because those reactions are unnatural, but because they cause suffering when the individual or community cannot control the external harm inflicted on them (Duran et al., 2008). As providers in any human service field, our goal is then to assist them in navigating these experiences, and disrupting systems of harm, rather than just acknowledging it is not their fault.

## **CONSCIENTIZATION**

Conscientization has no concise English language translation as a word, nor does it need one since it relates to the awakening of consciousness to how society operates on a day-to-day level, such as media and unconscious messaging (Martín-Baró, 1994; Rivera, 2020). While the closest analogue "woke" has been politicized and denigrated, the supportive definition would always involve critical thought about which identities and bodies are favored and offered full participation in society, while others are not. In the context of social justice and intersections of oppression, the topic of media representation is key. Disparities in whose stories are featured and how they are framed, be it in fiction or journalism, creates powerful impact around who in society is witnessing these stories, and the messages being reinforced for the dominant and marginalized castes. There is no presumption of an absolute right or wrong in complex intersectional experiences of how society and media operate. Conscientization is rather an awakening to observed messaging via institutions and mass media to events that have legal, occupational, and economic repercussions. This draws on deideologizing, and whether the "big lie" of a level playing field is active, and how that psychologically influences communities and individuals (Martín-Baró, 1994).

It is the approach of being thoughtful and "not looking away" that this intervention aims to instill. By giving disparities in media voice and discussing them, oppression becomes disempowered,

and the marginalized become empowered (Montero & Sonn, 2009). A valuable skill that human service practitioners from mental health to law enforcement, to medical professionals can provide is assisting clients and communities in asking questions. Fatalism is a common symptom of hate in oppressive societies, that nothing can be done, which leads to passivity and depression on a community level (Martín-Baró, 1994). Conscientization is one antidote to the naturalization of oppression, that a reason injustice exists is the perpetuation by institutions. Maintaining paradigms of power and desirability is often under the guise of market/popularity when the finger is on the scale about which identities get to fully participate, and whose stories get told or contextualized in mass media.

## PROBLEMATIZATION

Problematization follows the downward arrow of the previous awareness-based interventions and concerns itself with what the problem actually is. By deideologizing an exemplar that the marginalized cannot live up to, denaturalizing that their oppression is not a valid state of not living up to the standard, and being cognizant of how culture reinforces these messages and violence on a daily level, there is a conclusion to this awareness, which is problematization (Martín-Baró, 1994; Watkins & Shulman, 2008). Here, the problem and pathology ceases to be on the marginalized individual or community and is now placed on the system or society that perpetuates suffering and oppression. In Martín-Baró's time, this did not create powerlessness, it created empowerment (and still does). This is a keystone in liberation psychology, that by decentering the problems the oppressed are unjustly said to create for the dominant society, new partnerships can begin to heal and progress the interests of people, so these problems are addressed (Rivera, 2020). When examining issues of public demonstrations that may be hate-based, this intervention is extremely relevant in addressing how uprisings both come to pass, and can be prevented in the future—which is addressing root causes rather than suppressing public outrage at injustice (Martín-Baró, 1994). This creates tension because the instinct may be to focus on the systems and perpetrators rather than those who are suffering. But keeping the conversation and focus on individuals and populations who are suffering can give clearer guidance to what issues need to be addressed to heal the injuries caused by hate (Duran et al., 2008). Again, this work in acknowledgement of suffering and oppression is not to only discuss the systems causing harm—instead the conversation and activity is framed around those who are suffering and how to support them. This engages with the oppressive systems, but it focuses on the communities who need support. In this model, the tearing-down an unjust hierarchy is a consequence of elevating the oppressed.

## RECOVERY OF HISTORICAL MEMORY

The recovery or restoration of historical memory supports people who have had their stories erased by the dominant culture. In the liberation psychology's development, this underscored indigenous cultures in the Americas, though it also called for global allyship to all cultures facing erasure by European and subsequent United States colonialism (Martín-Baró, 1994). This is important for American Black, Indigenous, and people of color (BIPOC) communities, but extends to conversations around diaspora, refugee, and immigrant populations worldwide. Care is needed with this intervention for practitioners to avoid lecturing marginalized communities, but instead, to offer connection to existing resources about how we got here as a society, and addressing the harm done. At the beginning of COVID-19 vaccinations, this assumed acute relevance due to the historical crimes perpetrated against African Americans by medical professionals, and is readily recognized when it comes to systemic racism in other areas such as housing, employment, education, and law enforcement. Recovering historical memory is nothing more than the pursuit of historical truth, not only of recent events and the atrocities during periods of invasion/occupation/colonizing, but successes long before as well. Even still, empowering examples of past pride may rely on Eurocentric measures of economic or military imperialism, and may exclude the dignity and rich cultures of more isolated communities who remain on the cusp of having their language and cultural identities lost due to neo-colonialism. By devoting resources to preserving and teaching all these histories, marginalized populations reclaim power that is so commonly asked to be shed in

