Pepperdine University

Pepperdine Digital Commons

Theses and Dissertations

2016

Healing from historical trauma for persons of African ancestry in the United States: an African centered psychology approach to wellness

Elizabeth Burke-Maynard

Pepperdine University

Graduate School of Education and Psychology

HEALING FROM HISTORICAL TRAUMA FOR PERSONS OF AFRICAN ANCESTRY

IN THE UNITED STATES:

AN AFRICAN CENTERED PSYCHOLOGY APPROACH TO WELLNESS

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Elizabeth Burke-Maynard, M.A.

December, 2016

Daryl Rowe, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Elizabeth Burke-Maynard

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Daryl Rowe, Ph.D., Chairperson

Shelly Harrell, Ph.D.

Chanté DeLoach, Psy.D.

TABLE OF CONTENTS

DEDICATION

My creator, my source and my light, through you all things are possible.

To my husband, Simon P. Boyce-Maynard and my children, Ethan Burke-Maynard, Leah Burke-Maynard, and Alana Burke-Maynard for always giving me a reason to stay motivated. With overflowing gratitude to my moms, Sunday Burke and Nathalie Maynard, thank you for your undying support, and for teaching me the importance of humility and persistence. To the memory of my dad, Solomon Burke, when you were here with me on earth dad, you said I can be whatever I wanted to be… and a doctor. You were right on so many levels. Thank you for the never-ending possibilities.

ACKNOWLEDGEMENTS

Words cannot begin to express the overflowing gratitude that I have for Dr. Daryl Rowe, my dissertation chair, professor, and mentor. I feel so thankful to have been so supported by your guidance, wisdom, authenticity and tremendous patience throughout this journey. As a professor you planted beautiful seeds of curiosity, reverence, and tolerance. As a mentor you've watered those seeds with compassion, encouragement and strength. Now, I reap the harvest of empowerment to create a better world. Professionally, it has allowed me to stand in who I am, today. Thank you for supporting my growth along the way and allowing me to adopt you as an academic Dad. Your endless passion and enthusiasm for this work ignites all who get to know you and work with you. I am now and will always will be so very grateful. Thank you.

Dr. Shelly Harrell you have been a powerhouse of gentle support and loving wisdom. Thank you for your continuous encouragement and inspiration academically and professionally. Your insightful counsel and keen awareness has illuminated the path around many obstacles for me along this road. I am truly grateful for all the times you made the time to meet with me when I needed your compassionate guidance, which I know has been invaluable to my professional growth. It has been a privilege and an honor to learn from you, Dr. Harrell. Thank you.

Dr. Chante' DeLoach, thank you for your insightful presence on my committee. Your passion for the restoration of human dignity has been inspiring. Thank you for your input and feedback on this project. You have reminded me of the power to make a difference, just by thinking differently. Thus, you inspire me to consciously create change. Thank you for your contributions to the development of this dissertation and to our field. For this, I am forever grateful.

VITA

Elizabeth Burke-Maynard

EDUCATION

Pepperdine University, Los Angeles, California – Doctor of Clinical Psychology, with honors
Pepperdine University, Los Angeles, California – Master of Arts, Psychology, with honors
University of California, Los Angeles, California – Bachelor of Arts, Linguistics and French, with
    honors

CLINICAL EXPERIENCE

Tarzana Treatment Centers, Tarzana, California
Psychology Intern, an APA accredited internship   *August 2013- August 2014*
An APA accredited behavioral healthcare organization that provides substance abuse and mental
health treatment. Provided crisis intervention, triage care, case management and referrals in an
adult inpatient detoxification unit. A psychiatric hospital, a residential and outpatient treatment
centers for adults and youth. Provided psychotherapy to gang-affiliated youth ranging from 12-
22 years old with co-occurring mental health disorders.
Supervisors: Tim Petersen, Psy.D. and Mimi Curtis, Ph.D.

Community Coalition for Substance Abuse Prevention and Treatment, Los Angeles
Individual & Group Therapist, Wellness Coach   *September 2012 – August 2013*
Provide support to youth ranging in age from 14-18 representing a diverse population of African
American, Hispanic and Caucasian male and female adolescent residents throughout South
Central Los Angeles. Community Coalition (a.k.a. CoCo) is a community-based organization
that provides psychotherapeutic, academic and political support to youth through their SCYEA
(South Central Youth Empowerment through Action) partnership.

Harbor UCLA Medical Center, Field Capable Clinical Services, Torrance, California
Individual & Group Therapist   *September 2011 – August 2012*
Participated as a member of an interdisciplinary treatment team providing psychosocial
rehabilitation services and DBT/CBT therapy for persons with severe mental illness. Co-
facilitated a number of groups offered at FCCS, including CBT format Healthy Living.
Participated in the DBT consultation team meetings, grand rounds, field visits, and the CBT
seminar. Depending on client enrollment in DBT program, led a DBT skills group.
Supervisors: Dorit Saberi, Ph.D., Kimberly Sullivan, Psy.D, & Elisa Reich, Psy.D

Pasado de Belén (Residential Facility for Adolescent Mothers), Alajuela, Costa Rica
Facility Assistant   *August 2011 – September 2011*
Provided assistance to adolescent monolingual Spanish speaking mothers, ranging in age from
12-18, and representing a diverse population of adolescent females throughout Costa Ria.
Posado de Belén is a privately funded residential facility to 25 teenage mothers and 33 children
that provide housing, religious services, medical care, continuing education, parenting education
and practical life skills.

Ventura Youth Correctional Facility, Dept. of Juvenile Justice, Camarillo, California
Individual & Group Therapist   *September 2010 – August 2011*
Provided brief and long-term psychotherapy to male and female incarcerated youth, ranging in age from 15-25, and representing diverse ethnic, racial and socioeconomic backgrounds throughout California. Youth most commonly presented with Conduct Disorder, Depression, Anxiety and Antisocial Personality Disorder.
Supervisors: Tracey Heller, Ph.D. and James Morrison, Ph.D.

Pepperdine Community Counseling Center   **Encino, California**
Individual & Group Therapist   *September 2009 – October 2011*
Provided brief and long-term psychotherapy to adults, adolescents, children, couples and families from diverse populations in an outpatient community setting. Clientele included individuals with presenting problems such as Posttraumatic Stress Disorder, Major Depressive Disorder, Bipolar Disorder, Anxiety Disorders, Personality Disorders, Delusional Disorder, ADHD, Body Dysmorphic Disorder, suicide ideation, anger management, interpersonal difficulties, and other life issues. Specialized in treating adolescents who were victims of human sex trafficking and child prostitution.
Supervisors: Anat Cohen, Ph.D and Sepida Sazgar, Psy.D

Burbank Unified School District   **Burbank, California**
Therapist in Discrete Trial Training for Autistic Children   *January 2006 – July 2007*
Field Capable Service Provider
Directly responsible for assisting the teacher implemented behaviour change techniques developed for children with autism in and outside of the classroom. The use of these techniques taught appropriate social behaviours, developed language skills and helped to eliminate self-stimulatory behaviors. Worked directly with population of children 3 – 12 years old.

Children Are Our Future, Inc.   **Winnetka, California**
Case Manager/ Individual &Group Therapist   *January 2005 – March 2006*
Identified, developed and implemented treatment plans specifically organized to meet the academic, social, emotional and medical needs of children and adolescents ages 8 -19. Directly responsible for the coordination of legal, familial, academic, social and medical activities of male and female residents within six-bed group homes. Functioned as an individual and group therapist under direct licensed supervision. Supervisor: Mark Frank MFT

Suicide Prevention Center at Didi Hirsch Mental Health Services, Culver City, California
Crisis Counselor, Suicide Hotline   *January 2005 – February 2006*
Functioned as a crisis counselor for suicide. Directly responsible for conducting immediate assessments of suicide. Worked with various ages, including children, adolescents, adults and elderly.

TEACHING EXPERIENCE

Ashford University   **Clinton, Ohio**
Classroom Instructor Online Facilitator   *July 2009 – July 2010*
Instructed students in undergraduate Psychology courses. Directly responsible for facilitating and assigning undergraduate level class work, essays, online classroom discussions and exercises in Psychology. Encouraged academic growth through thorough grading of paperwork with constructive personalized critique. Managed difficult students through patient and consistent online redirection.

RESEARCH EXPERIENCE

Pepperdine University/ Research Assistant to Dr. Daryl Rowe, September 2010 – August 2015
Culture & Trauma Lab, Pepperdine University / Research Assistant to Dr. Thema Bryant-Davis,
        September 2009 – June 2014
Visual & Multisensory Perception Lab, UCLA / Lab Assistant/Research Assistant, October 2006 –
        December 2007
Pepperdine University/ Research Assistant to Dr. Louis Cozolino, December 2005 – June 2006

PUBLICATIONS

Bryant-Davis, T., Ellis, M. U., Burke-Maynard, E., Moon, N., Counts, P. A., & Anderson, G.
        (2012). Religiosity, spirituality, and trauma recovery in the lives of children and adolescents.
        Professional Psychology: Research and Practice, 43(4), 306-314. doi:10.1037/a0029282

Shams, L., Keane, B. P., Chun, N., Rosenthal, O., & Burke-Maynard, E. (2009). Audiovisual
        integration in high functioning adults with autism. *Research in Autism Spectrum Disorders.*
        University of California, Los Angeles.

Bryant-Davis, T., Burke-Maynard, E., Moon, N. (in process). *Disrupting stereotypes: Images of
        African-American women in television*. Pepperdine University.

Burke-Maynard, E., Moon, N., & Bryant-Davis, T. (in process). *Considering Haiti & New Orleans:
        The role of dehumanization in guilt alleviation*. Pepperdine University.

PROFESSIONAL PRESENTATIONS

Saberi, D., Sullivan, K., Reich, E., Burke-Maynard, E., & Coro, A. (2012). *Dialectical behavior
        therapy in the treatment of borderline personality disorder*. A 2-day training in affiliation
        with the Los Angeles County Department of Mental Health, Century Regional Detention
        Center, Lynwood, California.

Burke, E., & Gonzales, L. (2011). *Women & healthy living presentation*. Rancho de Española
        Language School: La Guacima, Costa Rica.

Bryant-Davis, T., & Burke-Maynard, E. (2010). *Black women in the media*. American
Psychological Association Convention: San Diego, California.

TRAININGS AND CERTIFICATIONS

Harbor-UCLA Cognitive Behavioral Therapy Class, 45 hours, "Advances in Cognitive Therapy,"
2011-2012
Acceptance and Commitment Therapy (ACT), 1-day training, Harbor –UCLA Medical Center, 2011
Cognitive Behavioral Analysis System of Psychotherapy (CBASP), 1-day training, Harbor-UCLA
Medical Center, 2011
Dialectical Behavior Therapy "Nuts and Bolts", 1-day skills training, Harbor-UCLA Medical Center,
2011
Dialectical Behavior Therapy in the Treatment of Borderline Personality Disorder, 2-day training,
Harbor-UCLA Medical Center, 2011
Trauma Focused-Cognitive Behavioral Training (TF-CBT), 1-day training, Pepperdine University,
2010
Trauma Focused-Cognitive Behavioral Training (TF-CBT), 10-hour on-line training course, The
National Child Traumatic Stress Network (NCTSN), 2010
Domestic Violence Awareness and Assessment Training, 1-day training, Didi Hirsch Mental Health
Services, 2005
Suicide Prevention and Crisis Intervention, 3-day training, Didi Hirsch Mental Health Services, 2004

VOLUNTEER EXPERIENCE

EBAIS de Rincón Chiquito de Alajuela/ *Medical Clinic Volunteer, August 2011 – September
2011*
NeuroPsychiatric Institute at UCLA Medical Center / *Neurosurgery Department, October 2006 –
July 2007*
Big Brothers and Big Sisters of Los Angeles / *Big Sister, January 2006 – June 2007*

ABSTRACT

This critical analysis of the literature explores the potential of African-centered psychology to address the sequelae of historical trauma in the 21st century persons of African ancestry in the United States. African American face significant health and wellness challenges including socioeconomic disparities, interpersonal violence, substance abuse, psycho-spiritual distress, and physical health issues. The literature questions the validity of mainstream psychological science to effectively conceptualize and treat persons of African ancestry, and calls for the identification of specific, culturally relevant interventions to increase physical and psychological wellness. The concept of historical trauma helps to explain the psycho-spiritual distress experienced by many persons of African ancestry in the United States, including internalized oppression, as the sequelae of unhealed wounds relates to enslavement and colonization, through the destruction of culture, language and religion, and imposition of non-inclusive systems of education, government and law. An African-centered psychology approach may alleviate suffering related to historical trauma. This dissertation further integrates the literature on the historical trauma response with the literature on African-centered psychology. Wellness goals for persons of African ancestry are identified in the literature of scholars, researchers, practitioners, activists, and community members. Concepts and strategies from an African-centered psychology framework are then explored for their potential to help illuminate challenges, address needs, and support goals, in alignment with cultural values and work currently being done in this field. Implications in the areas of epistemology, research, clinical practice, practitioner training, and public acknowledgement are explored in depth, and recommendations for incorporating African centered strategies in therapeutic interventions are made. This dissertation also identifies its own theoretical and methodological limitations, and proposes areas for future investigation.

Emerging hypotheses suggest that incorporating African centered practices in therapeutic work

with persons of African ancestry and their communities may offer a congruent and compatible

pathway to promote psychological well-being in persons and communities of African ancestry.

Chapter 1: Introduction

"Darkness cannot drive out darkness; only *light* can do that. Hate cannot drive out hate; only love can do that" (King, 1957).

There is a general consensus that there are four primary goals of psychology; these are to describe, to explain, to predict, and to change behavior. This is done to better understand the nature of human beings and ultimately improve lives. However, if the psychological lens through which one makes descriptions, explanations, predictions and attempts to change behavior is skewed through a particular and rather narrow perspective, then it is doubtful that all of human nature is truly being understood and even more questionable that lives will actually experience improvement. Since much of the traditional theory and practices of modern day psychology was developed and standardized in Europe and North America by Europeans and European Americans who were industrialized, Judeo-Christian, heterosexual men with a privileged worldview that emphasized individualistic benefit over the value of community, it becomes clear that the majority of the traditional psychological theories and practices used today may not accurately or effectively conceptualize and treat people whose demographics fall outside of its creators' demographics (Henrich, Heine, & Norenzayan, 2010). Moreover, various multicultural theorists and psychologists insist that it is necessary to reframe mental health and psychological well-being beyond a mono-culturally hegemonic psychological perspective (Dixon, 1971; Grills, 2002; Hall, 2011; Kambon, 1998; Myers & Speight, 2010; Nichols, 1972; Nobles, 2013; Rowe & Webb-Msemaji, 2004).

In the *Report of the APA Task Force on the Implementations of the Multicultural Guidelines,* the American Psychological Association (APA, 2008) recognized these deficiencies

in modern psychological practices and in an attempt to address this issue, they released

Multicultural Guidelines that acknowledged the following:

> there are multiple identity factors such as language, gender, biracial/multiracial heritage, spiritual/religious orientations, sexual orientation, age, disability, socioeconomic situation, and historical life experience that have an impact on the socialization process. … [There are] different needs for particular persons and groups historically marginalized or disenfranchised within and by psychology based on their ethnic/racial heritage and social group identity or membership. (APA, 2002, p. 1)

Thus, although the specific approaches for how to achieve cultural competence may differ between the APA and scholars of African ancestry, both communities share the belief that tailoring treatment (theories, practices and research) to the needs of specific communities, including persons of African ancestry.

There are many new theories of psychology that have been developed in an effort to better meet the different needs of diverse persons who are willing to utilize modern-day mental health. These theories have specifically outlined a more appropriate treatment for women (Brown & Harris, 2012; McGrath, Keita, Strickland, & Russo, 1990), the LGBTQ community (Berg, Mimiaga, & Safren, 2008; Ross, Doctor, Dimito, Kuehl, & Armstrong, 2008), people of various spiritual/religious beliefs (Dharamsi & Maynard, 2012; Koenig, 1998; Maynard, 2008), socioeconomic statuses (Smith, 2005), and people of varying ethnic heritage (Bhui, King, Dein, & O'Connor, 2008), among others. More specifically, these theories have criticized traditional psychology for the possible damage non-inclusive practices can cause, such as the over-pathology of persons, the continuation of stereotypes, the replication of oppressive social circumstances, and ultimately the perpetuation of subjugating conditions (Gump, 2010; Harrell, 2000; Hill, Lau, & Sue, 2011; Myers & Speight, 2010; Piper-Mandy & Rowe, 2010). They argue that an individual's social, political and cultural environmental factors greatly influence the development of symptoms and overall presentation. Therefore, it is crucial to examine and

integrate these contextual elements in order to understand a person's experience and formulate an appropriate psychological conceptualization (Fletchman Smith, 2011; Gone, 2010; Johnson, 2003; Myers & Speight, 2010; Phinney & Ong, 2007).

The examination and integration of historical and social contextual factors is a necessity when providing community psychological health services to persons of African ancestry in the United States (Black, Spence, & Omari, 2004; Burlew, 1992; Myers & Speight, 2010). A history of human trafficking,[1] systematic dehumanization, racism, discrimination, prejudice, and stereotyping has contributed to a cumulative and collective sense of pain and distress for many persons of African ancestry in the United States on a conscious and/or subconscious level, referred to by various psychologists as *historical trauma, suffering of the spirit, profound complex trauma, stereotype threats,* or *race-related stress* (Gump, 2010; Harrell, 2000; Harrell & Rowe, 2013; Nobles, 2013; Steele, 1997). The trauma of bondage, forced acculturation, chronic violence, subjugation, Black codes, segregation, Jim Crow laws, and poverty diminished protective factors such as family, community, culture and spirituality (Black et al., 2004; Fletchman Smith, 2011; Gump, 2010; Leary, 2005). The cumulative impact of these damages has been conceptualized as transgenerational trauma, which can manifest as internalized oppression and racism, yet externally may look like anger, rage, emotional numbing,

---

[1] Human trafficking will be used in lieu of *slavery* to refer to the long-term involuntary bondage to which persons of African ancestry were subjected. According to the United Nations Office on Drugs and Crime in Article 3, paragraph (a) of the Protocol to Prevent, Suppress and Punish Trafficking in Persons defines Trafficking in Persons as the "recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude, or the removal of organs (https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html, para. 2).

apathy, substance abuse, domestic violence, depression and suicide (Fletchman Smith, 2011; Gump, 2010; Hill et al., 2011; Leary, 2005). These traumatic injuries can be reinforced when mental health practitioners irresponsibly apply mainstream diagnostic tools and interventions without consideration of critical historical and cultural contextual factors (Azibo, 2010; Burlew, 1992; Gone, 2010; Myers & Speight, 2010; Parker, 2013; Piper-Mandy & Rowe, 2010). Eurocentric styles of psychological thought and practice that favor European ideals and definitions of mental health and healing often serve to re-traumatize persons of African ancestry in the U.S. because they do not sufficiently consider the uniqueness of one's contextual experiences (Azibo, 2010; Myers & Speight, 2010).

African Centered psychology offers a path to healing from historical trauma for persons of African ancestry because it takes context into consideration and lies in juxtaposition to tradition styles of psychological thought and practice. Instead of emphasizing the individuality and differences characteristic in Euro-American Psychology, African-centered psychology emphasizes cooperation and responsibility for the collective (Johnson, 2003). It recognizes the connection between generations and places importance on understanding the individual's harmonious relationship within his or her environment, hence arguing that mental health symptoms are the result of that harmony being disrupted (Awanbor, 1982; Carroll, 2010; Fairchild, 1988). Since the person's contextual factors play such a significant role in the development and/or maintenance of distress, it is necessary to examine the discordant aspects of a person's context rather than focusing exclusively on the individual as in Eurocentric psychology. Furthermore, African-centered psychology posits that the key to healing is found in the restoration of equilibrium within the individual, their relationship with the environment, and the collective at large. African-centered psychology encourages the individual to play an active

role in bringing about positive change within the community, from ultimately bringing about positive change within the self (Awanbor, 1982; Carroll, 2010; Holliday, 2009; Johnson, 2003). African-centered psychology also offers opportunities to restore cultural strengths such as spirituality, collectivistic social support, and the interdependent balance of nature to reaffirm human connectedness with the self, others and the environment as paths towards well-being (Carroll, 2010; Holliday, 2009; Johnson, 2003). In turn, this promotes agency within the individual, increases feelings of empowerment and worth, and fortifies human dignity.

The aim of this dissertation is to explore African-centered psychology's potential to address the needs of many persons of African ancestry in the United States. in order to promote psychological well-being within persons of this community, to address and rewrite the dominant narrative, restore a congruent culture of wellness, and heal both historical and present-day wounds.

Chapter 2: Review and Analysis Plan

This dissertation explores the potential contribution of African-centered psychology in developing culturally congruent psychological theory and practices that address the impact of historical trauma in contemporary persons of African ancestry and their communities. This chapter presents the research methods that were employed in this critical analysis of the literature, and the rationale for use of this research design.

Purpose and Scope of the Review and Analysis

The literature on the health and wellness of persons of African ancestry in the United States questions the validity of western psychological science in the conceptualization and treatment of African American persons and calls for the identification of specific, culturally congruent interventions to increase physical and psychological wellness (Allwood & Berry, 2006; Neblett, Hammond, Seaton, & Townsend, 2010; Sutherland, 2011). Growing literature suggests that incorporating traditional cultural wisdom into treatment is beneficial (Awanbor, 1982; Gregory & Harper, 2001; Phillips, 1998; Rowe & Grills, 1993; Van Dyke & Nefale, 2005). The proposed dissertation aims to explore the contribution of African-centered psychology for addressing historical trauma among persons of African ancestry within the United States of America.

This dissertation includes a broad interdisciplinary review of literature related to the psychological needs of contemporary persons of African ancestry and their communities in the United States, including cultural context, local idioms of distress, and the concept of historical trauma. This will be followed by a comprehensive review of the literature on the theory and practice of African-centered psychology. The objective of the critical analysis will be to integrate these two bodies of knowledge to identify elements of African-centered psychology

that may address the specific psychological needs and cultural context of persons of African ancestry and their communities in the United States. This may include exploring the value of African-centered psychology to conceptualize distress, further develop culturally-congruent intervention strategies, and identify alternate models of health and healing.

Specific Aims and Objectives

The aim of this dissertation is to enhance understanding of historical trauma in of persons of African ancestry, and examine the possible contribution of African-centered psychology to address associated psychological sequelae and increase well-being in persons of African ancestry and their communities. This dissertation explores in detail how the specific aims of African-centered psychology may offer a culturally congruent therapeutic framework and concrete interventions to heal the legacy of historical trauma. A critical analysis of existing literature is undertaken, including review of historical documents, theories of identity development, and developmental, community, environmental, multicultural, traditional, and African psychologies. Specifically, the objectives of this study include:

1. Abroad and interdisciplinary review of literature related to the concept of *historical trauma.*

2. A broad and interdisciplinary review of literature related to the psychological health of contemporary persons of African ancestry and communities, including:

    a. Contemporary and historical psycho-social stressors

    b. Cultural idioms of distress

    c. The need for culturally sensitive and congruent treatment

    d. Theoretical and practical needs currently unanswered, as identified by leading theorists in the field.

3. A broad and interdisciplinary review of literature on African-centered psychology.

4. An exploration of the unique contributions African-centered psychology may offer to the current needs of persons of African ancestry in the United States, within a culturally congruent framework.

5. Implications for clinical practice are offered for persons of African ancestry and their communities.

6. Recommendations for future research directions are offered.

Definition of Terms

It is important to note the meaning of healing in terms of its use for the purposes of this dissertation. Healing is defined as, "the act of returning to a sound state" ("Healing," n.d.). It must be made clear that the author's intention for this connotative use of the word *healing* is not to be synonymous with the denotative meaning for *cure*. From a psycho-social perspective, healing from an assault is possible, however as DeLoach & Petersen (2010) acknowledge, when the assaults are on-going, this makes it difficult to truly and completely heal. Such is the case for persons of African Ancestry in the United States. They are faced with ongoing assaults to their psychological, physical, spiritual and cultural well-being that according to Harrell (2000) is based within a "system of dominance, power and privilege based on racial group designations" (p. 43). The cure to historical trauma for persons of African ancestry lies in the dismantling of deep rooted societal lies, propaganda, biases, and discriminatory systemic practices based on false beliefs of Black inferiority and White supremacy (Grills, Aird, & Rowe, 2016). An awareness, dismantling, and rebuilding of systems of equality on a national and global level would lead to the cure of historical trauma for persons of African ancestry.

Thus, for the purposes of this dissertation the author's focus is on the current ways in which healing can occur for present-day 21st century persons of African ancestry. For this reason, healing must be understood as a dynamic and on-going process that guides the hearts, minds and spirits of persons of African ancestry towards remediation at the national and global levels. The notion of healing as an on-going, dynamic process is based on the African centered foundational theory of belonging, being, and becoming by Wade Nobles (1998), such that the overall intent in healing from an African centered psychological perspective is to elevate one's sense of the meaning of human being-ness (Piper-Mandy & Rowe, 2010).

According to Nobles (1998) belonging, being, and becoming are cycles of spiritual transformation and change that shape the self. It is the ever-expanding, ever-changing ability that we embrace through the connections we have with others that is our belonging; it is the awakening of our knowing through conscious awareness that is our being; it is also our self-conscious awareness that reflects a fullness of our expression balanced by qualities of change and integrity that is our becoming. Through the African centered psychological process of being, belonging and becoming, healing is possible because the emphasis is on one's commitment to action, transformation and change, making growth from historical trauma possible for persons of African ancestry. Because the effort of healing is designed to express connection to the deep wellspring of humanity (Piper-Mandy & Rowe, 2010), this not only transforms and changes the hearts, minds and spirits of persons of African ancestry, but the rest of humanity may be transformed and changed as well through the lives that live in this way and serve as an example .

