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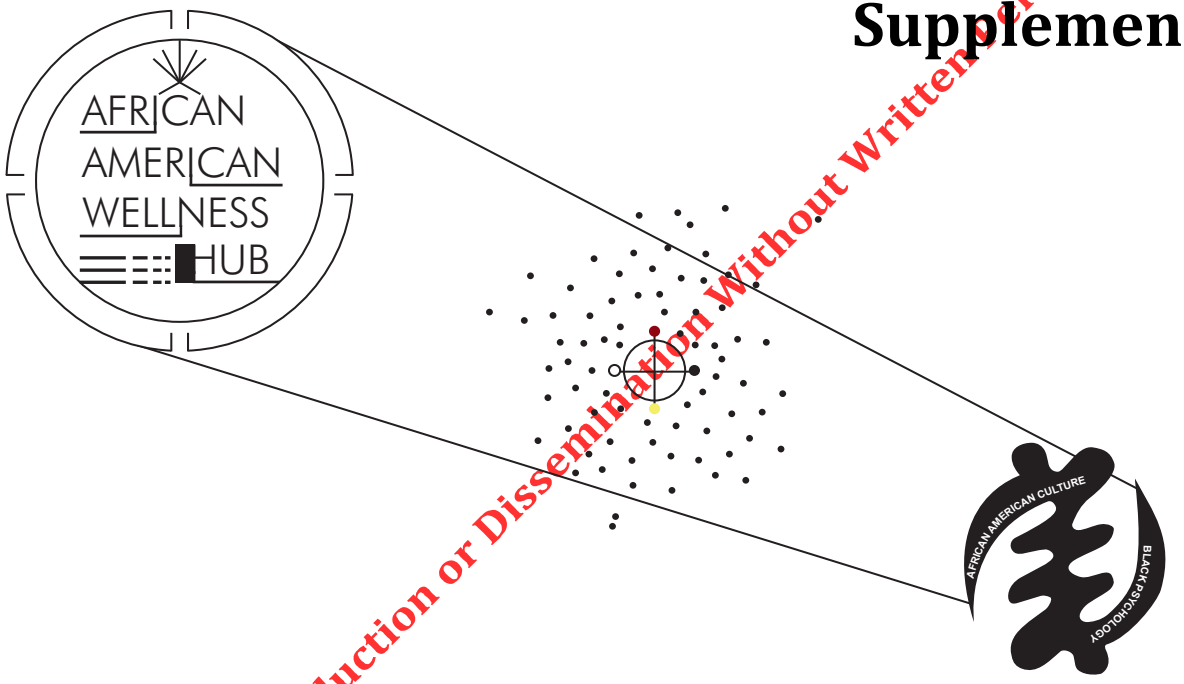

Technical Support

Full Thematic Briefing Papers

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THE BIOLOGICAL PSYCHOLOGY OF BLACKNESS[1]

Commissioned Thematic Briefing Paper

by

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[1] Commission Paper, *The Biological Psychology of Blackness*. Corresponding author, T. Owens Moore, Ph.D., © 2016. Author received financial support for authorship from the Institute for the Advanced Study of Black Family Life and Culture, Inc.

[i] A biological psychologist tries to explain behavior in terms of physiological processes within the body and in terms of the evolution of the species (Kalat, 2016). It is more than a body of facts; it also determines our view of human nature. Moreover, biological psychology makes the philosophically important claims that: 1) all our thoughts, experiences, and actions are a direct reflection of the activity of the brain; 2) everything can be traced to physical events in the nervous system; and 3) we act and process information the way we do because of our evolutionary history.

In the context of developing an African American Holistic Wellness Hub, the biological psychology[i] of blackness is a necessary theme to structure relevant health-oriented programs. This paper will present both extrinsic and intrinsic factors pertaining to blackness. From the cultural connotations that define blackness to the internal organization of pigmented cells in the nervous system, we will provide the reader with effective methodological approaches to appreciate the cultural integrity and to enhance the humanity of African American people. In sum, the restoration of African American wellness requires an understanding of the brain and melanin as the essential components in the biological psychology of blackness.

Concisely, the foundation for this theme on the biological psychology of blackness is embodied in the goals, guidelines and mission of this broad field of study. Topics to discuss in this article will relate to the impact of culture and epigenetic factors such as genes, nutrition and environment. The relationship with melanin will be weaved into the discussion because there can be no blackness without melanin or pigmentation. For an overview, the African American Holistic Wellness Hub must take into account racial politics, psychic conflict, neural implications and cultural issues.

I. RACE AS A POLITICAL CONSTRUCT

Do we really know how to define blackness? During the 2016 Presidential Primaries, ex-candidate Ben Carson and famous neurosurgeon alluded to the claim that President Barack Obama is not really black because he did not have the black experience. To contextualize the dilemma, who and what is "black?" In the contemporary news, Obama and Carson are both middle-aged men with pigment in their skin. The late Thurgood Marshall and Clarence Thomas both served on the U.S. Supreme Court and their experience can be used in a similar comparison. How do we define any difference or commonality of blackness in these public figures? As a matter of fact, these debates will go on for centuries, so we will not resolve the matter here. An interesting reflection is in the perception of how the four figures are viewed from the outside world. If these popular public figures were deaf, mute, dumb, blind or imbeciles, an objective person would probably only recognize these four people as black people in various shades. Instead, it is their education and

socialization that has made these four black men different in consciousness. Politically and socially, they are total opposites with completely different philosophies on life. This variation in thought is intriguing because all four of these prominent "Black" men have had extensive experience with "blackness" in their evolutionary history in the U.S.

Although any pigmented person could be associated with the concepts related to blackness, it may be difficult to characterize the term when visually looking at people. We know there are differences between people, but it can be difficult to ascertain what is and what is not black from a cultural context. As eloquently analyzed by Frantz Fanon (1957), race is "epidermal." What Fanon means by "epidermal" is that race is produced in social relations over time and is not biological and fixed. Distinctions are, however, made visually even though scientists today know there is no logic to divide people into races. Without the correct information of what you are viewing or interpreting, it is easy to mischaracterize and misinterpret what is blackness. The fact that black is not white (or melanin-recessive) reveals the true essence of what we mean as authentic Black/African or darkly pigmented with color (used to be colored people). To reiterate, blackness is everything connecting to pigmented or melanin-dominant people with a Black/African ancestry. The biological psychology of blackness, therefore, extends throughout the Diaspora where ever we find people of African descent.

As the theme in this thematic briefing, blackness could be associated with race, but we are not using race as a defining term. Race is a sociological (political) construct, and it has pervaded the discourse on human relations for centuries. There has been continuing reflections on the politics of race, and there is a constant flux on views. Modern research has shown there is irrefutable scientific evidence to support the fact that specific genes control skin complexion; it is beyond just the sun as an external factor effecting color variations in humans. The topic of blackness becomes controversial or "racial" in social venues because the dominant genes for pigmentation are the foundation for the biological psychology of blackness. The combination of dominant genes and blackness can be a multi-pronged threat to the existence of non-pigmented people.

These dominant genes do not only control the epidermal nature of pigmentation, but there are extra-pigmentary effects associated with psychomotor control and neural

transmission to disease prevention and heat regulation (Moore, 2004). Human genetics is what defines pigmentation, and the presence of melanin in and outside of the body is magnified in pigmented individuals. In sum, pigmented humans with the greater capacity to produce melanin on a genetic level have the capability for enhanced physiological functioning. Non-pigmented, white intellectuals would call this enhanced functioning a pseudoscientific claim by Afrocentric thinkers, but it is substantially supported via science that melanin is an evolutionary advance for the human species.

Furthermore, the insistence that white identity derived from the experience of dominating, rather than biology or culture, has long found expression in African American thought (Roediger, 2002). American history offers up a plethora of commentary on what it means to be nonwhite with terms ranging from colored to Negro to Afro-American to Black to African American. On the other hand, Nell Painter (2010) is an African American writer who has reversed the discourse by writing on the equally confused and flexible discourses on the white races and the very old slave trade from Eastern Europe. In the dichotomization of their own people, non-pigmented or white people have taken the power and authority to also define other groups of people. If a person can be "colored white," then identification with power may be associated with the social connotation that race defines privilege (Wise, 2011).

...it is important to know that intrinsic factors in the nervous system and external factors like epistemology are at the root of explaining the biological psychology of blackness

Psychic Conflict: The grandiosity of this privileged pattern of thought can lead to a superiority complex for non-pigmented or white people. In contrast, pigmented or black people subconsciously develop an inferiority complex when closely associated with this alien cultural experience (Welsing, 1991; Fanon, 1957). From a psychiatric or clinical point of view, the psychic structure of pigmented people can disintegrate. For healing purposes, the mental health practitioner wants to rid the person of this unconscious desire to be white or anti-self (Akbar, 2003).

The African American Holistic Wellness Hub needs to develop structural educational programs to take into consideration the psychic trauma (Latif and Latif, 1994) that has been inflicted upon people of color in a white dominated society. Fanon explains, six

decades ago in *Black Skin White Mask* (1957), a phenomenon we still have not addressed for wellness. To paraphrase, "if the black patient is overwhelmed to such a degree by the wish to be white, it is because he/she lives in a society that makes his inferiority complex possible. He/she lives in a society that derives its stability from the perpetuation of this complex, in a society that proclaims the superiority of one race; to the identical degree to which that society creates difficulties for him, he will find himself thrust into a neurotic situation" p. 100.

In an additional psychoanalysis of this past and modern predicament, Fanon suggests that the mental healer should help the patient to "become conscious of his unconscious and abandon his attempts at a hallucinatory whitening, but also to act in the direction of a change in the social structure" p. 100. Related to the theme on the biological psychology of blackness, the black man/woman "should no longer be confronted by the dilemma, turn white or disappear; but he/she should be able to take cognizance of a possibility of existence" p. 100. As we make Fanon's words contemporary, we must find foundational and lasting thoughts that can be etched into our neural structure.

Neural Context: To provide an overview, it is essential to understand the basis of what makes us very different from lower animals, and that distinction emanates in the brain. First, our nervous system can be divided into specified divisions. For example, the central nervous system consists of the brain and the spinal cord. The peripheral nervous system consists of the somatic and the autonomic nervous system. Secondly, it is the brain and its specific structures that produce our capacity to think and have feelings about blackness. On a philosophical level, the brain is a critical component in the discussion on blackness. Thirdly, it is the brain and the person's cognition that provide the cultural foundation for any discourse on blackness. As a matter of fact, it is profound to single out blackness in a cultural context, because how often do you hear discussions on what is whiteness, yellowness, redness or any other color manifestation related to specific groups of people? On the other hand, we know that blackness has a distinguishing characteristic of defining all that is related to people of African descent. Lastly, it is the gray matter in the cortex that contains the specific neuronal circuitry to allow us to pontificate and to

contemplate these complex cultural and philosophical terms we are attempting to understand.

Cultural Context: It is a myth that African Americans do not have a separate culture from the majority American society (Landrine and Klonoff, 1994). In fact, the birth of blackness is due to a distinct way of viewing the world. The historical response to blackness is the creation of whiteness and this development has fostered white supremacist views and conflict with identity for non-melinated people (Roediger, 2002). Fuller (1969) and Welsing (1991) would associate this problem to the development of a global white supremacist culture.

We know there is a one drop rule associated with blackness in North American society, but another white-dominated society (i.e., Brazil) with a large population of pigmented people has constructed a different reality to supposedly negate physical differences. In South America, the inclusion game has been played to suggest Brazilians are all the same, no matter what their complexion. In Brazilian society, they have mixed all the colored beans in the pot together instead of separating them like in the United States. This is a nefarious scenario, however. Although the majority of people in Brazil are melanin-dominant, it is melanin-recessive Brazilians who control the society on a political, economic and social level. In 2016, this cultural control could not be more evident as displayed by the egregious ouster or false impeachment of the country's first female president and the subsequent establishment of all white male political figures. This was a worldview change on a grand scale, and it is apparent that white-oriented Eurocentric logic and thinking is diametric to black-oriented Africentric logic and thinking. The distinction in thinking is highlighted in differences in worldview (Karenga and Carruthers, 1986).

For definitional purposes, culture can be defined as a way of life (traditions, customs) transmitted through learning that plays a vital role in molding the beliefs and behavior of the people exposed to them (Kottak and Kozaitis, 1999). The extension of culture related to blackness is subjective and can refer to intangibles such as attitudes, values, beliefs, and practices that are much more difficult to identify. In an alien Eurocentric view of the world, it is imperative to take into account how cultural learning styles can impact performance on cognitive skills. Willis (1989) has shown that African

Americans may perform better on measures of contextual interpretation, improvisation and creativity, and memory for essence rather than facts. This African American way of thinking can be problematic in a society which emphasizes linear thinking and dichotomous logic.

To further explain, according to Nobles (2006), culture is the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies and practices, peculiar to a particular group of people and which provides them with a general design for living and patterns for interpreting reality. People can have different cultural experiences and this external influence can mold how the person responds to the world. Internally, there are components of our nervous system that give us variability in how we respond to the world. People can have different cultural experiences and consequently, exhibit and display different reactions. In the nervous system, pigmented as well as non-pigmented neurons can affect a person's perception of reality. We have evidence that a loss of pigmented neurons can negatively affect behavior and an increased level of activity in pigmented neurons can also provide extrasensory perceptions. Either way, there is a biopsychology of blackness that needs to be understood to promote wellness in the African American community. Even though the brain anatomy and physical structure of humans may appear similar, there must be something that is providing the biopsychology of blackness. We do not commonly hear any expressions of "colorisms" related to nonblack people, but there is something stamped on the consciousness of people throughout the world. The imprint is deep because blackness is a massive phenomenon that has captivated the minds of people from all shades of hue. In sum, it is important to know that intrinsic factors in the nervous system and external factors like epistemology are at the root of explaining the biological psychology of blackness.

II. RELEVANCE AND IMPORTANCE OF BLACKNESS

Many people the world over have a fascination with people of a darker hue. This tends to be a love-hate relationship because the people who despise blackness still try to act black in expressiveness or tan their light skin. Therefore, the presence of pigmentation is relevant to the human experience and a lack of pigmentation on a biological level can

render you deficient in many capacities (e.g., albinism). For our purpose here, we are not focusing on the negative. For the African American Holistic Wellness Hub, it is important to focus on the word of blackness as a unifying concept to emphasize the importance of melanin as the pigment that is vital for all reality, animate and inanimate (Barr, 1983).

The passing and reflection on the life of Muhammad Ali in June 2016 is a perfect example of the importance and relevance of the biological psychology of blackness. His delivery, dissemination and access to information, combined with his raw talent, shook up the world. What we seldom hear in the mass media is how Ali came strongly into his self-knowledge. It was the teachings of Elijah Muhammad, the Nation of Islam and his contact with Malcolm X that gave him strength and resilience. Therefore, at the foundation of any educational experience should be a reliance on self-knowledge. Despite all the social strife Ali experienced, his self-knowledge pertaining to his blackness was critical for his survival.

Physically, there are consequences to having constant threats to your existence when under the assault of a system that is structured for your demise (Alexander, 2012; Blackmon, 2008). Melanin-dominant individuals, for example, are under greater stressors as they combat economic, social, political, judicial, environmental and health insults that may be oblivious to melanin-recessive individuals. Therefore, it is important for people to recognize the conditions that can not only impair health but to search for those factors that are critical for improving one's overall health status in life.

What is the purpose of our presence on the planet, and what has occurred to move us away from the natural way of looking out for each other? How have we lost our "way" as Ayi Kwei Armah (1973) reminds us in his book *Two Thousand Seasons*? What behaviors have been inherited to lead us into dysfunctional social dynamics as expressed by Michael Bradley (1991) in *The Iceman Inheritance*? We cannot exist without another and there would be no need to live if you were not here to serve and do justice for another. Not serve as in "slavery," but serve as in your brother's or sister's keeper. In the black community, why is there an inclination to call one another derogatory names in so-called affection rather than saying brother and/or sister? African/Black people have an original conception of humanity that must be restored if we are to ever have holistic wellness in our

community and throughout the Diaspora. As we reflected on Ali, we must first be reminded that we must "Know Thyself" (Akbar, 1991; 1998; Nobles, 2006; Hilliard,1995).

The start of blackness begins in the development of the nervous system (Moore, 1995; 2002; 2004), and deep within the recesses of the brain is a melinated core of consciousness that connects with nature (King, 1990; Bynum, 2012). After contemplating this topic for over two decades, I am thoroughly convinced after re-reading, deciphering and updating information that there is a biological psychology of blackness. It is still misunderstood by the masses, both enlightened and unenlightened. As an alternative to the deluge of information about melanin-recessive individuals, it would be prudent to have consciousness centered on a black reality and this would be a case of being "endarkened," or having knowledge and consciousness related to melanin-dominant individuals.