the name of assimilation, which in itself is violence via supremacy based on norms. When hate is formed via ignorance, confronting dominant history is a profound start to dialogues that increase awareness and healing for the oppressed castes (Martín-Baró, 1994, Rivera, 2020).

## VIRTUES OF THE PEOPLE

Addressing the virtues of the people includes listening to the majority population comprised of minorities who do not make up the dominant class. This calls attention to generational wisdom passed orally, in behavior, and in text by populations with a shared heritage. In effect, this is attending to the virtues of a culture (Martín-Baró, 1994; Rivera, 2020). This intervention disrupts and dismantles unjust power imbalances by acknowledging and respecting the strengths of indigenous and diaspora populations. It also attends to the strengths in cultures such as lesbian, gay, bisexual, transgender (LGBT), and disability communities who have risen with greater public and legislative support since the civil rights movement in the United States (Georgetown Law Library, n.d.). This is a keystone to powerful statements such as “nothing about us, without us” when developing policy (Charlton, 1998), as even the most well-meaning allies and administrations cannot attend to the needs of a population without the lived experiences of their needs, strengths, and challenges. “The people” has been used politically for sentiments such as the “silent majority” to uphold maintenance of oppressive policies of the ruling minority, but the purpose of the intervention is to combat elitism, a power dynamic that perpetuates the oppression of a population’s majority (Martín-Baró, 1994). It has little to do with negating science—quite the opposite—and more to do with evidence-based interventions that listens and supports the needs of populations to enact substantial change.

## REORIENTATION OF PSYCHOLOGY

Commensurate with the approach Martín-Baró discussed in development of liberation psychology (1994), a reorientation of psychology was a key facet. Again, as with deideologizing, the framing of this tenet has a different context in applications to the Global North compared to the rural colonized communities in Latin America. That said, aspects of this reorientation generalize well to many settings, mainly in part to the focus on the assessment of needs, strengths, and interventions for communities, and individuals within them. This community psychology approach was a feature of Martín-Baró’s formal training, and his adaptation of liberation theology for the field of psychology (1994). Challenges to pervasive Eurocentric approaches regarding psychopathology can be viewed as the running theme. Three aspects of his suggested reorientation follow.

### Symptom Positivism

This is a message of hope as well as a call to action. In psychology, positive symptoms refer to active complaints or behaviors that can be readily reported or observed that are not present without dysfunction, often conduct or panic and other symptoms of stress (Butler et al., 1996). These are often the focus of Eurocentric psychology and Martín-Baró was especially concerned with this issue (1994), because negative symptoms refer to passivity and unspoken depression, which he observed as more common in marginalized communities. Certain patterns of behavior are often pathologized, such as anger or emotional dysregulation, which is often a perspective used to shut down an angry activist or a community uprising (Martín-Baró, 1994). The emphasis here is that positive symptoms are over-pathologized in marginal populations whereas negative ones such as depression and passivity may be systematically reinforced by a lack of intervention, thus leaving people alone without prescription of intervention. A separate, but clear example is posttraumatic stress syndrome (PTSD) in combat veterans and survivors of violence. Persons are attended to when so-called aberrant behavior is witnessed (positive symptoms), but interventions are often overlooked in dissociated/depressed individuals (negative symptoms) unless their neglect for other people, such as children, becomes dangerous (Martín-Baró, 1994). Focusing on positive symptoms related to trauma over-pathologizes normal responses to oppression and violence without addressing equally disruptive negative responses such as withdrawal.

## Individualism of Pathology

Here the theory addresses both the individualized nature of a pathological diagnosis and its following treatment plan. A client in the Eurocentric model is both the person experiencing suffering, and the person who needs to change to alleviate suffering via complying with evidence-based treatment. Intuitively, the reality of the situation is that they are not the cause of oppression, and cannot change external conditions—this individualized approach often does not address the cause of suffering or introduce a long-term agent of healing. A liberatory approach recognizes this, offers psychoeducation to the client about how the suffering is natural, and begins connecting the client to resources they can use and communities they can connect to (Martín-Baró, 1994). Again, liberation theory acknowledges trauma and war, how the trauma of conflict was not a failing of the individual, and it is up to the individual, their team of caregivers, and the broader community to address the negative and positive symptoms of trauma (Comas-Díaz, 2020). This generalizes well to survivors of interpersonal hate and trauma, as collective understanding and resources destigmatizes and diversifies modes of healing.