The definition for the cultural designations for persons of African ancestry, African, African people, African American, Black, Black American has a long and well-documented history.

As early as the eighteenth century, people of African ancestry have challenged and critically assessed the racial designations that had been given to them by Europeans or were self-given designations in the course of their separation from Africa. For more than three hundred years, designations such as African, Colored, Afro, Negro, and Black would rise and fall in popularity depending on the consciousness of race within the Black community or the political climate of the time (Stuckey, 2013). During this period, it was common to find two or more of these terms used in the same writing.

During the latter half of the 1980s, controversy regarding appropriate terminology for the designation of people of African ancestry reemerged with renewed vigor and stamina (Martin, 1991). This debate continues to this day. The major concern of the debate is the use of the term African American, as opposed to Black or Black-American. As in the past, the current dispute is influenced by political, cultural, and socio-psychological factors, as well as the continued struggle for full recognition and equality within the societal structure (Smith, 1992).

The debate for the appropriate designations for persons of African ancestry has come full circle in that one of the earliest controversies in African American history was to abolish use of the then-popular term African for fear that the supporters of colonized societies were exerting pressure on African American freedmen to leave the United States of America for settlements in Africa. In other words, freedmen during this time feared they might be told to go back to Africa if they continued to call themselves African (Drake, 1966). However, today, those who advocate for the use of the term African American argue that this designation identifies Americans of African ancestry within the context of their historical, cultural, and national origins and shared experiences (Asante, 1988, 2011).

In contrast, advocates of Black American argue for the racial pride and consciousness this term denotes. The rebirth of this term during the mid-1960s became part of a larger social meaning during the Civil Rights movement that was considered to have a renewed cultural linkage and political solidarity with African nations and peoples (Smith, 1992). This renewed linkage and solidarity found its expression not only in language, but also in fashion, personal names, music, art, literature, and the development of African Studies/Black Studies in higher education. It was also accompanied by the demise of the term Negro (Smith, 1992; Martin, 1991).

Beyond the issue of identity and ethnic consciousness, the general acceptance of a collective label may help to aid in political unity and reduce the possibility of division among people who share a common African ancestry. However, regardless of historical designations, it is this author's belief that a person's right to self-identify is paramount.

Therefore, for the purposes of this dissertation, the terms African American, Black American, Black, African, Africans throughout the diaspora, or persons of African ancestry will refer to people of the indigenous population of any country within the geographical continent of Africa. Although persons from the country of Egypt are categorized by the U.S. Census Bureau (2011) as being of European descent, and not considered of African descent, for the purposes of this dissertation, all persons who identify in part or in whole as having origins on the geographical continent of Africa, including the country of Egypt, will also be considered persons of African ancestry (Mckinnon & Bennett, 2005; Rastogi, Johnson, Hoeffel, & Drewery, 2011; U.S. Census Bureau, 2011).

The terms Western, European, White, Anglo-Saxon, Anglo, Caucasian, European American, and Euro American refer to the people and modes of thought commonly associated with Christian, Anglo-Saxon, and Caucasian European in the United States.

Historical trauma refers to cumulative and collective emotional and psychological injury over the life span and across generations, resulting from a cataclysmic history of colonialism, bondage, war, or genocide, specifically the trauma endured by Africans since the arrival of European explorers and settlers to Africa as it relates to enslavement and colonization, through the destruction of culture, language and religion, and imposition of non-inclusive systems of education, government and law (Sotero, 2006; Struthers & Lowe, 2003).

As people who share the same ancestry of people who have suffered historical trauma, not only do they identify with the past, but they also emotionally re-experience it in the present. Research from Brave Heart (1999) also shows that persons who share the same ancestry may feel a tremendous amount of loyalty to their ancestors and relatives who have suffered and died, and have often found they perpetuate the suffering in their own lives as a result. There have been a variety of terms used to describe this multigenerational distress found in certain communities that is known as historical trauma, these terms include intergenerational trauma, transgenerational trauma, multigenerational trauma, collective trauma, and historical loss (Evans-Campbell, 2008; Wesley-Esquimaux & Smolewski, 2004; Whitbeck, Chen, Hoyt, & Adams, 2004). In addition, the concept of historical trauma has also served as both the causal explanation for the trauma among oppressed people, as well as a description of the trauma responses found among them (Evans-Campbell, 2008).

It is significant to note that the variety of terms used to describe historical trauma, as listed above, have nuanced differentiations. Such that, historical loss for persons of African

ancestry focuses on the loss of culture, language and religion and the trauma caused from such losses. However, there is a distinction, according to Whitbeck, Walls, Johnson, Morrisseau, and McDougall (2009) the following:

> It is not 'historical' in the sense that [the losses] happened long ago and a new life has begun. Rather, they are 'historical' in that they originated long ago and have persisted. The reminders of historical loss remain ever present. (p. 2)

Transgenerational trauma and multigenerational trauma share the same meaning, such that they are both understood to be trauma that gets passed down from one generation to the next generation, and so on (Schwab, 2010; Witko, 2006). Intergenerational trauma is the trauma experienced across one generation that has the potential of being passed down to other generations (Whitbeck et al., 2009). Collective Trauma is the examination of the psychological and social damaging effects of trauma to a society as a whole, where the focus is on the societal effects as opposed to only the effects on the individual, family or community (Luszczynska, Benight, & Cieslak, 2009).

It is also important to note that the concepts of historical trauma and PTSD are quite different in nature. PTSD happens around an event, an event with a beginning and end. However, for historical trauma there has not been an end, it continues to present day. Thus, although the events involved in historical trauma may have occurred over the course of many years and generations, they continue to have clear impacts on the familial health, mental health, and personal identity of contemporary persons of African ancestry (Evans-Campbell, 2008).

African-centered psychology is a theoretical framework that is rooted in the cultural image and interest of people of African ancestry that represents and reflects the life experiences, history and traditions of those people (Grills, 2002). It represents the intellectual and philosophical foundations upon which people of African ancestry can create scientific and moral

criteria for authenticating the reality of African human processes (Piper-Mandy & Rowe, 2010). African-centered psychology asserts that people of African ancestry have the right and ability to center themselves, so to speak, in their own subjective possibilities and potentialities (Grills & Rowe, 1998). Centering oneself in African-centered psychology allows a person to reproduce and refine the best of the human essence (Rowe & Webb-Msemaji, 2004). African-centered psychology rejects the idea that empirical knowledge is universal or impartial and is therefore critical of the dominant epistemology (Nobles, 1986). African-centered psychology advocates a collaborative relationship between provider and client, and emphasizes balance and harmony to increase personal and communal well-being (Grills & Rowe, 1999).

Rationale for Use of the Critical Analysis Inquiry Strategy

The psychological effects from the historical trauma of European imperialism and White supremacy, in the form of colonialism and enslavement, on persons of African ancestry in the United States has never been fully addressed or understood (Nobles, 2013). However, the burgeoning field of African-centered psychology has begun to examine some of these effects from an African centered worldview and has successfully developed culturally congruent interventions for healing. However, the roots of African-centered psychology are based within traditional African medicine, science and wisdom, which as a science and system of health care, is thousands of years old (Rowe & Grills, 1993). The World Health Organization (1976) described traditional African medicine and science as, "the sum total of all knowledge and practices, whether explicable or not" (p.28). From this definition, the beliefs and practices upon which African-centered psychology are based on, are vast and varied. Therefore a critical analysis of the literature can begin to synthesize the information in this area of psychology with a deeper understanding of the contemporary phenomenological experiences of persons of African

ancestry, and to inform more culturally sensitive and nuanced quantitative and qualitative research in the future. There is a consensus that the emotional burden of historical trauma, the need for culturally congruent treatment, and the development of alternative strategies are in demand. This suggests the value in integrating the work being done by African centered psychologists, scholars, practitioners and theorists to meet both practical and theoretical needs for persons of African ancestry in the United States.

Inclusion/Exclusion Criteria of the Literature Review

      Topic areas. The general topic areas that will be researched in this broad, interdisciplinary literature review will include multicultural psychology theory, indigenous psychology, psychologies of liberation, African mental health, African American mental health, historical trauma, African psychology and African-centered psychology.

      Databases and keywords. Literature will be utilized from the fields of psychology, medicine, anthropology, sociology, history, and spiritual/religious studies. Relevant literature will be identified through searches on the PsychINFO, and PsychARTICLES electronic database, Academic Search Complete, WorldCat, Scopus, Health Source, Wiley Online Library, Social Science Research Network (SSRN), JStor, and Google Scholar. Keywords utilized in literature searches include all combinations of the words African American, Black American, Black, African, or Africans throughout the diaspora with the words psychology, health, healing, therapy, psychotherapy, counseling, mental health, identity, grief, loss, alcoholism, substance abuse, domestic violence, child abuse, trauma and PTSD. Additional keyword searches include: historical trauma, historical loss, soul wound, complicated grief, unresolved grief, collective trauma, cultural genocide, post-traumatic stress disorder, complex post-traumatic stress disorder, slavery, trans-Atlantic slave trade, enslavement, bondage, middle passage, oppression,

internalized oppression, colonization, subjugation, segregation, slave codes, Jim Crow, racism, multicultural psychology, African psychology, African-centered psychology.

Additional relevant resources include culturally-specific health and social services; personal communication with experts in the field; as well as epigenetic scientific literature as it relates to the intergenerational transmission and the transgenerational transmission of trauma.

Dates of publication, types of documents, and methodological criteria. Due to the relevance of historical events and perspectives, no documents were excluded based on their date of publication, format, or methodology. However, information and theory in documents dated before 1990 and non-academic documents have been critically assessed for accuracy and relevance. Documents written after 1990 form the basis of a contemporary understanding of these issues. Quantitative literature is utilized primarily to inform issues related to epidemiology, utilization of services by the African or African American community, and treatment outcomes of various strategies including African-centered psychology. Qualitative literature is utilized to develop a phenomenological understanding of the experiences of persons of African ancestry and Africentric world-views, and the experiences of participants in African-centered psychology interventions. Theoretical literature is utilized to explore concepts.

Critical Analysis Methods

This dissertation aims to develop hypotheses about the causes and manifestations of historical trauma on persons of African ancestry and their psychological wellness, and the relevance of African-centered psychology theory and practice in meeting those needs. The goal of this critical analysis is to integrate the literature on the historical trauma response in persons of African ancestry with the literature on African-centered psychology. Initially, the literature on the following concepts will be individually explored: African American mental health, African

American history, historical trauma, collective trauma, unresolved grief, internalized oppression, African centered models of health and healing, epistemological violence, African-centered psychology.

This dissertation identifies its own theoretical and methodological limitations. The advantages and disadvantages of the critical analysis format over other methods in the context of these research questions is discussed. The limitations of focusing on the specific theory of African-centered psychology, and implications about its limitations in addressing African American historical trauma is also discussed. Additional considerations include: making general statements about a heterogeneous ethnic identity; the contradiction of critiquing Western epistemology within the empirical structure and demands of the dissertation format (Mertens, 2012; Tillman, 2006). Each of these may affect the depth of investigation and synthesis possible. To minimize the impact of these potential limitations, the investigator plans to exercise self-awareness and consultation with experts.

This dissertation identifies the specific elements of African-centered psychology theory and practice that may address the legacy of historical trauma in persons of African ancestry as clients and communities within a culturally congruent therapeutic framework. Possible clinical implications include the revision of mental health treatment paradigms for African American communities, and increased consideration for historical and contextual factors in the conceptualization of clients of African ancestry living in the United States. Recommendations and implications for psychotherapeutic practice with African and African American clients and communities will be suggested.

This dissertation examines additional areas of study and methods that may merit further investigation. The value of alternate modes of inquiry will be explored, including qualitative and

quantitative methods, to clarify the needs and phenomenological experience of persons of African ancestry in the United States. The potential benefit of additional research into the impact of specific contextual variables within this population (e.g., gender, age, ethnic identity strength, urban/rural residency, social political membership) on symptoms and treatment are discussed.

Chapter 3: Review of the Literature

This chapter offers a broad, interdisciplinary review of the available literature related to the psychological needs of contemporary persons of African ancestry clients and their communities. It includes historical and cultural context, local idioms of distress, and the concept of historical trauma; and followed by a broad review of the available literature on the theory and practice of African-centered psychology, including central concepts and implications for treatment.

Historical Origins of Psychological Distress

The history of persons of African ancestry in the United States is marked by centuries of involuntary servitude that was that was characterized by severe physical and emotional violence, displacement and death. "Since that time, Black America has labored to recover from the dehumanization of bondage, the offense of peonage, the outrage of the Black codes, the affront of convict leasing, the indignities of Jim Crow and the ravages of poverty" (Leary, 2005, p. 24). During the same time, centuries of false propagandist literature was created by various preeminent scientists of the 18th century to justify the involuntary servitude of African people and their descendants (Smedley, 2007). The literature coupled with biased law making promoted White supremacy and Black inferiority in the name of morality and social progress (Leary, 2005). The perpetuation of pseudo-scientific racist literature continued as people looking for such rationalizations continued to accept it as 'scientific evidence' to the superiority of Europeans and the inferiority of Africans. The wounds of these actions still linger to this day.

Central to social, economic, and health disparities in the African American population is a history of prejudicial, unjust, and destructive U.S. governmental policies and laws. Federal policy regarding African Americans included mandates to segregate, subjugate, and oppress the

population (Berlin, Reidy & Miller, 1993; Foner, 2011). Dehumanization, non-integration and exploitation have been the intent of public policy towards African Americans of the United States of America, which has led to the spreading of these ideas throughout the world (Holt, 1997; Smedley, 2007; Zinn, 2014). A comprehensive history of Africans in the United States and throughout the diaspora is beyond the scope of this dissertation. However, the following events outline some of the major policies and laws that have contributed to the modern socio-economic and health disparities for Africans within the United States and beyond, and constitute some of the major events that can underlie the concept of *historical trauma*.

European human trafficking of African people began in 1440, during a time when it was common practice for a dominate society who needed more laborers, to make war and take the manpower of the weaker state as needed (Drescher, 2009). However, Europeans systematically turned the capturing, transporting, and selling of other human beings into a business that eventually turned into the foundation of an entire national economy for the United States, and ultimately a major contributor to the global economy (Drescher, 2009; Leary, 2005; Parish, 1989).

Bondage in the United States had its origins with the first English colonization of North America in Virginia in 1607, some scholars even ague as early as the 1500s the first Africans in bondage arrived in the Americas (Berlin, 2009a; Drescher, 2009; Leary, 2005; Nobles, 2013). Bondage in the United States endured as a legal institution until the passage of the Thirteenth Amendment to the United States Constitution in 1865 (Berlin et al., 1993; Parish, 1989). Although institutional bondage was a very brutal practice within itself, it seems the treatment of African people in bondage by Europeans was particularly so (Drescher, 2009; Fletchman Smith, 2011; Holt, 1997; Leary, 2005).

During the time of American chattel bondage from 1500 - 1865, it was extremely rare for an African person in bondage to be freed and even rarer for such a person to buy his or her freedom (Berlin, 2009a, 2009b; Morgan, 1998). Bondage was very different in the United States than in ancient times or throughout the African continent because although bound Africans were considered to be the property of their owners, they often had legal status, allowing them to ultimately gain freedom and citizenship (Berlin, 1975; Drescher, 2009). However, in the United States, African people were considered to be less than human and *naturally inferior*, based on their skin color (Holt, 1997; Leary, 2005; Smedley, 2007). Europeans concluded that Black Africans were fitted by a natural act of God to the position of permanent bondage (Berlin, 2009a). It was these relegations to a lesser humanity that allowed the institution of chattel bondage to be intrinsically linked with violence. It was through violence, aggression and dehumanization that the human trafficking of Africans was enacted, legislated and perpetuated by Europeans (Berlin, 2009a, 2009b; Drescher, 2009). Through the systematic dehumanization of African people in bondage, the concept of race and racism were thus created and served as justification for the existence and continuation of institutionalized trafficking of Africans (Holt, 1997; Smedley, 2007). With the construct of race set firmly in place within the United States, European Americans used law to ensure the rule of the wealthy minority maintained power over the majority (Smedley, 2007).

The European culture consistently reinforced and legitimized the dehumanization and non-integration of African people. Early in American history, at the forming of the nation in 1791, article IV of the United States Constitution defined African people as property (Lasson, 1970). The authors of the Constitution were very interested in protecting their property, which included African people in involuntary servitude. Article IV, section 2 states the following:

No person held to service or labour in one State, under the Laws thereof, escaping into another, shall, in Consequence of any Law or regulation therein, be discharged from such service or labour, but shall be delivered up on claim of the party to whom such service or labour may be due. (Goldwin & Kaufman, 1988, p. 54)

In 1854, non-Whites were barred from testifying in court due to the California Supreme Court ruling in *The People v. Hall*, that stated non-Whites were not allowed to give evidence for or against a White man in a court of law (Gotanda & Irons, 1985). In 1857, the U.S. Supreme Court ruled in the case of *Dred Scott v. Sanford* that although freed Blacks are taxed, they still have no rights of citizenship that are granted to Whites (Finkleman, 1997).

Many states passed a series of "slave codes," which served as legal support to the system of keeping African people in bondage and as property. Slave codes varied from state to state, but there were many common threads. In general, the slave codes were maintained with strict discipline and reinforced unconditional submission for African persons in bondage, which tended to produce an environment where the African person was dehumanized and made to feel socially inferior. Slave codes were decreed to ensure that African people in bondage were kept fearful and uneducated via abuse and denied access to education (Berlin, 2009a; Parish, 1989).

African persons in bondage were considered property during this time and were denied most human rights. Marriages between African people in bondage were not considered legally binding. Therefore, owners were free to split up families through sale (Berlin, 1975; Drescher, 2009; Parish, 1989). African people could not assemble without a European person present (Descher, 2009). One could not do business with an African person in bondage without the prior consent of the owner (Drescher, 2009; Parish, 1989). Since the education of Africans in bondage was prohibited; anyone operating a school or teaching reading and writing to any African person could be punished by a heavy fine and sentenced to months in jail (Drescher, 2009). Any African person found guilty of arson, rape of a White woman, or conspiracy to rebel was put to

death (Drescher, 2009; Parish, 1989). However, since an African woman in bondage was considered chattel, a White man who raped her was guilty only of trespassing on another man's property. Rape was common on many plantations, and very few cases were ever reported (Fletchman Smith, 2011; Leary, 2005). Owners of bound Africans could not even refuse to abide by the Slave Codes, if they did, they were fined, forfeited ownership of their enslaved and faced loss of property (Drescher, 2009).

In 1862, the legislative action of the emancipation proclamation in D.C. states that bound Africans are freed in D.C.; however, former owners of bound Africans were reimbursed for the bound Africans that were "given up." At this time, White Americans are paid over one million dollars in reparations for so-called lost property (Aptheker, 1971). By late 1865, the 13th Amendment officially outlawed the institution of slavery; however, this did not prevent African-Americans from being forced into a state of quasi-slavery after the Civil War, during the Reconstruction era (1865-1877) (Berlin, 1975; Blackmon, 2009). A series of restrictive laws, known as the Black codes, were designed to limit the activity of freed Blacks and ensure their availability as a labor force after slavery had been abolished (Berlin, 1975; Berlin, Favreau, & Miller, 2007; Blackmon, 2009). Many states required African-Americans to sign yearly labor contracts due to the Black codes; if they refused, they risked being arrested as vagrants and fined or forced into unpaid labor (Berlin, 1975; Berlin et al., 1993; Blackmon, 2009). The Black Codes were part of a larger pattern of Southern Whites to suppress the new freedom of emancipated African Americans through continued exploitation and denial of human rights.

After the Reconstruction era had ended in the United States, African Americans became segregated from society by a racial caste system reinforced by Jim Crow laws (Alexander, 2010; Tischauser, 2012). Jim Crow laws excluded African Americans from public transport and

facilities, juries, jobs, and neighborhoods. The passage of the 13th, 14th, and 15th Amendments to the Constitution had granted Blacks the same legal protections as Whites. However, after 1877, southern and Border States began restricting the liberties of Blacks through Jim Crow laws. Unfortunately for African Americans, the Supreme Court helped undermine the Constitutional protections of African Americans with the infamous *Plessy v. Ferguson* (1896) case, which legitimized segregation and the Jim Crow way of life (Thomas, 1997).

The Jim Crow laws was undergirded by violence, real and threatened (Raper, 1933; Tischauser, 2012). Blacks who violated Jim Crow norms, for example, drinking from the White water fountain or trying to vote, risked their homes, their jobs, and ultimately their lives. White people could physically strike Black people with impunity (Kousser, 2003). Blacks had little legal recourse against these assaults because the Jim Crow criminal justice system (police, prosecutors, judges, juries, and prison officials) were White and biased in favor of Whites (Tischauser, 2012).

Violence was instrumental for Jim Crow. The most extreme forms of Jim Crow violence were lynchings. Lynchings were public, often sadistic, murders carried out by mobs (Raper, 1933). Most of the victims of Lynch Law were hanged or shot, but some were burned at the stake, castrated, beaten with clubs, or dismembered (Raper, 1933). In the mid-1800s, Whites constituted the majority of victims (and perpetrators); however, by the period of Radical Reconstruction, Blacks became the most frequent lynching victims (Tischauser, 2012). This is an early indication that lynching was used as an intimidation tool to keep Blacks, in this case the newly freed people "in their places." The great majority of lynchings occurred in southern and Border States, where the resentment against Blacks was highest (Kousser, 2003; Tischauser, 2012).

The Jim Crow system and way of life was pervasive throughout American society and perpetuated the following beliefs or rationalizations: Whites were superior to Blacks in all important ways, including but not limited to intelligence, morality, and civilized behavior (Berlin, 1975; Woodward, 1955). Jim Crow laws and etiquette were aided by millions of material objects that portrayed Blacks as laughable, detestable inferiors. These caricatures and stereotypes depicted Black people as lay, easily frightened, chronically idle, inarticulate, physically ugly idiots. This distorted representation of Black people found its way onto postcards, sheet music, children's games, and material objects. These images of Blacks supported the view that Blacks were radically unfit to integrate into American society (Pilgrim, 2000).

In 1971 President Richard Nixon, in a presidential initiative, declared a "war on drugs" that violently targeted and imprisoned people of color disproportionally. Scholars argue that the U.S. criminal justice system uses the War on Drugs as a primary tool for enforcing traditional, as well as new, modes of discrimination and repression (Alexander, 2010; Clear, 2007; Mauer, 2006; Morris, 2012; Pager, 2008; Roberts, 2004). These new modes of racism have led to not only an even greater imprisonment of African American men but also, the highest rate of incarceration in the world (Alexander 2010; Morris 2012).

Civil rights litigator Alexander (2010) describes how mass incarceration today serves the same purpose as pre-Civil War slavery and the post-Civil War Jim Crow laws served: to maintain a racial caste system in the United States. Alexander (2010) asserts that Jim Crow and American chattel slavery were caste systems, and that our current system of mass incarceration is also a caste system that she calls "the new Jim Crow." Her work along with various others (Clear, 2007; Mauer, 2006; Morris, 2012; Pager, 2008; Pattillo, Western, & Weiman, 2004;

Roberts, 2004; Western & Wildeman, 2009), demonstrates that the racial caste system has not ended, but simply redesigned which continues to be acted upon today.

Otis Williams et al. (2010) also examine current disparities through the prison system in the United States in their examination of power disparities and industrial complexes in the United States using methodology inspired by the work of Franz Fanon. Otis Williams et al. (2010), not only highlight the power disparities found in the social institution of prison, but in other current industrial systems of health, education, economics, military, media, and development. They assert that these systems currently define a reality that continues to perpetuate internalized oppression in people of African ancestry in the United States through the maintenance of power disparities (Otis Williams et al., 2010). Power disparities are "the observable and unobservable differences in access, opportunity and participation in decision making" (Otis Williams et al., 2010, p. 153), and they are part of the continuous retraumatization that currently impedes the health and wellness of African people in the United States.

The relationship between the United States federal government and African American people has been strained by hundreds of years of dehumanizing laws and policies, ambivalence toward the preservation of Black lives, as well as the significant disparities that are found in American social institutions that denote a quality of life. Moreover, there has been no formal apology for past injustices towards persons of African ancestry living in the United States.

Impact of Historical Events

The psychological effect that the ideology of White supremacy and European imperialism, in the form of bondage, colonialism, segregation, and discrimination has had on Africa and her people has never been fully addressed and understood. Institutionalized human trafficking of African people, referred to as the trans-Atlantic slave trade, the "Black holocaust"

(Anderson, 2007), or the "maafa," (Ani, 2004) which in Swahili language means disaster, calamity or catastrophe, marks a period of human trauma unequaled in humanity (Agbetu, 2011; Anderson, 2007; Nobles, 2013; Roberson, 1995). Human trafficking by its very nature is abusive and abhorrent to the human spirit. To understand how one lived in forced bondage is to understand only degrees of abuse. During the time of American chattel bondage, African people had not even the simplest of human rights because they were considered chattel, defined as "an item of tangible moveable personal property" ("chattel," n.d.). "Being whipped until skin peeled off. Being worked to exhaustion day after day. Being beaten. Being deprived of food and water. Being raped repeatedly. Being considered less than livestock and treated worse. Welcome to the life of a slave" (Leary, 2005, p. 78). Such brutality can traumatically impact the person on all levels of existence.

Unresolved feelings of grief, despair, helplessness, rage and shame from the traumas of American chattel bondage significantly influenced the development of the personal psyche for African Americans. In an examination of American chattel bondage on the African American's subjective experience of the self, psychoanalytic researcher Janice Gump (2010) insists that the "grief from the loss of everything and everyone familiar, the despair of captivity, the helplessness and rage of physical abuse, or the rage and shame of rape" (p. 48) evoked destructive intrapsychic experiences that require resolution. Gump (2010) asserts that these "unspeakable feelings evoked by trauma must find communicable form, and a structure that gives them coherence and meaning" (p. 46) if not, transgenerational transmission of these unresolved traumas will continue to shape the African American subjective experience to present day (Gump, 2010; Leary, 2005; Nobles, 2013).