If an individual knows their relevance and reason for living, they should eat right, drink right and think right. There is a reason why the ancient African Imhotep stated, "Eat, drink and be merry." Having dignity and respect for your self can only be solidified into consciousness when you know thyself and value the community aspect of life. We need practical information shared in grade school to set the foundation for a positive view of self. Too many times the educational experience has negated information about people of African descent and this has led to a deluge of information about melanin-recessive people. From this Eurocentric view, the mind is supposedly enlightened, but in contrast, we can see a lost generation of incarcerated youth who have been manufactured to be delinquent and disrespectful to elders. It is recommended that the African American Holistic Wellness Hub design educational programs for the less educated to be "endarkened" into the cultural conscious of their heritage.

Retooling the mind, body and spirit is paramount to combat the ills of society. Mentally, melanin-dominant people must be taught to appreciate their blackness on a global level. That is, melanin-dominant people must be taught to eat sun-enriched foods from the earth and dietary substances that contain antioxidants to further enhance the natural antioxidant properties of melanin. On a spiritual level, peace and blessing to life are restored when self-knowledge is valued.

People on the planet are different and blackness is one major contributory influence for the differences (Barnes, 1988). The topic is unsettling to some and controversial to others, and most information that is provocative can be a challenge to fully comprehend. The scientific method, however, can be used to refute all preconceived notions that black is negative and bad on a biological, psychological, sociological or cultural level. However, when you go to the base and root of knowledge, there is an easier digestion of the complicated topic. Just like food, when you break it down, you can digest it properly. For survival purposes, we can simply state that humans should NOT want to be without blackness.

For example, imagine no house, no hut, no cave and no shelter for the original man on the continent of Africa. The deadly radiation from the sun would make the sun an enemy. The pigmentation in early Homo sapiens was the protection to make the sun our friend and source of energy. Fela Kuti has a popular song called *Water Get No Enemy*. We cannot survive without water, and there would be no humanity without an earth. The sun, water and earth are collectively our natural friends and moving away from nature has disrupted our connection with the natural elements of life. Melanin is a complex biopolymer that exists in various realms of nature, and our human experience is totally dependent on it; it is a part of our evolutionary history.

If the multitudes of naysayers who refuse to acknowledge the presence of climate change are melanin-recessive, it appears very relevant to suggest that a lack of melanin in the human experience can impact a connection to the natural elements of life. What is it in the evolutionary history of some melanin-recessive people that makes them fight against nature, and instead, support the money flow of big business? Despite experiencing the destruction of the planet, it is insane to ridicule the Green Movement as paranoid lunatics. In fact, it should be non-pigmented people who should be more worried about the impending doom and the increased intensity of the sun. The warming of the planet and the accumulated radiation from the sun will have a detrimental impact on people who seriously lack skin pigmentation.

Not one word of superiority or inferiority will be uttered in this article, but the deep penetrating mind of those who are infected with the white supremacy virus (Welsing,

1991) might manufacture that conclusion. Just as some people deny global warming on planet earth, there are those who deny the importance of melanin in the human experience. It is a defective logic system stemming from those who think from an imperialistic, domination-oriented mindset. With all the neuroscience, genetic, biochemical and physiological data available, we have convincing evidence to emphasize the importance of blackness in many aspects of reality. Even in radioactive waste sites that have been condemned, "black" mold can form and thrive where no other life exists. As indicated by this author, we are moving forward to emphatically bring forward information that supports the role of melanin or pigmentation in all matters of life.

III. SCIENTIFIC EVIDENCE

Melanin-dominant people are black, dark in color or pigmented because of genetics. In the genes, therefore, are the foundational elements that attribute to the way a person thinks and perceives the world. The capacity in which melanin functionally operates in the human body helps to establish culturally grounded evidence on why melanin-dominant people experience the world in a distinct perspective.

As we began in the overview, the philosophical claims emanating from the field of biological psychology are: 1) all our thoughts, experiences, and actions are a direct reflection of the activity of the brain; 2) everything can be traced to physical events in the nervous system; and 3) we act and process information the way we do because of our evolutionary history. In this context, melanin is capable of affecting the brain, the nervous system and our evolutionary history. In the brain, dopamine is the neurotransmitter that combines emotion and movement for an eclectic spiritual experience, and pigmented neurons coincide with the presence of neurotransmitters. For example, there are two main dopamine pathways to refer to in this discourse: 1. The nigral-striatal pathway starting in the substantia nigra (SN); and 2. the mesolimbic pathway starting in the ventral tegmentum (VT). The SN helps to regulate movement and the VT helps to influence positive emotional states. As one specific neurotransmitter, dopamine functioning has a unique role to impact both emotions and movement. These deeply placed brain structures

containing neuromelanin can enhance the human experience and the restoration of wellness is dependent on these neurons.

Beyond the brain, we also find melanin throughout the nervous system in places such as the eyes, ears and nerves. We know melanin-dominant people have an abundance of melanin in the skin, and the combination of melanin in the skin, the brain, the nervous system can profoundly influence the life experience. Deep in the inner ear is a melinated layer of cells in a structure called the cochlea, and this inner ear structure contains the receptors that can absorb the low and high frequencies of sound in music. These frequencies can spread throughout the whole body, and this is one reason why people of African descent get totally entranced into musical rhythms when they create it as well as listen and dance to it. Melanin-recessive Elvis Presley was a popular musical icon who shook one leg and sang. In contrast, there is no cross-cultural comparison with popular melanin-dominant musical icons such as James Brown, Michael Jackson, Janet Jackson, Prince, Beyoncé etc. There is clear evidence for culturally-grounded differences in the types of music created by melanin-dominant versus melanin-recessive individuals. In terms of wellness, therapeutic sessions for emotional and/or physical healing should consider culturally-grounded music to move the person into a position of positive health.

As an example, by listening to the poly-rhythms of James Brown or the repetitious flow of sounds from the music of Fela Kuti, we can hear the backbone of these sound vibrations and how certain frequencies and amplitudes move and mold a certain consciousness in Black people. There is a certain "feel" that occurs when you combine the music and movement. Sound is the manifestation of vibrations in nature, and music is the manipulation of sound vibrations to affect the human experience. Dance or rhythmic movement is the physical response to the pervading flow of rhythms. There is a reason why some people say that an experience is "music to my ears." For it is melanin in the inner ear, the retina of the eyes, the melanocytes in the skin and the neuromelanin in the brain that give the overall experience of "soul" music. Higher brain functioning in melinated structures is on display during the simultaneous actions of vocalizing (sing, rap), moving (dance) and reaching different states of consciousness. This enhanced brain functioning can improve wellness and restore health.

The ear and the skin detect vibrations and melanin-dominant people are highly impacted by the deep bass rhythms that enhance the impact of the sound on a person's consciousness. In addition to James Brown (African American) and Fela Kuti (Nigerian), there are a host of musical creators (e.g., Nina Simone, Bob Marley, Michael Jackson, Prince, Jimi Hendrix, Marvin Gaye, Esperanza Spalding, J Dilla) of a higher hue who have changed the world with their rhythmic consciousness. Plug in any name from your generation and there is some connection impacting this culturally rhythmic sound. Where ever you find the drum and the impact of rhythmic vibrations, you will find the biological psychology of blackness. No matter what continent or island you find black people isolated, the natural rhythm of the drum/heart beat is predominate in the culture.

Bopping your head to the rhythm and being in tune with nature are dependent upon a source that can absorb sound and disperse it throughout the body like a network of pulsing rhythmic generators. Vibrations, rhythms and pulsations are in every aspect of biological processing. To be in tune with nature requires the specific qualities contained in melanin to absorb the energy and, subsequently, alter consciousness. The power of melanin in the ear and skin are specific biological components that can harness sound for the whole body to experience.

A whole human has a fully functioning physical apparatus. For the experience of sound, inner ear melanin is deep in the cochlea where we find the hair cells to detect vibrational energy. The feeling a person has from listening to music depends on the presence of melanin to absorb the frequencies in the music. The highs and lows of the sound frequency can be experienced differently depending upon the overall capacity to produce melanin in the person. The eyes have a pigmented layer of cells in the retina that are not for detecting sound, but light energy. However, the eyes are the doorway into the mind and watching others move in the presence of certain lighting conditions can be therapeutic. In fact, the "blue-lights in the basement" house parties have been a culturally-grounded experience.

More importantly, the neuromelanin in areas such as the SN and the VT can provide both the core of how dance, movement and music can be therapeutic. We know what can happen with an imbalanced neuromelanin system in the brain (e.g., Parkinson's Disease,

Schizophrenia, Albinism etc.), so we know there is a major role for melanin and the biological psychology of blackness. With the skin being the largest organ of the human body, the presence of melanin in the skin adds to the overall experience of how sound, light and vibrational energy are harnessed and processed by the ear, eye, brain and entire nervous system.

Music is a weapon and today there is a diabolical use of music against positive vibrations (Jones, 1990). Listening to the negative vibrations of the slow rhythmic rap music in combination with strong sexual lyrics has seriously suppressed the consciousness of a young generation of people (Menzise, 2012). Music is indeed a weapon that has altered the psychophysiology of blackness, and these effects can be studied in experimental research.

When we say psychophysiology, we are referring to studies in which the experimenter manipulates the behavioral, affective or cognitive state of a subject to measure a physiological reactivity such as heart rate, blood pressure and/or galvanic skin response. Depending upon the manipulation, melanin-dominant people can respond with different levels of reactivity compared to melanin-recessive people. For supportive evidence, the work of Jules Harrell and colleagues (1991) has studied the effects of manipulating visual experiences related to racism to measure reactivity in black subjects.

The research by Wade Boykin (1983; 1991) has been groundbreaking in developmental psychology, and differences were found in studying the effects of music on academic performance in grade school white and black students (Allen and Boykin, 1991). Furthermore, Boykin (1983) holds that the black cultural realm is neglected and there is a fundamental link between African-American culture and the traditional West African Worldview. In a structural confluence between developmental psychology and psychophysiology, the investigation of blackness can be explored. For example, verve is defined as a special receptiveness to high levels of variability and intensity in stimulation (Boykin, 1982). According to Harrell et. al. (1991), verve can be studied via psychophysiological methods as measured through differential task performance under learning conditions defined as either high or low in stimulus variability.

Indirectly, the natural experience of verve is one potential explanation for the disproportionally high rates of classroom suspensions and disciplinary actions against melanin-dominant children in a Eurocentric teaching paradigm. Sitting in rows in a mundane taught class by a monotone melanin-recessive instructor disseminating irrelevant information to the child can be a recipe for disaster. The African American Holistic Wellness Hub should take into account alternative ways to teach children who may require a high level of variability and intensity to address their unique receptiveness to the acquisition of knowledge and information. Over the years, there have been numerous scholars who have provided valuable information on how to effectively teach melanin-dominant children (Willis, 1989; Hilliard, 1995; Wilson, 2014; Hale, 1982; Jairrels, 2009; Johnson, 2013; Menzise, 2012), so the African American Holistic Wellness Hub can use this research as foundational information to redesign educational programs.

Along with music and education, we can find culturally grounded evidence for the biological psychology of blackness in other situations. Another area of difference to consider is the reaction to stressful life circumstances. There are studies on the concept of John Henryism and differences in reactivity to stress in African Americans. The expression of John Henryism was associated with increased risk for cardiovascular disease among individuals living in highly disadvantaged neighborhoods which lack resources and opportunities for upward mobility (Booth and Jonassaint, 2016). A systematic review of antihypertensive drug therapy has shown that hypertensive patients of African or South Asian ethnicity may require ethnic-specific approaches when compared to white populations (Brewster, van Montfrans, Oehlers and Seedat, 2016; Rizos and Elisaf, 2014). Beyond blood pressure medicine, there are also differences in neuoropsychiatric drugs (Strickland and Gray, 2000). In sum, the genetic properties and function of melanin are significant factors that can determine the differences in responses between ethnic groups.

IV. IMPLICATIONS FOR THE WELLNESS HUB

Epigenetic factors must be taken into consideration when discussing wellness. Epigenetics is a growing field that will provide us with important data on the role of genes in behavior. In addition to permanent changes in genes, the field of epigenetics deals with

changes in gene expression (Kalat, 2016). We do not think about it on a daily basis, but various experiences can turn a gene on or off. This effect can be observed in animal studies, but how do we necessarily translate the effects to human behavior?

For example, when you learn something, your brain stores the information by increasing activity in certain genes in certain cells while decreasing it in others (Feng, Fouse and Fan, 2007). Drug addiction also produces epigenetic changes in the brain (Sadri-Vakili et al., 2010). The experience of feeling socially isolated or rejected alters the activity of hundreds of genes (Slavich and Cole, 2013). Even in studies using rats, it has been demonstrated that malnourishment during pregnancy can influence certain genes in offspring to conserve energy (Godfrey, Lillycrop, Burdge, Gluckman and Hanson, 2007). Interestingly, rat pups with a low degree of maternal care early in life alter expression of certain genes in the hippocampus, resulting in high vulnerability to emotional stress reactions later in life (Harper, 2005; Weaver et al., 2004; Zhang et al., 2010).

Exactly how a gene increases the probability of a given behavior is a complex issue. Some genes control brain chemicals, but others affect behavior indirectly (Kalat, 2016). If we know melanin production is controlled by genes, then we can say that human behavior has some heritability. As the scientific data suggests, melanin has important roles in the human experience and we cannot ignore the science of melanin (Moore, 2004).

Evolution has shown that the human species began as dark-skinned because the presence of melanin is a dominant genetic trait. During our evolutionary history, human derivatives from the first black, brown, dark-skinned, pigmented person with a hue have had genes change to adapt to the changing environment. Whether the genetic effects are dominant, recessive or sex-linked, the environment can still play a role in behavior.

To highlight the connection between environment and genes, phenylketonuria (PKU) and Parkinson's Disease (PD) are examples of significant disorders that can endarken us on the role of melanin in health. We could say the melanin effects can be observed externally and internally and the environment can impact melanin functioning. We know that genes can increase the probability of a certain behavioral characteristic. For example, the level of melanin a person has is controlled by genes and influenced by the environment, and the combination of genes and environment can affect the following

advantages that have been noted by Moore (2004); melanin is a neutralizer of toxic substances, a nerve conduction facilitator and an energy transformer.

In 1975, Clark et al., wrote a seminal article in the history of Black Psychology. In the section on "What is the Mystery of Melanin?" the authors clearly allude to the biological psychology of blackness. When the genetically recessive disease called PKU was analyzed, it highlighted the impact of epigenetic factors influencing behavior. People with PKU have elevated amounts of the amino acid phenylalanine because their bodies have an enzyme deficiency that does not break down phenylalanine. The enzyme is phenylalanase. The outcome of having this disease is mental retardation, behavioral maladjustments and lightening of the skin. To correct the problem so the individual does not suffer from this genetic disease, the diet can be manipulated to reduce phenylalanine in the diet. Although PKU is a disease that impacts people of North European descent, the science establishment has insisted that all babies from any ethnicity should be tested when they are born. This is interesting from a medical viewpoint since approximately one percent of Europeans carry a recessive gene for PKU. Fewer Asians and almost no Africans have the gene (Wang, Okana, Eisensmith, Huang, Zeng, Lo, and Woo (1989).

The construction of this analysis by Clark et al. (1975) was incongruent with the work of scholars such as Frances Cress Welsing. As a psychiatrist, she generated her Cress Theory of Color Confrontation as a psychogenetic explanation for how melanin has a role to play in the human social dynamic. Welsing (1991) expressed that melanin refines the central nervous system (CNS) and, in so doing, produces a highly sensitized sensory-motor network. These provocative ideas by these scholars were espoused over four decades ago and they inspired a chapter on a similar theme in a book on melanin by Bynum, Brown, King and Moore (2005).

In a convincing manner, Clark et al. and Welsing demonstrated that the absence of melanin is directly associated with malfunctioning in the CNS. However, they were also convinced that the presence of melanin is directly associated with proper functioning of the CNS. The words superior and/or inferior were never mentioned. It is the insecurity of those who lack melanin that generate the claims that melanin research is pseudoscientific. With the domination of black athletes on the world stage, there is no claim to be superior.

It is just a fact about the excellence that has been achieved. Other than melanin as the sole reason, there are a host of epigenetic factors.