## Treatment Universalism

Beyond positivism and individualism, a third reorientation is universalism, where the theory challenges that assessment and treatment can be sufficiently generalized and standardized. In Eurocentric models of psychology, individuals may be evaluated by categorical criteria, which is important in developing a quality of science and care that is not haphazard—this is an ethical mandate in order to practice psychology as a professional (APA, 2017). No one argues against the mandate for scientifically-evidence-based treatments, just the assumption that specific assessments, interventions, and treatments can be generalized to other people with similar categorical conditions or histories. Martín-Baró was critical of universalism/generalization of treatments (1994), instead offering that generalized and manualized treatments did not meet the needs of populations and individuals with myriad sources of suffering. In effect, one depression was not the same depression as another, one anxiety was not the same anxiety as another, and attempting to medicalize and universalize the treatment for common symptoms was a failure on the level of generalizing the specific causes, thus providing poorer quality care and outcomes. This reorientations speaks to a liberatory approach via how systems affect communities, be it religious, class/poverty, race, ability, gender-sex, veteran status, and political oppression (Montero & Sonn, 2009). Generalizing the approach to treatment for an anxious presentation with specific social causes likely does not consider the source of anxiety to a sufficient level of understanding with cultural competency/humility, which is why reorientation is necessary (Hook et al., 2017).

Liberation psychology is not anti-science, as Martín-Baró wrote. The theory aims for integration with evidence-based practices in support of the people. Also, a liberatory approach does not ignore pressing needs by saying, “Wait here, while politicians fail to advocate for you as they have in the past.” It instead might state, “All these problems do exist, and have contributed to your suffering—you did not cause this, and it is up to us to work with it.” A reorientation of psychology offers as interventions the tenets of *acompañamiento* and *praxis* (discussed below). It engages with an “us” both as a dyad or treatment team, and as a community. In these settings, rather than nationally or globally, it is possible to identify, assess, and intervene with oppressed communities and identities, which were the goals of uprisings such as Black Lives Matter in 2020 (Buchanan et al., 2020; Burton & Kagan, 2009).

## ACOMPÑAMIENTO

Walking with the people served, accompanying them on their journey, is far more than a sentiment, but rather an overriding ethical imperative. *Acompañamiento* is the action-based intervention that involves the individual and community providers and policymakers are aiming to empower and heal (Fernández, 2020). This aspect asks a stance of cultural humility to listen and develop assessments and interventions alongside the people affected by hate. In very clear terms, this involves consultation beyond a needs assessment, shedding power in policy conversations. On a more interpersonal level it means being less prescriptive and more collaborative with what

people's needs are, both on the personal and family level. This distills liberatory values, goals, and theories of knowledge and understanding the world, into an actionable approach commensurate with social psychology as a transformative and healing force (Burton & Kagan, 2009).

## PRAXIS

The praxis aspect of the liberatory approach is differentiated by the professional and actionable stance, which is more closely related to ethical guidelines of practice than a theoretical mindset. As an open-ended intervention, the main prescription is to lean-in with action, not as a savior, but as a participant with resources to offer (Rivera, 2020). Regarding hate and justice, examples include joining an association and advocating for racial, accessibility, economic, and gender-sexual rights. It includes attending to the testimonios (listening to the story of oppression) from the people being served, and believing all their -isms and how they intersect while believing the story (Cervantes, 2020). It involves offering education to other human service professionals (including medical providers and law enforcement) regarding historical and current marginalization and needs of the population being served. It involves discussing how barriers of transportation and work-hours limit attendance to medical and mental health care, and even still how telehealth may still be a barrier for many people without access to technology. That said, it includes organizing services that people have real access to, which requires conversations about childcare, labor, home-insecurity, and stigma regarding barriers.

## HOPE, HEALING, AND CONCLUSION

Liberation psychology does not presume to be a novel or an exceptional approach, and this was a verbatim statement made nearly 40 years ago, one-third the history of contemporary psychotherapy's existence (Martin-Baró, 1994). In a support of Crenshaw's contributions to intersectionality, liberation theology and psychology have been developing an analytical approach to identities, systems of power, and violence. Modern theorists are attempting to transform the theory with greater depth regarding African American, feminist, and gender-sexual minority studies (Crenshaw, 1991; Singh et al., 2020). Liberation psychology interventions in counseling are consistent with evidence-based approaches, and enhance them by taking a culturally-aware perspective, which is an APA ethical mandate (APA, 2017; Duran et al., 2008). The hope here is that existing and developing works, especially in the scholarship from those affected by systemic hate and marginalization, continues to be elevated in iterations of current scholarship.