Although freedom from the formal institutionalized system of human trafficking had occurred, it did not bring freedom from a racial worldview (Smedley, 2007). African Americans were excluded at almost all levels of being full participants in American society (Gump, 2010; Leary, 2005; Nobles, 2013; Smedley, 2007). When the social order took shape in America, African Americans were placed in a context where services could be extracted from them but social mobility for them was made impossible (Berlin, 1975; Leary, 2005; Nobles, 2013; Smedley, 2007). The erection of racial barriers imposed a firm caste system wherein all African Americans were condemned to a perpetually low social status and defined as functioning only in a subservient position (Berlin, 1975; Leary, 2005; Smedley, 2007). In a thorough examination of the origins and evolution of the concept of race in North America, Smedley (2007) describes how North America social class distinctions became far less important than those that were posed by color and permanent subordination. Smedley (2007) emphasizes that Euro Americans repeatedly confirmed who would be full participants in society through racially biased scientific publications, judicial decisions, and legislative actions. This was reinforced by the daily activities of Americans, who confirmed through their behavior "the rightness of the racial ordering system. Race came to outrank all other considerations of social valuation, superseding class and adding a totally new essentialist criterion to the ways by which societies would be hierarchically structured" (Smedley, 2007, p. 232).

These hierarchical structures, where persons of African ancestry are being excluded from the ability to fully participate, are extremely pervasive throughout society, not only through the construct of race but also through the industrial complexes that undergird the day to day functioning of American society today. As Otis Williams et al. (2010) highlight, the negative impact these structures have on contemporary African Americans as seen through the high rates

of miseducation, the wanton killing of Black lives by the police, medical experimentation, high rates of incarceration, large portion of African Americans living in poverty, and images of Black on Black violence on TV and in the movies, are highly destructive because it creates disparity and illness for persons of African ancestry at the individual and the communal level.

For African Americans rejection, race-related stress, the threat of violence, incarceration, or death has been historically ever-present (Harrell, 2000; Nobles, 2013; Smedley, 2007). Institutionalized human trafficking in the United States ultimately transformed into institutionalized oppression through Black codes and exclusionary laws, convict leasing, Jim Crow, lynching, disingenuous medical experimentation, and present-day, on-going subjugation and discrimination at the individual and communal level through industry and social institutions. These are the enduring unresolved multiple traumas with their abusive and exploitive historical origins, that have created on-going psychological terror and perpetuate conditions for internalized oppression for many African Americans today (Alexander, 2010; Otis Williams et al., 2010; Nobles, 2013).

Loss of protective factors. Protective factors are resources or conditions that help moderate the experience of stressful and negative events, and increase the likelihood of a healthy, positive adjustment (Hill, 1999). The system of institutionalized human trafficking in the United States violently all but destroyed any protective factors persons of African ancestry may have tried to preserve on their forced journey from Africa. In an article examining the enduring effects that generations of living under American chattel bondage had on the shaping of African American's subjectivity, Gump (2010) describes how symptoms of trauma have endured due to the transgenerational transmission of trauma. Gump (2010) identifies the protective factors that were lost through the dehumanizing experience of enslavement in the United States

such as "the loss of culture, home, kin, and attendant sense of self, the destruction of families through sale of fathers, mothers, and offspring, physical abuse, or even witnessing the castration of a fellow slave" (p. 48). Spirituality has been shown to have many protective qualities from an African centered worldview (DeLoach & Peterson, 2010; Grills & Rowe, 1998). However, during the era of bondage, African Americans were also forbidden from engaging in any traditional African religious and spiritual practices, such practices were "replaced with more benign religious practices, designed to promote acceptance of the finality of African's fate in 'this life'" (Grills & Rowe, 1998, p. 74). Under the brutal conditions of bondage, affirmative social values were unable to be taught from generation to generation of persons of African ancestry for almost 400 years, which consequently lead to those values being replaced by internalized oppression and racism (Leary, 2005).

The illusion of freedom and equality. In 1863 the Emancipation Proclamation was signed into law by President Abraham Lincoln (Guelzo, 2005). Two years later, the 13th Amendment of the United States Constitution was ratified as constitutional law in 1865 (Gilmore, 2000). Almost 100 years later, the Civil Rights Act was signed into law in 1964, by President Lyndon Johnson (Morris, 1986). Forty-four years later, the first African American to be elected President of the United States, Barak H. Obama won the candidacy for president in 2008. All of the afore mentioned historical accomplishments gives the legal impression that African Americans in the United States are free and without discrimination. It is generally known that these legal and historical accomplishments do not translate into socio-political freedom for contemporary African Americans.

The Emancipation Proclamation declared "that all persons held as slaves" within the rebellious states "are, and henceforward shall be free" (National Archives & Records

Administration, 2016b, para. 1). The freedom granted in the Emancipation Proclamation only

applied to the states that had seceded from the Union leaving the institutionalized practice of

American chattel bondage intact in the other states that still maintained the practice, as well as

some confederate states that were already under northern control (Guelzo, 2005). Thus freedom

was only granted to a small fraction of African Americans who fell within the limited parameters

outlined by the Emancipation Proclamation (Guelzo, 2005).

      The 13th Amendment of the United States Constitution declared, "Neither slavery nor

involuntary servitude, except as a punishment for crime whereof the party shall have been duly

convicted, shall exist within the United States, or any place subject to their jurisdiction" (Library

of Congress, 2015, para. 1). The 13th Amendment abolished the formal institutionalized practice

of American chattel bondage in the United States, however the practice of keeping African

Americans in bondage for the purposes of exploitation and free labor continued under another

name known as, convict leasing (Alexander, 2010; Gilmore, 2000). African Americans were

never able to completely be free from bondage in the United States due to the exception in the

13th Amendment that allowed slavery and "involuntary servitude" to continue for the convicted

(Alexander, 2010). As long as an African American were convicted a crime, they were allowed

to be leased out publicly or privately by the convicting authorities of that city, county, or state

(Gilmore, 2000).

      The act of enslavement continued and still continues to present day (Muhammad, 2010).

A documentary film maker, Timothy Arden Smith, was interviewed by online news columnist,

Brian Muhammad in 2010 about Smith's documentary film entitled "The Cotton Pickin' Truth:

Still on the Plantation" that documented and revealed African Americans were still being held in

the brutal practice of bondage in isolated areas of Mississippi and Louisiana, that were "deep

inland from the main roads and far away from civilization, where plantation owners do what they want" (Muhammad, 2010, para. 8). According to Smith, the film was created to "bring exposure to the shocking and little talked about truth" (Muhammad, 2010, para. 4) of African Americans in modern day bondage.

The Civil Rights Act of 1964 "prohibited discrimination in public places" (National Archives & Records Administration, 2016a, para. 1), and President Barack Obama has become the first African American president of the United States, gives the perception of progress in the United States, especially when discussing the man-made concept of race. However, discrimination for African Americans continues. What were once publicly expressed biases and discriminatory practices have now transformed into implicit biases and practices. African Americans are still too often fighting centuries of powerful negative stereotypes that are seen in criminalization, mass incarceration, and the disproportionate fear, disrespect, hostility, and killing of persons of African ancestry (Grills et al., 2016). Freedom and equality for all people of African ancestry currently does not exist in the United States, because we have still not expelled the root cause for the dehumanization of African people, which is the lie of Black inferiority and its correlate, the lie of White superiority (Grills et al., 2016). Until then, freedom and equality remain illusory.

Inferiority and dehumanization. Grills et al. (2016) describe how the lie of Black inferiority has justified the "tens of millions of human beings of African ancestry who were brutally conscripted into bondage, suppressed, assaulted and maltreated, oppressed, intimidated and discriminated against, and then coerced into an educational system that negated their humanity" (p. 3). Grills et al. (2016) identified the lie of Black inferiority and the lie of White superiority as the root cause of dehumanization of Black people. Similarly, Watkins and

Shulman (2008) explained how dehumanization became necessary for the early colonist when they knew they were profiting from the oppression of others, they created an inferior view of other people that justified the oppression, along with creating "fantasies of superiority" (p. 69) for themselves. Leary (2005) suggests the European captors of African people in bondage were attempting to solve their cognitive dissonance when they justified their negative acts; instead of admitting to any wrongdoing, they dehumanized their victims. For over 500 hundred years, Europeans have spent significant resources to "prove" that persons of African ancestry are inferior (Leary, 2005). This is what has created the source of the collective, psychological and historical trauma for Black people in the United States (Grills et al., 2016). Gump (2010) said it best when she describes the most traumatic experience of American chattel bondage stating, "subjugation was its most heinous aspect, as it sought nothing less than annihilation of that which is uniquely human—the self" (p. 48).

Historical Trauma

The concept of transgenerational trauma or historical trauma originates in the study of children of holocaust survivors, who have been observed to have higher rates of post-traumatic stress disorder than the general population, even among children with no acute exposure to trauma (Baranowsky, Young, Johnson, Williams-Keeler, & McCarrey, 1998; Yehuda, 1999). Subsequent studies have validated that parental PTSD is associated with increased risk of trauma exposure and development of PTSD in children (Roberts et al., 2012). Researchers noted, however, that intergenerational traumatization had a distinct constellation of symptoms and signs in addition to typical PTSD, including low self-esteem, lack of self-efficacy, internalized oppression, numbing, lack of identity, insecure attachment, and poor coping skills (Hill et al., 2011). Off-spring of parents affected by trauma exhibited an array of psychological problems

characteristic to PTSD such as denial, depersonalization, isolation, memory loss, nightmares, psychic numbing, hypervigilance, substance abuse, fixation on trauma, identification with death, survivor guilt, and unresolved grief (Sotero, 2006).

Leary (2005) and Reid, Mims, and Higginbottom (2004) adapted the concept of PTSD and historical trauma to explain transgenerational patterns of psychological distress and grief among African American populations. They assert that African Americans have sustained traumatic psychological and emotional injury over generations as a direct result of slavery, perpetuated by social/institutional inequality, racism and oppression.

Similar patterns of transgenerational distress have been noted internationally in populations that have suffered colonialization, oppression, and other forms of prolonged, collective traumatization. Various studies confirm that historical trauma symptoms are evident among people from Palestine (Punamaki, Qouta, & El-Sarraj, 2001; Quota, Punamaki, & El-Sarraj, 2003), Russia (Baker & Gippenreiter; 1998), and Cambodia (Rubin & Rhodes, 2005). Such symptoms have also been noted in South Africa (Eagle, 2005; Lockhat & Niekerk, 2000) and other colonized nations (Duran & Duran 1995; Hall, 2011), in addition to other American communities with a history of trauma, including Japanese Americans (Brave Heart, 2003; Evans-Campbell, 2008; Hill et al., 2011). Hill et al. (2011) argue that minority status can be a source of trauma due to the insidious and constant experience of racism-related stress, which further increases and perpetuates distress (Bryant-Davis, 2007; Harrell, 2000; Williams, Neighbors, & Jackson, 2003).

Brave Heart (2003) defined historical trauma as "the cumulative and collective psychological and emotional injury sustained over a lifetime and across generations resulting from massive group trauma experiences" (p. 7). Duran (2006) conceptualizes historical trauma

as a "soul wound," with both psychological and spiritual aspects. He describes a sense of disconnection from family and spirituality due to a legacy of transgenerational problems and mental health risk factors that manifest as depression, substance abuse, domestic violence, and suicide. Nobles (2013) notes that the most profound lingering historical trauma for African people has been the sense of alienation from one's own humanity, which he classifies as "spirit damage" or the "suffering of the spirit." He asserts that long-standing, ongoing sensorial information structures representing chattel enslavement and colonization that we continue to be infected with or assaulted by reminds the African person of the "thing-afication and dehumanization of African people" (Nobles, 2013, p. 239). The emotional experiences and symptoms of historical trauma are conceptualized as "historical unresolved grief" by Brave Heart and DeBruyn (1998). They argue that physical and psychological trauma are compounded by an inability to mourn for losses lead to an internalization of ancestral suffering, that manifests as survivor guilt, psychic numbing, depression, and fixation to trauma, hypervigilance, internalized oppression and internalized racism (Brave Heart, Chase, Elkins, & Altschul, 2011; Brave Heart & DeBruyn, 1998). Page: 51

Trauma can be transmitted transgenerationally in that the psychological and emotional consequences of the trauma experience are transmitted to subsequent generations through physiological, environmental and social outlets resulting in a transgenerational cycle of responding to trauma (Brave Heart, 2003; Danieli, 1998; Duran & Duran, 1995; Leary, 2005). In an analysis of the theoretical framework for historical trauma, Sotero (2006) highlights how historical trauma plays a role in in the prevalence for disease and health disparities. She describes how disease is linked to both physical and psychological stress stemming from the social environment, unjust power relations and class inequity that are related to past and present,

proximal and distal life course factors (Sotero, 2006). Many parents of African ancestry and their offspring have historically experienced hundreds of years of continuous trauma in the form of institutionalized trafficking, segregation, exploitation, and discrimination. It has been theorized that the effects of this account for much of the psychological distress experienced by contemporary Africans throughout the diaspora (Fletchman-Smith, 2011; Leary, 2005; Nobles, 2013; Reid et al., 2004). Not only were children of African's in bondage traumatized by their experience, but they carried into their own life fears about personal safety; through states of helplessness and despair; and through states of complete rage and destructiveness, all of which were communicated and passed down from adults to children (Fletchman-Smith, 2011; Nobles, 2013).

The loss of identity and culture is the adoption of a negative sense of self within a non-reflective culture, such as an African American seeing through a Eurocentric frame and worldview. When people lose their identity and culture, this suggests the need for a strength-based approach and the development of a critical consciousness. Brave Heart et al. (2011) argue that utilizing the concept of historical trauma helps to de-pathologize individual and community trauma by framing it within the collective, historical context, which empowers the survivors and reduces the sense of stigma and isolation. Within the African community, and amongst its scholars and healers, there is a movement towards the understanding and use of traditional knowledge and practices to address psychological distress (Gilbert, Harvey, & Belgrave, 2009; Piper-Mandy & Rowe, 2010; Sutherland, 2011). They suggest that the antidote for internalized oppression and negative self-image that are rooted in transgenerational trauma is engagement with traditional African practices. Reconnection with the client's African culture, history, philosophy, and wisdom potentially allows for the fortification of the client's own worth and

value and a greater sense of empowerment and pride. It is an opportunity to tap into the most fundamental and essential core root and source to inspire health and eliminate imbalance and discord and to reestablish and/or restore harmony and optimal human functioning (Nobles, 2013). It validates the importance of traditional culture, and de-privileges Western values, creating an identity independent from the Western European definition. Furthermore, it will build personal character, a sense of community connection, and contribute to social interdependence, which will allow for communal healing and act as a protective factor against ongoing stressors.

Health and Wellness for the 21st Century African American

In the 2014 U.S. Census, 44,321,131 persons reported their race as Black or African American, comprising 13.9% of the U.S. population; Black or African American refers to any person having origins in any of the racial groups of Africa. Ninety-two percent of this group reported only Black or African American heritage, while the other 8% reported two or more races (U.S. Census Bureau, 2011). African Americans are geographically diverse, living in various regions across the United States. According to the 2010 U.S. Census (2011), 55% of African Americans lived in the Southern region, 18% in the Midwest region, 17% in the Northeast region, and 10% in the Western region of the United States (Rastogi et al., 2011). Nearly 60% of the Black population in the United States of America lived in ten states; these were New York (3.3 million), Florida (3.2 million), Texas (3.2 million), Georgia (3.1 million), California (2.7 million), North Carolina (2.2 million), Illinois (2.0 million), Maryland (1.8 million), Virginia (1.7 million), and Ohio (1.5 million). Of the people who identified as Black, people who reported multiple races were more likely to live in California. Although the Black population was highly concentrated in the South, the concentrations of Blacks outside of the

South, however, tended to be located in metropolitan areas. Epidemiological data on African

Americans can be limited by potential errors in self-reporting (Rastogi et al., 2011).

The US Black population is diverse and heterogeneous, largely because of immigration

of Blacks from the Caribbean and Africa. Among the 7% of Blacks who are foreign-born, more

than half are from the Caribbean (Lincoln, Chatters, Taylor, & Jackson, 2007; Mckinnon &

Bennett, 2005). Along with their descendants, Caribbean Blacks are an important population

subgroup, primarily concentrated in large East Coast cities (Lobo & Salvo, 2004; Kent, 2007).

Although Caribbean Blacks and African Americans share a racial identity and African origin,

they differ in their ethnicity, environmental exposures, educational attainment, economic status,

and physical health (Davis & Huffman, 2007; Gibbs et al., 2013; Model, 2008; Singh &

Siahpush, 2002).

Epidemiology. African Americans bear a disproportionate burden of disease morbidity,

mortality, disability, and injury (Byrd & Clayton, 2015; Martin, Harris, & Jack, 2015; Williams

& Williams-Morris, 2000). This continuing health disadvantage is seen particularly in the age-

adjusted mortality rates: African Americans remain significantly and consistently more at risk for

early death than do similar White Americans (Jensen, Lambert, & Iademarco, 2005; Kochanek,

Murphy, Anderson, & Scott, 2004; Williams & Jackson 2005). These premature deaths arise

from a broad spectrum of disorders; diabetes, cardiovascular heart disease, hypertension, and

obesity that disproportionately affect African Americans (Davis, Liu, & Gibbons, 2003; Mensah,

Mokdad, Ford, Greenlund, & Croft, 2005). For example, in deaths due to heart disease, the rate

per 100,000 persons for African Americans (321.3) is higher than for any other racial/ethnic

group, including Asian/Pacific Islanders (137.4), American Indian/Alaska Natives (178.9),

Hispanics (188.4), and Whites (245.6) (Centers for Disease Control and Prevention, 2004). This

same pattern for African Americans in comparison with Asian/Pacific Islanders, American Indians/Alaska Natives, Hispanics, and Whites is repeated in deaths due to diabetes (49.9 versus 16.9, 45.3, 36.3, and 22.1, respectively) and strokes (80.0 versus 51.2, 46.1, 44.0, and 55.9, respectively). Even prevalence of hypertension per 100,000 is far greater among African Americans (34.2) than among the other major racial/ethnic groups (16.2, 25.8, 18.9, 25.8, respectively) (Centers for Disease Control and Prevention, 2004; Mays, Cochran, & Barnes, 2007).

Poverty alone cannot fully explain these differences; even when socioeconomic status (SES) is controlled for, there is still an excess of 38,000 deaths per year or 1.1 million years of life lost among African Americans in the United States (Franks, Muennig, Lubetkin, & Jia, 2006). Simple differences in skin color that might be the basis for the occurrence of discrimination also appear to be an inadequate explanation. For example, in the recent National Survey of American Life (Jackson et al., 2004), comparisons of 6000 Americans who reported being either Black of Caribbean ancestry, African American, or White revealed that of the three groups, African Americans evidenced the worst self-reported physical health status, including higher rates of hypertension, diabetes, and stroke (Mays et al., 2007).

The continuing legacy of poor health in African Americans, despite the overall improved conditions of their lives, is one compelling reason to take a closer look at the role discrimination may play. The health disparities that affect African Americans in this country arise from many sources, including cultural differences in lifestyle patterns, inherited health risks, and social inequalities that are reflected in discrepancies in access to health care, variations in health providers' behaviors, differences in socioeconomic position (Fiscella & Williams 2004; Krieger & Moss 1996; Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005; Subramanian, Chen,

Rehkopf, Waterman, & Krieger, 2005), and residential segregation (Massey, 2000). The extent to which these health disparities are also shaped by the painful effects of race-based discrimination is also of growing interest (Anderson, Bulatao, & Cohen, 2004; Clark, 2003; Harrell, Hall, & Taliaferro, 2003; Massey, 2004; Mays et al., 2007; Mechanic, 2005; Walker, Mays, & Warren, 2004; Williams et al., 2003).

From the perspective of discrimination models, the causal mechanism linking racial/ethnic minority status and health disadvantage is thought to lie in the harmful effects of chronic experiences with race-based discrimination, both actual and perceived. These experiences are thought to set into motion a process of physiological responses (e.g., elevated blood pressure and heart rate, production of biochemical reactions, hypervigilance) that eventually result in disease and mortality (Mays et al., 2007).

In attempting to elucidate the negative health outcome mechanisms of race-based discrimination, the effects of both overt and anticipated or perceived experiences of race-based discrimination have been examined. Studies of overt or manifested discrimination typically measure events occurring at the individual level by asking respondents if they have been treated badly or unfairly, differently, or are somehow disadvantaged relative to others based on their racial or ethnic background (Krieger et al., 2005). The foundation of this work came from the earlier stress research paradigm, where individual differences in vulnerability to stress were seen as key to the development of mental health morbidity (Kessler, Mickelson, & Williams, 1999). Factors that were thought to predispose persons to negative mental health outcomes include unfair treatment and social disadvantage as well as other social stressors, such as inadequate levels of social support, neuroticism, the occurrence of life events, and chronic strain of roles (Adler et al., 1994; Lazarus, 1993; Pearlin, Menaghan, Lieberman, & Mullan, 1981; Thoits,

1983). Later studies examining the possible consequences of perceived discrimination began to document that simply the anticipation of being treated badly or unfairly had as powerful an impact on persons as objectively measured experiences (Kessler et al., 1999). Both of these developments helped move the field toward hypothesizing that chronic experiences with perceived discrimination can have wide-ranging effects on persons (Mays et al., 2007).

For persons of African ancestry, mediating the relationship between racism and well-being continues to be an on-going challenge. In a multidimensional examination of racism-related stress, Harrell (2000) explores various ways that racism may influence a person's well-being. Because racism can be overt or covert, intentional or unintentional from an individual, institution or culture, and "are manifested in four general contexts, in which specific experiences of racism occur, namely the interpersonal, collective, cultural-symbolic, and sociopolitical contexts" (Harrell, 2000, p. 43). It has far reaching effects that can potentially cause damage and create a great amount of stress in the life experiences of persons of African ancestry. These experiences can lead a person to feel demoralized, dehumanized, disrespected, or objectified. In a review of empirical evidence based studies, Williams, Neighbors, and Jackson (2003) found that racial discrimination is associated with various indicators of poor physical and mental health status. Major and O'Brien (2005) found that not only is a person's health detrimentally effected by racial discrimination, but one's self-esteem, and academic achievement are also impacted. Carter (2007) asserts the importance of recognizing and assessing the extent of race-based traumatic stress in persons of African ancestry due to the psychological and emotional injury that racism causes.

Health care utilization. Although there is a prevalence of significant physical, psychological and spiritual health issues for African Americans, they often do not seek

psychological care for a variety of reasons, including availability, accessibility, and acceptability (U.S. Surgeon General, 2001). However, the striking disparities in the health status of African Americans compared to European Americans cannot be accounted for by socioeconomic and access to healthcare factors alone (Smedley, Stith, & Nelson, 2002). African Americans tend not to seek mental health care because of cultural biases against mental health care and health care professionals in general due to an overwhelming amount of prior experiences with "historical misdiagnosis, inadequate treatment and lack of cultural understanding" (National Alliance on Mental Illness [NAMI], 2009, p. 1). Thus, many African Americans feel justifiable distrust of medical services, given a history of manipulation, mistreatment and marginalization. African Americans are disproportionally more likely than other ethnic group members in the United States to experience social circumstances that increase their chances of developing a mental illness (Gee, Ryan, Laflamme, & Holt, 2006). Conventional western models of mental health have often been ineffective in improving wellness in persons of African ancestry (Gary, 2005; Gee et al., 2006). This inefficacy is most likely due to Western psychology's incongruence with culture-based treatments in terms of psychological methods, samples, focus of research, evaluations, and absence of spiritual integration (Awanbor, 1982; Gregory & Harper, 2001; Grills, 2002; Myers, 1993; Rowe & Webb-Msemaji, 2004; Tillman, 2006).

Use of traditional healing practices. There is little empirical literature that investigates traditional African healing approaches to trauma interventions for persons of African ancestry in the United States (DeLoach & Peteresen, 2010). Instead, there has been a heavy reliance on western-oriented models of trauma. Although traditional African medicine and healing practices have existed for thousands of years, Africans in the United States were not allowed to participate in such practices during the fifteenth through the nineteenth century because they were in

bondage and denied the right to religious autonomy and traditional practices (DeLoach & Petersen, 2010; Grills & Rowe, 1998). They were forcibly converted to Catholicism and many of their cultural patterns were either abandoned or assimilated within the developing culture of the United States (DeLoach & Petersen, 2010; Grills & Rowe, 1998). Western psychology within a Eurocentric worldview has proven to not be the most effective way of responding to the decimating effects that continue to traumatize 21st century persons of African ancestry in the United States, that linger from the traumas of the Ma'afa (African Holocaust), the ongoing internalized colonialism, and externalized forms of industrial neocolonialism that show up in American society as high rates of police brutality, homicide, psychic violence, and underemployment for African Americans (DeLoach & Peteresen, 2010; Otis Williams et al., 2010). Understanding traditional African systems of healing and how it is generalized to aspects of an African worldview with respect to African/Black Psychology offers insight and hope towards healing from such traumas (DeLoach & Petersen, 2010; Grills & Rowe, 1998; Washington, 2010). With all things considered, this suggests that there is a far greater need for the use of traditional African healing methods today than there is availability and accessibility to it.