Humans supposedly have bigger and better brains than other species. Our brains evolved without sacrificing other functions, because of our diet. Glucose, for example, is important and we have genes that assist with glucose transport into the brain. We have more of the protein that transports glucose into the brain, and less of the protein that transport it into muscles (Fedrigo, Pfefferle, Babbitt, Haygood, Wall and Wray (2011). In society today, we devote more energy to our brains and less to physical strength.

For brain development, the genes we have as humans exert their effects in the prefrontal cortex, an area important for memory, attention, speech, and decision making. An interpreter of this information can make any conclusion they desire about human functioning and the thoughts can be negative and derogatory or focus on positive enhancements. No discussion of superior or inferior is inferred. Intelligence is a reified term, so we do not want to make a suggestion that melanin makes you smart or dumb. We want to emphasize the science of melanin functioning to appreciate why there is a biological psychology of blackness.

To conclude this epigenetic discussion, imagine a young child of any ethnicity who is born with genes promoting greater than average height, muscle build, running speed and coordination. The child shows early success at a task requiring complex psychomotor skill development. For example, sports like basketball, football, track and boxing could be used. Consequently, the child spends less time on other pursuits like reading, writing and arithmetic. In this case, the heritability of several behaviors might depend partly on genes that affect the muscles involved in athletics, dance and other coordinated activities. Melanin in the CNS would be a significant factor highlighting any difference in heritability. The argument here is not biological determinism. It is just the fact that life cannot exist without the pigment melanin inside or outside of the human body. Likewise, the absence of the pigment chlorophyll will cease the existence of life for all foliage, and thus, many other species.

It is meaningless to conclude that melanin is the sole difference between humans because both heredity and environment are important. For example, it could be fast-twitch

and slow-twitch fibers that could make a difference between people. If we say black people display key psychomotor skill development, enhanced rhythmic expressiveness and master intellectual techniques such as improvisation, transcendence and transformational skills, what is the basis? As noted by Nobles (1986), there is a recognizable and identifiable African-American style of responding to and manipulating our reality which has its roots in African Beingness. We can philosophize on how human possibilities are governed by our indigenous African cultural substance and mythic consciousness, but the science is stamped into the genes.

At the conclusion of Chapter VI – Implication for the Emergent African Psychology, Nobles (1986) provides the philosophical foundation for Black/African thinking. In a concluding statement he writes, "In situations where the social structures and/or institutions are (cultural) transplants and do not emerge from, and reflect the cultural definition of our people, the social structures will serve only to change and probably dehumanize and oppress our people." In fact, this is the reason why the diametric views exist between Carson vs. Obama and/or Marshall vs. Thomas. They all look black, but in this dysfunctional, materialistic, Eurocentric-oriented society, the environment has strongly influenced their views of the world. Although they have collectively lived in the same world, their consciousness is totally different.

The question we should be asking is do the observed differences among individuals depend more on differences in heredity or differences in environment? If you display "blackness" more so than another person, the reason could be different genes, better cultural training for black consciousness, or both. We know melanin can fight disease and improve wellness in humans and the health promoting effects of melanin can be inherited. If the variations in characteristics between groups of people depend largely on genetic differences, the characteristic has high heritability. In sum, the consequences of having a greater heritability for melanin production can greatly enhance a person's overall wellness.

V. INCORPORATION IN THE HUB DESIGN AND PROCESS

Recommendation #1 – Lesson Plans: People of African descent must work in a profound way to redefine their own consciousness to enhance African American wellness

and to reclaim their healthy state of mind. This first recommendation is critical since it will lay the foundation for developing a lesson plan for the African American Holistic Hub. In order to enhance what you have inherited, it is critical to develop lesson plans that incorporate an appreciation for the beauty of blackness. For centuries there has been neglect and discrimination on topics related to blackness, so there is no illusion that society will readily accept a biological psychology of blackness.

For people of African descent to have positive health and wellness, they must know thyself (Akbar, 1998). Therefore, it is recommended to present documentation and literature to validate the important role of melanin in brain and behavioral relationships. In every aspect of teaching psychology, we should be able to mesh Melanin, Epistemology, Spirit, Slavery and History (i.e., MESSH) into the topic of discussion (see Fig. 1). As a guide for psychologists, MESSH can incorporate topics related to blackness in multiple themes in any aspect of psychology (e.g., cognitive, social, developmental, personality, biological or clinical).

Recommendation #2 – Diet and Nutrition: Many researchers have written on the science needed to develop an African ethno-medicine or ethno-nutritional or ethno-food consciousness (Afrika, 1989; 2000, Pookrum, 1993; Ashby, 2002; Bynum, Brown, King and Moore, 2005). Under this recommendation, scientists should be made aware of the dietary and nutritional differences between groups of people on the basis of genetics. We must feed the body correctly for the brain to work properly and not every food item is beneficial for every ethnic group. It is recommended that we avoid "nutricidal" consequences that can hinder health and wellness. Nutricide is the deliberate and systematic alteration of foods in order to cause physical and mental dis-eases, genetic mutations and/or death (Afrika, 2000). According to Afrika, food is used to destroy African health and the dis-eases the food causes makes profits for hospitals, doctors and drug companies. We become out of control and unknowing of how to enhance life because we are indoctrinated into a poor way of health. As a consequence, African children worldwide are deprived of vital nutrients which can cause attention span disorders, learning problems, behavioral disorders, hyperactivity and a growing list of neurodegenerative disorders that can exist with the aging process.

Often neglected in brain and behavioral relationships is the implication of diet and nutrition. Putting the proper nutrients into the body will make life so much more enjoyable and disease free, so people must be made aware of the basic elements in life and how chemicals can affect health. As previously enslaved individuals captured and removed from the African continent, overall health has been impacted from living in a foreign world. As a result of being in a foreign environment for an extended period of time, iron, zinc, vitamin D, thiamine and a host of other nutritional deficiencies can adversely impact health and this must be properly investigated. Limit consumption of fast-food, monitor intake of artificial substances and avoid pesticides. Melanin can absorb the artificial chemicals and synthetic substances for protection of the body, but wear over time will diminish the proper functioning of melanin.

Recommendation #3 – Enhancing Extrasensory Perceptions: The right combination of nutritional elements can provide extrasensory perceptive capabilities in structures such as the ear, eye, skin and brain. All of these important bodily structures contain dense concentrations of melanin or pigmentation, and African American wellness is critically related to properly nourishing a melinated system. For example, sound can be heard differently by the inner ear to influence the creativity of music, visual reaction time can be enhanced with a pigmented cell layer in the retina, subtle electromagnetic energy can be harnessed by melanocytes in the skin to affect the overall physical state of the body, and the neuromelanin in the brain can serve to increase psychomotor performance and keep the brain free from toxic and harmful chemicals.

Encouraging exercise and movement is a major factor to keep a highly energized sensory motor network. Stagnation will cause a dulling of the senses and the reason verve is important to melanin-dominant individuals relates to the presence of melanin and the connection to electromagnetic energy. The late Muhammad Ali floated like a butterfly and stung like a bee, but he was eventually slowed down by toxicity. When you value and appreciate the essentials of life, you will treat the body properly to turn on the right genes for positive health. This was exactly how Ali, for example, lived his life, but the double-edged sword of neuromelanin functioning eventually slowed him down.

On a world scale, melanin-dominant athletes are the biggest drawing card in sports, and not because they are "black." A racist society would not immediately grant that acknowledgement. Essentially, it is because of the genetics of their blackness that propels melanin-dominant people to excel in tasks requiring psychomotor skill development and extrasensory perception. Guidelines in teaching and preparing a whole human will require movement to be incorporated in learning. This is an African way that is manifested and stamped into the genes.

On an epigenetic level, for example, you can reorient yourself and there are numerous factors that can affect gene expression and alter behavior. Since the foundation for what classifies a person as black is stamped in the genes, people can be both genotypically and phenotypically black. Consciously and culturally, however, they may purposefully display no overt identification with being black. This disconnect of a melinated person who does not consciously recognize their blackness would be a by-product of a construct called Cultural Misorientation (CM) (Kambon, 2003). According to Kambon, the CM construct is the most appropriate label for designating the widespread psychopathological condition among Blacks to reflect an incorrect cultural orientation in African people that is Eurocentric in its basic nature. Thus, CM is a mentally disordered condition because it leads African people to literally culturally self-destruct. It is virtual mentacide (Wright, 1994), but in the genes would be the template for the prototype of all that is related to the manifestation of blackness. Melanin-dominant individuals must be re-oriented into their genetic consciousness to avoid CM and mentacide.

Recommendation #4 – Healthcare and Therapy: Lastly, for doctors, nurses, healthcare professionals, mental health clinicians or counselors, it is recommended that guidelines be followed to treat disorders with the biopsychosocial parameters befitting people of African descent (Asante, 2003a)(see Fig 2). As stated in the overview of this paper, blackness can have political, social and cultural implications. Despite these indirect implications, the biological psychology of blackness is a direct manifestation that is on full display and stamped in the genes. No matter how a person of hue may deny their blackness, the genes do not lie.

When a healthcare provider neglects to take into account the ethnicity of the patient, the treatment could go awry. For example, there could be adverse reactions to pharmaceuticals and this would be dangerous. Melanin throughout the body absorbs toxic substances to keep the body fit, but these synthetic substances are foreign to the natural body and the adverse reactions could be deadly. Beyond general medications to treat ailments, there is also the complication with drugs and dosages to treat mental disorders. Therefore, the African American Holistic Wellness Hub should inform healthcare providers that there is a biological psychology of blackness which can distinguish treatment for melanin-dominant versus melanin-recessive patients.

SUMMARY CONCLUSION

The biological psychology of blackness can provide the basis for valid, reliable and testable experiments in order to implement the best ways to treat melanin-dominant individuals. For instance, there are people who suffer from an inferiority complex and they may not have a positive view of their blackness. In the case of melanin-dominant individuals, an inferiority complex can develop and some people desire to lighten their skin and run from their physical blackness. By teaching and appreciating the beauty of blackness, patients can avoid the dangerous chemicals linked to skin lightening products.

Furthermore, since we know melanin can have an effect on mood, using music, room colors and/or aromas can be a way to heighten the treatment experience for melanin-dominant patients. There is evidence that drama therapy can be useful to treat some mental health patients and movement is the basis of stimulating a change in behavior. To change behavior, healthcare practitioners should also be aware of food items that can alter mood and affect the mind, body and spirit of the patient. Too often, there is a lack of concern for what the patient has consumed and this could be the source of the dis-eased state of mind. Products which contain antioxidant properties are essential to enhancing the health of melanin-dominant individuals, and it is melanin which serves as a natural antioxidant.

Summarily, to combat both nutricide and mentacide, the implementation of Afrocentricity in every aspect of the learning process would lead to a decline in CM. In addition, the expression of blackness requires the use of certain teaching styles that would serve to promote the biological psychology of blackness and lead to better healthcare and therapy.

To summarize, any topic on blackness or melanin can be controversial in the public arena. In this article, we presented scientific evidence for the role of melanin in human behavior. The focal point of our discussion was on the nervous system, and how it is wired. Beyond the brain, however, there are so many biopsychosocial factors that can explain why people do what they do. It is not a simple task to explain human nature, but the field of biological psychology can provide significant revelations (LeDoux, 2002). As we explored this topic on blackness, we find the importance of culture as a factor in the expressiveness of behavior associated with blackness.

On a cultural level, it is very possible for a person of African descent to display little evidence of being "black" in a cultural context. Likewise, people who are melanin-recessive or having no direct genetic link to people of African descent could display "blackness." The driving factor for these variations in the display of blackness would be culture.

On a scientific basis, melanin has a principle way of functioning that affects overall health and wellness. As a complex biopolymer, it can neutralize toxic substances, it can facilitate nerve conduction, and it can function as an energy converter for the body to have extrasensory perceptions (Moore, 2004). Whether a person acknowledges or ignores the presence of a concept called blackness, we have demonstrated how there are epigenetic factors that can influence the proper functioning of melanin. Henceforth, we can conclude that melanin or pigmentation of cellular structures is critically important for the qualitative display of blackness on a biological psychology realm.

We presented evidence in the central nervous system where melanin plays a vital role in life, and the presence of this pigmentation can enhance the experience of life. The absence of melanin in the body, specifically the nervous system, can have a detrimental effect on the human experience. Given these scientific facts, we can highlight the positive role of melanin in the expressiveness of blackness.

For a program on African American Wellness and Health, current services must acknowledge the impact of melanin functioning as it relates to diet, nutrition, drug effects and mental health treatment. Educational programs should be designed to encourage the implementation of learning paradigms that combine psychomotor and cognitive skills to enhance the human experience. To display blackness means a melanin-dominant person can see, hear and experience life with qualitative differences when compared to a melanin-recessive person.

In conclusion, the way people move, hear and see information means they experience life the way their sensory-motor network is arranged. To be well, we must fully understand the role of melanin in life, and this will lead us to developing a beneficial wellness program to enhance the biological psychology of blackness.

Figure 1 – MESSH

THEMES in Psychology

Topics	Cognitive
Melanin	Social
Epistemology	Developmental
Spirit	Personality
Slavery	Biological
History	Clinical

Figure 2 - RECOMMENDATIONS FOR AFRICAN AMERICAN WELLNESS

Dietary/Nutritional Requirements **BODY**

Nutricide
Iron
Vitamin D
Antioxidants

Extrasensory-motor Enhancement **MIND**

Music – Inner Ear
Imagery – Eye and Retina
Skin Technology – Skin
Verve – Brain

Cultural Reorientation **SPIRIT**

Learning Styles
Afrocentricity
Know Thy Self for Mental Health

Intertwine these three areas to promote positive mental health

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THE DSM

IMPORTANCE IN THE DESIGN, CONSTRUCTION AND OPERATIONAL IMPLEMENTATION OF AN AFRICAN AMERICAN HOLISTIC WELLNESS HUB[2]

COMMISSIONED THEMATIC BRIEFING PAPER

by

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[2] Commission Paper, *The DSM, Importance in the Design, Construction and Operational implementation of an African American Holistic Wellness Hub*. Corresponding author, Sharifa Freightman, Ph.d., © 2016. Author received financial support for authorship from the Institute for the Advanced Study of Black Family Life and Culture, Inc.

OVERVIEW

The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) is considered the diagnostic Bible of the psychiatric, social work, and related mental health fields. It was first published in 1952 by the American Psychiatric Association, or APA (American Psychiatric Association, 2016), and has been revised numerous times. This nosology, or classification of disease, is organized based on diagnostic categories such as mood disorders, substance use disorders, and anxiety disorders, with each diagnosis entry listing specific symptoms necessary to meet criteria for a diagnosis. Discussion including diagnostic description, symptom course and differential diagnosis is also provided. The DSM officially places little emphasis on the etiology of mental health conditions, rather its focus is on disorder categories, symptoms, and diagnostic and exclusion criteria. This paper will examine the potential use of this diagnostic manual in the development and operation of clinical services at an African American Wellness Hub in the San Francisco Bay Area, from a culturally-congruent perspective.

The most current edition of the manual is the DSM-5, which is argued to be one of the most controversial. Beginning in 2000, research work groups were formed by the APA to develop the newest edition. In 2007, the DSM-5 Task Force formed 13 work groups focusing on various disorder categories, and the DSM-5 was then published in 2013 (American Psychiatric Association, 2016). Throughout the revision process, proposed changes were made known to the public by the APA. Many psychological or advocacy organizations, journalists, and individual professionals responded publicly to the proposed changes. A coalition of organizations affiliated with the American Psychological Association published an open letter to the American Psychiatric Association, calling for, among other things, an independent review of the proposed edition, and underlying specific concerns (Coalition for DSM-5 Reform, 2012). The Association of Black Psychologists supported this critique, and expressed its own concerns with the edition (Freightman, S. and Nobles, W.W., 2012), including in the APA's public comment process. Chief among the concerns in both letters was the perceived lowering of diagnostic thresholds (which it was feared would

lead to over-diagnosis), the included definition of mental disorders, with the related assumption that there is a biological basis for all mental disorders. APA was somewhat responsive to external critique, but some controversy persists.

Where the DSM 5 relates to the proposed African American Wellness Hub is in the issue of how to utilize this diagnostic manual for the purposes of the design and implementation of services for this organization. Presumably, the scope of the Hub's services would include clinical services aimed at the amelioration of emotional and mental distress, aside from prevention, outreach, and other community services. Such services would require first conducting a thorough assessment, which would lead to a conceptualization of the problem at hand (in a family, group, or individual). The DSM is generally accepted, and in some contexts, required, as a manual to categorize major psychiatric/emotional conditions, and as such, could be utilized to guide understanding and categorizing of presenting problems. The merit of using the DSM in this context, and how to do so are to be examined here. For example, proposed policy and procedures are needed to address how to conceptualize/formulate clinical cases and come to a distilled "label" of the problem. Specific policies would govern when, how, and who is charged with gathering information and assigning a diagnosis. The DSM would be one method of coming to this conceptualization and labeling to guide treatment.