One example of hope that leads to healing is existential psychology, often citing the influential work of Viktor Frankl, an imprisoned Jewish physician in World War II Nazi deathcamps who wrote extensively about the traits of those who survived the Holocaust and genocides in Europe (Frankl, 1956). He was cited by Martin-Baró, and is still cited by social psychology scholars today (Maddux & Tangey, 2010; Martin-Baró, 1994). "What you have experienced, no power on earth one can take from you," was a statement generalized more broadly than the Jewish Holocaust during World War II, taking in myriad identities and experiences related to individual and community survival (Frankl, 1956). His clinical experiences, before, during, and after those horrors, led Frankl to discussions of personality that were born out in how hate can be healed. Frankl was fond of quoting Nietzsche (1889/1990), specifically, "He who has a why to live for can bear almost any how." In liberation psychology this may relate first to a greater purpose that goes beyond suffering, a mission. Second, this may represent a love to another, be it family or a community. Third, the attitude toward suffering, pain and, despair—an approach without toxic-positivity that still relies on appreciation the art of daily life (music, or a sunset), humor (especially dark humor for coping), and creativity in overcoming obstacles (Frankl, 1956). Frankl asked everyone not to lose sight of love, and how love is both a source of resilience while suffering, and a source of healing after the injury.

In conclusion, it finally is time to acknowledge the perspective of the hater or oppressor, and how to transform those viewpoints. This is an extremely valuable question, including how people are radicalized or deradicalized. Much of the published literature on hate focuses on these oppressors

and hate groups for intuitive reasons (Waqas, 2019), that if society can find and intervene in the agents of violence, then perhaps violence and harm can be prevented or mitigated. It is ethical to explore that approach for its face validity and ecological value. As indicated, other discussions often focus on this. Unfortunately, it often leaves out the survivors and focuses on the perpetrators, and what human services gets is a patchwork of therapies to address positive post-traumatic stress symptoms, which also ignores the negative ones such as hopelessness of entire communities (Cohen & Collens, 2013, Martín-Baró, 1994). Liberation psychology aims to treat and dialogue with the survivors and their families (Cervantes, 2020; Fernández, 2020). By placing focus on the survivors of hate and violence, a community immune system develops to support the survivors and the caregivers, which has not always been the main interest in discussions of interpersonal, intergroup, or systemic violence (Duran et al., 2008).

Gaps in traditional liberation psychology may be due in part to a replication of formal theological development from Jesuit priests in Latin America that may have not been particularly gender-focused (Mishler, 1994). Patriarchal attitudes towards women were not addressed at the time of Martín-Baró's death, but subsequent works have aimed to reconcile this (Norsworthy & Khuankaew, 2020). Attitudes towards gender-sexual minority issues were non-existent, leading to a need for developing Queer liberation practices (Singh et al., 2020). The same can be argued for African American and disability liberation (Bryant-Davis & Moore-Lobban, 2020). This is a living theory under development, even though the scaffolding has been in progress for 50 years. Integrating current research on community and social psychology with liberatory practices is a need, as is integration with interdisciplinary fields, which is one of the aims for this discussion.

Liberation psychology translates to the field of hate studies since both navigate the violence and oppression of marginalized people. Both are optimistic methodologies that work towards activism and healing. Both acknowledge that gaps and limits exist to all fields of social justice regarding access to resources and transformative motivation, so it is not a naive pairing either. An exciting aspect when discussing liberation psychology and hate studies is the synthesis of community psychology and multidisciplinary work in social justice, including legal settings and fields of medical care. Many fields are asking for integrated leadership and education in not just responding to survivors of trauma, or their families, but secondary trauma from first responders, and addressing hate on the community level (Cohen & Collens, 2013; Stern, 2004.). Liberation psychology is a formal theory that offers an approach to these problems by including the community who is affected at every level of assessment and intervention. Much like how the current day problems of hate and oppression in society have precedent but may feel novel, liberation psychology is not new. Its foundational principles are uniquely equipped to aid in addressing these systemic issues.

## COMPETING INTERESTS

The authors have no competing interests to declare.

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