Psychology and Culture

When assessing, diagnosing and treating a person of African Ancestry it is imperative to incorporate that person's cultural context. Various researchers, theorists, and psychologists agree that if optimal mental health is to be achieved, cultural congruency is vital to psychological practice and treatment (Awanbor, 1982; Azibo, 2010; Carroll, 2010; Grills, 2002; Gump, 2010; Harrell, 2000; Hill et al., 2011; Kambon, 2003; Kambon & Bowen-Reid, 2010; Myers & Speight, 2010; Piper-Mandy & Rowe, 2010). In an article about restoring the African psyche

from only seeing reality through Eurocentric ideals, Nobles (2013) argues that every aspect of psychological knowledge is valuable, whether modern or traditional (professional or folk), because it is "a reflection of the constructed world of a particular people" (p. 233). Therefore, Nobles (2013) and others insist that the most valid perspective, in terms of psychological knowledge and practice, is one that reflects the culture of the people served (Awanbor, 1982; Azibo, 2010; Dixon, 1971; Hall, 2011; Kambon & Bowen-Reid, 2010; Myers, 1993; Nichols, 1972; Nobles & Goddard, 1984; Rowe & Webb-Msemaji, 2004).

The American Psychological Association also recognizes the importance of mental health professionals to integrate culture as part of the psychological process (American Psychological Association [APA], 2002, 2005, 2008, 2013). The Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologist (APA, 2002) encourages mental health providers to be sensitive to how culture influences perception and interactions with others, and to apply ethically and culturally appropriate skills that take into account multiculturalism and diversity. In addition, the Report of the Task Force on Implementation of the Multicultural Guidelines (APA, 2008) states that a lack of awareness of one's cultural context will limit and compromise the efficacy of psychological services and interventions. Therefore, to engage in best psychological practices, mental health professionals must integrate clinical experience, research, and a person's "characteristics, culture and preferences" (APA, 2008, p. 1), this is according to the Policy statement on evidence-based practice in psychology by the American Psychological Association (2005). All of these articles stress that the context of an individual's unique personal, social, and historical background should be a major focus of attention in the practice of professional psychology.

Many scholars, activist and mental health providers advocate for culturally congruent mental health interventions because they recognize that culture is inseparable from an individual's behavior and it often serves as a motivational force in treatment in terms of goal choice and commitment level (Grills, 2002; Harrell & Rowe, 2013; Satcher, 2000). Ultimately, culturally congruent mental health interventions result in increased benefits to psychological well-being for persons of African ancestry (APA, 2002, 2013; Awanbor, 1982; Burlew, 1992; Grills, 2002; Harrell & Rowe, 2013; Myers & Speight, 2010; NAMI, 2009; Rowe & Grills, 1993; Rowe & Rowe, 2009; Satcher, 2000). In a supplemental report on mental health regarding culture, race and ethnicity, the U.S. Surgeon General (2001) emphasizes the importance of understanding the influence culture and social environment have on quality of care and efficacy of treatment for African Americans and lays emphasis on how these factors have been "historically underestimated," and they "must be accounted for" (p. 5).

Hence, what are culturally congruent practices? To understand what is culturally congruent, it is important to understand the concept of culture. Although various definitions of culture have been developed, there is still not an all-encompassing consensus of its definition. Research only points to a meaning that is multifaceted and multi-layered for each culture. In an examination of culturally sensitive research approaches for African American communities, Tillman (2006) defines culture as "a group's individual and collective ways of thinking, believing, and knowing, which includes their shared experiences, consciousness, skills, values, forms of expression, social institutions, and behaviors" (p. 266). Tillman and others acknowledge that the complexities of an ethnic group's culture, as well as its varied historical and contemporary representations are essential to cultural congruence (Boykin, 1994; Gwaltney, 1980/1993; King, 1995; Lee & Slaughter-Defoe, 1995). More importantly, especially for

African Americans, cultural congruence facilitates telling the stories "within a cultural and conceptual framework that honors Africans in America" (Carter, 2003, p. 36).

The American Psychological Association (2002) defined *culture* for North American psychologists and indicated that it is defined "as the belief systems and value orientations that influence customs, norms, practices, including psychological processes (language, care taking practices, media, educational systems), social institutions, and organizations" (p. 12). The APA (2002) goes on to describe culture as "the embodiment of a worldview through learned and transmitted beliefs, values, and practices, including religious and spiritual traditions …[that] encompasses a way of living informed by the historical, economic, ecological, and political forces on a group" (p. 12). This definition highlights the fluid and dynamic nature of the meaning of culture. For example, a person may also identify more or less to each of these feature within him or herself, highlighting that it is personally dynamic in nature. In terms of fluidity, many persons may have or change membership to multiple and sometimes contradictory different groups, particularly persons of non-dominant cultures in any given society. This is especially important to understand as it adds to the complexity of mental health care professionals treating persons in a culturally competent manner (APA, 2002, 2008, 2013).

In terms of how culturally competent health care shall be provided, efforts generally fall into three categories, according to the APA (2002, 2008). On an intrapersonal level, counselors and therapists are encouraged to increase self-awareness of their own beliefs, thoughts, and assumptions about others, especially when these may be detrimental to others (APA, 2002, 2008). This may be done by pursuing increased contact with other groups while examining one's own worldview in order to gain understanding of personal or cultural biases, as one's biases may be individualistic or collectivistic (APA, 2002 p. 3, 2008 p. 13). However, on an

interpersonal level, mental health professionals are encouraged to take on another's perspective and cultivate empathy for others. This may be done by increasing one's knowledge about another's cultural history, the development of another's ethnic and racial identity, and learning more about immigration and acculturation issues specific to the other person. Thus, intrapersonal and interpersonal work is intended to create a culturally oriented foundation, when working with multi-ethnic individuals. This is intended to increase the likelihood that persons from diverse backgrounds will benefit from conventional talk therapy. And lastly, psychological educators, researchers, practitioners and organizational policy makers are not only encouraged to recognize and apply constructs of multiculturalism and utilize culturally centered, and ethically sound skills in their clinical and psychological practices, but they are also urged to do this within their organizations. These encouragements are meant to reduce the likelihood of misidentification, pathologizing, or stigmatization of behavior when working with diverse cultural groups (APA, 2008).

Some theorists doubt that these modifications are sufficient. They insists that systemic changes must be made to westernized psychology in order to truly address mental health concerns of people from diverse cultures, especially persons of African ancestry (Grills, 2002; Myers, 1993; Nobles, 2013). While others maintain that the discipline of professional western psychology is simply "ill-equipped to serve as the theoretical foundation for examining the mental health needs of Africans and African Americans" (Grills & Rowe, 1998, p. 72). Thus, an understanding of a much broader paradigm of African mental health is required for persons of African ancestry than that offered by conventional models of dysfunctional or maladaptive behavior that derive from Eurocentric psychology (Kambon, 1998, 2003, 2006; Kambon & Bowen-Reid, 2010). Central to this argument is the notion that mainstream psychology was

developed primarily by Euro-Americans from educated and socio-economically privileged backgrounds, and validated by research subjects that were similarly White and middle class (Arnett, 2008; Tillman, 2006). Empirical scientific methods seek to test and prove universal truths, but after reviewing large-scale empirical evidence on major cognitive and psychological traits, Henrich et al. (2010) argue that western, educated, industrialized, rich and democratic societies "are among the least representative populations one could find for generalizing about humans" (p. 61). Mainstream psychological theories and techniques are often inadequate or ineffective with clients of different cultures, and their uncritical use serves to reinforce the status of Euro-American values as the gold standard for all people.

To undertake the type of radical reformulations advocated by African-centered psychologists, it is necessary to acknowledge and evaluate the Euro-American worldview that underlies mainstream psychology. It has been argued that there are fundamental differences between African and European worldviews (Awanbor, 1982; Azibo, 1996; Burlew, 1992; Carroll, 2010; Clark (X), McGee, Nobles, & Weems, 1975; Grills, 2002; Myers, 1993; Nobles, 1986, 1991; Rowe & Grills, 1993; Smedley, 2007). However, almost all discussions of worldview that compare African-orientations to European-orientations harken back to the earlier publications of Vernon J. Dixon (1971) and Edwin J. Nichols (1972). Their discussions on world view differences in the 1970s serve as foundational work that continues to influence key theorists of this subject to present day.

According to Dixon (1971) and Nichols (1972), axiology, epistemology, logic and ontology are central philosophical tenets to any worldview system. Therefore an examination of African and European worldview can be compared along these dimensions. In terms of axiology, an African and African-American value system is human-to-human. Dixon and

Nichols argue that this value system is embraced by not only Africans and African-Americans, but the majority of people in the world (Carroll, 2010; Dixon, 1971; Nichols, 1972). However, the Euro-American value system is human-to-object. Nichols clarifies these distinctions and states, "In Black culture the relationship is *man to man*, in which each person is assumed to have intrinsic value in and of himself. In White European culture the relationship is man to object in which the value of a person is determined by his productivity and achievements[2]" (Carroll, 2010, p. 117; Nichols, 1972, p. 18).

The concept of epistemology is another major focus in terms of worldview, because it delineates the way in which one knows or has a relationship with reality or phenomena. Dixon's (1971) summary of the Euro-American epistemological assumption is understood as "I step back from phenomena, I reflect; I measure; I think; I know; and therefore I am and I feel" (as cited in Carroll, 2010, p. 115). While an African epistemological assumption is reflected by, "I feel phenomena; therefore I think; I know" (Carroll, 2010, p. 115) also highlights the distinction between the two epistemological orientations and states, "In Black culture, the orientation for the acquisition of knowledge is: I feel, I think; therefore, I am. In White European culture the method of acquisition is: "I think, therefore, I am, in the Cartesian reference" (Carroll, 2010, p. 117), Nichols also adds "The Afro-American epistemology must also be viewed with understanding [an] ascribed value – feel – think – being" (Nichols, 1972, p. 117).

The notion of logic between the two worldviews is also examined. Logic refers to how one organizes what one knows. Dixon and Nichols, believed that distinct approaches to

---

[2] Given that this is a direct quote, gender-biased language is used. Gender-inclusive language will be used in discussing these constructs.

knowledge vary according to worldview differences (Carroll, 2010). Logic among Euro-Americans is dichotomous (either/or), and among Africans tends to be more diunital (both/and). Dixon goes on to explain that "[dichotomous] logic means that a person's knowledge cannot take the form of a room being simultaneously empty and not-empty… The term diunital, on the other hand, refers to something apart and united at the same time" (Carroll, 2010, p. 116).

Lastly Nichols adds to Dixon's work and asserts that ontology is imperative to understand with regards to worldview. Ontology, in terms of logic, is known as a set of entities presupposed by the theory of one's own worldview. While ontology from the perspective of philosophy, refers to the branch of metaphysics that pertains to the nature of being. From the philosophical or logical perspective it becomes clear that the ontology of a person is vital to the understanding of that individual as it pertains one's functioning, wholeness, and well-being. Nichols (1972) asserts that incorporating ontology will end the perpetuation of the "myth" (p. 21) that referring to one of anything is the same as referring to the *all*.

The integration of basic philosophical principles such as epistemology, axiology, logic, and ontology provide information on conceptualizations of what it means to be human. When the theoretical framework that developed from cultural patterns accumulated by Europeans is compared against the cultural origins of persons of African descendent, it only serves to limit what traditional African science, medicine, and methods of healing are able to do in service of mental health today.

Terminology

It is important to note that there is significant diversity within persons of African Ancestry (Palmer, 1998; Womack, 2010). There are over 1 billion people of African ancestry

living in various societies today (Population Reference Bureau, 2015). Therefore, understanding the persons of African ancestry living in the United States takes an understanding of many layers. Primarily, persons of African ancestry are united by a past that is significantly based on racial oppression and the struggles against it. Secondly, they share an emotional bond with one another and their ancestral continent. Lastly, regardless of their location, persons of African ancestry are confronted with broadly similar problems in constructing and realizing themselves due to the global effects of colonialism and racism. Regardless of differences and cultural nuances, most persons of African ancestry still share similar challenges to colonial powers and racism (Palmer, 1998; Womack, 2010).

Theory and research is still unsettled on how it identifies concerns and possible solutions to these challenges faced by most persons of African ancestry, which also contributes to the use of generalizations in much of the current literature. However, it is hoped that as work in this area continues, there will be greater efforts to tailor interventions to the specific needs of African and African American communities and clients. This dissertation takes the viewpoint shared by much of the research and writing in this field that it is reasonable and valuable to look broadly at the challenges and strengths of the persons of African ancestry as a whole. However, as with any generalizations, statements made in this dissertation may not apply to all members of the population who are of African descent.

For the purposes of this dissertation, the terms *Black, African, African American, Black British* and *Caribbean* refer to people who identify as having origins in Africa. The terms persons of *African ancestry* or people of *African descent* refer to any persons who identify themselves in part or as a whole coming from the indigenous population of any country within the geographical continent of Africa. The terms *Western, European, White, Anglo-Saxon,*

Caucasian and *Anglo* refer to the people and modes of thought commonly associated with Christian, Anglo-Saxon, and Caucasian Europe and the United States.

African-centered Psychology

African-centered psychology was born in response to the specific sociocultural contexts, strengths, preferences and issues attendant to the unique features of persons of African ancestry (Nobles, 1998). As Nobles (2013) acknowledges, "When the human spirit is well, whole, and healthy, the human being is characterized by confidence, competence, and a sense of full possibility and unlimited potentiality" (p. 13). African-centered psychology also serves as an answer to the criticisms about the validity of using mainstream Euro-American psychology to address the needs of people throughout the African continent and diaspora from diverse social, geographic, economic, and religious backgrounds. Refuting Eurocentric psychology's claims of so-called scientific inferiorization of African people, African-centered psychology offers more culturally congruent strategies for health, and considers the values, characteristics, and context within its definition of psychological wellness for African people (Azibo, 1992, 1996). African-centered psychology emphasizes "values that are more dynamic, circular, communal, and situational; assumptions that are more integrative or diunital; and methods that are more symbolic, affective, and metaphorical" (Rowe & Rowe, 2009, p. 64). In contrast to western psychology's traditional focus on individual characteristics and symptoms, African-centered psychology considers the influence of accumulated life experiences, history, and traditional styles and practices on self-concept (Rowe & Webb-Msemaji, 2004). Rather than outlining a single set of practices or interventions, African-centered psychology suggests that the core of African-centered perspectives is spirituality and advocates a collaborative, ever-deepening experience between the therapist/healer and the person/client that promotes harmony, awareness,

alignment, actualization and synthesis for psychological wellness (Phillips, 1990, 1998). African-centered psychology emphasizes healing within the context of spirituality as the transformative process, for the person and the community (Grills & Rowe, 1998).

Historical origins. African-centered psychology developed from the determination to actively address the serious problems facing the Black community at the end of the civil rights movement in the late 1960s, when the needs of the Black community and Black professionals at large were being ignored by mainstream psychology. With the formation of the Associations of Black Psychologists in 1968, a space was made for Black psychologist from across the country to address the long neglected needs of the national Black community. In the long standing African tradition of sharing oral history, great Black minds came together in think tanks to discuss and plan programs, services, training and advocacy for the greater African American population at large. Out of these think tanks came the earliest academic arguments and publications for the distinct body of knowledge known as African Psychology (Obasi, Speight, Rowe, & Turner-Essel, 2012).

Psychologists and African-centered theorists, such as Cedric X (Clark) et al. (1975) argued that mainstream psychology, created mostly by White middle-class men, could not begin to explain the Black experience. They maintained that the understanding of African psychology was rooted in the unique culture and lived experience of persons of African ancestry that was best understood through African philosophical traditions. They argued that African Psychology is fundamentally different in origin, content, and direction from that of Euro-American Psychology; in addition, the differences between the two reflect the differences between Africans and Europeans (Clark (X) et al., 1975). The early work from these authors provided the foundational arguments and rationale for the field of African Psychology (Carroll, 2010).

As the field of African Psychology grew, it became even more clear to Grills and Rowe (1998) that the Eurocentric foundations of mainstream psychology is "ill-equipped" to function as the theoretical foundation for the mental health needs of African-Americans and Africans throughout the diaspora. They assert that the Western European approach to understanding human behavior, such as "assumptions of universality, a tendency towards reductionism, an overemphasis on pathology, the over-reliance on the Western European scientific method, and the inclination toward an etic versus [an] emic approach" (Grills & Rowe, 1998, p. 72), significantly obstructs the ability to address the needs of persons of African ancestry. In addition, Van Dyk & Nefale (2005) point out that applying western European-based principles of illness and health on non-western European clients tends to create conflict for the client because African culture is not being incorporated into psychotherapy. According to Allwood & Berry (2006), in an examination of indigenous psychologies from various regions of the world, mainstream psychology was found to be inefficient in solving local social problems. For this reason they found it imperative that a local psychology is produced within its specific cultural context.

Processes of oppression. Various practitioners find Western psychology to be oppressive and limiting to the human potential in their work with people of African ancestry. Rowe and Webb-Msemaji (2004) assert that because European psychology seeks to impose European subjective reality on all of the people in the entire world, African-centered psychologists' critical struggle is to articulate the meaning of a psychology of African people and "transcend the limitations of the western European construct of psychology" (p. 702). In an examination of the relationship between theory and psychological interventions for people of African descent, Sutherland (2011) emphasizes that western psychology in theory, research and

applied work limits the development of persons of African ancestry, while the African centered

viewpoint promotes psychological growth and optimal development for people of African

descent living in the Americas and Caribbean region.

Nobles (1998) states that a worldview that is of African centeredness is as follows:

rooted in the cultural image and interest of people of African ancestry and which represents and reflects the life experiences, history and traditions of people of African ancestry as the center of analyses. It, in effect, represents the intellectual and philosophical foundations upon which people of African ancestry should create their own scientific and moral criteria for authenticating the reality of African human processes. (p. 190)

Therefore, it is of fundamental importance to have a working knowledge of the African

worldview when providing psychological services to people of African ancestry. In an

examination of several orientations in African psychotherapy, Awanbor (1982) found that while

the goals of African psychotherapy may be similar to Western psychotherapy, such as restoring

the disordered to a generally accepted and culturally determined pattern of normalcy, "the tools

techniques, and procedures vary from one culture to another and sometimes from one treatment

to another" (p. 206). He discovered that these variations come from the differences in

worldviews. Gilbert, Harvey, and Belgrave (2009) assert that interventions that infuse values

from an Africentric worldview, such as interdependence, collectivism, transformation, and

spirituality, have been shown to create significant positive change across a number of areas when

working with African American clients. In a study examining the relationship between an

Africentric worldview and depressive symptoms, Neblett et al. (2010) found that an Africentric

worldview enhanced African American mental health service delivery and treatment

interventions because it functioned as a protective factor in the context of African Americans'

stress experience and psychological health.

Colonization. In a colonized society the worldview of the colonizer is established as superior, other worldviews are considered naturally inferior, if considered at all. Western knowledge and culture was placed in a position of superiority by the colonizers, along with other systems of power that only benefited European colonizers (Smith, 1999). One of the most prominent intellectuals of African ancestry to examine colonialism and its impact on national culture was Franz Fanon of Martinique. Fanon (1961/1963) describes the method of colonizers self-proclaimed position of cultural superiority, as "colonial inferiorization" such that

> Colonialism…turns to the past of the oppressed people, and distorts, disfigures, and destroys it…. The total result looked for by colonial domination was indeed to convince the natives that colonialism came to lighten their darkness… Every effort is…made to bring the colonized person to admit the inferiority of his culture,...to recognize the unreality of his 'nation,' and in the last extreme, the confused and imperfect character of his own biological structure. (pp. 210, 236)

Colonial power is achieved through psychological indoctrination, as well as physical domination (Fanon, 1961/1963; Hord, 1991). European colonizers supplanted ideas of cultural imperialism that imposed European cultural experiences as the norm or standard against which all other people are judged and found to be lacking or faulty (Grills et al., 2016). For the colonized, colonialism takes people away and cuts them off from their own history, culture and language, substituting it for those of the oppressors (Watkins & Shulman, 2008). Watkins & Shulman (2008) assert that because the past and the future are denied in colonialism, the colonized are only allowed a present reality where they are "being perceived as subservient, weak, backward, and evil" (p. 114). The colonized become painted in a dehumanizing way to justify the oppressor's dominance, exploitation, and subjugation needed to facilitate the extraction of labor and material gain (Hord, 1991).

Fanon (1961/1963) argues that one of the reasons why psychological maltreatment exists in the colonial system is not only to indoctrinate the colonized into the worldview of the

oppressor, but to also accept their own status of inferiority. Grills et al. (2016) identify a similar falsehood of "inferiority" about African people; contemporarily known as "the lie of Black inferiority and its twin, the lie of White superiority" (p. 8) that was created "to justify the enslavement, colonization, and subjugation of African people" (p. 8). The colonizers definitions of pathology and health are reflected in psychiatric diagnoses that are derived from the values and experiences of the dominant culture (Grills & Rowe, 1998). Watkins and Shulman (2008) recognize "that there in an illusion that the colonized can be assimilated into the society of the oppressors, enjoying the rewards of the dominant system" (p. 114). However, when that system is wrought with disparities and injustice, attempts to adjust to such a system may increase anxiety and other symptomatology (Otis Williams et al., 2010). In other words, meeting the criteria for being well-adjusted to current conditions in the dominant system is not necessarily an indication of wellness.

 Internalized colonization and internalized oppression. Possibly the most damaging impact of colonization and oppression for persons of African ancestry is the acceptance and internalization of exploitive, degrading and dehumanizing stereotypes of the people themselves (Speight, 2007). The dominant group defines and represents what is considered normal and appropriate in a given culture; therefore the internal logic of this system, proclaims that everyone outside the dominant group must therefore by contrast be deviant or inferior. These subtle and deliberate messages are spread broadly across the dominant society socially, interpersonally, economically, politically, and spiritually through media, education, employment, science, and ultimately through culture, insisting for African American communities to begin to define themselves in this way also (Otis Williams et al., 2010). The therapeutic client of African ancestry who accepts the supposed objectivity and universality of European medicine must, as a

result internalize the psychological diagnoses identified by mental health professionals who were trained with a Eurocentric bias, and ultimately view him or herself as faulty (Washington, 2010).

Internalized messages of inferiority, worthlessness, and hopelessness, whereby people believe that their circumstances and the forces of their suffering are out of their control, suggest the symptomology of fatalism (Watkins & Shulman, 2008). Watkins and Shulman (2008) assert that "fatalism is symptomatic of the internalization of social domination" (p. 112). Whereas Speight (2007) proposes symptoms of fatalism are further evidence that suggests oppressive sociopolitical conditions are being invisibly perpetuated.

According to Fanon (1952/1967), in order for a person of African ancestry to become free psychologically from internalized colonialism and internalized oppression they must "free [themselves] of the arsenal of complexes that has been developed by the colonial environment" (p. 30). Otis Williams et al. (2010) suggest for African psychologist to include the examination and influences of industrial complexes in their therapeutic work with persons of African ancestry, bringing visibility to the current colonially developed complexes that exist in society today in order to decolonize and empower the African mind.

Critical consciousness and critical thinking. Critical consciousness and critical thinking is an awakening awareness of the social, economic, and political structures that contribute to oppression and injustice. Critical consciousness is the awakening awareness that happens within the community and critical thinking is that same awakening awareness, but within the person. Watkins and Shulman (2008) describe this awareness as "decoding the social lies that naturalize the status quo, while searching for alternative interpretations of one's situation" (p. 18). According to Fanon (1961/1963), symptoms observed in marginalized persons of African ancestry may not only be due to intrapsychic processes that are the result of

negative experiences in societal relations, but also due to oppressive and alienating conditions found in a particular socio-historical context. Identifying the role that these conditions play in society de-pathologize the normal and appropriate experiences of distress that are felt by a community or person in an oppressive society (Watkins & Shulman, 2008). Becoming aware of the invisible power structures allows one to imagine alternative realities (Otis Williams et al., 2010). It is an awareness of such oppressive forces that helps to transform feelings of helplessness into agency that increase confidence, restore dignity, and create a sense of empowerment (Hord, 1991; Watkins & Shulman, 2008).

Critical consciousness challenges the disparities and injustices of the status quo and opens it up for interrogation, which lays the groundwork for other strategies found within an African centered framework to become a possible reality that is beneficial to all. This involves allowing one self to imagine or take steps towards creating an alternate identity, society, and reality (Watkins & Shulman, 2008). It may include the examination of our own complacent role in long-standing, oppressive conditions (Watkins & Shulman, 2008), beginning to question who is actually benefiting from the present societal circumstances (Hord, 1991), or analyzing strategies that could begin to alter the dominant narrative (Otis Williams et al., 2010). As people begin to reinterpret their existing conditions, their identity evolves, and they regain a sense of agency towards the world around them (Watkins & Shulman, 2008).

Since the invisibility of power disparities allows them to persist unchecked and unquestioned, the ability to identify and question the purpose, as well as the cultural and historical underpinnings of industrial complex systems in the United States becomes an essential skill in the process of liberating the African mind from internalized colonialism and the forces of oppression that it reverberates (Otis Williams et al., 2010). Moreover, practitioners and

therapeutic clients must engage in this task together, for multiple reasons. Therapists cannot help clients see what they cannot already see for themselves. More importantly, therapists must be aware of their psychological practice's foundational underpinnings that maintain the social disparities and injustices for persons of African ancestry. This is done in order to avoid perpetuating oppressive Eurocentric practices in the therapeutic relationship (Hord, 1991; Otis Williams et al., 2010; Smith, 1999; Watkins & Shulman, 2008).