The notion of what constitutes wellness or illness, for the African American, in particular, are likely the focus of other thematic design briefing papers, but should be touched upon briefly here. Rather than assuming that all of which constitutes wellness is universal across contexts and racial/ethnic groups, the research of African-centered scholars reflects certain constructs as indicative of, or associated with, greater mental health among African Americans: cultural orientation, in terms of mentalities and behavior in keeping with one's own adaptive/appropriate cultural values, norms, and practices; high racial identity measures, and a personality structure that includes thoughts and behaviors motivated by a survival thrust are examples. To be sure, in examining whether the DSM is appropriate for the Hub, the argument is not being made that African Americans have no disordered behaviors that need to be addressed, rather, the need for services and healing is the aim of the Hub in the first place (Azibo 2014, Kambon & Bower-Reid 2010, James-

Myers & Speight 2010). Pan-African psychologist Dr. Amos Wilson declared that mental illness is inevitable, if not essential, in the context of a White Supremacist/racist societal context (Wilson, 1993). Additionally, many social indicators and anecdotal evidence suggests that all is not well in the African American collective in terms of poverty, violence, and economics, all of which have behavioral/emotional relevance. The Hub would be instrumental for addressing issues in the community such as violence, emotional distress, and family disunity or else their aftermath. However, whether and how to use the DSM to bring about this aim is being examined.

There have been suggestions for the development of alternative diagnostic systems for clinical use (PDM Task Force, 2006). However, the DSM continues to dominate in multiple settings as it is now the diagnostic standard in county, state, and federal programs for repayment of services in the public health system and other settings.

LIMITATIONS AND SHORTCOMINGS

The DSM can often be found in use with African American communities in public health/community mental health, educational, and forensic settings, where African Americans typically receive mental health services. Some of its limitations have been noted (Whaley & Geller, 2007). These include clinical bias in assessment and diagnosis (especially in cross-racial clinician-patient pairings), ethnic differences in the expression and experience of mental distress, over- and under-diagnosis of certain disorders in African American populations (schizophrenia and depression, respectively) (Guthrie, 1998; Metzel, 2010), stigma of certain diagnoses, and the inappropriate use of the DSM in assigning students to special education classes.

Shortcomings of the DSM have been highlighted. What use, then might the DSM have for the construction and maintenance of an institution charged with improving the wellness, and facilitating the healing of the African American Community in the San Francisco Bay Area? The answer, it appears, is an extant but limited use. On the practical side, there is the reality of the regulations that govern acceptance of a grant or other funding by a municipality, and operating an organization that will entail the provision of mental health and related services to a population (including those provided by state

license holders). Additionally, as will be described, the DSM has some limited use for certain aspects of African American mental dis-ease. On the cultural side, are the considerations for African American self-determination, in defining oneself and organically assessing one's own needs, as well as not having external considerations exert undue influence over its institutions.

African-centered scholars have addressed the issue of using mainstream, Eurocentric diagnostic systems for African American communities. The debate between Kambon (2003, 2010) and Azibo (2014) in this vein is an important one. In his model of African-centered personality development, Kambon differentiates the "idiosyncratic" and the "own-race maintenance" aspects of African American personality. The former is conceptualized as the more general or universal aspect of human psychology, and the latter is the part of the psyche that governs thought and behavior related to one's orientation toward their own racial/ethnic (African/African American) group and that group's survival in the society. Disorders of emotion or behavior can exist within each aspect. DSM-listed disorders would manifest in the idiosyncratic aspect, and more culturally-defined disorders would manifest in the own-race maintenance aspect. Kambon's major culture-bound disorder theory is that of "cultural misorientation"- that is, when a person of African descent is thinking and behaving in ways that reflect alienation from their African identity, and lack of commitment to working toward the survival of the group in healthy ways. Kambon holds that misorientation precipitates idiosyncratic disorders, such that in order to manifest a DSM disorder, a person of African descent would have to already be culturally mis-oriented.

In contrast, Azibo (2014), who recently updated his own African-Centered nosology, posits that symptoms of distress in the idiosyncratic aspect of personality can exist and not involve own-race maintenance dictates. He offers examples of historical figures of African descent who were clear in their identification with, and advocacy for, African or African American interests, but who could have experienced depression, grief, or anxiety which would have taken nothing away from their revolutionary beliefs and behaviors. Malcolm X is offered as an example.

African American or "culturally competent" clinicians of other ethnic/racial groups have made adaptations or used their cultural understanding to more accurately assess and diagnose African American populations

Kambon's point is well taken in terms of questioning mainstream psychiatry, including its nosology. Although there is utility to mainstream psychology, African Americans can rarely accept or expect to benefit from swallowing it whole, i.e., without analysis and adaptation given the cultural context in the U.S. in particular and our extant optimal cultural norms and understandings, specifically.

History is full of examples of nefarious doings based in mainstream psychology (Guthrie, 1998). The historical record would include ethnical violations in research, justifications of slavery and other forms of oppression, biased beliefs about Blacks' intelligence, and improper use of testing and diagnosis. Use of any construct derived thereof would be met with healthy skepticism and require a process of evaluation before adoption.

POSSIBLE UTILITY

Despite any misgivings about mainstream psychology, Azibo's appears to be a more nuanced, reasonable position for the Hub's purposes. Utilizing part of Azibo's model would serve as a partial foundation for the task at hand, which is to design clinical/community services utilizing both culturally-based understandings of mental distress and mainstream models of identifying mental health problems. On an organizational level, a certain balance between pragmatism and self-determination is indicated. This balance would entail dealing with the reality of the DSM, while organizationally asserting its view and rights to define and utilize appropriate culturally-derived understandings of identifying distress. If a community sets out to create a (long overdue) wellness hub, the best ideas in support of that group's self-determination should predominate. The need to have a good command of the DSM is obvious, given wider industry/field practice standards, but it is likely that African American mental health clinicians/workers are already availing themselves of this manual in accordance to these standards, and have developed a level of expertise in doing so.

Cultural understandings affect the likelihood that the clinician is aware of the clinical presentations of African American clients and can better diagnose. One caution is that given the heterogeneity of the Black collective in terms of experience and culture, something can get "missed," or misunderstood. A check-and-balance in the process of diagnostics is recommended. As an example, language commonalities within the African American collective, i.e., Ebonics, or non-standard English can be the basis of a clinician's understanding and perception of reported symptoms of mental illness. A clinician who shares these linguistic understandings may be more likely to perceive or "catch" and then follow-up on reported symptom criteria. Conversely, an African American clinician with a different set of cultural or linguistic understandings would have a similar learning curve as clinicians outside of the community.

One way that use of the DSM in a more culturally congruent manner could be accomplished would be by utilizing the Cultural Formulation Interview, introduced in the newest edition of the DSM (APA, 2013). The CFI includes questions to assess the role of a client's culture in the etiology, understanding, exacerbation, and treatment of mental health conditions. The questions cover the following aspects: cultural identification, cultural conceptualizations of distress, psychosocial stressors and cultural features of vulnerability and resilience, cultural features of the clinical relationship between client and clinician, and overall cultural assessment (Reichenberg, 2014). Although the CFI does not answer for all of the limitations of the DSM from an African-centered standpoint, use to this measure in assessment and diagnosis would make use of the manual at least somewhat more relevant for the Hub's purposes; to be sure, the Hub clinicians' use of the CFI could be informed by their own unique experience, and contribute to more appropriate adaptations to the diagnostic manual in terms of any published findings and recommendations in the future.

GOING FORWARD

What the community needs going forward is a deeper understanding of who African Americans are, and what they need from an internal, "culturally congruent" vantage point, and a commitment to honestly identify and meet those needs, while addressing the reality

of external requirements. Should the county require use of the DSM, the Hub can serve the purpose of providing an example of balancing such work.

Clearly, the DSM cannot be said to be truly grounded in the African American cultural experience, although it is not clear the extent to which African-descendent individuals, or African-centered understandings contributed to its development. However, neither can it be argued that constructs such as "depression," "anxiety," or "psychosis" have no shared meaning in the context of the larger society in which African Americans find themselves. DSM diagnoses and clinical guidance contained in the manual have some degree of relevance for African American's although the specific etiologies and expression of these disorders may be unique to African American cultural styles or experience.

African Americans are subject to the same etiological causes highlighted in mainstream psychology models: Cognitive Behavioral Therapy (Beck, 2011) holds that mental distress can be caused by faulty thoughts and cognitive processes. The Psychodynamic model (Gabbard, 2010) posits that early childhood experiences and unresolved conflicts can cause problems such as mood disorders or neuroses. The dynamics laid out by these models are common to African Americans as well, and thus, diagnoses based on these constructs are relevant to the community.

In addition to these models, there are unique factors that can contribute to the development and even expression of mental distress for African Americans. Williams (2008) suggests that substance abuse and other risky behaviors among African Americans can be manifestations of suicidal thinking or motivations; should clients exhibiting this behavior be asked about suicidality directly, they may deny such thoughts, intentions and actions. DeGruy (2005) explains some African Americans' parental behavior which might be labeled as abusive or restricting could be a function of dynamics set in motion following oppression and generational trauma that necessitates putting certain restrictions on the behavior/movement of their children. Wohl, Lesser, and Smith (1997) report in their study that African Americans with depression exhibited more diurnal variations in mood (that is, more depression in either the morning or evening) and low energy that Caucasian subjects, as opposed to other classical symptoms of depression.

Likely, African American or "culturally competent" clinicians of other ethnic/racial groups have made adaptations or used their cultural understandings to more accurately assess and diagnose African American populations; often these clinicians bring certain holistic understandings, and levels of rapport and compassion to diagnostic decisions. Understanding differences such as these can guide assessment and diagnosis of African Americans.

As I have just discussed African American clinicians, I will share here that it is my contention that Hub organizers ought to be clear to assert the importance of having African-descendent (especially African American) staff at the Hub, and that this should guide hiring practices. Other ethnic communities in the Bay Area assert well their language and other cultural uniqueness as reasons to have a preponderance of same-race/ethnicity staff as their clientele. Language is often used as a proxy to accomplish this preponderance, as local mental health field job postings often reference seeking potential employees who are "bilingual and bi-cultural." For the African American community, it should be no different, as it has cultural, political, and linguistic uniqueness with which "natives" have more familiarity and connection; this is despite English being the typical first or only official language spoken. Additionally, both African American clinician and client would mutually benefit from the Hub's purpose, as both are members of the community which is being served.

LIMITED USEFULNESS, IMPLICATIONS AND NEEDED REVISIONS

Using the Azibo nosology/model, it is clear that where the DSM can be useful is in assessing and diagnosing the idiosyncratic personality aspect in the African American clientele at the Hub. For clients presenting with mood, thought, or cognitive disorders, DSM diagnosis and ethical treatment are indicated. However, the DSM should not be used to understand the own-race maintenance aspect of African American personality, to reach a complete, holistic view of clients, or as the center-point of clinical work. In fact, the DSM should not play a gatekeeping function at the Hub at all: that is, having a DSM diagnosis, or meeting "medical necessity" based on the DSM should never be used to determine whether

a member of the African American community is able to receive care at the Hub. In whose service would the DSM play such a role?

Certainly the Hub would be well staffed and organized to serve consumers who meet medical necessity by the Medi-Cal standard. The alternative would be for African American mental health consumers seeking that level of treatment to continue to seek these services in mass at other non-African American focused county mental health agencies or else pay out of pocket for these services at various agencies or private practices. The Hub should be organized to accommodate the community with services of this level. However, my recommendation is that Hub organizers are sure not to make Medi-Cal standards the only gatekeeper for access to services, which may take various forms not based on the DSM-5 strictly. As an example, the Hub's service tier could include preventative, educational, clinical, and social work services.

Although the DSM has some utility, on its face, it has limited usefulness, especially in a setting such as an African American Wellness Hub. There is no need to inappropriately over-prioritize the DSM in this setting. The community should take the opportunity to continue to define itself-even in its description of pathology or suboptimal behavior/mental status. The DSM is not generally relevant for the Hub project, as the American Psychiatric Association and "mainstream" psychiatry have long been inappropriate arbiters of normalcy or disorder for African Americans (Guthrie, 1998). Even the Glossary of Cultural Concepts of Distress found in the DSM-5 are inadequate as a nosology for understanding African Americans in particular (admittedly not the aim of the APA).

The glossary includes the condition of "ataque de nervious," or attack of nerves, found in Latin American cultures. These and other illnesses are culturally congruent and recognized as aberrations in emotion or behavior within the context of their particular cultures. Likely they are included within the DSM (though not as formal diagnostic listings) due to their commonality/familiarity, and their similarity to DSM disorders.

Whether Hub organizers conceptualize the organization as becoming the new premier location where a sizable proportion of African American mental health consumers in the East Bay Area (or Bay Area-wide, as I would recommend) will have to be determined.

One organization will not serve all possible consumers across service needs for various reasons (scope, expertise, logistics, program/legal requirements, staffing, stigma, interest).

The Hub could be instrumental in the development of other Black-centered nosologies coming from our context. For example, illuminating diagnostic understandings focused on the mental status of African American women, would be a unique contribution. Here, the diagnostic constructs of moral masochism (pathological self-sacrifice) or the archetype of the Strong Black Woman, which impede the health and well-being of so many African American women would be particularly helpful (Thompson, 2000; Azibo and Shorter-Gooden, 2014). Specialized programming to address these conditions would naturally follow.

RECOMMENDATIONS AND PROPOSED DIAGNOSTIC POLICY

Thus far it has been suggested that the DSM be accepted for use for clinical services at the Wellness Hub, but that that use be tailored to the community, and not inappropriately centered. The following is a suggested diagnostic policy statement and a set of recommendations for policy and procedures for diagnostics.

Diagnostic Policy

> *This policy statement provides guidelines for procedures for diagnosis of services and treatment conditions at the African American Wellness Hub. This Hub's services should be based on ethical, holistic, and culturally-relevant assessment and diagnosis, which underlies clinical and community services. Assessment should include information derived not only from mainstream Diagnostic and Statistical Manual of Mental Disorders diagnoses, but also spiritual, physical, and social assessment in a culturally-relevant manner. Accepted ethical standards of practice would, therefore, include use of the DSM, with augmentation and grounding in African American culture and community, as well as the wider view of the practitioners, especially non African American, own cultural context. All referral, assessment, treatment, and evaluation procedures must reflect this balance.*

RECOMMENDATIONS

1. Establish a clear referral policy that makes reasons for referral (including "self-referrals") and referral questions very clear. Using a standard form, rather than simply accepting patients for appointments, so as to guide/control the process from the outset is suggested. Keeping the referral/intake process clear, and having a clear understanding of why a client is seeking services and who the stakeholders are can guide assessment and diagnostics. For example, a case of an individual referred to the Hub by the family court (with an open Child Protective Services case) would have different implications for diagnosis and confidentiality than would a self-referred individual seeking pre-marriage counseling or therapy for stage of life issues. In each of these cases, different factors and considerations would drive the assessment process and inform the ways patients are diagnosed and clinical reports provided. Overall, there should be a process to guide services that include initial referral reasons/source, initial disposition (clinical or other community services), assessment, diagnosis, treatment, with appropriate diagnostic updates, review, and supervision throughout.
2. Establish a culturally-congruent Assessment and Intervention-Planning Procedures. Whether a member of the community meets criteria for a DSM diagnosis-or whether a level of care/intervention based on such a diagnosis is desired/warranted should be determined as a first step. At this stage culturally-congruent personality assessment should be completed, especially in the case that the client is determined not to meet criteria for a major mental health diagnosis. Examples of this kind of assessment would include use of identity-development scales, culturally-congruent assessment questions in the clinical interview, or questions about basic demographic information related to cultural norms or practice to determine if a client has any culturally-relevant anxieties, conflicts, or behaviors that are detrimental to his/her mental or emotional holistic health. A disposition for needed level of services would derive from these assessments.

Other aspects of holistic assessment might include a biopsychosocialspiritual assessment utilizing African or African American-based spiritual practices, and required primary care/dietary evaluation as part of the assessment process. Such practice would lend itself to a fuller assessment and set of related interventions. In my own practice, rapport-building at the outset of the therapeutic relationship is crucial to assessment and intervention. This includes culturally congruent warmth and connections as the basis for the clinical work. My standard practice is also reflected throughout aspects of the recommendations.