  Historical and collective memory. There is a close relationship between collective memory and collective identity (Hirst & Manier, 2008). African Americans share a collective identity that has been shaped by a historically traumatic collective memory, memories that would rather be forgotten within a Eurocentric society. Fanon (1961/1963) argues that colonists enforced their superiority through the destruction of culture, religion, language, and way of life. Edkins (2003) asserts that by promoting a re-imprinting of the traumatic collective memory into the everyday societal narrative through remembrance, memorialization, and witnessing, it provides an opportunity to challenge the present circumstances. However, part of the challenge in transforming the present circumstances, community and self of persons of African ancestry, lies in the willingness to expand the current version of history in the United States. Asserting the truth of excluded African American narratives, ultimately adds to the collective memory of the dominant culture, and challenges their identity to change. Therefore, edifying African culture, and identifying elements that support personal and communal strengths, empowerment, and cultural pride, begins the process of emancipating the mind from internalized oppressive beliefs about one's self and community (Grills et al., 2016). Mental health for all people depends on working through the past, thus by preserving collective memory, particularly for persons of African ancestry, we can effectively reflect on the past, examine past mistakes of institutions and

systems, receive warnings, illuminate potential dangers, and grow richer in our repertoire for possible remedies (Misztal, 2010). Through an examination of numerous empirical studies, Gunn (1999) found that the lack of interest in the past as well as the lack of knowledge of the past had a tendency to be accompanied by authoritarianism and utopian thinking and acknowledged "the root of oppression is the loss of memory" (p. 589).

      African-centered psychology in practice. African-centered psychology offers persons of African ancestry a method of healing that is congruent to their very nature. The ultimate goal of African-centered psychology is to understand human behavior through the re-ascension of African cultural patterns (Rowe & Webb-Msemaji, 2004). Persons of African ancestry can heal from historical trauma, such as enslavement, cultural genocide, colonialization, mentacide, oppression, and racism through transcendence and transformation (Myers & Speight, 2010; Wright, 1979). With the central placing and reclamation of the African notion that the essence of all things is spirit/energy, and acting from an African-centered perspective in values and tradition, a person can move from one phenomenological reality to another and transcend from an old traumatized perspective to a new harmonious one, aligned to spirit; as a result, the material condition transforms as well (Myers, 1993; Nobles & Goddard, 1992; Rowe & Grills, 1993).

      Grills and Rowe (1998) acknowledge how African-centered psychology methods of healing are based in ancient African spiritual systems, that emphasize spirituality as the context in which healing occurs, which serves as he basis for how African Americans understand mental health. Using psycho-spiritual African centered principles, Myers and Speight (2010) identify how spirituality plays a central role in healing from historical trauma. They assert that our spirituality is the power within us that allows us to crate our reality and achieve our purpose and

destiny (Myers & Speight, 2010). However, they also note how these powerful forces are not recognized in the suboptimal and fragmented materialist worldview that has been widely adopted by the captors of African people and their progeny, where oppression and control are imposed over the African mind, and maintained by internalized African centered imperialism and mental incarceration (Myers & Speight, 2010). Within the African centered tradition, coming from a spiritual place of tolerance and acceptance, Myers and Speight (2010) gives meaning and purpose to historical trauma, stating:

> The purpose of negativity in human experience … is to serve as a mechanism for growth and edification toward realization of unifying consciousness, that is, Oneness with Supreme Being. Accordingly, the human being may not always have control over what happens to them, but they always have control over the meaning they make of it and how they feel about it. Thus, one's experience of the circumstance or condition, which when wielded can ultimately transform the circumstance, condition and its meaning. (p. 74)

Lucero (2011) makes an analogy of historical trauma to the process of colonization. He asserts that in order to heal from the mental ravishes of historical trauma one must enter into a process of decolonization (Lucero, 2011). He proposes, "To launch the decolonization process, we must begin not with challenging external entities, but rather we must begin by decolonizing ourselves, which will provide a platform for empowerment" (Lucero, 2011, p. 323). Upon this enlightened platform, persons of African ancestry can use African-centered constructs such as "consciousness, character, conduct, collectivity, competence, caring and creed" (p. 711) to help transform feelings of helplessness into a sense of agency (Rowe & Webb-Msemaji, 2004).

Lastly and most importantly, African centered therapeutic processes must be undertaken collaboratively between practitioner and client, with a focus on harmony, balance, interconnectedness, and authenticity (Gregory & Harper, 2001; Phillips, 1990, 1998). The process of African centeredness requires persons to reclaim their sense of agency. Active

engagement in persons of African ancestry transforming themselves and their community becomes a therapeutic experience.

The practice of African-centered psychology has been shown to be appropriate and effective with African American communities, including international African communities (Gregory & Harper, 2001; Sutherland, 2011; Van Dyk & Nefale, 2005; Washington, 2010). In an article about developing relevant knowledge for psychological therapy, Barkham and Mellor-Clark (2003) highlight the importance of utilizing practice-based evidence and how it plays a key role in the improvement of practice. Because practice-based evidence uses data that has been collected in "real world" practice settings, instead of specifically orchestrated clinical trials that are the standard practice of evidence-based data collection, practiced-based evidence delivers more clinically meaningful and effective research data that helps to improve the delivery of service (Barkham & Mellor-Clark, 2003). According to Barkham, Hardy, and Mellor-Clark (2010), the most effective use of a practiced-based paradigm is when a psychological service provider adopts that position as a whole, where the paradigm becomes the driving force for service planning and delivery. African centered psychological practices become the central activity for practitioners of African-centered psychology because there is a sense of ownership in the research. This, in turn, informs all levels of service provided by African centered practitioners creating clinically relevant and effective practices as a whole (Barkham & Mellor-Clark, 2003; Gregory & Harper, 2001; Sutherland, 2011).

Summary and Rationale

Current research clearly identifies the extensive challenges facing 21st century people of African ancestry in the United States, including race-related stress, socio-economic stress, interpersonal violence, substance abuse, mental distress, and health issues. Research has also

identified internal and external reasons African Americans may not seek or receive adequate mental health care, including limited service availability, geographical and financial limitations, distrust of government agencies, and culturally incongruent treatment (Agbetu, 2011; Alexander, 2010; Anderson, 2007; Azibo, 1992; Clark (X) et al., 1975; Nobles, 2013; Reid et al., 2004; Wright, 1979).

The literature critiques the suitability of mainstream psychology to address the mental health needs of clients of African ancestry and their related communities. Critics argue that contemporary mental health practices are biased to a Western model of health and healing, and therefore are likely to be inadequate in addressing the psychological health of persons of African ancestry in the United States (Grills & Rowe, 1998; Nobles, 2013; Rowe & Webb-Msemaji, 2004; Van Dyk & Nefale, 2005). What is worse, the result may be to over-pathologize and further wound the client. However, there is growing research on alternative strategies and programs.

The concept of historical trauma helps to explain the psychological distress experienced by many African Americans (Bryant-Davis, 2007; Leary, 2005; Nobles, 2013; Reid et al., 2004; Sotero, 2006). Because centuries of past violence and injustice has never been properly mourned or resolved, the experience of spirit wounding has been transmitted transgenerationally, manifested as depression, interpersonal violence, anger, and substance abuse (Fletchman Smith, 2011; Gibbs et al., 2013; Gump, 2010; Myers & Speight, 2010; Neblett et al., 2010; Nobles, 2013; Rowe & Grills, 1993). In order to address these historical injuries, it is first necessary to acknowledge the historical and cultural context of persons of African ancestry.

Many practitioners and scholars in this area advocate integrating traditional cultural activities with culturally sensitive psychotherapy (Allwood & Berry, 2006; Gilbert et al., 2009;

Neblett et al., 2010; Nobles, 1986, 2013; Rowe & Grills, 1993; Rowe & Webb-Msemaji, 2004; Sutherland, 2011; Van Dyk & Nefale, 2005). Various research studies and the personal experiences of many providers suggest that increasing pride in cultural identity improves treatment compliance and therapeutic outcomes (Allwood & Berry, 2006; Gilbert et al., 2009; Gregory & Harper, 2001; Grills & Rowe, 1998; Neblett et al., 2010; Van Dyk & Nefale, 2005). Much of the literature calls for the cohesive documentation and replications of specific, culturally relevant, interventions that will meet the psychological and physical health needs of persons of African ancestry so that more evidenced-based practices are established.

African-centered psychology may be the best approach to address these needs. African-centered psychology is founded on the premise that Africentric theory is infused in culturally competent psychotherapeutic interventions because they are informed by African centered psychological theory. In addition, the client's lived experience is respected and honored as a primary source of knowledge about what is needed for healing to occur. It focuses on developing a harmonious balance with African centered values of interdependence, collectivism, transformation, and spirituality, in order to empower one's community and self (Carroll, 2010; Gilbert et al., 2009; Rowe & Webb-Msemaji, 2004). The ultimate goal is wellness; this is achieved through spiritual-based alignment with African concepts that transcends and liberates the physical and psychological incongruences found within the self and the community at large. This suggests that African-centered psychology might best prepare a practitioner on how to answer the demands of unresolved historical trauma for persons of African ancestry.

Chapter 4: Analysis of the Literature

This chapter offers an analysis of the needs, values and goals that have been identified by scholars, scientists, researchers, practitioners, activists, and community members as necessary for the development and growth of culturally centered, congruent theories and practices for persons of African ancestry in the United States. Such reformations and adaptations are essential to fully address the contemporary implications of historical trauma for persons of African ancestry, to increase relational, personal, physical, spiritual, and psychological well-being in African American communities. Although not exhaustive, this chapter examines some of the common challenges identified in the literature. This analysis also discusses culturally congruent values that have been identified as critical to any program or intervention that may be deemed appropriate and successful in its goals of increasing wellness in the communities of persons of African ancestry in the United States.

Concepts and strategies from an African centered psychological framework are then explored for their ability to illuminate challenges, address needs, and support identified goals in a manner that is consistent with culturally relevant values, and complementary to work currently being done in this field.

Epistemological Needs and Goals

Decolonization of psychological theory and practice. The literature on African-centered psychology and health & wellness of persons of African ancestry in the United States, both challenge claims of universality in the empirical, positivist worldview. The positivist paradigm usually supports the perspective of those in power, reflects the status quo, and marginalizes the lived experiences of the oppressed (Smith, 1999). African-centered psychology and African American health literatures, disparages mainstream science's emphasis on the

individual over the community, and its over-reliance on biological determinism. Both African-centered psychology and African American health literature challenge the current systems of knowledge and health care that privilege western values and ways of knowing, and identify the need to transform concepts of health and healing, including what constitutes evidenced-based practice (Lucero, 2011; Smith, 1999; Tillman, 2006). Smith (1999) posits that for decolonization of western based psychological theory and research to occur, one must understand that "decolonization is a process which engages with imperialism and colonialism at multiple levels" (p. 20). Smith (1999) argues that one of those levels, which is most vital, requires having a critical understanding of the assumptions, motivations, and values that undergird and inform research practices. Thus, it is important to understand the influence that the researchers' (as well as the research subjects') epistemological worldview has on the research being performed (Tillman, 2006). However, to label mainstream psychology as bad and other ways of knowing as good, is to exchange one form of dualism for another, which Jamison (2010) warns against because this tendency is just another reflection of the ingrained colonial narrative.

Decolonizing psychological practices is about the ability of a practitioner to liberate the mind and behavior of clients and patients within their own cultural context that gives them the opportunity to explore their roots, build their character and shape who they are as a person within the historical context of their own cultural tradition (Goodman & Gorski, 2014). This will require an expansion of our assumptions and perceptions outside of a Eurocentric worldview, into alternative ways of knowing and mechanisms of healing with a willingness to join in the worldview of the client (Duran, 2006; Grills & Rowe, 1998). The development of researchers' and practitioners' ability to think critically about Eurocentric biases, and what constitutes norms in western psychological theory, research and practice may reduce the instances and severity of

epistemic violence (Duran, 2006) and prevent the creation and maintenance of pathologies among African Americans, as well as preventing messages of inferiority from taking root (Hall, 2011).

Validation of traditional knowledge and practices. The creation of accurate information about the wellness needs of persons of African ancestry is a related issue that needs to be addressed. There is an ongoing bias that stems from empirical, scientific knowledge, when it is compared to other ways of knowing, which include knowledge that is intuitive, spiritual, or derived from the oral tradition. The unquestioned acceptance of empirical evidence as the gold standard in the field of psychology stands to limit exploration and use of other relevant and valuable forms of knowledge (Smith, 1999), especially when the evidence is limited to a very small segment of the population of humans (Henrich et al., 2010). Scientific empiricism has historically dismissed many sources of wisdom that are considered legitimate and significant within communities of persons of African ancestry (Grills & Rowe, 1998).

Lucero (2011) and Smith (1999) critique the concept of Evidence-Based Practices (EBPs) and argue that this is a culturally-biased standard because it is limited to empirical scientific evidence drawn from limited samples. They, as well as others, maintain that indigenous healing practices and traditional African healing practices are valid in their own right, as opposed to only complementary to mainstream psychotherapeutic practice (Lucero, 2011; Van Dyk & Nefale, 2005). They point to the centuries of efficacious use in various nations by the millions of humans who use traditional indigenous medicine as indeed evidence-based (Lucero, 2011; Smith, 1999). Regarding traditional healing practices as merely an adjunctive strategy supports the fallacy that there is only one right form of medicine (Smith, 1999; Van Dyk & Nefale, 2005). It lessens the contributions of non-Euro-American cultures, and reduces entire bodies of

knowledge and centuries of great wisdom to a mere anthropological curiosity (Lucero, 2011).

Most importantly, it gives permission to the dominant culture to continue its perpetuation of

internalized colonialism and promote the growth of internalized oppression that upholds the

construct of racism that is a central feature in historical trauma (DeLoach & Petersen, 2010;

Hord, 1991).

From an African centered perspective, our critical consciousness, collectively as people,

serves to counter-balance these negative internalizations by critically exploring the influence of

the dominant ideology. Increasing awareness that the mainstream value system is not inherently

beneficial to all, except for those that meet European cultural standards, allows for other values,

worldviews, and epistemologies to be equally respected. The conscious awareness in our ability

to know the truth and not idealize the dominant Euro-American culture that perpetuates the

imperialistic, colonial, Eurocentric standards from which it was born re-establishes authority in

the consciousness of the collective and the individual to trust and learn from their own

experiences of what is true (Fanon, 1961/1963, 1952/1967; Freire, 1970/1989). Participants in

traditional healing processes stand to benefit even beyond the inherent medicinal power of such

practices, through the process of reclaiming and utilizing cultural activities, challenging the

dominant hierarchy, and reasserting validity and value for the collective and the individual.

Thus, engaging in traditional African culture may also have positive effects of confidence and

pride for persons of African ancestry (Rowe & Webb-Msemaji, 2004).

Research Needs and Goals

African American research and practice has evolved from a generally broad perspective

with a predisposition to overlook cultural values to a more current perspective that recognizes the

need to incorporate cultural sensitivity and cultural competence that ultimately supports the use

of ethnic-centered interventions (Germain, 1991; Gilbert et al., 2009; Hill 1999; Solomon, 1976).

Such interventions, at a minimum, emphasize the practitioner's cultural competencies and

attention to prominent ethnocultural factors such as beliefs, language and tradition (Gilbert et al.,

2009). However, when working with persons of African ancestry from within an African

centered paradigm, it goes beyond the recognition of strengths and cultural sensitivity, and it is a

perspective that is complimentary and holistic for the community, the families, and individuals

within it (Grills et al., 2016; Nobles, 2013; Gilbert et al., 2009). This perspective includes values

such as interdependence, collectivism, transformation and spirituality, such values that have

helped African Americans historically survive (Akbar, 1984; Asante, 1988; Karenga, 1996;

Nobles & Goddard, 1993).

As part of a larger project to document an extensive collection of African centered

programs and evaluation studies, Gilbert et al. (2009) performed a systematic review of ten

years' worth of interventions, grounded in African centered principles across psychology, social

work, and affiliated professional disciplines. They found a major barrier that prevents the full

integration of the African centered paradigm into curriculums and practice. They found that

many African centered programs lack cohesive documentations, hence limiting the ability of

such programs to be established as best practices or EBPs through replication and multiple trials.

Although it is known that culturally relevant interventions are more likely to lead to long-lasting

behavior change than do interventions that do not consider a client's culture and social context

(Davis, 1997; Nobles & Goddard, 1993), there is still opportunity for the advancement of

African centered research to move on to the replication of existing interventions that show

efficacy, which would build a strong case for evidence-based African centered practices.

Local expressions of distress and efficacy of culturally centered interventions. Each culture varies in terms of the experience, expression, and explanation of psychological and spiritual distress (Harvey & Tummala-Narra, 2007; James & Prilleltensky, 2002). African Americans may perceive, understand, and exhibit emotional distress differently from Euro-Americans which for whom many of the mainstream psychological theories and diagnoses have been created and validated (Eagle, 2005; Smith, 1999; Watts-Jones, 2002). Inevitably, these expressions may also vary within the African American community based on factors such as generational differences, socio-economic status, level of education, geographical location, community involvement, and/or spiritual practices (Hill, 1999; Smedley et al., 2002; Wong, 2015).

The etiology of negative expressions of distress has been an issue of importance within the African centered perspective. The systemic and structural barriers - such as discrimination, institutionalized racism, and internalized oppression - for African persons in the United States were created from imperialistic colonial ideals (Fanon, 1952/1967; Goodman & Gorski, 2014; Hord, 1991). When persons of African ancestry lack cultural knowledge, self-appreciation, and positive ethnic identification but internalize negative views, stereotypes, and myths about themselves, they become engaged in a pattern of coping responses that are not self-promoting (Myers, 1993; Nobles & Goddard, 1993). Such negative patterns of coping may include "fatalism, overemphasis on materialism, and self-destructive behaviors—such as substance abuse, violence, and other risk behaviors" (Gilbert et al., 2009, p. 245).

African centered practices and interventions emerged in response to traditional Eurocentric theories and psychological approaches that failed to consider the worldviews of populations that have been historically oppressed (Akbar, 1984; Asante, 1988; Grills & Rowe,

1998). From an African centered perspective, it is understood that historical oppression and

distress and coping patterns in reaction to the oppression are the leading cause of psychosocial

issues confronting African Americans. According to Gilbert et al. (2009), the resilience of

persons of African ancestry "rests on the development of an identification and acceptance of a

culture based on knowledge of its African heritage and the promotion of behaviors, thoughts, and

emotions that foster the liberation of African people from oppression and repression" (p. 245).

Thus, a reclamation of African culture is not only phenomenologically healing, but also crucial

to the wherewithal and positive existence of people of African ancestry (Gilbert et al., 2009;

Hilliard, 1997; Nobles & Goddard, 1993)

Culturally relevant, efficacious research. Historically, scientific research has been

used to justify racist and dehumanizing policies towards African Americans (Goodman &

Gorski, 2014; Hord, 1991; Smedley, 2007). Until the 1960s, most research on African

Americans in the United States was designed from a western, empirical perspective, and carried

out by Euro-American scientists. In many cases, these attempts to document medical and

psychological epidemiology in African American patients were contaminated by the assumed

objectivity and superiority of the Euro-American world-view, resulting in data that was likely

inaccurate and/or incomplete (Smith, 1999). Current research is still largely carried out within

the framework of scientific empiricism that lies within western parameters of what is evidenced-

based, and therefore must be carefully critiqued for both overt and subtle forms of bias and

cultural insensitivity, despite increased awareness of cultural issues in the field of psychology

(Gone, 2010; Goodman & Gorski, 2014).

In addition to the validity of prior research being called into question, the harm that these

research experiences have caused has created for many communities and persons of African

ancestry reticence towards participating in new research (Goodman & Gorski, 2014). Past experiences of being manipulated and marginalized have led many people of African Ancestry to feel justifiable distrust towards Euro-American scientists, researchers and methods (Hord, 1991; Smith, 1999). In a classic article by Joseph White (1970), entitled *Toward a Black Psychology* he asserts, "A Black person who is not suspicious of the White culture is pathologically denying certain objective realities of the Black experience" (as cited in Ford & Alan, 2011, p. 191). White (White & Cones, 2013) emphasizes that African Americans are exercising a psychological strength when they exhibit healthy suspicion. Such historical realities create difficulties in the evaluation of current mainstream programs and interventions for African-Americans due to non-compliance with treatment and early termination, resulting in incomplete data (Goodman & Gorsky, 2014; Jin, Sklar, Min Sen, & Chuen Li, 2008). In summation, much of the information predating the past five decades may be faulty due to cultural bias. However, the research that has been conducted with cultural sensitivity, and in a manner that is applicable to the identified needs and perspectives of people of African ancestry, is also limited by lack of resources and awareness (Dancy, Wilbur, Talashek, Bonner, & Barnes-Boyd, 2004; DeLoach & Petersen, 2010). Research conducted in a culturally congruent and relevant manner, from an African centered epistemology, is more likely to yield accurate information that is efficacious to the communities it is intended to help (Gilbert et al., 2009; Grills et al., 2016).

Through a western psychological lens, the reluctance of African American people to participate in research or seek treatment for emotional distress is commonly attributed to pathology in the individual. From a cognitive behavioral therapy perspective, it may be labeled as resistance, and ascribed to ambivalence, or reluctance to undergo the work of psychotherapy. Within the framework of African-centered psychology, concerns about the motivations or

perceptions of researchers and clinicians are acknowledged as legitimate and appropriate in the context of history (Thompson, Bazile, & Akbar, 2004; Wallace & Constantine, 2005). Furthermore, from the African centered perspective, it is ultimately seen as a concern that is situational and not pathological (Grills et al., 2016).

Legitimate concerns about the purpose and structure of research for African Americans have been advocated by Grills & Rowe (1999), Smith (1999), and Watkins & Shulman (2008), among others, to utilize community-based participatory action research, which incorporates community members as cultural liaisons and local experts. Community engagement improves the relevance of research goals, as well as cultural sensitivity in the process of gathering data (Grills & Rowe, 1999). These authors added the following:

> Community interdependence or collaboration increases the likelihood that the research questions are valid; that the data to be collected has integrity, approximates reality, and is accurate; and that the attempt to access the beliefs, practices, and issues germane to the community involved is successful. (Grills & Rowe, 1999, p. 251)

By minimizing power differentials between interviewers and subjects, more community members may be willing to participate and engage less in self-concealment behaviors (Dancy et al., 2004; Wallace & Constantine, 2005). African-centered psychology advocates for a collaborative approach with the foundational belief that the person is a total system of mind, body, and spirit that heals through the restoration of psychosocial equilibrium, therefore the client is the expert as to how and when their conditions, experiences, and needs are at a healthy equilibrium (Awanbor, 1982; Grills & Rowe, 1998; 1999).

Clinical Treatment Needs and Goals

Development of specific, culturally-centered interventions. Scholars and practitioners working in and with African American communities cite the urgent need to further develop culturally congruent psychological services, including targeted interventions that utilize traditional theories and practices consistent with African centered values (DeLoach & Petersen, 2010; Gilbert et al., 2009; Grills et al., 2016; Harrell & Rowe, 2013; Myers & Speight, 2010; Nobles, 2013; Piper-Mandy & Rowe, 2010; Sutherland, 2011; Watts-Jones, 2002). Although there is significant growth in the development and implementation of these types of services, challenges have included limited resources (e.g., funding, qualified providers) (Dancy et al., 2004; Grills & Rowe, 1999), lack of attention (Myers & Speight, 2010), lack of data (Gilbert et al., 2009), and caution about the generalizability of efficacy given the significant diversity in the African American population at the personal and community levels (Bridge, Massie, & Mills, 2008). There is also significant debate about whether interventions developed through current avenues and models, against a backdrop of Euro-American psychology, can be truly culturally congruent (Goodman & Gorski, 2014; Hord, 1991; Smith, 1999; Watkins & Shulman, 2008).

Connecting with cultural strengths. Current mainstream programs for African Americans are required to incorporate cultural sensitivity; however it is usually applied as an adjunct to traditional western psychotherapy, or other health and social services (APA, 2008; Hill et al., 2011). Nevertheless, cultural sensitivity is not enough to combat the African American experience of collective disenfranchisement and historical trauma that has resulted from enslavement and persistent racial disparities (Gilbert et al., 2009). In an examination of protective factors for Black families, Hill (1999) focuses on emphasizing various African American strengths rather than their deficits. He asserts that the American media's consistent

presentation of African Americans as poor, deviant and immoral reinforces racist attitudes and perpetuates a socially pathological view of African Americans that ultimately obscures the ability to perceive the real strengths of the African American community (Hill, 1999). He highlights some of these strengths as, strong achievement orientation, strong work orientation, flexible family roles, strong kinship bonds, and strong religious orientation (Hill, 1999). In an and article about understanding the dynamics that hider a therapeutic relationship with African Americans, Stevenson and Renard (1993) recognize the programs that have had successful outcomes identified and cultivated the following strengths during the process of psychotherapy, which included "the dependence on helpful extended relatives, transmission of cultural childrearing values, influence of a religious worldview, and family communication about surviving societal racism struggles, educational achievement, and Black pride and culture" (p. 433).

Identifying with positive cultural identities and ancestral strengths challenges internal and external negative stereotypes (Grills & Rowe, 1998; Nobles, 2013). The processes of thinking critically, outside of the Eurocentric paradigm, deconstruct the labels placed on African Americans, and exposes them as products of colonization and institutionalized oppression (Goodman & Gorski, 2014; Hord, 1991; Otis Williams et al., 2010). Doing this also provides a motive for changing destructive behaviors (Eagle, 2005). An affirmative cultural identity may also lead to increased collective and self-confidence, and feelings of empowerment, reducing the impact of historical trauma.

Reclaiming cultural traditions and practices can also decolonize traditional African centered practices that have been historically forbidden, disparaged, or adopted by Euro-Americans (Nobles, 1986). It de-privileges mainstream medical science's monopoly on the

processes of healing and challenges the roles indorsed by a Eurocentric hierarchy (Watkins &

Shulman, 2008). This process asserts the authority of African Americans as the personal and

collective experts on matters related to family, community, and wellness, and provides vast

resources of cultural knowledge and history.