3. Structure services at the Hub into multiple tiers, where the more intensive therapeutic services that are also based on DSM diagnoses would be a separate funding contract or program from other services, though integrated appropriately. Service tiers can be based on assessment and related dispositional decisions, and should include the following aforementioned: Information/Referral, Prevention, Community, Clinical, Support/Psychoeducation, Social Work, Advocacy, and Research. A DSM-5 diagnosis would not be necessary or appropriate at all levels of services.
4. Recommended that Hub be in a location where DSM diagnoses, when given, could be provided in a thoughtful manner, with attention being paid to the more holistic view of the client; in this way, the Hub could serve the function of providing African American clients a sort of protection in terms of forensic settings in particular. For example, it is recommended that the organizers aim for the Hub to become a setting known for providing African American clients a holistic and fair assessment, to be used for educational or forensic purposes. The development of a clinical training and supervision component would carefully guide workers or clinicians on how staff would integrate DSM-related and African-centered or holistic assessment. A charting procedure should be crafted around diagnoses, so that there is some level of check-and-balance before placing a diagnostic label on a client. The use of the aforementioned Cultural Formulation Interview in the DSM-5 should be a mandatory part of this process,

rather than a suggestion as the manual states. The Hub as an institution could set itself apart and become known as a home of subject matter experts of record in regard to providing a new standard of clinical services to the community, rather than simply eschewing the DSM wholesale.

5. Recommended that a multi-disciplinary team of licensed clinicians, health practitioners, and indigenous healers staff or serve in rotation at the clinical program, proving both psychological and culturally-derived assessment and intervention. Diagnostic policy at the Hub should include a high level of training of clinicians who are to provide diagnoses, and that supervisory staff oversee the provision of diagnoses, especially should interns or trainees be included as staff. There should be a high standard of evidence for diagnoses.
6. Recommend that diagnostic labeling be vetted against African American value structures. Many clinicians with experience in public health know well how to balance matters of cultural congruence with external expectations and limitations. Namely, the understanding of how to "work it," in terms of ethically finding a diagnostic label that can facilitate the provision of services for African Americans, specifically. There is a way to diagnose and develop a policy or stance to strike this balance. For example, a policy whereby clinicians use the most parsimonious diagnosis is recommended—that is, diagnose only the main presenting problem and diagnoses relevant to the clinical picture or create significant functional impairments, rather that diagnosing every single condition for which clients might conceivably meet criteria.
7. Recommend the utilization of the less specific "Other/Unspecified," diagnoses included in the DSM-5 when less evidence is available for a more specific/definite diagnosis, as well as the "Other Conditions That May be The Focus of Clinical Attention," such as Housing, Economic Problems, Abuse and Neglect, which highlight more contextual factors underlying distress (APA, 2013), rather than a strict requirement that accepted clients carry a major clinical diagnosis (major depression, schizophrenia; related to medical necessity). Often, providing publicly-funded mental health services necessitates

assigning more specific and severe clinical diagnoses for treatment (at least for the main presenting issue being treated).

8. Craft clear agreement with the county about what expectations will govern clinical documentation, and placing your own caveats and conditions on the table is also recommended. Parameters around the audit process could include county officials having the ability to audit for only the previous 12-month period, rather than any further retrospective periods, auditing a limited number of charts, or limited programs being subject to certain audits, confidentiality/privacy for clients, and not necessitating electronic records on a county-wide system which would be viewable by more public health workers.
9. Recommended Diagnostic Caution and Due Diligence: anecdotal evidence suggests that there is a history of documentation and its relation to DSM/medical necessity becoming the undoing of agencies or programs providing services to large numbers of African Americans. Two prominent organizations in the Bay Area that have been organized by and served the African American community include Westside Community Services and the Bayview Hunters Point Foundation. By my observation (as a former employee of the mental health program of one of those organizations), both of these agencies have experienced some level of decline including the loss of a Cal-Works contract and the threat of closure/loss of contract. These situations often appeared to be related at least in part to documentation and audit issues.

SUMMARY CONSIDERATIONS

It can be concluded that there is indeed a manner in which to utilize the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013) in the African American Wellness Hub that compromises neither the basic principles and interests of the community, nor basic clinical ethics.

<u>On the Question of Audit</u>: Many mental health programs in the Bay Area have, however, faced difficult audits of documentation (related also to the difficulty in following newer electronic documentation standards). They have received “dings” from county, state,

and federal agencies for reasons such as providing services for individuals who did not meet medical necessity, and the timeliness or wording of documentation, which have resulted in the recoupment of funds or closures of programs/contracts. These decisions can constitute both legitimate and seemingly unreasonable decisions. It seems that the power strategy of "Give before you take" is often at work, in that it appears that initially the community will be given an opportunity to operate programs, only to see them lost or diminished via bureaucratic procedures that are unclear or difficult to follow. It appears that matters of documentation can overtake the initial purpose of the organization.

The designers of the African American Wellness Hub should be determined to steer clear of this possibility in setting the terms for the development and operation of the Hub at the outset, and then setting about to meet those negotiated standards. How the DSM and other clinical matters are handled will be a key piece of the strategy to accomplish this goal. Planning and putting forth a clear policy to guide these procedures at the outset is crucial. Over the course of the organizing and eventually the operation of the clinical services at the Hub, reflection and further development of best practices (including its own contribution to a nosology) will likely come into fruition and improve the quality of services and ultimately the well-being of the community into the future.

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COMMISSIONED THEMATIC BRIEFING PAPER
EDUCATION/CERTIFICATION[3]

by

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[3] Commission Paper, *Education/Certification*. Corresponding author, Derek Wilson, Ph.D., © 2016. Author received financial support for authorship from the Institute for the Advanced Study of Black Family Life and Culture, Inc.

I. THE NEED FOR CERTIFICATION

The need to establish an African Centered Holistic Wellness Hub is now. When examining the perils that African Americans face it becomes critical that we take from the tenets of Community Psychology infused within African-centered psychology to author and direct the need to establish Holistic health practices and models within the community that African people occupy and live. The basic understanding that Community psychology affords us is the promotion of essential themes in the promotion of effective approaches that are essential to the community in which it serves. Within the African American community the paradigm guiding the memes for health and wellness should be based on the following: (1) ecological episteme; (2) cultural relevance; and (3) empowerment. Ecological episteme is the psychological phenomena and core content of knowing "what it is to know"; understanding the attitude of mind, logic, and perception behind the manner in which African people think, act, or speak in different situations of life. African Americans and all people of African ancestry lives are grounded in both environmental conditions and a complex structure of cultural precepts, virtues, values, customs, themes, and prerequisites.[4] Lingering psychological effects past down from generations that guides behavior within a particular culture. The essence of Community Psychology promotes African Centered psychological strategies towards developing Holistic health and wellness. African psychology, in its core, is the system of thought that promotes, examines, and illuminates key principles of psychological functioning, ethos, and ontological order of existence (Nobles, 2015). This challenge is best explained in the definition of Black Psychology by Kambon (1998):

> *African (Black) Psychology is defined as a system of knowledge (philosophy, definitions, concepts, models, procedures, and practice) concerning the nature of the social universe from the perspective of African cosmology. Black psychology is nothing more or less than the uncovering, articulation, operationalization, and application of the principles of the African reality structure relative to psychological phenomena. (p. 242)*

[4] "African Philosophy: Foundations for Black Psychology" (1972) articulates values, customs, attitudes and behaviors of Africans in Africa and the New World (p. 18) by Dr. Nobles

African Psychology, ultimately, defines health from the tenets of what it means to be human (Ubuntu), the features of human functioning (NTU), and the restoration of normal/natural order in relations to human development (Kingongo[5]). As such, African American Holistic Wellness Hub is then designed to assist in making individuals healthy and whole by resolving personal and social problems and to promote optimal functioning (API,1994).

A people, who have been marginalized, denied social justice, and keelhauled for hundreds of years have been left almost psycho-spiritually bankrupt, a psychology that speaks to their condition which emanates from and resonates with their essence must be advanced through education and certification process that ensures that voice, spirit and wellbeing of African Americans will be utilized within its healing and developmental practices. The African American Holistic Wellness Hub (AAHW) is that voice for the voiceless; healing those dispossessed. The California Council of Community Behavioral Health Agencies has dedicated itself to the proposition that the people of California deserve a rational, comprehensive, community-based mental health system that is adequately funded to serve all of those in need of services; however the problem is that the existing current agencies are in alien hands. The Psychological effect of having systems that do not reflect the integrity of the people in which it intends to serve leaves them and the community's well being in peril.

The current state of community mental health facilities is governed by the California Council of Community Behavioral Health Agency (CCCBHA), the largest network of nonprofit, community-based behavioral health agencies in California, serving more than 70 agencies that assist more than 400,000 clients annually, with an estimated combined mental health revenue of more than $880 million. However, recently the California Reducing Disparities Project (CRDP)[6] identified that the California Mental Health Service Act (MHSA) was designed to transform mental health services focusing on wellness, recovery and prevention. As a result, the Oversight Accountability Commission mandate that required 1) instituting the principles and values of MHSA, 2) increased funding to

[5] "Spirit well-being" is when the community's inner divine presence is in Harmony with inner divine presence of other members in the community particularly when laws of community life are aligned with Divine law.
[6] CRDP is an exhaustive report on the health disparities of African Americans in the state of California. Full report of can be found at https://www.cdph.ca.gov/programs/Documents/African_Am_CRDP_Pop_Rept_FINAL2012.pdf

serve the serious mentally ill, and 3) establishing new innovative preventive and intervention community programs specific to African American population. This report revealed that out of 32 counties and 223 approved Prevention and Early Intervention (PEI) programs only two counties (Monterey and Riverside) funded programs or projects targeting African Americans. Butte and San Bernardino counties identified African Americans as a priority population with carefully designed tailored programs. Lastly Los Angeles and Alameda funded research with African American population. Furthermore, according to the MHSA only two programs were listed as meeting the criteria that make African Americans the priority when designing mental health services. Therefore, the urgent need for an African American Wellness Hub is now.

II. PROPOSE HUB RESPONSE

Before discussing the education/certification model, however it is necessary to indicate the working framework and guidelines for the development of an African American Holistic Wellness Hub (AAHW). The guidelines with their concomitant rationale for the AAHW Hub model follow:

Guidelines	Rationale
The AAHW Hub must start by helping at the primary level, starting from the bottom up rather than the top down.	Critical issue is the lack of ethnic diversity to provide culturally congruent interventions. In California, 75% of the mental health workforce is non Hispanic Whites, and 60% of the users of mental health services are nonwhite, extremely diverse ethnic populations (see CRDP report Table 3: California Population by Race/Ethnicity, 2010).

Guidelines cont…	Rationale cont…
The AAHW Hub must build in the sense the need for the liberation of the African mind.	Racism/White supremacy - conscious or unconscious - limits the capacity to develop theoretical frameworks that promote true understanding and accurate diagnoses/ treatment of nonwhite populations. Similar to the Clark Doll Experiment of 1955 a more recent study demonstrated the effects of racism/ White supremacy on young African Americans, who when shown pictures of Blacks performing the same jobs as Whites decided they preferred the jobs depicting Whites (Bigler, Averhart & Liben, 2003).
The AAHW Hub must be informed from the work of Black Psychologists who have dedicated their life's work in developing Black Psychological theories, therapies and practice addressing the mental health needs of people of African Ancestry.	Culturally grounded interventions developed by Black Psychologists from the distinct history and culture of African people (Kambon, K., Parham, Ajamu, and White, Nobles, Amos Wilson, Bobby Wright) discusses the limitations of traditional psychological theories and approaches when applied to people of African descent.
The AAHW Hub must be grounded in communal and collective culture assuring African American community ownership and not private individual enterprise.	AAHW Hub should operate from a philosophical principle of Ubuntu where the perspective of program participants are valued and recognized just as those of the evaluators. AAHW Hub isn't just *about* the community - it is *with* the community (Cooke and Thorme, 2012).

Guidelines cont…	Rationale cont…
The AAHW Hub should promote social change and social reconstruction guiding and directing mental health community.	In other words, evaluation strategies for African Americans must begin with a frame that understands and incorporates the broader social context. Evaluation strategies must be flexible in defining "what" [variables] are examined, what measurement tools are used, and what methods of data collection are employed. For example, the initiative to fund prevention and early intervention (PEI) programs targeting African Americans in the state of California
The AAHW Hub must demonstrate knowledge and skills that are applicable according to the Association of Black Psychologist Code of Ethics in the professional mental health services provided to African American people.	As noted in the Association's Preamble, the essential guiding principle for the ethical conduct of persons certified in African Centered/Black Psychology is informed by the ontological principle of "consubstantiation," i.e., "we are one people, we are of the same essence." This principle requires an adherence to the structural recognition that "I am because we are and because we are, therefore I am," as well as to the functional acceptance of the African principle of identity which recognizes that "who you are is who you are connected to" - Ubuntu (and value base of collective responsibility). The fundamental principles derived of consubstantiation result in the set of guiding principles derived by Collective Responsibility.
The AAHW Hub providers must be trained and certified according the Association of Black Psychologists Licensure Certification Proficiency Program.	This is consistent with the CRDP report recommendation #20: All licensed mental health service providers must be certified by the Association of Black Psychologists in order to improve the skills of service providers to better provide culturally competent service to diverse AfricanAmericans.

The AAHW Hub is then designed by its main functioning to restores the power to those who feel powerless and who have felt depleted. To this end, AAHW Hub must in its thrust be concerned with illuminating and liberating the African Spirit for a healthy wellbeing.

III. IMPLICATION OF CERTIFICATION FOR RESTORATION OF AFRICAN AMERICAN WELLNESS (MENTAL HEALTH)

Community Mental Health Centers were initially designed to provide that level of care, treatment or intervention to individuals who were not in need of hospital care. On October 31, 1963, President John F. Kennedy signed into law the Community Mental Health Act (also known as the Mental Retardation and Community Mental Health Centers Construction Act of 1963), which drastically altered the delivery of mental health services and inspired a new era of optimism in mental healthcare. This law led to the establishment of comprehensive community mental health centers throughout the country. It helped people with acute mental illnesses who may not have required hospitalization to stay in their communities for treatment. One community mental health program of note is the Westside Community Services. Two programs of note are San Francisco Black Infant Health (SFBIH) and the AJANI program. The SFBIH program engages participants in group education program and individual client services. Their goal is to improve African American infant and maternal health and decrease health disparities. This model would be supportive of AAHW Hub in that it promotes a commitment to self-love and healthy living while at the same time addressing issue of social inequities. Ajani Program focuses interventions on Afrocentric evidence-based treatments where they utilize the history, culture, philosophy and collective experience of African people as the frame of reference for providing treatment. The purpose of the afro-centrist model is to allow for a comprehensive cultural based assessment of African American/Black families to better address the integration of a culturally competent model of care. This model is a culturally specific strengths-based model based on the principles of adaptive family functioning for the African American family.

This model supports the need for AAHW Hub in its implementation of a systems model approach to treatment. AJANI program incorporates a treatment team composed of therapists, community liaisons and a psychiatrist in the evaluation of the child and family from a multi-disciplinary perspective. The AAHW Hub would then be responsible for securing through Education/Certification of all stakeholders within a multi-disciplinary approach.

As services offered to people with mental illnesses became more diverse and comprehensive, it also became clear that helping people function at optimal levels would require innovative preventive treatment services to educate and promote wellness. Wellness hubs would be designed as that primary purpose to care for people with mental illness and to coordinate broad list of services labeled as community and behavioral healthcare — the challenge for African American wellness hubs is to provide comprehensive mental health services where the goal of promoting health and wellness is to educate, train and certify culturally authentic community-based health programs. Specific to these needs of AAHW hubs training and certifications are to provide "…two principal aspects: its utilization to understand the human condition; and its application to improve or optimize human functioning[7]. Wherein information is gathered allowing the treatment team to both assess and recommend comprehensive treatment from case management to psychopharmacological to psychotherapeutic interventions.

If AAHW hubs are to be alive, they must be maintained and reinforced through the creation and operation of self-affirming practices, healing rituals, and specific intervention practices for African Americans. For example, recent training conducted for community based mental health practitioners provided clear understanding of varying definitions for African psychology -- African-centered Sakhu Sheti Training: Professional Insights, Skill Acquisition and Development Practice for Community Based Mental Health Practitioners. Education and Certification trainings such as these are warranted and should be required. African American holistic wellness hubs must operate from a position of care and concern for effecting African people in terms of access to quality healthcare and to deliver such care

[7] Halford Fairchild, Solving the "Acid Tests" of African Psychology in *Black Psychology 4thEdition*. Reginald L. Jones., p 214

as evolving beyond the intent of original community mental health centers were founded. While legislation did help to usher in positive life-altering changes for people with mental illnesses to live normal, productive lives the challenge for community mental health centers to sustain themselves have been due to state budget cuts and lack of respect for specific culturally diverse delivery services. The health of Africans in America continues to face multitude of challenges from the systemic systems that were bred out of an alien orientation that has been antithetical to their indigenous sense of wellness. Another major challenge to the health and wellness of African people is the lack of recognition, education and certification in holistic health emanating from African-centered paradigm.

IV. OVERALL STANDARDS AND MINIMAL KNOWLEDGE BASE

What basic level of education/certification would be needed? The AAHW Hub sets forth specific requirements needed towards establishing education/certification. The plan of action on specific education identified constitutes requisite and base knowledge set. Centering the AAHW Hub in the epistemological science of African American human functioning requires that Black Psychology, in its theories, research and methodologies serves as the guide towards channeling wellness in the African American community. To this end, the education/certification required in the design, construction and operational implementation of an African American Holistic Wellness Hub should address the following in its development and implementation:

Culture as a foundation, Culture and research, and Culture and Mental Health. Recommended curriculum courses for the AAHW Hub would be as follow[8]:

Cultural Foundation

- Psychology of the Black African Woman
- Psychology of the Black African Man
- Psychology of the Black African Child
- The Psychology of African Spiritual Systems
- The Concept of the Person in African Spirituality

[8] LCPP working document

- The Psychology of Race and Racism

Culture and research

- Examining history of research and its impact on Black People
- Qualitative Community Research
- Research on Health Disparities, Interventions and Prevention
- Worldview Framework in African-centered Research
- Research Collaboration with University and Colleges
- Developing research promoting liberation of African People
- Developing research promoting health and well being of African People
- Conducting research on African American Children and Families

Culture and mental health

- Examining issues of mental health for those of African Descent
- Bereavement Among African Descended Clients
- ADHD, Conduct Disorder, ODD and the misdiagnosis of African Children
- The African Personality in America
- Psychological Disorders Among African People
- Validity Issues and Cultural Bias in IQ Testing
- Testing the African Psyche

Research has identified that those who are more connected to their cultural traditions and practices have healthier outcomes and less challenged wellbeing

V. RELEVANCE AND IMPORTANCE OF CERTIFICATION FOR AFRICAN AMERICAN PEOPLE

"We must remember that people of African descent are among those most affected by racism. Too often, they face denial of basic rights such as access to quality health services and education.[9]*"* --Ban Ki-Mon

[9] Ban Ki-Moon Remarks on International Year for People of African Descent, Secretary-General Ban Ki-moon, UN Headquarters, 10 December 2010 http://www.un.org/apps/news/infocus/sgspeeches/statments_full.asp?statID=1032#.VtfD3Wz2bIU

The health of a community as a whole often affects each individual person in that particular community. Providing adequate education/certification ensure that wellness centers operate with integrity to help those in need of specific treatment, care, prevention and intervention. If several individual community members suffer from particular maladies, social problems, or negative economic status, the overall health of the community will suffer as a result. The African American Holistic Wellnes (AAHW) Hub, fundamentally, should be concerned with the relationship between social systems, in which it is established, and individual well-being in the community context. According to the African American Utilization report (2011) the contextual community values identified and in need to be engendered within the AAHW hub are Access, Consumer & Family Empowerment, Best Practices, Health & Wellness and to be Culturally Responsive and Socially Inclusive. If the aim is to promote human welfare then AAHW Hub must focus on healthy living rather than simply on treating illnesses, and on enhancing individual and community competencies. The importance of this theme, education/certification allows for the systematic training and development of those competencies at both the individual level for those involved in their communities and reciprocated at the system's level, that which direct communities on how to respond to the individuals it serves.

Not to discard and abandon the medical model but new approaches to increasing wellness are emerging. Community psychology recognizes the limitation of the deficit model where clinicians have the tendency to locate mental health problems within the individual. The current trend in the climate of mental health care is focused on two forms of treatment modality: psychotropic medication and behavioral intervention. It must be noted that while these methods are based on scientific rigor the ability to exploit their empirical evidence as the generalized methods for best practices ignores the initial threats that compromises individual's mental health in the context of social environments/milieu, or in lack of fit between individuals and their environment. The limitations of the evidenced-based practices have not captured the role of culture, context, relationship building and community support. For instance, it has widely been chronicled that the generalizability of treatment effectiveness from diverse populations are not common (Patrick and Chiang, 2000).

African Americans represent the worst health statistics in the U.S. According to the Office of Minority Health, African Americans are 30% more likely to report having serious psychological distress compared to White counterparts. African Americans experience sadness, hopelessness and worthlessness on average 1.3 times more than White counterparts. The U.S. Surgeon General found that from 1980 – 1995 the suicide rate among African Americans ages 10-14 increased 233%. African Americans are more likely to experience having a mental health issues more than White counterparts due to inequalities within living in the U.S. Poverty rates remain twice as high for African Americans as White population and slightly less than Hispanic population. In fact, factors that contribute to disproportionate statuses in the U.S. have shown little progress in the last fifty years.

The major challenge in examining mental illness in an unjust, unequal distribution of goods and resources only exacerbates the need to effectively diagnose health for the less revered groups. Thus, the AAHW Hub would address these issues by interrogating and adopting the notion of "Culturecology" first coined by King and Nobles[10] and used to address African American Health Disparities by Nobles, et al.[11] which was later adopted by Harrell as Cultural Syntonic Model. Nobles and King's "Culturecology" Model© was further utilized in the Woods, V.D., et al[12] as a foundation for local, evidence-based intervention. This local evidence-based practice reflects the ecological episteme within its design, implementation, and collaborative evaluation within the community it serves. As described by Harrell (2011), the Person-Environment-and-Culture Experiential (PEaCE) Model of Human Existence, Adaptation, Resilience, and Transformation (HEART) is grounded in the theoretical assumption that the person cannot be meaningfully separated from culture and context and that the focus of conceptualization and psychologically based interventions should be on the "fit" between and within the dynamic elements of the Person-Culture-

[10] see, King, L.M. and Nobles W. Science, Culture, Church, and Community: An Authentic Prevention Model for Non Insulin Dependent Diabetes in African American Women. Center for Disease Control, USDHHS Atlanta, GA, Oct. 1996

[11] See Nobles, W.W, Lawford Goddard and Dorie Gilbert (2009) Culturecology, Women and African-Centered HIV Prevention, JOURNAL OF BLACK PSYCHOLOGY, Vol 3, No.2, pp 228-246

[12] see, Woods, V. D., King, N. J., Hanna, S. M., & Murray, C. (2012). *"We ain't crazy! Just coping with a crazy system": Pathways into the Black population for eliminating mental health disparities.* San Bernardino, CA: African American Health Institute.

Context (PCC) transactional field as first noted by Nobles and King. The Nobes-King "Culturecology" Model© represents the ongoing transactions between cultural framing and the need for services and programs to be in agreement with the cultural reality of the community being served.

In order for effective mental health functioning to take place it is necessary to reflect the image and interest of the culture which the individual represents; including the cultural traditions and practices that are unique to their particular population. For example, culturally distinctive patterns of family burden, responsibility, and satisfaction. Within the African American family structure elders play a significant role in parting wisdom and cultural rules as to what is acceptable behavior. For effective family therapy to take place significant members in the family structured have to be identified as important agents to making change. This extended family construct informs family therapeutic dynamic and should not be confused with enmeshed misoriented family functioning. The AAHW Hub would allow for such effective dynamics to be part of the healing of families. From social psychological view, significant elements of human behavior are acknowledged by interactions between other people in the specific social contexts in which they occur. Social psychology is concerned with the scientific examination of the way in which people's thoughts, feelings, and behaviors are influenced by the real or imagined presence of other people. Thus, AAHW Hub would incorporate the synthesis that what is "in the individual's mind" partly derives from what is *outside* of the individual – within the social environment. AAHW Hub Education/Certification process would address these issues by training mental health providers on what is real between personal and family perceptions of mental health and how interpersonal sensitivity and specialized norms engender respect, trust, and authority.

VI. USE OF AFRICAN CENTERED EPISTEME

Use of an Afrocentric, emic methodological approach, allows for in-depth exploration of mental health development from specific cultural context. Individualistic societies attribute behavior to "traits" – in alignment with standard Western perspectives in which the concepts of *personality formation* and *self* are derived from a guise of

individual existence. However, in African centered context, personhood, personality and self are indistinguishable between members within the community. The AAHW Hub would provide key training to contextual conditions that allow for individual African selfhood to be acknowledged within the community and to assist the individual in making significant contributions to his/her community at the same time. Consider for example, African psychological norms in which the characteristics of Afrocentricity identify the *self* through a collective, "survival of the group" construct rather than the traditional "survival of the fittest" view. This Ubuntu, my humanity predicated on your humanity, poses a significant challenge to the mental health field, particularly when diagnosing mental illness. When examining an individual's mental state the context of family, community and systems play an integral role along with the social structure that supports or impedes one's ability to maintain healthy functioning. Mental restoration is needed and should incorporate innovative techniques that allow accurate understanding of proper mental health functioning for those who have been affected the most, thus the need for African centered mental health wellness hub. This is even more evident according to the mandates and or mission of CCCBHA and MHSAOAC as outlined within the CRDP that the lack of fit by the agencies who are entrusted to serve the African American population by not meeting their needs. Perhaps they are by design not equipped to meet the community's needs. The advocacy here is for African American Holistic Wellness Hubs as they would see this challenge as a system in how they operate when dealing with their constituents.

Education/certification must cover a breadth and depth of healing techniques which emanate from the essence of African peoples' beingness, history and scientific research.

VII. CORE CERTIFICATION EDUCATION

Core Courses Conceptualizations would be incorporated in the AAHW HUBs. Central to education/certification is the training for how to engage in transformative consciousness and healing in a way that goes beyond external knowledge and incorporates the Divine Feminine and Masculine principles and its semiotics in daily life. For example, AAHW Hub would engage in practices that reflect Divine principles *being*, i.e. males would be required

to demonstrate male role authority that is compliments female existence and vice versa. This would be addressed in within therapeutic settings, reinforced within group sessions, and require ongoing feedback within the family and community context. This experiential knowledge would also assist in addressing the effects of the Maafa experience, how this systematic destruction supports mentacide, Post Enslavement Systemic Trauma (PEST) and demonstrates its importance on the 'African centered' practice. Education/certification program establishes the need for authentic integrated knowledge that is not fragmented. This knowledge governing education/certification acknowledges is predicated on Self-Knowledge Epistemology as its foundational core course conceptualization in developing AAHW hub. For example, the use of culturally congruent assessment measures. For instance, the HUB design would require the use of instruments that have been developed as measures of psychosocial functioning evaluating the effects of cultural-based interventions: The Broad Assessment of Distress, Disorder, and Dysfunction (BADDD) and the Multidimensional Well-being Assessment (MWA). The MWA measures well-being (wellness) in five dimensions: Physical, Personal, Relational, Collective, and Transcendent. The BADDD is a general measure of psychosocial problems and is not meant to diagnose specific mental illness, but rather provide a broad indication of problematic psychosocial functioning. Incorporating measures such as these would give the AAHW hub distinct advantages when working with African American populations.

VIII. IMPLICATIONS FOR CULTURAL CONGRUENT CERTIFICATION POLICY

Although policy driven mandates and acts are important this sometimes comes as a result of long standing practices that have crippled the community. Public health in its attempt to adopt a preventive orientation has fallen short in preventing the overwhelming maladies that exist for African American people. That is, as public health care system, the goal should be the prevention of problems before they start, rather than waiting for them to become serious and debilitating. African American holistic wellness hubs should be by design concerned with mental health and wellness. Education/certification would then help to establish the ethos and guides towards rebuilding general quality of life of those to be served. This sort of psycho*social* work is then prerequisite on the AAHW Hub to utilize

research orientation and expertise within the field of Black psychology (Piper-Mandy and Rowe, 2010). Wellness hubs must be committed to the notion that scientific episteme emanating from African way of being is just as practical, rigorous, and well-conceived research methodology when examining, explaining and prescribing solutions of social problems.

IX. DESIRED CERTIFICATION OUTCOMES

Education/certification must cover a breadth and depth of healing techniques which emanate from the essence of African peoples' beingness, history and scientific research. Those who participate in six to eight-week training, equipped with workshops, retreats, training seminars and video lectures by key, notable experts as acknowledge by the AAHW Hub would be required to engage in transformative process from being in the *Unknown* to becoming in the *Know.* Education/Certification would incorporate understanding on the Cultural foundation of African/ Black Psychology. The following sets forth the content and process required within the AAHW Hub:

Understanding an Afrocentric WorldView - This course examines cultural foundation as described by key figures such as Diop's Two Cradle Theory, Ani and Nobles' deep cultural structure models, and Kambon's Worldview psychobiosocial structure. The foundation of African worldview principles, in contrast to European worldview structure, offers clear understanding for the development of positive and correct mental health functioning. For example, within Myers Optimal Psychology theory, the oneness model of human functioning offers a transdiciplinary focus that builds on insights from the wisdom tradition of African deep thought, and converges with modern physics and Eastern philosophies.

African centered psychology - This course examines the foundational unifying African principles, values and traditions that shape African psychology. It is a self-conscious centering of psychological analyses and applications in African reality, culture and epistemology. African centered psychology examines the process that allows for the illumination and liberation of the spirit. It is ultimately concerned with understanding the systems of meaning of human beingness, the features of human functioning, and the

restoration of normal/natural order to human development. As such it is also intimately committed to the resolution of personal, communal, and social problems and the promotion of optimal functioning.

Psychology of Blacks: Centering Perspectives in the African Consciousness - This course examines the limitations of traditional psychological theories and approaches when applied to people of African descent. It provides information on how the African centered perspective is defined, as well as how it operates in the context of the African American family with regard to identity development, education, mental health, research, and managing contemporary issues. It links the context of African American life to the traditions, values and spiritual essence of their African ancestors in an attempt to acknowledge the African worldview and assist the African American community in addressing some of the challenges they continue to face.

African/Black Psychology in American Context - This course examines the, in-depth, theory of black personality development and research concerning the nature of the African American social reality in modern American society, and its impact on Black mental health. Emphasis should be given to theory and research that have grown out of Black Psychology literature. In-depth analysis of theory, research, practice and thought characterizing the growth and development of the black personality. Afrocentric philosophical model in black personality development would be provided.

Research on Health Disparities, Interventions and Prevention - The course provides an introduction to the principles and practice of health disparities research. Focusing on concepts, methods, key issues, and applications, the course aims to provide the knowledge and research tools needed to conduct and develop translational and transdisciplinary research and interventions to eliminate health disparities. The course content is developed in the context of the history of health and health disparities in the United States, and addresses biological and non-biological determinants of health and a range of social, political, economic, cultural, and legal theories related to health disparities.

Developing research promoting health and well being for African People - The primary objective of this course is to consider how our knowledge of African American psychological experiences can be used to promote African American psychological health

and wellness. The examination of Black/African American psychology, as a psychological paradigm, is one of the key conceptual frameworks for conducting research. This course, will explore a range of topics that pertain to the psychological experiences of African Americans. The course will also discuss current issues, topics, debates and recent advances in research highlighting African American psychology.

Black Families in Therapy - This classic text helps professionals and students understand and address cultural and racial issues in therapy with African American clients. Leading family therapist Nancy Boyd-Franklin explores the problems and challenges facing African American communities at different socioeconomic levels, expands major therapeutic concepts and models to be more relevant to the experiences of African American families and individuals, and outlines an empowerment-based, multisystemic approach to helping clients mobilize cultural and personal resources for change.
Other curriculum issues to be addressed are Black Women's mental health; Psychotherapy with African American Women: Innovations in Psychodynamic Perspectives and Practice; ADHD, Conduct Disorder, and Children of African Descent; Therapeutic intervention in the African Context; Towards a Culturally Competent System of Care; Self-Healing Power and Therapy: Old Teachings from Africa and The Psychology of Black Self-Hatred.

Education/certification, through the science of Black Psychology, requires AAHW hubs to operate and implement specific training around the following: Knowledge Acquisition, Skills Development, and Performance Demonstration[13]. All of which is to be grounded in the philosophy, culture and history of both Continental and Diasporan, particularly USA, African peoples.

Knowledge Acquisition

Verifiable understanding of the culture and context on the meaning of being human, the features of human functioning, and the restoration of normal/natural order to human development for people of African Ancestry.