Integration of traditional African rituals and ways of healing. Traditional African

ways of healing and other traditional cultural knowledge have much to offer in terms of

improving wellness in persons of African ancestry (Awanbor, 1982; DeLoach & Petersen, 2010;

Gregory & Harper, 2001; Grills & Rowe, 1998; Myers & Speight, 2010; Van Dyk & Nefale,

2005; Washington, 2010). In traditional African healing, rituals and ceremonies have been used

to represent the reclamation and recognition of the person or group's spiritual essence as one

with the creator; the incorporation of spirit is central to these events (Krippner, 2008). Various

aspects of rituals may include but are not limited to, ceremonial drumming, singing, dancing and

costumes, which are specially done for the purpose of cultivating divine energy (Griffith &

Savage, 2006; Harding, 2003). As Grills & Rowe (1998) acknowledge:

> No cure is complete without the performance of certain rituals on behalf of the patient.
> No ritual, such as sacrifice, libation, or prayer can be offered without the help of
> traditional healers. This ritualistic aspect of health is very critical in African medicine
> since it is through ritual … that persons are realigned in terms of their harmonic balance
> in the world. (p. 91)

 In an examination of African spiritual methods of healing, DeLoach and Petersen (2010)

highlight the use of rituals as an essential way in which healing and transcendence can occur.

They point to how transcendence as a spiritual intervention has been a historical necessity,

because it allowed Africans to increase their spiritual protection against the predominant

prevailing forces and the dehumanizing existence of enslavement. DeLoach and Petersen (2010)

insist that such spiritual methods have transitional implication towards one's ability to resist

colonialism and cultural genocide that continues to plague persons of African ancestry today.

Various researchers (DeLoach & Petersen, 2010; Gregory & Harper, 2001; Myers &

Speight, 2010; Van Dyk & Nefale, 2005; Washington, 2010) assert that the foundational

philosophical underpinnings to traditional African healing that allow for transcendence to occur,

is the knowing that the existence of the Creator is in all things. Van Dyk and Nefale (2005)

poignantly acknowledge the following:

> the … human being not only is the representative of God in creation but also shares in
> divine being. Among the people of Africa, [this] is considered to be the most important
> quality of [the human being], being the quintessence of authentic human existence. (p.
> 54)

In addition, according to Awanbor (1982) in his seminal piece regarding the healing

process in African psychotherapy, he denotes that along with "supernatural causality" (p. 207),

hope and faith is also of foundational importance in African psychotherapy, so much so that it is

recognized as "half the battle toward cure" (p. 207).

One potential challenge to the exploration and utilization of traditional African

knowledge is the reluctance to share the information with others or even acknowledge practice

due to fears based in historical punishment and ridicule for engaging in traditional culture,

particularly traditional religious African practices (DeLoach & Petersen, 2010; Grills & Rowe,

1998; Myers & Speight, 2010). The inhumane and brutal socio-political economic system of

chattel bondage practiced and sanctioned by the oppressive Eurocentric legal system during the

18th, 19th, and 20th centuries in the United States denied practices of indigenous religious rites

and rituals to persons of African ancestry (Myers & Speight, 2010). Although apprehensions to

practice and express knowledge of traditional African customs existed, early Africans who were

forcibly abducted to the United States most likely transformed European religious and spiritual

structures into African compositions that were filled with traditional African ways of knowing. This understanding "explicates the central role that spirituality plays in the tradition of African peoples" (Grills & Rowe, 1998, p. 86) and is a powerful source of balance and wellness in the African American experience today.

An urgent reason for bringing this information to the forefront now is to bring to light the danger of losing important cultural wisdom within a system that predicates permanent disparities in the lives of people of African ancestry (Otis Williams et al., 2010). Otis Williams et al. (2010) warn that "the suppression of African culture and life provides the lifeblood of the United States and their allies. This suppression, violent and repressive, permeates the space in which Africans exist and is experienced as power disparities" (p. 152). The recognition of the existence of power disparities for many Americans may be the first step to healing. African-centered psychology promotes balance in the understanding of the individual through the connection and interrelatedness of their environment, community and ultimately, their world at large (Gregory & Harper, 2001). Preserving cultural heritage in any form is of great importance, and to utilize such tools in a modern era, is an act of peaceful resistance, supports decolonization and promotes empowerment.

Culturally-congruent models of service-delivery. The literature recognizes that psychological services delivered within culturally-congruent systems of care improve treatment compliance and efficacy (Gregory & Harper, 2001; Grills & Rowe, 1999; Van Dyk & Nefale, 2005). Using European models of illness, health and healing on non-European clients tends to result in conflict (Van Dyk & Nefale, 2005). As Grills & Rowe (1999) describe, much of the Western and European-based mental health principles are biased and based on a model of deficiency; such that Western society is "focusing on negative attributions and pathological

behaviors" to detect what is wrong or deficient in the client "that ultimately reinforce stereotypes" (p. 252). Additionally, Gregory and Harper (2001) assert that "this deficit way of looking at and labeling people has potential to undermine esteem, confidence, and self-worth. It may undermine the energy needed to create change" (p. 307). African-centered psychology emphasizes a non-pathological approach to therapy, whereas the practitioner/healer uncovers what the client does well and builds upon those competencies with the intention of restoring order within self and the community based on principles of harmony, balance, interconnectedness, and authenticity (Gregory & Harper, 2001; Myers & Speight, 2010; Washington, 2010). According to Grills and Rowe (1998) when delivering culturally congruent models of service for persons of African ancestry, the elevation of the praxis of traditional African medicine and ways of healing is required "while simultaneously recognizing the limitations of western medicine in treating the health concerns of African peoples" (p. 90).

Reduction in barriers to resources for wellbeing. African Americans share the same mental health issues as the rest of the people in the United States, with arguably even greater stressors due to racism, prejudice, and economic disparities (Bryant-Davis, 2007; Fernando, 2004; Harrell, 2000; Williams et al., 2003). However, African Americans are reluctant to seek out psychological solutions or participate in psychological treatment (Gary, 2005; Snowden & Pingitore, 2002). In an article about barriers to mental health care for African Americans, Hines-Martin, Malone, Kim, and Brown-Piper (2003) identifies three types of barriers that prevent help-seeking behavior and mental health access for African Americans; they are personal (e.g., stigma, competing responsibilities, knowledge deficits), institutional (e.g., bureaucratic red tape, income not low enough to qualify for public services but not high enough to afford private insurance plans), and cultural (e.g., family opposition, cultural distrust of practitioners).

African-centered psychology offers practical approaches to reduce these disparities in westernized mental health and advocates the illumination of alternative resources for wellbeing. African centered principles such as collectivism, transformation, and spirituality create a foundation for wellbeing (Asante, 1988; Awanbor, 1982; Grills & Rowe, 1998; Nobles, 2013). In terms of mitigating personal barriers to seeking help, a person of African Ancestry may use the African centered principle of collectivism as a resource for wellness. The religious philosopher, John Mbiti (1970) said, "To be human is to belong to the whole community" (p. 3). African centered communities practice values that are consistent with healthy communal living. They support the survival and the fulfillment of the individual, family and community (Gregory & Harper, 2001). It is the interconnectedness of the community and the family that is essential to the understanding of help seeking behavior and utilization of health services for persons of African ancestry (Grills & Rowe, 1998).

African-centered psychology suggests utilizing the principle of transformation to alleviate institutional barriers to wellbeing for persons of African ancestry. Institutional systems of oppression impose limitations on the person and the community that are self-perpetuating to the processes of self-development and self-determination (Otis Williams et al., 2010). Critical awareness of the social forces that bombard and shape the consciousness of the person and the community, is needed to transform the acquiescent internalization of the dominant society's degrading, dehumanizing view of persons of African ancestry, into one of agency that stands up and speaks out against social injustice and inequality, specifically in this regard in terms of access to resources (Grills et al., 2016; Nobles, 2013).

From an African-centered psychology perspective, cultural barriers to resources of wellness can be removed the more one engages with one's spirituality. Seeking out practitioners

and wellness programs that are consistent with African centered values of spirituality can lead to healing which may be communally accepted and trusted (DeLoach & Petersen, 2010; Gregory & Harper, 2001; Grills & Rowe, 1998). Consistent with an African centered worldview, Myers and Speight (2010) explore the integrative presence of spirituality and its therapeutic benefits. They assert that everything, including humans, is spirit and that this principle energy reflects the essence and sustenance of all that is. Thus, to be human is to be Divine Presence incarnate (Myers & Speight, 2010). They assert that to be one with Supreme Being within our contemporary context allows us access a spiritual power within us that is a source for immeasurable healing (Myers & Speight, 2010).

Practitioner Needs and Goals

Culturally competent practitioners. Standards for cultural competency have been extensively debated and discussed in the literature (Bell, Wells, & Merritt, 2009; Bridge et al., 2008; Gregory & Harper, 2001; Grills & Rowe, 1999), however it has been broadly established that culture must be taken into consideration in order for psychological treatment to be considered ethical and effective (APA, 2002, 2008; Briggs, 2009; Hill et al., 2011; Jackson, 2009; Wells, Merritt, & Briggs, 2009; Wilson & Williams, 2013). American society has a long history of imposing that the norms of all people are determined by the norms of European and Euro-Americans (Henrich et al., 2010). Consequently, persons of African ancestry and other people of color in the United States were judged by a standard that was different from their true nature and were too often determined abnormal or pathological for the difficulty that many experienced in their efforts to assimilate to a Eurocentric culture (Nobles, 2013; Rowe & Webb-Msemaji, 2004).

African-centered psychology insists that culturally competent therapeutic services and practices must take the responsibility of retaining knowledgeable service providers that are from or are appreciative of the culture of those being served (Gregory & Harper, 2001; Grills & Rowe, 1999; Piper-Mandy & Rowe, 2010; Rowe & Webb-Msemaji, 2004), thus exercising African centered informed practice. A culturally competent approach promotes competence in its service providers by requiring that they understand their own cultural bias and the effect their bias may have in their delivery of therapeutic services (Bell et al., 2009). When skillful, self-aware workers incorporate the sociopolitical and economic environmental context of the population being served into the treatment process, then cultural competence has the ability to manifest (Briggs, 2009; Grills & Rowe, 1999; Piper-Mandy & Rowe, 2010). Thus, when serving clients of African ancestry in the United States today, practitioners who identify themselves with African ancestry may be necessary, but not necessarily sufficient. Culturally competent treatment for persons of African ancestry is based upon the service provider becoming competent in African centered psychological theory, which informs the directionality of treatment (Piper-Mandy & Rowe, 2010). While at the same time, the service provider must maintain a sense of honor and respect for the client's lived experiences; thus within this context, the relationship is guided and collaborative from an African centered perspective, and not authoritative and hierarchical as from a Eurocentric perspective (Gregory & Harper, 2001; Grills & Rowe, 1999). Thus, African-centered psychology might best prepare someone to work with historical trauma for persons of African ancestry.

Need for African American practitioners and African centered practices. African Americans account for approximately 25% of the people receiving mental health services in the United States, however only about 2% of the nation's psychologists and psychiatrists are African

American (U.S. Office of Minority Health & Health Disparities, 2005). This highlights an urgent need for more awareness and training in African-centered psychology. As a result, there is great need to document and increase culturally appropriate interventions, as well as establish a collection of best practices on the emerging work of African-centered psychology, with emphasis on interventions for marginalized and resource-deprived African Americans.

African-centered psychology advocates for the development of the person to think critically and the community to engage in a critical consciousness to challenge societal norms and the social structure at large, and to reclaim African centered principles and values (Grills et al., 2016). In doing so, we heal, repair and empower ourselves (Nobles, 2013). This in turn may lead to a greater number of African Americans to pursue careers in health and wellness. As we expand our definition of research, evidence-based, healing, and therapeutic practices to include African centered notions of wellness, this may encourage practitioners from more diverse backgrounds to enter the field. Organizations that are committed to social awareness, collaboration, and empowerment of all people are likely to be viewed as more welcoming of practitioners that are African American or from other diverse cultural backgrounds.

Societal Needs and Goals

Reparations and apologies. There has never been an official apology by the United States government for the federally sanctioned atrocities committed against persons of African ancestry in the United States (Brophy, 2006; Cha-Jua, 2014; Obuah, 2016). This is one of the reasons why the call for reparations is a recurring theme in African American history and continues to be an issue of significance. African Americans have seen reparations paid to other groups such as Native Americans, Japanese Americans, and victims of the Nazi Holocaust (Brophy, 2006). Thus, given the history of apologies and reparations to other groups it creates

an even greater frustration that after 150 years, the children of African Americans who were in bondage for more than 350 years in the United States have not yet received reparation for this atrocity.

Academic scholars Brophy (2006), Cha-Jua (2014) and Obuah (2016) attempt to answer this question in their examinations of the current existing scholarships on reparations for African America. Brophy (2006) and Obuah (2016) describe the historical and contemporary evolution of ideas of the main epistemic communities that are concerned with the highly controversial and divisive issue of reparations. They found four main groups, one group opposed to reparations, and three groups in favor of reparations that promote the use of the following models: activism & confrontational model in favor of monetary compensation, atonement/conversational/moral model focused on turning apology into meaningful material reality, and lastly, the quest for reparations to Africa model where the focus is more for Africa's claim against the governments of countries which promoted, participated and were enriched by the trade of enslaved Africans and the industrialized institutions of Africans in bondage, and consequently governments of colonialism and apartheid as well (Brophy, 2006; Obuah, 2016). According to Obuah (2016), the debate has become academic and will continue to grow and expand until there is a consensus on how to seek "redress, atonement and compensation for the atrocities and economic, social and cultural dislocations caused" (p. 51).

African centered practitioners advocate for social justice, and the ability to think critically and grow in our communal critical consciousness (Grills et al., 2016; Nobles, 2013; Otis Williams et al., 2010). African centered psychological theory would supports advocating for recognition, reconciliation, apologies and reparations from social injustice, ideas that all three groups in favor of reparations promote. However, contemporary African centered psychological

theory largely aligns with the most nascent model advocating for reparations on a global scale,

due to its focus on healing Africans in the United States as well as Africans throughout the

diaspora (Meyers & Speight, 2010; Nobles, 2013; Piper-Mandy & Rowe 2010; Sutherland, 2011;

Washington, 2010). In an address to the attendees of the First Pan Afrikan Conference on

Reparation held in Abuja, Nigeria, Chinweizu (1993; as quoted in Obuah, 2016) encapsulated the

major intentions and goals of the quest for reparations to Africa supporters in the following

statements:

> Reparation is not just about money; it is not even mostly money; in fact, money is not even one per cent of what reparation is about. Reparation is mostly about making repairs, self-made repairs, on ourselves: mental repairs, psychological repairs, cultural repairs, organizational repairs, social repairs, economic repairs, political repairs, educational repairs, repairs of every type that we need in order to recreate and sustain viable Black societies. More important than any monies to be received, more fundamental than any lands to be recovered, is the opportunity the Reparations campaign offers us for the rehabilitation of Black people, by Black people, for Black people, opportunities for the rehabilitation of our minds, our material condition, our collective reputation, our cultures, our memories, our self-respect, our religions, our political traditions and our family institutions; but, first and foremost, for the rehabilitation of our minds. (p. 51)

Obuah (2016) recognizes that although there is a contemporary reparations consciousness that is

growing, especially in the academic arena, he believes there is also however, a lack of political

drive in African leadership to articulate demands for reparation on a global scale and then

continue to present such demands in various international forums. The struggle for reparations

continues.

Summary

This analysis presents some of the most prominent patterns of needs and goals identified

in the literature on African-centered theories and practices for persons of African ancestry

psycho-spiritual health in the United States. African centered scholars, researchers, practitioners,

activists, and community members identify these needs and goals as essential to increase

physical, relational, spiritual, and psychological wellness in African American communities, and heal the long-standing wounds of historical trauma. They are broadly categorized here as epistemological, research, clinical, practitioner, and societal, but in practice these tasks are interrelated, and therefore must be addressed concurrently.

Concepts and strategies from an African-centered psychology framework were explored for their potential to help illuminate challenges, address needs, and support identified goals in a manner consistent with culturally relevant values, and complementary to work currently being done in this field. African-centered tools and strategies that were discussed include a restoration of cultural strengths, development of critical consciousness at the communal level and the ability to think critically at the personal level, a reclamation of historical and collective memory, and speaking out and standing up from a personal sense of agency to restore justice. The assumptions, values, and methods underlying an African-centered psychology framework including interdependence, collectivism, transformation, and spirituality, are congruent with the aspirations of vested and interested persons in the African American community.

Chapter 5: Discussion

This section will discuss potential conclusions that can be drawn from this critical analysis of the literature. It will also discuss potential limitations of the critical analysis, steps taken to counteract their impact, and the possible effects the limitations may have had on the content and conclusions of this dissertation. Questions raised by this critical analysis, and directions for future research will also be discussed.

Emerging Hypotheses

- African-centered psychology offers a theoretical perspective that is both compatible and complementary to current theories, challenges, and strategies in the field of African-centered psychology and wellness.

- The central premises of African-centered psychology support critiques about the ability of mainstream psychology to address psycho-spiritual distress in persons of African ancestry individuals and communities, and offer alternative modes of conceptualization and epistemology.

- Understanding of the mechanisms, effects and sequelae of historical trauma that is enriched by an African-centered psychology perspective.

- Incorporating African centered practices (development of critical consciousness and the ability to think critically, reclamation of historical and collective memory, and agency for social justice) into therapeutic work may support the goals identified in the field of African-centered psychology, including increased cultural pride and community empowerment.

Limitations

This analysis has several important limitations that may have affected this author's choice of literature, quality and depth of investigation, critical analysis of data, synthesis of information, and conclusions. These limitations may also impact the practical use of this analysis for health professionals, communities and individuals. This section will discuss potential limitations of this critical analysis, as well as the steps taken to minimize and/or offset their impact.

This work makes general statements about the ethnic identity and tradition of a very diverse culture. While academic investigation has a precedent for doing so, the conclusions drawn may not apply to all persons of African ancestry and their communities in the United States.

The absence of original data is an inherent limitation of the critical analysis format. The literary works of other theorists and practitioners were mined for information about the challenges and needs of the African American community with regards to mental health and healing. Qualitative data from medical, scientific, social science and governmental agencies and data bases was utilized to support statements about historical and contemporary epidemiology. Both formal and observational qualitative and quantitative formats were used to help inform and support the relations, connections, and conclusions drawn in this dissertation. Furthermore, the statements and conclusions from this critical analysis have not been directly tested, either by rigorous scientific study or comprehensive feedback from experts in the field. However, the validation of this analysis is supported by the materials cited herein, and by the approval of the dissertation committee. It would be advantageous to complement this work with the assessment of specific programs and approaches utilizing the theories that were explored here.

The author has endeavored to remain mindful of possible bias. Though some have argued that a dualistic frame is problematic, for example western psychology is bad and ACP is good (Jamison, 2010), the primary aim has been to suggest an alternative theoretical framing that incorporates more affirmative perspectives towards persons of African ancestry. The author strived to stay particularly aware not to over identify with the brutally violent and inhumane justifications against African Americans found in the literature due to her paternal African American heritage. While it is not possible to completely restrict one's cultural perspective or experience, critical self-reflection and consultation with experts may have limited the potentially negative effects of unconscious cultural bias. The author maintained an intention to stay open-minded to investigation while upholding a respectful position of learning with regard to the experiences, traditions, and history discussed herein.

This dissertation's conclusions about healing historical trauma have been mainly limited to an exploration and discussion of African-centered psychology as framed or influenced by African American authors for various reasons. This decision was a conscious choice rooted in the investigator's inability, due to academic constraints, to comprehensively review and analyze the extraordinary amount of African literature that has amassed, over millenniums. Since African forms of healing and medicine are thousands of years old, the literature is vast and quite diverse, making a truly comprehensive review of African literature difficult to accomplish within the time constraints and purposes of a dissertation requirement. Therefore the author limited the literature, largely, to the United States, as it pertains to psychological health related to, physical health, social science and statistical data. The author's decision of what African centered theories and ideologies to include and not include, may also affect the way this work is received

by African American practitioners, communities, and individuals who were intending to read a more comprehensive analysis.

African-centered psychology, which has been identified by researchers in this field as an effective and culturally-congruent framework for persons of African ancestry in the United States (Rowe & Webb-Msemaji, 2004). However, an exploration of a variety of approaches, especially ones that are congruent with African-centered psychology values and principles, may also serve the goal of healing the sequela of historical trauma in modern-day African America as well.

While certain traditional trauma models of intervention may help to reduce some clinical symptoms found in African people, DeLoach & Peterson (2010) insist that, beyond symptoms, healing and restoration of the African spirit is needed to combat the psychospiritual and physical assaults that continue upon African people today. DeLoach & Peterson's (2010) work highlights a question, how does a person heal from assaults that are ongoing? The traumatic memory of these assaults are a part of our shared experience, where they reside in our collective memory and become a part of our collective identity (Alexander, Eyerman, Giesen, Smelser, & Sztompka, 2004). Thus, in addition to DeLoach and Peterson (2010), many other African centered healer-psychologist such as Grills & Rowe (1998), Myers and Speight (2010), Phillips (1998), Van Dyk and Nefale (2005), and Washington (2010) to name a few, suggest engaging in one of the many forms of African healing that emphasizes reunification with the African centered principle of spirituality, where the experience of these assaults can be transformed into meaning, then into healing, therefore allowing transcendence to serve as a protective factor against future attacks.

From a Black power based perspective of healing, a call to action in required for healing. Black power movements suggest using your power in the form of resistance is way of claiming one's power back. Using one's power against dehumanization, oppression and anything that devalues a person's self, community, culture, etc. is an act of resistance. In the civil rights era, peaceful resistance movements were an effective call to action for African Americans. Modern day acts of peaceful resistance for persons of African ancestry may include: active engagement in protests and activism, exercising Black love (i.e. loving Black people in society, raising Black children to love themselves, etc.). In addition, peaceful resistance may also include active participation in one's own healing within a communal setting, known as Emotional Emancipation Circles. Since it's conception in 2006, Emotional Emancipation circles were developed in collaboration with the Association of Black Psychologists and the Community Healing Network in an effort to "create safe spaces where Black people can work together to overcome and overturn the lie of Black inferiority" (Grills et al., 2016, p. 6) and restore a full sense of humanity to persons of African ancestry in the United States and throughout the world. These are only some examples of how resistance and reclaiming power can be done right now. However there are many ways one can act in resistance to oppression. As Hamilton and Ture (2011) emphasizes, persons of African ancestry are only exhibiting human nature when they react to oppression, "Africans demonstrate the universal law of human nature: Where there is oppression there is resistance, and where oppression grows, resistance grows" (p. 194).

Finally, a potential limitation of this dissertation is the inherent contradiction of critiquing Western epistemology within the empirical structure and demands of the dissertation format (Mertens, 2012).

Directions for Future Research

A comprehensive discussion of all aspects of trauma and memory was beyond the scope of this dissertation, but may suggest fruitful directions for future research on the experience of historical trauma on persons of African ancestry and the examination of memory resilience. Persons of African ancestry in the United States have essentially maintained African cultural markers such as interdependence, community, spirituality and closeness to nature as a way of understanding the world, although every effort to was made to rid African people of these principles. Generations of spiritual, psychological, and physical abuse and terror that even the most resilient of human beings could not have escaped from (Grills et al., 2016), still such Africanisms survived.

One possible reason for this may not have to do with traditional aspects of cognitive memory at all, but more biological aspects of cellular memory influenced by epigenetics. Medical professor and research scientist, Bruce Lipton (2015) identifies how one's perception or belief about the environment influences genetic expression within the cells of our body. A summary of Lipton's (2015) explanation is that every one of the 50 trillion sells in a human body is surrounded and supported by blood. Based on perceptions or beliefs about one's environment, one's brain releases certain chemicals from the brain, to create one's blood chemistry. The chemicals in the blood that surround the cells in the cellular environment, influence the cells to protect or grow depending on the signals the cells receive from the brain about the environment, thus teaching the cell to respond (or genetically express) in a certain way, hence teaching the cells to learn. It is the process of learning through the perception or beliefs about one's environmental experiences, that the cells are able to create cellular memory. These cellular memories then get passed on to one's offspring, from one generation to the next (Lipton, 2015).

Although this explanation is quite simplistic and requires a further detailed explanation of each of the biological and cellular processes presented here, however, it is still quite exhilarating to consider that epigenetics may explain how traditional African principles were able to survive for generations, despite the traumatic history of a person of African ancestry. In addition, epigenetics may also serve as evidence for the transmission of historical trauma as well because, not only do cells learn to genetically express themselves in resiliency, but also from responses that influence the cells traumatically. Nevertheless, a much more detailed explanation is required, but is out of the scope of the work presented within this manuscript and is an area for future research and discovery.

The topic of epigenetics has not been discussed in this dissertation, because it carries its own unique constellation of potential contributions and challenges, and research on these findings are at the early stages of development. However, it is promising research that has begun to explain the biological workings of how very strong beliefs, such as generations of strong spiritual African beliefs, influence cellular life. This offers additional insight into how mind, body and spirit influence each other in terms of health and wellness. Epigenetic research also seems to contribute to a greater understanding in to the resilience of African Americans throughout historical and contemporary societal assaults. It certainly merits further research in the realm of African centered spiritual practices and beliefs, and their epigenetic benefits. Lipton asserts, "The belief that we are frail, biochemical machines controlled by genes is giving way to an understanding that we are powerful creators of our lives and the world in which we live" (Lipton, 2015, p. xv). Biological science seems to finally be "giving way to an understanding" that has been taught by our African ancestors for millenniums. It seems western science may have finally begun to catch up.

Conclusion

African-centered psychology is offered here as a framework with promising potential to address the impact of historical trauma in contemporary persons of African ancestry in the United States of America, particularly in regards to challenging internalized colonialism or oppression, and increasing confidence, cultural pride, sense of empowerment, and agency. African-centered psychology advocates development of critical consciousness and the ability to think critically regarding the psycho-social causes of distress and disparities, reclamation of identity through the revival of cultural strengths and historical memory, the ability to reshape our collective memory, and the efficacy in challenging—and changing—unjust systems, industries, and practices, all with the affirmation of our spiritual power.