- Understand critical issues within African (Black) Psychology; contemporary & future perspectives and problematics in African (Black) Psychology

[13] Special thanks to LCPP committee members James Savage, Olisa Tolokun-Ajinaku and Kevin Washington for foundation of curriculum imperatives for training/certification in African/Black Psychology

- Demonstrate technical information about African centered episteme, analyses, modeling, theory, nosology, diagnosis, treatment and prevention.

Skills Development

In all fields of practice, demonstrate capabilities to apply concepts of collective consciousness and personal veneration. Provide verifiable evidence of the aptitude to apply knowledge of the culture and philosophy in clinical practice, or in other identified professional fields of practice, with people of African ancestry.

- Demonstrate translation of African (Black) Psychology knowledge and understandings to skills in fields such as education, research, clinical and other professional fields of practice.
- Demonstrate knowledge and skill to apply The Association of Black Psychologist Code of Ethics in the professional certification for which the applicant is applying.

Performance Demonstration

For professionals in clinical practice; such as Mental Health Psychologists, Counselors, Clinical Social Workers, Marriage and Family Therapists, and all other licensed or certified professionals must provide verification of a current license, certification or other valid documents (in states that do not require credentials or a license). Additionally, these foci could also be structured as interlocking mutually reinforcing education (teaching) techniques under a rubric of "Preparation," Instruction/Discussion," "Experiential/Application," and "Demonstration/Performance," leading up to a Qualification/Certification process. One example of each of the methods or techniques could be as follows:

• **Preparation:** Activities and/or assignments designed to prepare and "pre-pave" the way to the next level or aspect of learning/training. Format: Consensus-driven Commitment

• **Instruction/Discussion** (didactic, provocative and inspirational): The systematic introduction and discussion of basic ideas and background information**.** Format: Lecture and Discussion

• **Experiential/applications**: The intentional arrangement of interactional learning situations that are designed as applications of specific concepts, ideas and/or experiences

designed to demonstrate levels of mastery. Format: Structured Experiences and Interactions

• **Demonstration/performance:** The appropriation (reproduction) of simulated scenarios reflective of real world possibilities, including the use of cyber-driven technological simulations and virtual. Format: Small group, Role playing, Development Team interactions and Exercises

• **Qualification/Certification:** Different forms of examination, evaluation and assessment will be designed to provide evidence of competence and mastery**.** Format: Test (written and oral).

X. SUMMARY RECOMMENDATION

As a summary recommendation relative to education and certification, it is recognized that what is being called for is a major paradigm shift and the adoption of a new and different narrative for the restoration of wellness. Accordingly, as a minimal requirement, it should be expected that programs and services associated with the African American wellness Hub should demonstrate willingness for their staff to receive overall training and certification according to the ABPsi Licensure and Certification Proficiency Program specific to its Community Defined Certification Program.

In concordance with this recommendation, programs and services should move to show evidence of:

(1) Addressing the lingering historical trauma and contemporary social and political oppression affecting African American people;

(2) Institutional practice being informed by the work of African (Black) psychologists;

(3) Services being grounded in African American culture and historical customs and traditions;

(4) Knowledge and application of the ABPsi Code of Ethics;

(5) Current and future staff having exposure to and/or willingness to commit to African Centered Professional Development training and capacity enhancement

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NOSOLOGY AND THE CLASSIFICATION OF DISEASE:

A CRITIQUE OF WESTERN NOSOLOGY FOR PERSONS OF AFRICAN ANCESTRY[14]

by

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[14] Commission Paper, *Nosology and the Classification of Disease: A Critique of Western Nosology for Persons of African Ancestry* Corresponding author, Taasogle Daryl Rowe, Ph.D. © 2016. Author received financial support for authorship from the Institute for the Advanced Study of Black Family Life and Culture, Inc.

"A heavy and cruel hand has been laid upon us. As a people, we feel ourselves to be not only deeply injured, but grossly misunderstood. Our white countrymen do not know us. They are strangers to our character, ignorant of our capacity, oblivious to our history and progress, and are misinformed as to the principles and ideas that control and guide us, as a people". ~ Frederick Douglas, in a statement on behalf of delegates to the National Colored Convention held in Rochester, New York, in July 1853 (Alexander, 2010, p. 137).

Nosological classification is used in medical and psychological classification systems. From a western science point of view, the two most current nosological classification systems in use today—the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5, APA, 2013), and the International Classification of Diseases, 10th Revision (ICD-10, World Health Organization, 1992)—operate as the theoretical bases of current psychiatric and psychological nosology (Smolik, 1999). These current classification systems have moved from vague and ill-defined concepts reflecting hypothetical etiological constructs to a set of criteria based on presenting clinical features rather than assumptions about etiology. As a result, the number of diagnostic categories has increased markedly with each edition of these dominant nosology systems (e.g., DSM, ICD) (Brown, 2001). DSM-5 continues categorical classification although there is increasing emphasis on capturing the underlying dimensional structure of psychiatric disorders (Kupfer and Regier, 2011). The current nosology does not reflect the considerable variability of symptom profile, response to treatment, and most importantly, social function and outcome (Heckers et al, 2013). As a result, there is increasing pressure to change the structure of psychiatric nosology to accelerate better treatment and prevention (Cuthbert and Insel, 2010).

Today most nosologists work in public health, or healthcare administration overseeing the systems used to code the millions of medical procedures and treatments that are paid for by governmental and/or public agencies and private insurers. Thus, in practical terms, accessing public mental health services in the United States requires that one submit to the current nosological classification of disease. Embedded in these mental health systems of care are not only the worldviews, values and past experiences of the nosologists, but also the values, and attitudes, information and knowledge rooted in and constructed by policy agendas, organizational structures, and physical settings of social services agencies (Nybell & Gray, 2004). Consequently, clients of African ancestry struggle against both personal biases of nosologists and unfair systemic or agency policies regarding the inappropriate application of the current nosology. The resulting double-edged impact is that African Americans can be misdiagnosed due to structural and/or personal bias that suggests that we are more distressed, requiring more pejorative treatment alternatives and access to appropriate care can be limited or denied, if we do not

show all the symptoms indicative of a particular diagnosis.

*....the current nosology was and **still is** grounded in a cumulative database, knowledge base, and set of theories, practices and research methodologies that privilege the perspectives of western/northern European men and to discount, distort, diminish and continue to deny the humanity of Black peoples.*

Clinical diagnosis is how nosological classification is operationalized in western medicine, psychiatry and applied psychology. It seeks to establish processes and patterns by which clinicians observe, remember, and think and act, ranging from a brief description or identification of areas of distress to representing a person's full clinical picture. Its overall purpose is to describe disease and disorder, organize medical records and statistics, and understand and engage persons, while including pertinent information to aid clinical effectiveness (Mezzich et al, 1996).

Unfortunately, the non-critical and universal application of DSM-5 as the definitive nosology for capturing all human psychiatric distress is problematic. DSM-5, like DSM-IV before it, continues to assume that mental illnesses are phenomena in the natural world, verifiable through objective observation, and that disorders are pre-programmed diatheses out of which a natural course of disease unfolds (Kleinman, 1996). These assumptions emerge out of an over-reliance on western cultural values that emphasizes a universalist approach to understanding human distress, as opposed to the notion that the course of psychiatric diseases are substantively tied to ongoing social events and coping resources (Arnett, 2008). The current process is often ahistorical, acontextual, and isolative. It is ahistorical because the DSM was grounded in a set of assumptions that presumed that the experiences of Western/Northern European men could serve as the "norm, and ideal for all, a 'mis-taking' that is locked into our thinking" (Minnich, 1990, p. 2). This mis-taking discounts the different conceptualizations of realities adhered to by a majority of humans. It is acontextual and isolative because it disregards the sociocultural contexts out of which indices of distress emerge, as if cultural/contextual realties are irrelevant to human experience. Humans everywhere do what humans do anywhere, although the content of our experiences varies with the cultural contexts through which our behavior becomes meaningful.

This medicalized approach suggests that the symptoms, course and treatment of disorders ought to be the same whether patients are from the Caribbean, Canada or Cambodia, reinforcing the belief that DSM is a valid *nosology* across all people, problems, circumstances, contexts, and communities. This approach significantly undervalues the increasing awareness of the role of sociocultural variables on both the diagnosis and incidence of human distress (Lewis-Fernandez & Aggarwal, 2013). The powerful orientation to Western European cultural values within the current nosological classification represents a *minority* bias within the overall population of humans (Heinrich, Heine, and Norenzayan, 2010). Categories are written as if there are no major variations in health and human development versus the reality that variation is the rule across societies regarding normal and abnormal psychological processes and human development (Pilgrim, 2014).

RELEVANCE AND IMPORTANCE TO PEOPLE OF AFRICAN ANCESTRY

Race and racism – primary constructs used to describe, classify, study, and teach about human differences – tend to reinforce the real and implicit power of one group's authority over another across time and space (Markus, 2008). Thus, whenever we use the construct of race, we reinforce the real and implicit power differentials of Whites and *the Others*, especially Black people. Black people are still seen as "less than" in the eyes of the nation and the world. There are also reminders that African Americans have yet to come to terms with the effects of race-based psychological and cultural trauma (Harrell, 2000). During the seven-day period of September 16 – 23, 2016, a suspect accused of setting bombs in the New York metropolitan area and who engaged in a shoot-out with police, was captured alive; and a suspect who killed five people in a Seattle shopping mall was captured alive. Between the *capture* of those two suspects, two African American men, Terence Crutcher in Tulsa, Oklahoma and Keith Scott in Charlotte, North Carolina were shot and killed by police – neither of them shot any weapons on the day of their deaths. Outraged members of the African American community have protested throughout the country regarding the obvious discrepancy in police use of force. Although these protests are clear examples of deep-seated hurt, anger and injustice, they also reflect a powerful

aspect of African American ethos - holding on to hope despite apparent circumstances of doom and gloom (Akinyela, 2005). Although nosologists have been trained to identify pathology reducible to a DSM diagnosis, the task ahead compels us to grasp a fuller context of the lived experiences of persons of African ancestry.

EVIDENCE OF CULTURALLY GROUNDED/CONSISTENT INFORMATION/IDEAS

Lewis-Fernandez and Aggarwal (2013) argue that the shift in 1980 to more descriptively based assessment away from theoretically-based classification has increasingly led to the exclusion of cultural meaning systems, social structures and local material environmental factors, even as the call for the consideration and inclusion of cultural and contextual factors in appropriate diagnoses has increased. The format and assumptions of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III*, APA, 1980), have served as a model for all successive editions. The third edition was considered a paradigm shift in nosology (Maser et al, 2009).

Thus, the cumulative impact has been the practical disregard of contextual or cultural information in nosological classification systems and a utilitarian application of DSM focused on symptom checklists. The format of the DSM nosology tends to encourage clinicians to apply diagnoses from a symptom checklist, decontextualized perspective.

A new generation of anthropological psychiatric research has been emerging that is grounded in the construct of culture as a "pervasive set of symbols that provide meaning to social interactions that, reciprocally, can be built up out of everyday experiences of social life" (Mezzich et al, 1996, p. xviii). Culture influences the experience of psychopathology, manifestations, assessment and course of mental disorders, and response to treatment. 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 person as in Eurocentric psychology. However, although DSM-5 has incorporated language that addresses the critical importance of cultural constructs in the effective use of current nosology, within the DSM and its various iterations, there still remains a lack of culturally consistent perspectives. For example, in DSM-IV-TR, the following reference to culture occurs:

> "A clinician who is unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, belief, or experience that are particular to the individual's culture (DSM-IV-TR, 2000, p. xxxiv).

Similarly, in DSM-5, the following reference to the importance of cultural context occurs:

> "Understanding the cultural context of illness experience is essential for effective diagnostic assessment and clinical management. Culture refers to systems of knowledge, concepts, rules and practices that are learned and transmitted across generations" (DSM-5, 2013, p. 749).

Although there seems to be agreement that cultural variants impact how core diagnostic features and disease processes are defined, impact the assessment of psychopathology, inform the selection and choice of therapeutic interventions, and impact decisions about management and service delivery, the use of the DSM nosology as a checklist undermines the focus on cultural context. Clients report interpretations of experiences based on cultural categories – words, images, feelings, and relationships. Therapists' interpretations are one step removed and similarly influenced by cultural categories. Thus, clinical diagnosis is an interpretation of an interpretation. Similarly, therapists are influenced by the *institutional setting* in which s/he works (e.g. disability

evaluations, forensic evaluations; school placements, CMHC, hospital, training clinics, or private practice); primary and secondary *theoretical orientations* (perspectives that guide inquiry into the assessment and classification of distress); *values* (whether the practitioner aligns more with a contextualist or universalist orientation); *pathological* perspective; and *tradition* (the ways things have always been done).

IMPLICATIONS FOR RESTORATION OF AFRICAN AMERICAN WELLNESS (MENTAL HEALTH)

Embedded in the very fabric of Western psychological thought and theory are sets of assumptions that continuously undermine African human agency, both overtly and subtly. Nosological classification – the formal diagnostic systems in which we have been trained or are training – came into prominence in the mid 20th century, fueled mainly by an attempt to locate human distress within an organized hierarchy. A hierarchy where men of Western/Northern European ancestry were misplaced at the top and Black people were dislocated at the bottom.

This is an important artifact of white supremacy in the history of nosology because this *misplacing* set forth the very origins of its defining features – it led the early generations of western nosologists to focus their development of classification on the examination and study of a very narrow slice of the population of humans – men of western/northern European ancestry. So, the current nosology was and **still is** grounded in a cumulative database, knowledge base, and set of theories, practices and research methodologies that privilege the perspectives of western/northern European men, and discount, distort, diminish and continue to deny the humanity of Black peoples. This nosology, created in the west, exported around the world, and represented as universal and enduring, never has met its own standards of knowledge validation. It is an awareness of both African cultural values and the historical development of the current nosology that helps to transform feelings of helplessness into agency that can increase confidence, restore dignity, and create a sense of empowerment.

There are a number of suggestions that can aid in working with African Americans, from a nosological perspective. Aside from the early nosological recommendations of

Akbar (1981) and Azibo (1989), *none* of the tools with which mental health professionals have been equipped in their training in nosological classification have been designed or developed with persons of African ancestry in mind. Although some things *might* be appropriate, we simply haven't been asking enough questions regarding what to do, under what particular circumstances, with what sets of presenting problems, for which kinds of people, taking into account what types of contextual variables, are most helpful for classifying the unique and particular concerns of persons of African ancestry.

Nobles (1986) argued that there has been continuity in the reemergence of African-centeredness – that independent of shifting theories, sociopolitical pressures, and deepening insights into African cultural structures, scholars of African descent have long questioned "Western social science's ability to explain the Black experience" (Nobles & Goddard, 1992, p. 132). According to current languaging in DSM-5 (APA, 2013),

> "Mental disorders are defined in relation to cultural, social, and familial norms and values. *Culture provides interpretive frameworks that shape the experience and expression of the symptoms, signs, and behaviors that are criteria for diagnosis*. Culture is transmitted, revised and recreated within the family and other social systems and institutions. Diagnostic assessment must therefore consider whether an individual's experiences, symptoms and behaviors differ from sociocultural norms and lead to difficulties in adaptation in the cultures of origin and in specific social or familial contexts" (p. 14)

Given these guidelines, for current nosological systems to increase their relevance to the restoration of African American wellness, several adjustments must be systemically integrated into our diagnostic and resultant treatment protocols.

RECOMMENDATIONS

Recommendation #1 It is critical to more fully integrate broad cultural and contextual data into clinical, ethnographic, epidemiologic and experimental research, and practices.

As Lewis-Fernandez and Aggarwal (2013) suggest, examining cultural data must include language, family structures, knowledge and practices; how cultural data are learned and transmitted; the impacts of cultural information on the organization of personal identities, social institutions and relational interactions; and the notion that cultural context is fluid, dynamic and open versus fixed and unchanging. These data must be incorporated into each diagnostic category. If these factors were systematically addressed in the assessment of persons and families of African ancestry, careful consideration of linguistic style, preferences, pacing, tone and rhythm, would be examined before interpreting the level of distress being assessed.

Recommendation #2 The role and functioning of family structures must be considered without implicitly and explicitly using European-American family structures as the *de facto* criteria against which Black families are judged.

In terms of helping clients of African ancestry clarify and embrace an identity and liberate the spirit (Nobles, 2013), it is important for clinicians to gather an understanding of a person's *belonging, being*, and *becoming* within the context of a cultural baseline (Piper-Mandy & Rowe, 2010). Without a culturally appropriate baseline, a person's behaviors and perspective could be (and have historically been) considered pathological.