As our African ancestors taught, our spiritual power is greater than we could ever imagine. It offers relief from distress. It allows us to engage with the brutally violent injustices from history and conceptualize their meaning into an instrument of growth, granting us the ability to forgive and accept the past and ultimately transform communities and individuals into our better selves for generations to come.

In the Unites States of America we are a people of various ancestries and cultures. The founding fathers of this nation brought with them the imperialist systems and infrastructure from which they built the industries of what remains standing today. But more and more, not just people of African ancestry, people of various backgrounds and beliefs as well are feeling disenfranchised about the current systems in place and are expressing their disapproval and creating change, movements such as #BlackLivesMatter, the Same Sex Marriage, and Occupy Wall Street, to name a recent few. It is this author's belief that these organizations and other like them are raising the social awareness that our current systems do not work for all. It is through

this reckoning that collectively, we agree to change them. Our founding fathers, George

Washington, Thomas Jefferson, Benjamin Franklin, John Adams, and many others were theists.

Theism was based on the principles learned from indigenous ancient wisdom such as equality

and the balance of material and spiritual (Lipton, 2009). The country was built with these

principles in mind; it is the foundational underpinnings that were written in the constitution that

allow the constitution to adapt and change with time. As president Obama stated in 2009 in an

open letter to his daughters, with respect to the future of America, he stated, "America is great

not because it is perfect but because it can always be made better" (Obama, 2009). I end with a

quote from Ayi Kwei Armah:

> In the age of European violence, you whose work was the telling of our narrative were cut
> off from our future, suspended as in a sentence of death, and jokingly described as mere
> griots, praise singers to times now dead. And we who grew up in the patriarchal violence
> of the pillagers' tutelage, we were nurtured on the strangest narratives, rooted in blood,
> watered with lies. That odd narrative said only one story was human, "the European
> story." It said that one narrow story would have to account for everything: the beginning
> of humanity, its progress, its destiny. . . . In the fields of triumphant power we left our
> minds for dead. And yet under the chaos of the slaughterhouse of souls, sometimes a mind
> here, another there, refused to die. (Armah, 2002, pp. 136-137)

References

Adler, N. E., Boyce, T., Chesney, M. A., Cohen, S., Folkman, S., Kahn, R. L., & Syme, S. L. (1994). Socioeconomic status and health: The challenge of the gradient. *American Psychologist*, *49*(1), 15-24. doi:10.1037/0003-066X.49.1.15

Agbetu, T. (2011). Restoring the pan African perspective: Reversing the institutionalization of maafa denial. In L. Smith, G. Cubitt, R. Wilson, & K. Fouseki (Eds.), *Representing enslavement and abolition in museums: Ambiguous engagements* (pp. 61-74). London, UK: Routledge.

Akbar, N. (1984). Africentric social sciences for human liberation. *Journal of Black Studies, 14*, 395-414. doi:10.1177/002193478401400401

Alexander, J. C., Eyerman, R., Giesen, B., Smelser, N. J., & Sztompka, P. (2004). *Cultural trauma and collective identity*. Los Angeles, CA: University of California Press.

Alexander, M. (2010). *The new Jim Crow: Mass incarceration in the age of colorblindness.* New York, NY: The New Press.

Allwood, C. M., & Berry, J. W. (2006). Origins and development of indigenous psychologies: An international analysis. *International Journal of Psychology*, *41*(4), 243-268. doi:10.1080/00207590544000013

American Psychological Association. (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists.* Retrieved from http://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx

American Psychological Association. (2005). *Policy statement on evidence-based practice in psychology.* Retrieved from http://www.apa.org/practice/resources/evidence/evidence-based-statement.pdf

American Psychological Association. (2008). *Report of the task force on the implementation of the multicultural guidelines.* Retrieved from https://www.apa.org/about/policy/multicultural-report.pdf

American Psychiatric Association. (2013). *The diagnostic and statistical manual of mental disorders* (Rev. 5). Washington, DC: Author.

Anderson, N. B., Bulatao, R. A., & Cohen, B. (2004). *Critical perspectives on racial and ethnic differences in health in late life.* Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK25532/

Anderson, S. E. (2007). *The Black holocaust for beginners*. Newburyport, MA: Red Wheel/Weiser.

Ani, M. (2004). *Let the circle be unbroken: The implications of African spirituality in the diaspora*. Washington, DC: Nkonimfo Publications.

Aptheker, H. (Ed.). (1971). *A documentary history of the negro people in the United States: From colonial times through the civil war* (Vol. 1). New York, NY: Citadel Press.

Armah, A. K. (2002). KMT: In the house of life: an epistemic novel. San Francisco, CA: Per Ankh Publishing.

Arnett, J. J. (2008). The neglected 95%: Why American psychology needs to become less American. *American Psychologist*, *63*(7), 602. doi:10.1037/0003-066X.63.7.602

Asante, M. K. (1988). *Afrocentricity: The theory of social change.* Trenton, NJ: Africa World Press.

Asante, M. (2011). *Afrocentric idea revised.* Philadelphia, PA: Temple University Press.

Awanbor, D. (1982). The healing process in African psychotherapy. *American Journal of Psychotherapy, 36*(2), 206-213. Retrieved from www.ajp.org/

Azibo, D. A. (1992). *Understanding the proper and improper usage of the comparative research.* In A. K. H. Burlew, W. C. Banks, H. P. McAdoo, & D. A. Azibo (Eds.), *African American psychology: Theory, research, and practice* (pp. 18-27). Newbury Park, CA: Sage.

Azibo, D. A. (1996). *African psychology in historical perspective and related commentary.* Trenton, NJ: Africa World Press.

Azibo, D. (2010). Criteria that indicate when African-centered consciousness is endangered or depleted by the mass media. *Journal of Pan African Studies*, *3*(8), 135-150. Retrieved from www.jpanafrican.org/

Baker, K., & Gippenreiter, J. (1998). Stalin's purge and its impact on Russian families: A pilot study. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 403-434). New York, NY: Plenum Press.

Baranowsky, A., Young, M., Johnson, D., Williams-Keeler, L., & McCarrey, M. (1998). PTSD transmission: A review of secondary traumatization in Holocaust survivor families. *Canadian Psychology, 39*, 247-256. doi:10.1037/h0086816

Barkham, M., Hardy, G. E., & Mellor-Clark, J. (2010). *Developing and delivering practice-based evidence: A guide for the psychological therapies*. Chichester, West Sussex, UK: Wiley-Blackwell.

Barkham, M., & Mellor-Clark, J. (2003). Bridging evidence-based practice and practice-based evidence: Developing a rigorous and relevant knowledge for the psychological therapies. *Clinical Psychology & Psychotherapy, 10*(6), 319-327. doi:10.1002/cpp.379

Bell, C. C., Wells, S. J., & Merritt, L. M. (2009). Integrating cultural competency and empirically-based practices in child welfare services: A model based on community

psychiatry field principles of health. *Children and Youth Services Review, 31*(11), 1206-

1213. doi:10.1016/j.childyouth.2009.08.011

Berg, M. B., Mimiaga, M. J., & Safren, S. A. (2008). Mental health concerns of gay and bisexual

men seeking mental health services. *Journal of homosexuality*, *54*(3), 293-306.

doi:10.1080/00918360801982215

Berlin, I. (1975). *Slaves without masters: The free Negro in the antebellum South*. New York,

NY: Pantheon.

Berlin, I. (2009a). *Generations of captivity: A history of African-American slaves*. Cambridge,

MA: Harvard University Press.

Berlin, I. (2009b). *Many thousands gone: The first two centuries of slavery in North America*.

Cambridge, MA: Harvard University Press.

Berlin, I., Favreau, M., & Miller, S. F. (2007). *Remembering slavery: African Americans talk

about their personal experiences of slavery and emancipation*. New York, NY: The New

Press.

Berlin, I., Reidy, J. P., & Miller, S. F. (1993). *Freedom* (Vol. 2). New York, NY: Cambridge

University Press.

Bhui, K., King, M., Dein, S., & O'Connor, W. (2008). Ethnicity and religious coping with mental

distress. *Journal of Mental Health*, *17*(2), 141-151. doi:10.1080/09638230701498408

Black, S. R., Spence, S. A., & Omari, S. R. (2004). Contributions of African Americans to the

field of psychology. *Journal of Black Studies*, *35*(1), 40-64.

doi:10.1177/0021934704263124

Blackmon, D. A. (2009). *Slavery by another name: The re-enslavement of Black Americans from

the Civil War to World War II*. New York, NY: Anchor.

Boykin, A. W. (1994). Afrocultural expression and its implications for schooling. In E. R.

    Hollins, J. E. King, & W. C. Hayman (Eds.), *Teaching diverse populations: Formulating*

    a knowledge base (pp. 50-51). Albany, NY: Suny Press.

Brave Heart, M. (1999). Oyate Ptayela: Rebuilding the Lakota Nation through addressing

    historical trauma among Lakota parents. *Journal of Human Behavior in the Social*

    Environment, 2(1/2), 109-126. doi:10.1300/J137v02n01_08

Brave Heart, M. (2003). The historical trauma response among natives and its relationship with

    substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs, 35*(1), 7-13.

    doi:10.1080/02791072.2003.10399988

Brave Heart, M. Y. H., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among

    indigenous peoples of the Americas: Concepts, research, and clinical considerations.

    Journal of Psychoactive Drugs, *43*(4), 282-290. doi:10.1080/02791072.2011.628913

Brave Heart, M., & DeBruyn, L. (1998). The American Indian holocaust: Healing historical

    unresolved grief. *American Indian and Alaska Native Mental Health Research, 8*(2), 56-

    78. Retrieved from

    http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/jo

    urnal/Pages/journal.aspx

Bridge, T. J., Massie, E. G., & Mills, C. S. (2008). Prioritizing cultural competence in the

    implementation of an evidence-based practice model. *Children and Youth Services*

    Review, 30(10), 1111-1118. doi:10.1016/j.childyouth.2008.02.005

Briggs, H. E. (2009). The fusion of culture and science: Challenges and controversies of cultural

    competency and evidence-based practice with an African American family advocacy

network. *Children and Youth Services Review, 31*(11), 1172-1179.

doi:10.1016/j.childyouth.2009.09.001

Brophy, A. L. (2006). *Reparations: Pro and con.* New York, NY: Oxford University Press.

Brown, G. W., & Harris, T. (Eds.). (2012). *Social origins of depression: A study of psychiatric disorder in women*. London, UK: Routledge.

Bryant-Davis, T. (2007). Healing requires recognition: The case for race-based traumatic stress. *Counseling Psychologist, 35*(1), 135-143. doi:10.1177/0011000006295152

Burlew, A. K. H. (Ed.). (1992). *African American psychology: Theory, research, and practice*. Thousand Oaks, CA: Sage.

Byrd, W. M., & Clayton, L. A. (2015). *An American health dilemma: Race, medicine, and health care in the United States 1900-2000* (Vol. 2). London, UK: Routledge.

Carroll, K. K. (2010). A genealogical analysis of the worldview framework in African-centered psychology. *Journal of Pan African Studies*, *3*(8), 109-134. Retrieved from www.jpanafrican.org/

Carter, M. (2003). Telling tales out of school: 'What's the fate of a Black story in a White world of White stories?' In G. Lopez & L. Parker (Eds.), *Research (im-)positions: Interrogating racism in qualitative research methodology* (pp. 29-48). New York, NY: Peter Lang.

Carter, R. T. (2007). Racism and psychological and emotional injury recognizing and assessing race-based traumatic stress. *Counseling Psychologist*, *35*(1), 13-105. doi:10.1177/0011000006292033

Centers for Disease Control and Prevention. (2004). *The burden of chronic diseases and their risk factors: National and state perspectives*. Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Cha-Jua, S. K. (2014). Robert L. Allen's "Past due: The African American quest for reparations:"
A contemporary observation. *Black Scholar, 44*(3), 29-31. doi:
10.1080/00064246.2014.11641238

Chattel. (n.d.). In *Merriam Webster dictionary*. Retrieved from http://www.merriam-
webster.com/dictionary/chattel

Clark, R. (2003). Self-reported racism and social support predict blood pressure reactivity in
Blacks. *Annals of Behavioral Medicine*, *25*(2), 127-136.
doi:10.1207/S15324796ABM2502_09

Clark (X), C., McGee, D. P., Nobles, W., & Weems, L. (1975). Voodoo or IQ: An introduction
to African psychology. *Journal of Black Psychology, 1*(2), 9-19. Retrieved from
jbp.sagepub.com/

Clear, T. R. (2007). *Imprisoning communities: How mass incarceration makes disadvantaged
neighborhoods worse.* London, UK: Oxford University Press.

Dancy, B. L., Wilbur, J., Talashek, M., Bonner, G., & Barnes-Boyd, C. (2004). Community-
based research: Barriers to recruitment of African Americans. *Nursing outlook, 52*(5),
234-240. doi:10.1016/j.outlook.2004.04.012

Danieli, Y. (Ed.) (1998). *International handbook of multigenerational legacies of trauma*. New
York, NY: Plenum Press.

Davis, E. E., & Huffman, F. G. (2007). Differences in coronary heart disease risk markers among
apparently healthy individuals of African ancestry. *Journal of the National Medical
Association, 99*(6), 658-664. Retrieved from www.journals.elsevier.com

Dharamsi, S., & Maynard, A. (2012). Islamic-based interventions. In S. Ahmed, & M. M. Amer (Eds.), *Counseling Muslims: Handbook of mental health issues and interventions* (pp. 135-160). New York, NY: Routledge.

Davis, K. (1997). *Consumer driven standards and guidelines in managed mental health for populations of African descent: Final report on cultural competence.* Rockville, MD: Center for Mental Health services.

Davis, S. K., Liu, Y., & Gibbons, G. H. (2003). Disparities in trends of hospitalization for potentially preventable chronic conditions among African Americans during the 1990s: Implications and benchmarks. *American Journal of Public Health, 93*(3), 447-455. doi:10.2105/AJPH.93.3.447

DeLoach, C. D., & Peterson, M. (2010). African spiritual methods of healing: The use of candomble in traumatic response. *Journal of Pan African Studies, 3*(8), 40-65. Retrieved from www.jpanafrican.org/

Dixon V. J. (1971) African-oriented and Euro-American oriented worldviews: Research methodologies and economics. *Review of Black Political Economy, 7*(2), 119-156. doi:10.1007/BF02689392

Drake, S. C. (1966). Negro Americans and the Africa interest. In J. P. Davis (Ed.), *American Negro Reference Book*, (pp. 512-545). Upper Saddle River, NJ: Prentice Hall.

Drescher, S. (2009). *Abolition: A history of and antislavery*. New York, NY: Cambridge University Press.

Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other native people*. New York, NY: Teachers College Press.

Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: State University of New York Press.

Eagle, G. T. (2005). Therapy at the cultural interface: Implications of African cosmology for traumatic stress intervention. *Journal of Contemporary Psychotherapy, 35*(2), 199-209. doi:10.1007/s10879-005-2700-5

Edkins, J. (2003). *Trauma and the politics of memory.* Cambridge: Cambridge University Press.

Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities a multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, *23*(3), 316-338. doi:10.1177/0886260507312290

Fairchild, H. H. (1988). Curriculum design for Black (African American) psychology. In P. A. Bronstein & K. Quina (Eds.), *Teaching a psychology of people: Resources for gender and sociocultural awareness* (pp. 134-141). Washington, DC: American Psychological Association.

Fanon, F. (1961/1963). *The wretched of the earth* (C. Farrington, Trans.). New York, NY: Grove Press. (Original work published 1961).

Fanon, F. (1952/1967). *Black skin, White masks* (C. Markmann, Trans.)*.* New York, NY: Grove Press. (Original work published 1952).

Fernando, S. (2004). *Cultural diversity, mental health and psychiatry: The struggle against racism.* New York, NY: Routledge.

Fiscella, K., & Williams, D. R. (2004). Health disparities based on socioeconomic inequities: implications for urban health care. *Academic Medicine*, *79*(12), 1139-1147. doi:10.1097/00001888-200412000-00004

Finkleman, P. (1997). *Dred Scott vs. Sandford: A brief history with documents*. New York, NY: Macmillan.

Fletchman Smith, B. (2011). *Transcending the legacies of slavery.* London, UK: Karnac.

Foner, E. (2011). *Reconstruction: America's unfinished revolution, 1863-1877*. New York, NY: Harper Collins.

Ford, R. C., & Alan, K. (2011). *Practical counselling.* Los Gatos, CA: Strategic Insight.

Franks, P., Muennig, P., Lubetkin, E., & Jia, H. (2006). The burden of disease associated with being African-American in the United States and the contribution of socio-economic status. *Social Science & Medicine, 62*(10), 2469-2478. doi:10.1016/j.socscimed.2005.10.035

Freire, P. (1970/1989). *Pedagogy of the oppressed*. New York, NY: Seabury. (Original work published 1970).

Gary, F. A. (2005). Stigma: Barrier to mental health care among ethnic minorities. *Issues in Mental Health Nursing*, *26*(10), 979-999. doi:10.1080/01612840500280638

Gee, G. C., Ryan, A., Laflamme, D. J., & Holt, J. (2006). Self-reported discrimination and mental health status among African descendants, Mexican Americans, and other Latinos in the New Hampshire REACH 2010 Initiative: The added dimension of immigration. *American Journal of Public Health*, *96*(10), 1821. doi:10.2105/AJPH.2005.080085

Germain, C. B. (1991). *Human behavior in the social environment.* New York, NY: Columbia University Press.

Gibbs, T. A., Okuda, M., Oquendo, M. A., Lawson, W. B., Wang, S., Thomas, Y. F., & Blanco, C. (2013). Mental health of African Americans and Caribbean Blacks in the United States: Results from the National Epidemiological Survey on Alcohol and Related

Conditions. *American Journal of Public Health*, *103*(2), 330-338. doi:10.2105/AJPH.2012.300891

Gilbert, D. J., Harvey, A. R., & Belgrave, F. Z. (2009). Advancing the Africentric paradigm shift discourse: Building toward evidence-based Africentric interventions in social work practice with African Americans. *Social work*, *54*(3), 243-252. doi:10.1093/sw/54.3.243

Gilmore, K. (2000). Slavery and prison: Understanding the connections (No. 81). *Social Justice, 27*(3), 195-205. Retrieved from http://www.jstor.org/stable/29767242

Goldwin, R. A., & Kaufman, A. (1988). *Slavery and its consequences: The constitution, equality, and race* (Vol. 7). Washington, DC: American Enterprise Institute.

Gone, J. P. (2010). Psychotherapy and traditional healing for American Indians: Exploring the prospects for therapeutic integration. *Counseling Psychologist, 38*(2), 166-235. doi:10.1177/0011000008330831

Goodman, R. D., & Gorski, P. C. (Eds.). (2014). *Decolonizing "multicultural" counseling through social justice.* New York, NY: Springer.

Gotanda, N., & Irons, P. (1985). Other non-whites in American legal history: A review of justice at war. *Columbia Law Review, 85*, 1186. doi:10.2307/1122468

Gregory, W. H., & Harper, K. W. (2001). The Ntu approach to health and healing. *Journal of Black Psychology*, *27*(3), 304-320. Retrieved from jbp.sagepub.com/

Griffith, R. M., & Savage, B. D. (2006). *Women and religion in the African diaspora: Knowledge, power, and performance.* Baltimore, MD: JHU Press.

Grills, C. (2002). African-centered psychology. Basic principles. In T. A. Parham (Ed.), *Counseling persons of African descent*, 10-24. doi:10.4135/9781452229119.n2

Grills, C. N., Aird, E. G., & Rowe, D. (2016). Breathe, baby, breathe: Clearing the way for the emotional emancipation of Black people. *Cultural Studies Critical Methodologies*, *16*(3). doi:1532708616634839

Grills, C. N., & Rowe, D. M. (1998). African traditional medicine: Implications for African centered approaches to healing. In R. Jones (Ed.), *African American mental health: Theory, research and intervention*. Hamptom, VA: Cobb & Henry.

Grills, C. N., & Rowe, D. M. (1999). Constructing and managing culturally competent research teams for community-based investigations. *Drugs & Society, 14*(1-2), 247-268. Retrieved from https://www.researchgate.net/journal/8756-8233_Drugs_Society

Guelzo, A. C. (2005). *Lincoln's Emancipation Proclamation: The end of slavery in America.* New York, NY: Simon and Schuster.

Gump, J. P. (2010). Reality matters: The shadow of trauma on African American subjectivity. *Psychoanalytic Psychology*, *27*(1), 42-54. doi:10.1037/a0018639

Gunn, A. P. (1999). 'Who is your mother? Red roots of White feminism.' In C. Lemert (Ed.), Social theory: The multicultural and classic readings (pp. 584-594). Boulder, CO: Westview Press.

Gwaltney, J. (1980/1993). Drylongso: A self-portrait of Black America. New York, NY: New Press. (Original work published 1980).

Harding, R. E. (2003). *A refuge in thunder: Candomblé and alternative spaces of Blackness.* Bloomington, IN: Indiana University Press.

Hamilton, C., & Ture, K. (2011). *Black power: Politics of liberation in America*. New York, NY: Vintage.

Harrell, J. P., Hall, S., & Taliaferro, J. (2003). Physiological responses to racism and

    discrimination: An assessment of the evidence. *American Journal of Public*

    Health, *93*(2), 243-248. doi:10.2105/AJPH.93.2.243

Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications

    for the well-being of people of color. *American Journal of Orthopsychiatry, 70*(1), 42-57.

    doi:10.1037/h0087722

Harrell, S. P., & Rowe, D. M. (2013). Clinical applications with African Americans. In D. W.

    Sue, M. E. Gallardo, & H. A. Neville (Eds.), *Case studies in multicultural counseling and*

    therapy (pp. 3-4). Hoboken, NJ: Wiley.

Harvey, M. R., & Tummala-Narra, P. (2007). Sources and expression of resilience in

    trauma survivors: Ecological theory, multicultural perspectives. *Journal of*

    Aggression, Maltreatment and Trauma, 14(1-2), 1-7. doi:10.1300

    /J146v14n01_01

Healing. (n.d.). In *Merriam Webster dictionary*. Retrieved from http://www.merriam-

    webster.com/dictionary/healing

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world?

    Behavioral and Brain Sciences, 33, 61-135. doi:10.1017/S0140525X0999152X

Hall, R. E. (2011). Eurocentrism and the postcolonial implications of skin color among Latinos.

    Hispanic Journal of Behavioral Sciences, *33*(1), 105-117.

    doi:10.1177/0739986310391639

Hill, J. S., Lau, M. Y., & Sue, D. W. (2011). Integrating trauma psychology and cultural

    psychology: Indigenous perspectives on theory, research, and practice. *Traumatology,*

    16(4), 39-47. doi:10.1177/1534765610388303

Hill, R. B. (1999). *Strengths of African American families: Twenty-five years later.* Lanham, MD: University Press of America.

Hilliard, A. (1997). *The reawakening of the African mind*. Gainsville, FL: Makare.

Hines-Martin, V., Malone, M., Kim, S., & Brown-Piper, A. (2003). Barriers to mental health care access in an African American population. *Issues in Mental Health Nursing, 24*(3), 237-256. doi:10.1080/01612840305281

Hirst, W., & Manier, D. (2008). Towards a psychology of collective memory. *Memory, 16*(3), 183-200. doi:10.1080/09658210701811912

Holliday, B. G. (2009). The history and visions of African American psychology: Multiple pathways to place, space, and authority. *Cultural diversity and ethnic minority psychology*, *15*(4), 317-337. doi:10.1037/a0016971

Holt, T. C. (1997). African-American history. In E. Foner (Ed.), *The new American history* (pp. 211-231). Philadelphia, PA: Temple University Press.

Hord, F. L. (1991). *Reconstructing memory: Black literary criticism.* Chicago, IL: Third World Press.

Jackson, J. S., Torres, M., Caldwell, C. H., Neighbors, H. W., Nesse, R. M., Taylor, R. J., ... Williams, D. R. (2004). The National Survey of American Life: A study of racial, ethnic and cultural influences on mental disorders and mental health. *International Journal of Methods in Psychiatric Research, 13*(4), 196-207. doi:10.1002/mpr.177

Jackson, K. F. (2009). Building cultural competence: A systematic evaluation of the effectiveness of culturally sensitive interventions with ethnic minority youth. *Children and Youth Services Review, 31*(11), 1192-1198. doi:10.1016/j.childyouth.2009.08.001

James, S., & Prilleltensky, I. (2002). Cultural diversity and mental health: Towards integrative practice. *Clinical Psychology Review, 22*, 1133-1154. doi:10.1016 /S0272-7358(02)00102-2

Jamison, D. F. (2010). Fanon revisited: Exploring the relationship between African centered psychology and Fanonian psychology. *Journal of Pan African Studies, 3*(8), 179-193. Retrieved from www.jpanafrican.org/

Jensen, P. A., Lambert, L. A., & Iademarco, M. F. (2005). Health disparities experienced by Black or African Americans. *Morbidity and mortality weekly report, 54*(RR-17), 1-3. Retrieved from https://www.cdc.gov/mmwr/

Jin, J., Sklar, G. E., Min Sen Oh, V., & Chuen Li, S. (2008). Factors affecting therapeutic compliance: A review from the patient's perspective. *Therapeutics and Clinical Risk Management, 4*(1), 269-286. Retrieved from https://www.dovepress.com/therapeutics-and-clinical-risk-management-journal

Johnson, V. D. (2003). A comparison of European and African-based psychologies and their implications for African-American college student development. *Journal of Black Studies, 33*, 817-829. doi:10.1177/0021934703033006006

Kambon, K. K. K. (1998). *African/Black psychology in the American context: An African centered approach*. Tallahassee, FL: Nubian Nation Publications.

Kambon, K. K. K. (2003). *Cultural misorientation: The greatest threat to the survival of the Black race in the 21st century*. Tallahassee, FL: Nubian Nation Publications.

Kambon, K. K. K. (2006). *Kambon's reader in liberation psychology: Selected works* (Vol. I). Tallahassee, FL: Nubian Nation Publications.

Kambon, K. K., & Bowen-Reid, T. (2010). Theories of African American personality: Classification, basic constructs and empirical predictions/assessment. *Journal of Pan African Studies*, *3*(8), 83-108. Retrieved from www.jpanafrican.org/

Karenga, M. (1996). The Nguzo saba (the seven principles): Their meaning and message. In M. K. Asante & A. S. Abarry (Eds.), *African intellectual heritage: A book of sources* (pp. 543–554). Philadelphia, PA: Temple University Press.

Kent, M. M. (2007). Immigration and America's Black population. *Population Bulletin, 62*(4), 3-5. Retrieved from https://www.researchgate.net/journal/0032-468X_Population_bulletin

Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health And Social Behavior*, *40*(3), 208-230. doi:10.2307/2676349

King, J. (1995). Culture-centered knowledge: Black studies, curriculum transformation, and social action. In J. A. Banks & C. M. Banks (Eds.), *Handbook of research on multicultural education* (pp. 265-290). New York, NY: Macmillan.

King Jr, M. L. (1957). Loving your enemies. *The Papers of Martin Luther King, Jr*, *4*, 315-24.

Kochanek, K. D., Murphy, S. L., Anderson, R. N., & Scott, C. (2004). Deaths: Final data for 2002. *National Vital Statistics Reports*, *53*(5), 1-115. Retrieved from www.cdc.gov/nchs/products/nvsr.htm

Koenig, H. G. (Ed.). (1998). *Handbook of religion and mental health*. New York, NY: Elsevier.

Kousser, J. M. (2003). Jim Crow Laws. *Dictionary of American History*, *4*, 479-480.

Krieger, N., & Moss, N. (1996). Accounting for the public's health: An introduction to selected papers from a U.S. conference on "measuring social inequalities in health." *International Journal of Health Services*, *26*(3), 383-390. doi:10.2190/20CQ-LUE1-MC7X-H2KQ

Krieger, N., Smith, K., Naishadham, D., Hartman, C., & Barbeau, E. M. (2005). Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health. *Social science & medicine*, *61*(7), 1576-1596. doi:10.2190/20CQ-LUE1-MC7X-H2KQ

Krippner, S. (2008). Learning from the spirits: Candomblé, Umbanda, and Kardecismo in Recife, Brazil. *Anthropology of Consciousness, 19*(1), 1-15. doi:10.1111/j.1556-3537.2008.00001.x

Lasson, N. B. (1970). *The history and development of the fourth amendment to the United States Constitution* (No. 2). Boston, MA: Da Capo Press.

Lazarus, R. S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, *44*, 1-22. doi:10.1146/annurev.ps.44.020193.000245

Leary, J. D. (2005). *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. Milwaukie, OR: Uptone Press.

Lee, C. D., & Slaughter-Defoe, D. T. (1995). Historical and sociocultural influences on African American education. In J. A. Banks & C. A. M. Banks (Eds.), *Handbook on research on multicultural education* (pp. 348-371). New York, NY: Macmillan.

Library of Congress. (2015). *Primary documents in American History: 13th Amendment to the U.S. Constitution*. Retrieved from https://www.loc.gov/rr/program/bib/ourdocs/13thamendment.html

Lipton, B. H. (2009). *The biology of belief*. Retrieved from http://www.sfsu.edu/~holistic/Welcome.html

Lipton, B. H. (2015). *The biology of belief: Unleashing the power of consciousness, matter &*
miracles (10th anniversary ed.). Carlsbad, CA: Hay House.

Lincoln, K. D., Chatters, L. M., Taylor, R. J., & Jackson, J. S. (2007). Profiles of depressive
symptoms among African Americans and Caribbean Blacks. *Social Science and*
Medicine, *65*(2), 200-213. doi:10.1016/j.socscimed.2007.02.038

Lobo, A. P., & Salvo, J. J. (2004). *The newest New Yorkers: 2000 immigrant New York in the*
new millennium. New York, NY: Department of City Planning.

Lockhat, R., & Van Niekerk, A. (2000). South African children: A history of adversity, violence
and trauma. *Ethnicity and Health, 5*(3-4), 291-302. doi:10.1080/713667462

Lucero, E. (2011). From tradition to evidence: Decolonization of the evidence-based practice
system. *Journal of Psychoactive Drugs, 43*(4), 319-324.
doi:10.1080/02791072.2011.628925

Luszczynska, A., Benight, C. C., & Cieslak, R. (2009). Self-efficacy and health-related
outcomes of collective trauma: A systematic review. *European Psychologist, 14*(1), 51-
62. doi:10.1027/1016-9040.14.1.51

Major, B., & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review*
Psychology, *56*, 393-421. doi:10.1146/annurev.psych.56.091103.070137

Martin, B. L. (1991). From Negro to Black to African American: The power of names and
naming. *Political Science Quarterly*, *106*(1), 83-107. doi:10.2307/2152175

Martin, S. A., Harris, K., & Jack, B. W. (2015). The health of young African American men.
JAMA, 313(14), 1415-1416. doi:10.1001/jama.2015.2258

Mauer, M. (2006). *Race to incarcerate.* New York, NY: The New Press.

Massey, D. (2000). Housing discrimination 101. *Population today*, *28*(6), 1-4. Retrieved from

    www.un.org/popin/popis/journals/poptoday/

Massey, D. S. (2004). Segregation and stratification: A biosocial perspective. *Du Bois*

    Review, *1*(01), 7-25. doi:10.1017/S1742058X04040032

Maynard, S. (2008). *Muslim mental health: A scoping paper on theoretical models, practice and*

    related mental health concerns in Muslim communities. Retrieved from

    www.Signposts.org.UK

Mays, V. M., Cochran, S. D., & Barnes, N. W. (2007). Race, race-based discrimination, and

    health outcomes among African Americans. *Annual Review of Psychology*, *58*, 201-225.

    doi:10.1146/annurev.psych.57.102904.190212

Mbiti, J. S. (1970). *African religions and philosophies.* Garden City, NY: Anchor/Doubleday.

McGrath, E. E., Keita, G. P. E., Strickland, B. R., & Russo, N. F. E. (1990). *Women and*

    depression: Risk factors and treatment issues [Report]. Washington, DC: American

    Psychological Association, National Task Force on Women and Depression.

Mckinnon J. D., & Bennett, C. E. (2005). *We the people: Blacks in the United States: Census*

    2000 special reports. Washington, DC: U.S. Census Bureau.

Mechanic, D. (2005). Policy challenges in addressing racial disparities and improving population

    health. *Health Affairs*, *24*(2), 335-338. doi:10.1377/hlthaff.24.2.335

Mensah, G. A., Mokdad, A. H., Ford, E. S., Greenlund, K. J., & Croft, J. B. (2005). State of

    disparities in cardiovascular health in the United States. *Circulation, 111*(10), 1233-1241.

    doi:10.1161/01.CIR.0000158136.76824.04

Mertens, D. M. (2012). Ethics and social justice in ethnocultural qualitative research. In E. K.

    Nagata, L. Kohn-Wood, & L. A. Suzuki (Eds.), *Qualitative strategies for ethnocultural*

    research. Washington, DC: American Psychological Association.

Misztal, B. A. (2010). Collective memory in a global age learning how and what to remember.

    Current Sociology, 58(1), 24-44. doi:10.1177/0011392109348544

Model, S. (2008). *West Indian Immigrants: A Black success story?* New York, NY: Russel Sage

    Foundation.

Morgan, P. D. (1998). *Slave counterpoint: Black culture in the eighteenth-century Chesapeake*

    and Lowcountry. Chapel Hill, NC: UNC Press Books.

Morris, A. D. (1986). *The origins of the civil rights movement.* New York, NY: Simon and

    Schuster.

Morris, M. W. (2012). *Race, gender, and the "school to prison pipeline:" Expanding our*

    discussion to include Black girls. Retrieved from

    http://schottfoundation.org/sites/default/files/resources/Morris-Race-Gender-and-the-

    School-to-Prison-Pipeline.pdf

Muhammad, B. E. (2010, July 13). The cotton pickin' truth: Still on the plantation. *The Final*

    Call. Retrieved from

    http://www.finalcall.com/artman/publish/National_News_2/article_7125.shtml

Myers, L. J. (1993). *Understanding an Afrocentric worldview: Introduction to an optimal*

    psychology (2nd ed.). Dubuque, IO: Kendall/Hunt Publishing.

Myers, L. J., & Speight, S. L. (2010). Reframing mental health and psychological well-being

    among persons of African descent: Africana/Black psychology meeting the challenges of

fractured social and cultural realities. *Journal of Pan African Studies*, *3*(8), 66-82.

Retrieved from www.jpanafrican.org/

National Alliance on Mental Illness. (2009). *African American community mental health fact sheet.* Retrieved from

http://www.nami.org/Template.cfm?Section=Resources&Template=/ContentManagement/ContentDisplay.cfm&ContentID=21024

National Archives & Records Administration. (2016a). *Civil Rights Act of 1964: Our documents*. Retrieved from http://www.ourdocuments.gov/doc.php?flash=true

National Archives & Records Administration. (2016b). *Emancipation proclamation*. Retrieved from https://www.archives.gov/exhibits/featured_documents/emancipation_proclamation/

Neblett, E. W., Jr., Hammond, W. P., Seaton, E. K., & Townsend, T. G. (2010). Underlying mechanisms in the relationship between Africentric worldview and depressive symptoms. *Journal of Counseling Psychology*, *57*(1), 105-113. doi:10.1037/a0017710

Nichols, E. J. (1972, September 6). *Child Mental Health in the '70's*. Paper presented at the Annual Meeting of the American Psychological Association, Honolulu, Hawaii.

Nobles, W. (1991). African philosophy: Foundations of Black psychology. In R. L. Jones (Ed.), *Black psychology* (pp. 47-64). Berkeley, CA: Cobb and Henry.

Nobles, W. (2013). Shattered consciousness, fractured identity: Black psychology and the restoration of the African psyche. *Journal of Black Psychology, 39*(3), 232-242. Retrieved from jbp.sagepub.com/

Nobles, W. W. (1986). *African psychology: Towards its reclamation, reascension and revitalization.* Oakland, CA: Institute for the Advanced Study of Black Family Life and Culture.

Nobles, W. W. (1998). To be African or not to be: The question of identity or authenticity – some preliminary thoughts. In R. L. Jones (Ed.), *African American Identity development* (pp. 185–207). Hampton, VA: Cobb & Henry.

Nobles, W. W., & Goddard, L. L. (1984). *Understanding the Black family.* Oakland, CA: Black Family Institute.

Nobles, W., & Goddard, L. (1992). An African-centered model of prevention for African American youth at high risk. In L. Goddard (Ed.), *An African-centered model of prevention for African-American youth at high risk* (pp. 115-129). Washington, DC: U.S. Government Printing Office.

Nobles, W. W., & Goddard, L. L. (1993). Toward an African centered model of prevention for African American youth at high risk. In L. Goddard (Ed.), *An African-centered model of prevention for African American youth at high risk* (pp. 115-129). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration.

Obama, B. (2009, January 18). What I want for you—and every child in America. *Parade.* Retrieved from http://www.parade.com/export/sites/default/news/2009/01/barack-obama-letter-to-mydaughters.html

Obasi, E. M., Speight, S. L., Rowe, D. M., & Turner-Essel, L. (2012). The association of Black psychologists: An organization dedicated to social justice. *Counseling Psychologist, 40*(5), 656-674. doi:10.1177/0011000012450417

Obuah, E. E. (2016). The politics of reparations: The academic epistemic communities and the

    implications of reparation debate on African-American and Africa's quest for reparations.

    Open Journal of Political Science, 6, 44-52. doi:10.4236/ojps.2016.61005

Otis Williams, I. I. I., Pieterse, A. L., DeLoach, C., Bolden, M. A., Ball, J., & Awadalla, S.

    (2010). Beyond health disparities: Examining power disparities and industrial complexes

    from the views of Frantz Fanon (Part 1). *Journal of Pan African Studies, 3*(8), 151-179.

    Retrieved from www.jpanafrican.org/

Pager, D. (2008). *Marked: Race, crime, and finding work in an era of mass incarceration*.

    Chicago, IL: University of Chicago Press.

Palmer, C. (1998, September). Defining and studying the modern African diaspora. *Perspectives

    on History: The Magazine of the American Historical Association*. Retrieved from

    https://www.historians.org/publications-and-directories/perspectives-on-

    history/september-1998/defining-and-studying-the-modern-african-diaspora

Parish, P. J. (1989). *Slavery: History and historians*. New York, NY: HarperCollins.

Parker, F. L. (2013). *Healing historical trauma in Native American communities: A liberation

    psychology approach to wellness* (Doctoral dissertation). Available from ProQuest

    Dissertations & Theses. (UMI No. 3589872)

Pattillo, M., Western, B., & Weiman, D. (Eds.). (2004). *Imprisoning America: The social effects

    of mass incarceration*. New York, NY: Russell Sage Foundation.

Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process.

    Journal of Health and Social Behavior, *22*, 337-356. doi:10.2307/2136676

Phillips, F. (1990). NTU psychotherapy: An Afrocentric approach. *Journal of Black Psychology,

    17*(1), 55-74. Retrieved from jbp.sagepub.com/

Phillips, F. (1998). Spirit-energy and NTU psychotherapy. In R. L. Jones (Ed.), *African American mental health: Theory, research and intervention* (pp. 357-377). Hampton, VA: Cobb & Henry.

Phinney, J. S., & Ong, A. D. (2007). Conceptualization and measurement of ethnic identity: Current status and future directions. *Journal of Counseling Psychology*, *54*(3), 271. doi:10.1037/0022-0167.54.3.271

Pilgrim, D. (2000). *Jim Crow Museum of Racist Memorabilia.* Retrieved from http://www. ferris. edu/jimcrow/mammies/

Piper-Mandy, E., & Rowe, T. D. (2010). Educating African-centered psychologists: Towards a comprehensive paradigm. *Journal of Pan African Studies*, *3*(8), 5-23. Retrieved from www.jpanafrican.org/

Population Reference Bureau. (2015). *World Population Data Sheet 2015*. Retrieved from http://www.prb.org/Publications/Datasheets/2015/2015-world-population-data-sheet.aspx

Punamaki, R., Qouta, S., & El-Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25*(3), 256-267. doi:10.1080/01650250042000294

Quota, S., Punamaki, R., & El-Sarraj, E. (2003). Prevalence and determinants of PTSD among Palestinian children exposed to military violence. *European Child & Adolescent Psychiatry, 12*(6), 265-272. doi:10.1007/s00787-003-0328-0

Raper, A. F. (1933). *The tragedy of lynching*. Chapel Hill, NC: University of North Carolina Press.

Rastogi, S., Johnson, T. D., Hoeffel, E. M., & Drewery, M. P. (2011, September). *The Black population: 2010 census brief.* Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-06.pdf

Reid, O., Mims, S., & Higginboom, L. (2004). *Post traumatic slavery disorder: Defiinition, diagnosis and treatment.* Philadelphia, PA: Xlibris Corporation

Roberson, E. D. (1995). *The maafa & beyond.* Baltimore, MD: Kujichagulia Press.

Roberts, A. L., Galea, S., Austin, S. B., Cerda, M., Wright, R. J., Rich-Edwards, J. W., & Koenen, K. C. (2012). Posttraumatic stress disorder across two generations: Concordance and mechanisms in a population-based sample. *Biological Psychiatry, 72*(6), 505-511. doi:10.1016/j.biopsych.2012.03.020

Roberts, D. E. (2004). The social and moral cost of mass incarceration in African American communities. *Stanford Law Review*, 1271-1305. Retrieved from https://www.stanfordlawreview.org/

Ross, L. E., Doctor, F., Dimito, A., Kuehl, D., & Armstrong, M. S. (2008). Can talking about oppression reduce depression? Modified CBT group treatment for LGBT people with depression. *Journal of Gay & Lesbian Social Services*, *19*(1), 1-15. doi:10.1300/J041v19n01_01

Rowe, D., & Grills, C. (1993). African-centered drug treatment: An alternative conceptual paradigm for drug counseling with African-American clients. *Journal of Psychoactive Drugs*, *25*(1), 21-33. doi:10.1080/02791072.1993.10472588

Rowe, D. M., & Rowe, S. L. (2009). Conversations in marriage: An African-centered marital intervention. In M. E. Gallardo & B. W. McNeil (Eds.), *Intersections of multiple*

identities: A casebook of evidence-based practices with diverse populations (pp. 59-84).

New York, NY: Routledge.

Rowe, D. M., & Webb-Msemaji, F. (2004). African-centered psychology in the community. In

R. Jones (Ed.), *Black psychology* (4th ed.; pp. 701-721). Hampton, VA: Cobb & Henry.

Rubin, A., & Rhodes, L. (2005). Telling "ten percent of the story:" Narrative and the

intergenerational transmission of trauma among Cambodian refugees. In A.

Georgiopoulos & R. Rosenbaum (Eds.), *Cross-cultural psychiatry* (pp. 157-178).

Philadelphia, PA: Lippinco Williams & Wilkins.

Satcher, D. (2000). Mental health: A report of the Surgeon General—Executive summary.

Professional Psychology: Research and Practice, *31*(1), 5-13. doi:10.1037/0735-

7028.31.1.5

Schwab, G. (2010). *Haunting legacies: Violent histories and transgenerational trauma*. New

York, NY: Columbia University Press.

Singh, G. K., & Siahpush, M. (2002). Ethnic-immigrant differentials in health behaviors,

morbidity, and cause-specific mortality in the United States: An analysis of two national

data bases. *Humam Biology, 74*(1), 83-109. doi:10.1353/hub.2002.0011

Smedley, A. (2007). *Race in North America: Origin and evolution of a worldview*. Boulder, CO:

Westview Press.

Smedley, B. D, Stith, A. Y., & Nelson, A. R. (Eds.) (2002). *Unequal treatment: Confronting

racial and ethnic disparities in health care.* Washington, DC: National Academy Press.

Smith, L. (2005). Psychotherapy, classism, and the poor: Conspicuous by their absence.

American Psychologist, *60*(7), 687. doi:10.1037/0003-066X.60.7.687

Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples.* New York, NY: Zed books.

Smith, T. W. (1992). Changing racial labels: From "colored" to "negro" to "Black" to "African American." *Public Opinion Quarterly*, *56*(4), 496-514. doi:10.1086/269339

Snowden, L. R., & Pingitore, D. (2002). Frequency and scope of mental health service delivery to African Americans in primary care. *Mental Health Services Research, 4*(3), 123-130. doi:10.1023/A:1019709728333

Solomon, B. B. (1976). *Black empowerment: Social work in oppressed communities.* New York, NY: Columbia University Press.

Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, *1*(1), 93-108. Retrieved from http://digitalscholarship.unlv.edu/jhdrp/

Speight, S. L. (2007). Internalized racism: One more piece of the puzzle. *Counseling Psychologist, 35*(1), 126-134. doi:10.1177/0011000006295119

Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist*, *52*, 613-629. doi:10.1037/0003-066X.52.6.613

Stevenson, H. C., & Renard, G. (1993). Trusting ole' wise owls: Therapeutic use of cultural strengths in African-American families. *Professional Psychology: Research and Practice, 24*(4), 433. doi:10.1037/0735-7028.24.4.433

Struthers, R., & Lowe, J. (2003). Nursing in the Native American culture and historic trauma. *Issues in Mental Health Nursing, 24*, 257-272. doi:10.1080/01612840305275

Stuckey, S. (2013). *Slave culture: Nationalist theory and the foundations of Black America*. England, UK: Oxford University Press.

Subramanian, S. V., Chen, J. T., Rehkopf, D. H., Waterman, P. D., & Krieger, N. (2005). Racial disparities in context: A multilevel analysis of neighborhood variations in poverty and excess mortality among Black populations in Massachusetts. *American Journal of Public Health*, *95*(2), 260-265. doi:10.2105/AJPH.2003.034132

Sutherland, M. E. (2011). Toward a Caribbean psychology: An African-Centered approach. *Journal of Black studies*, *42*(8), 1175-1194. doi:10.1177/0021934711410547

Thoits, P. A. (1983). Dimensions of life events that influence psychological distress: An evaluation and synthesis of the literature. In H. G. Kaplan (Ed.), *Psychosocial stress: Trends in theory and research* (pp. 33-103). New York, NY: Academic.

Thomas, B. (1997). *Plessy v. Ferguson: A brief history with documents*. New York, NY: Macmillan.

Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology: Research and Practice, 35*(1), 19-26. doi:10.1037/0735-7028.35.1.19

Tillman, L. C. (2006). Researching and writing from an African-American perspective: Reflective notes on three research studies. *International Journal of Qualitative Studies in Education*, *19*(3), 265-287. doi:10.1080/09518390600696513

Tischauser, L. V. (2012). *Jim Crow laws*. Santa Barbara, CA: ABC-CLIO/Greenwood.

U.S. Census Bureau. (2011). *The Black population: 2010* (No. C2010BR-06). Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-06.pdf

U.S. Office of Minority Health & Health Disparities. (2005). *Health disparities experienced by Black or African Americans*. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5401a1.htm

U.S. Surgeon General. (2001). *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the surgeon general.* Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK44243/

Van Dyk, G. A. J., & Nefale, M. C. (2005). The split-ego experience of Africans: Ubuntu therapy as a healing alternative. *Journal of Psychotherapy Integration*, *15*(1), 48-56. doi:10.1037/1053-0479.15.1.48

Walker, B., Mays, V. M., & Warren, R. (2004). The changing landscape for the elimination of racial/ethnic health status disparities. *Journal of Health Care for the Poor and Underserved*, *15*(4), 506. doi:10.1353/hpu.2004.0076

Wallace, B. C., & Constantine, M. G. (2005). Africentric cultural values, psychological help-seeking attitudes, and self-concealment in African American college students. *Journal of Black Psychology, 31*(4), 369-385. Retrieved from jbp.sagepub.com/

Washington, K. (2010). Zulu traditional healing, Afrikan worldview and the practice of Ubuntu: Deep thought for Afrikan/Black psychology. *Journal of Pan African Studies*, *3*(8), 24-39. Retrieved from www.jpanafrican.org/

Watkins, M., & Shulman, H. (2008). *Toward psychologies of liberation.* London, UK: Palgrave Macmillan.

Watts-Jones, D. (2002). Healing internalized racism: The role of a within-group sanctuary among people of African descent. *Family Process, 41*(4), 591-601. doi:10.1111/j.1545-5300.2002.00591.x

Wells, S. J., Merritt, L. M., & Briggs, H. E. (2009). Bias, racism and evidence-based practice: The case for more focused development of the child welfare evidence base. *Children and Youth Services Review, 31*(11), 1160-1171. doi:10.1016/j.childyouth.2009.09.002

Wesley-Esquimaux, C., & Smolewski, M. (2004). *Historic trauma and Aboriginal healing*. Ottawa, Ontario, Canada: Aboriginal Healing Foundation.

Western, B., & Wildeman, C. (2009). The Black family and mass incarceration. *Annals of the American Academy of Political and Social Science*, *621*(1), 221-242. doi:10.1177/0002716208324850

Whitbeck, L., Chen, X., Hoyt, D. R., & Adams, G. W. (2004). Discrimination, historical loss and enculturation: culturally specific risk and resiliency factors for alcohol abuse among American Indians. *Journal of Studies on Alcohol*, *65*(4), 409-418. doi:10.15288/jsa.2004.65.409

Whitbeck, L. B., Walls, M. L., Johnson, K. D., Morrisseau, A. D., & McDougall, C. M. (2009). Depressed affect and historical loss among North American indigenous adolescents. *American Indian and Alaska Native Mental Health Research, 16*(3), 16-41. doi:10.5820/aian.1603.2009.16

White, J. L., & Cones, J. H. III. (2013). *Black man emerging: Facing the past and seizing a future in America.* New York, NY: Routledge.

Williams, D., Neighbors, H., & Jackson, J. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health, 93*(2), 200-208. doi:10.2105/AJPH.93.2.200

Williams, D., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity and Health, 5*(3-4), 243-268. doi:10.1080/713667453

Williams, D. R., & Jackson, P. B. (2005). Social sources of racial disparities in health. *Health Affairs, 24*(2), 325-334. doi:10.1377/hlthaff.24.2.325

Wilson, D., & Williams, V. (2013). Ubuntu: Development and framework of a specific model of positive mental health. *Psychology Journal, 10*(2), 80-100. Retrieved from https://www.researchgate.net/profile/Derek_Wilson3/publication/261706211_Ubuntu_Development_and_Framework_of_a_Specific_Model_of_Positive_Mental_Health/links/00b7d53516e9378180000000.pdf

Witko, T. M. (2006). *Mental health care for urban Indians: Clinical insights from Native practitioners.* Washington, DC: American Psychological Association. doi/10.1037/11422-010

Womack, Y. L. (2010). *Post Black: How a new generation is redefining African American identity*. Chicago, IL: Lawrence Hill Books.

Wong, S. L. (2015). Medically underserved populations: Disparities in quality and outcomes. *Journal of Oncology Practice*, *11*(3), 193-194. doi:10.1200/JOP.2015.004259

Woodward, C. V. (1955). *The strange career of Jim Crow*. London, UK: Oxford University Press.

World Health Organization. (1976). *African traditional medicine: Afro technical report series* (No. 11). Brazzaville, Republic of the Congo: WHO Regional Office for Africa.

Wright, B. (1979). *Mentacide: The ultimate threat to the Black race.* Retrieved from xhttps://sankoreconnect.files.wordpress.com/2011/01/mentacide-the-ultimate-threat-to-the-black-race.pdf

Yehuda, R. (1999). *Risk factors for posttraumatic stress disorder.* Washington, DC: American Psychiatric Press.

Zinn, H. (2014). *A people's history of the United States*. Hampshire, UK: Pan Macmillan.