Recommendation #3 It is important to describe the unique experiences, meanings and behaviors inherent in various cultural settings of different disorders.

Understudied populations need to be included and care disparities among groups must be examined and investigated. Nobles (2004) suggests that psychology must address the oral tradition – how beliefs and traditions are handed down from one generation to the next. As a result, an additional domain of psychology applied to persons of African ancestry can be discerned through a descriptive analysis of moral language; the sanctions used to enforce morality; and a review of proverbs, tales and myths, which refer to the moral beliefs of the peoples (Rowe & Rowe, 2009). To do this effectively, the cultural and/or geographical origin of the research data supporting the diagnostic category must be clearly provided to counter the implicit ethnocentric biases of the nosology (Lewis-Fernandez and Aggarwal, 2013).

Recommendation #4 It is important to consider broad contextual factors, such as

stigmatization and racism, gender, violence/trauma, religion and/or spirituality when using the current nosology with persons of African ancestry.

Adopting a perspective that privileges broad cultural issues can contextualize each person's experiences, and acknowledge the impact of historical trauma. Acknowledging the impact of racism-related stress (Harrell, 2000) and oppression is imperative to more effective application of the current nosology. Although literature has demonstrated that experiences of subjugation are particularly traumatizing (Bryant-Davis, 2007; Miller, 2009), racism is rarely examined when assigning diagnoses to persons of African ancestry. Given the longstanding and pervasive impact of racism, African Americans tend to be wary of mental health treatment and assessment, and thus may present in a more cautious or guarded fashion, potentially limiting the validity of nosological classification.

Recommendation #5 It is important for assessors to recognize that African Americans will present as heterogeneous individual adults, children, families and couples.

Persons of African ancestry vary by age, religiosity, social- economic status, regions, education, and gender (to name but a few). In addition, nosologists must develop familiarity and comfort with the linguistic nuances of African Americans; with thematic material (discussions about real and perceived experiences of racism/discrimination, privilege and power); and with variances in communication patterns - African Americans more often are more demonstrative, have higher energy and faster responses, tend to use more physical attributes to highlight communication (more touching, movement, hand gestures) and are more likely to use more spiritual references and intensity when communicating (Rowe & Rowe, 2009).

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EPIGENETICS AND THE RESTORATION OF AFRICAN AMERICANS[15]

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Abstract

Prolonged environmental exposures of stress and trauma can alter health outcomes for Black people by altering gene expression. Effecting morbidly and mortality rates, these epigenetic modifications can be durable across generations; our grandparents' experiences can affect the mental health of not only contemporary individuals, but future generations. An enhanced understanding of the links between epigenetics and diseases afflicting Black people will inform behavioral healthcare providers in developing strategies for optimal health within Black communities.

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…understanding the interactions between nature and nurture is the foundation for understanding how epigenomics contributes to understanding heredity and the restoration of African American health.

THE ROLE OF EPIGENOMICS: GENE EXPRESSION

Consider the following scenario. You have a family history of diabetes, coronary heart disease, and/or obesity that has caused suffering and death of loved ones. At family gatherings, you hear stories about "inherited afflictions" passed down from one generation to the next and how family members decades ago being spirited away by parental guardians to reside with a rural family member in order to rest, enjoy some fresh air and sunshine as a way to regain their optimal mental health. Likewise, consider listening to reports in the media, or from friends or the family physician that certain mental illness conditions can be passed down in the family from one generation to the next. For some, mythology, confusion, and stigma about "carrying" a genetic illness increases one's fear and reluctance to seek help. For others, there are feelings of guilt about passing on medical conditions that create lifetime challenges. Consequently, although some of these conditions such as hypertension and depression contribute to higher morbidity and mortality rates, the African American community is disproportionately affected. Paradoxically, how do we understand how an asymptomatic family member feels who shares familial DNA, especially, when his/her siblings struggle with one or more diseases? How can this happen?

The answer to this question requires knowing that complex diseases are the result of multiple genes interacting with environmental, health, and social factors such as nutrition, physical and psychological reactions. Additionally, it requires understanding multifactorial inheritance (i.e., a combination of genes interacting with environmental and behavioral factors) and incomplete penetrance of a gene.[16] Ultimately understanding the interactions between nature and nurture is the foundation for understanding how

[16] Penetrance refers to the proportion of people with a particular genetic change (such as a mutation in a specific gene) who exhibit signs and symptoms of a genetic disorder. If some people with the mutation do not develop features of the disorder, the condition is said to have reduced (or incomplete) penetrance. Reduced penetrance probably results from a combination of genetic, environmental, and lifestyle factors, many of which are unknown. This phenomenon can make it challenging for genetics professionals to interpret a person's family medical history and predict the risk of passing a genetic condition to future generations.

epigenomics contributes to understanding heredity and the restoration of African American health. The National Institute of Health (NIH) posits a definitional framework for epigenome.

> DNA modifications that do not change the DNA sequence can affect gene activity. Chemical compounds that are added to single genes can regulate their activity; these modifications are known as epigenetic changes. The epigenome comprises all of the chemical compounds that have been added to the entirety of one's DNA (genome) as a way to regulate the activity (expression) of all the genes within the genome. The chemical compounds of the epigenome are not part of the DNA sequence, but are on or attached to DNA ("epi-"means above in Greek). Epigenomic modifications remain as cells divide and, in some cases, can be inherited through the generations. Environmental influences, such as a person's diet and exposure to pollutants, can also impact the epigenome. Epigenetic changes can help determine whether genes are turned on or off and can influence the production of proteins in certain cells, ensuring that only necessary proteins are produced. For example, proteins that promote bone growth are not produced in muscle cells. Patterns of epigenome modification vary among individuals, different tissues within an individual, and even different cells (NIH, 2016, p. 12).

Researchers report that environmental factors (Pembrey et al., 2006) like tobacco smoke and air pollution (Perera, & Herbstman, 2011; Liu, et al., 2008; Li et al., 2005), pesticides (Zhang et.al., 2012), psychosocial stress (Turecki & Meaney, 2016; Cadet, 2016), depression (Maes, Nowak, Caso, Leza, Song, Kubera, Klein, Galecki, Noto, Glaab, Balling, & Berk, 2015), and obesity (Herrera, Keildson, & Lindgren, 2011) can influence a person's disease by epigenetically turning genes "on" or "off" (Pail, Pritchard, & Gilad, 2015). Animal studies have shown that a mother's diet can promote or negate the epigenome of the offspring's health (Lee, 2015; Barker, 2007; Wadhwa et al., 2009) by a critical gene being off when it should be switched on. Life experiences, social environmental factors and stress

management can play an important role in reversing this process by influencing the proteins and chemical tags attached to the DNA that turn on "health promoting" genes. These processes appear, thereby shaping the epigenomic memories shaped by one's life experiences. Thus, if psychosocial stress and stressed environments contribute to morbidity and mortality, establishing an optimal lifestyle (i.e., recreation, pharmaceutical and nicotine free, adequate sleep, regular exercise, and healthy and nutritional diet), could potentiate health affirming outcomes of emotional well-being by turning on "health promoting" genes and turning off "health deprecating" genes.

BEHAVIORAL CONSIDERATIONS: THE PSYCHOLOGICAL IMPACT EPIGENOMICS STRESS FACTORS

Stress can have an immediate impact on emotional well-being, and may be in part, the result of the epigenome turning on and off critical genes that produce diseases. Understanding the psychological impact of epigenomics can support the understanding the health factors of resilience (McEwen & Gray, 2015). Thus, epigenomic restoration can only occur by undersanding the history of African Americans and the impact of oppression and racism.

People who have lived, worked, or spent significant time in the United States have a racialized worldview. This racialized worldview shapes their beliefs and behaviors and what it means in the United States to be Black or African American. The failure to acknowledge and consider race in historical, socio-psychological, and lived contexts and experiences erects barriers that result in colorblind approaches that ignore racial inequality and discrimination. The excruciating personal and collective group suffering and affliction of generations of African Diaspora descendants who were initially kidnapped, violated, and enslaved serves as a present day living reminder of centuries of a people struggling to overcome and recover from institutionalized oppressive and racist systems. Despite America's checkered race relations history, some high-profile conservative, corporate media political pundits, TV/radio news broadcasters, and history revisionists often suggest that African Americans must dissociate from their past historical

circumstances shaped by oppression and racism and adopt their idealized "pragmatic" post-racial society through selective historical amnesia and research biases. Denying the realities of oppression targeting African Americans and their mental health across the lifespan devoids the recognition and impact of the adverse psychological damage and the mental illness classifications system defined by European-Americans. Designing and implementing healing strategies is a powerful method to counteract these forces and enable our bodies to heal and sustain health.

THE IMPACT OF OPPRESSION AND RACISM ON EPIGENOMICS

It is imperative that mental health providers become aware of how culture impacts peoples' development and health. Equally, culture helps explain the differences between healthy, non-healthy, and pathology (i.e., study of disease and illness and the changes each causes within a person). In other words, culture matters in so far as who defines concepts of illness, health, wellness.

According to Nobles, "Culture is a process representing the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals ceremonies and practices peculiar to a particular group of people and which provides them with a "general design for living and patterns for interpreting reality" (Nobles, 2005, p. 71). As culture supports our lifestyle, and lifestyle influences our epigenomics (i.e., gene expression), it is important to understand the influence of culture in our decision-making for the health of future generations. Nobles' definition of culture provides a helpful template for understanding key factors that can influence our epigenome. African traditions often refer to the notion that *"it takes a whole village to raise a child"*. Thus, this family support helps decrease the likelihood of youth growing up unable to mediate stress.

One example of how culture is linked to gene expression would be to recognize that sustaining wholesome family ties that nourish constructive ideas of the self can create an environment that biologically influences gene expression. Consequently, facilitating a healthy environment both biologically and psychologically (i.e., healthy behaviors and attitudes) can minimize stress and increase nurturing interpersonal relationships that positively impact the epigenome thereby contributing to restoration. Likewise, mental

health providers lacking cultural sensivitity and responsiveness limit the opportunities and effectiveness for optimal care by limiting clients of the understanding of their lived realities and personal experiences. This briefing is to validate the legacy of transgenerational pain, fear, and anguish that are all foundational to anxiety disorders. By inititating this perspective, mental health professionals can advance developing therapeutic strategies for sustaining a healthy lifestyle for African Americans manifesting anxiety-like responses to daily life events. Additionally, this briefing examines the impact of African Americans coping with the impact of generations of institutional oppression and racism and its' many forms as an essential issue that requires mental health providers becoming both culturally sensitive and culturally responsive. What researchers have clearly demonstrated is that anxiety as a reaction to oppression and racism can take "the concrete form of intense fear experienced in response to an immediately threatening experience" (Department of Health and Human Services, 1999, p. 40) and can be inherited (Kellermann, 2001, 2009, 2013; Yehuda et al., 2014). Unless mental health professionals recognize and validate the longstanding impact of untreated anxiety and other mental illness with supportive understanding, culturally responsive and appropriate engagements and humane recognition, untreated generational forms of emotional anxiety will persist.

As poverty can have a significant impact on health and access to healthcare as well as an increase in anxiety related symptoms. The 2010 census data provides clarity about the issues facing African Americans. About 13.2 percent of the U.S. population, or roughly 45.7 million people, identify themselves as Black or African American, and another 2.5 percent self-identify themselves as multiracial (U.S. Census Bureau, 2014). This represents an increase from 12.6 percent of the U.S. population, who identified themselves as Black/African American in the 2010 Census. The poverty rate masks considerable variation between racial/ethnic subgroups. Poverty rates for Blacks and Hispanics significantly exceed the national average. In 2010, 27.4 percent of Blacks and 26.6 percent of Hispanics were poor, compared to 9.9 percent of non-Hispanic whites and 12.1 percent of Asians. Consequently, the 2010 census data reports that Blacks/African Americans represent approximately 25.8 percent of the U.S. population experiencing anxiety related symptoms. Additionally, factors like poverty, unemployment and inequities in health care have only

added to the numbers of the African American population who find themselves disproportionally imprisoned (Wagner, 2012). Following the Emancipation Proclamation, and the end of the Civil War, many southern state and local governments began engaging in the practice of "peonage, or holding another in servitude to work without a debt" (Blackmon, 2008, p. 156). This practice resulted in hundreds of thousands of Black men receiving "flimsy charges", "convictions" and unjust sentences to serve time either in jail or as a forced laborer or both until their death (Blackmon, 2008). These acts of state and regionally sanctioned discrimination, "sheer force of guns, mob violence, and economic isolation" sustained racial inequities that fueled collective feelings of despair, anxiety and depression within the Black community. Unfortunately, these discriminatory practices continue to this day resulting in anxiety resulting from the systems of disproportionate mass incarceration rates of African Americans (Alexander, 2010; Carson, 2015).

Additional factors that increase anxiety are homelessness (e.g., African Americans make up about 40% of the homeless population) (Cooke & Webb, 2013) and exposure to violence. For example, over 25 percent of African American youth exposed to violence met diagnostic criteria for post-traumatic stress disorder (PTSD) (Cooke & Webb, 2013). Moreover, African Americans are overrepresented in the high-need populations that are at risk for mental illnesses due to environmental factors (i.e., homelessness, incarceration, exposure to violence, and long-term poverty conditions) (Cooke & Webb, 2013).

Environmental factors have a powerful impact on the ecology of human development for African Americans during their life spans. Consequently, epigenomics not only affects people through nutrition and persistent environmental exposures of poverty, discrimination, and racism, it can also explain the resulting anxiety, depression and abject helplessness. Applied epigenomics calls for Black psychologists to intervene not only at the individual/family level, but at the policy and local and national political level to ensure optimal health activities across the lifespans and generations of Black people.

RELEVANCE AND IMPORTANCE TO AFRICAN AMERICAN PEOPLE

Since the beginning of human history and migration out of the Motherland Africa, environmental factors have been powerful catalysts in molding and shaping human development, health, and destiny. As indicated above, environmental factors moderate and mediate genomic changes. Consequently, living conditions for African American people during the period of enslavement, Jim Crow laws, and legalized oppression continue to adversely affect the emotional well-being of contemporary African Americans.

It is imperative to recognize the human trafficking of African people into American enslavement was not a process delimited to abducting, torturing, and kidnapping African adults and even adolescents. On the contrary, children were a vital commodity in these economic endeavors (cf., King, 2011, pp. 17-18).

Moreover, it is important to acknowledge and understand that the Emancipation Proclamation (Holzer, Medford, & Williams, 2006) and its aftermath could not erase the century's long memories and impact of the visceral conscious and subconscious physical and emotional pain and agony endured by children who would grow to become adults. The impact of enslavement in America on children, adolescents, adults and the elderly imposed legal racial discrimination and negative psychological isolation permeated both the mind and the body deep into the cellular structures of the descendants of African people. It is believed that not confronting this generational impact limits opportunities for emotional restoration and continues to reinforce its negative psychological and physiological effects as a major barrier to health and wellness in the 21st century. It does not help that some in America continue to minimize the impact of enslavement. It is important to know that being enslaved meant enduring beatings, whippings, brainwashing, and being treated like a subhuman or lower than an unbridled animal (Lester, 1968). Consequently, generations of poor nutrition, being treated worse than animals, and anxiety provoking threats of death for unsatisfactory labor production created conditions that when passed down from one generation to the next resulted in substandard mental health factors leading to *Post Traumatic Slave Syndrome* (Leary, 2005) and other psychopathology. For example, nutrition, chemical exposures, and the psychosocial environments are significant factors

when understanding how epigenomics and gene expression can be moderated when providing healing modalities.

MULTIFACTORIAL CONDITIONS COMMON TO AFRICAN AMERICANS: IMPACT OF ANXIETY DISORDERS ON CARDIOVASCULAR DISEASE, HIGH BLOOD PRESSURE, AND DIABETES

Research from World War II Jewish Holocaust[17] survivors has presented evidence that parents' traumatic experiences may hamper their offspring's ability to recover from trauma (Kellermann, 2001). Additionally, research has demonstrated that trauma can affect biological and psychological responses to stress (Michaels, 2013). Subsequently, this can manifest as multifactorial conditions common to African Americans in the form of cardiovascular disease, high blood pressure, and diabetes. Research associating historically oppressive influences with longstanding physical and mental health conditions validates the need to establish a pathway towards the restoration of a healthy African American self. By contemporary standards, it is recognized as the psychological impact of centuries of forced relocation, migration, human trafficking, repopulation, and the exercise of legalized pernicious terrorism against African American children, adolescents and adults to sustain the system of enslavement. For nearly 400 years, African Americans have been collectively imposed upon by political, environmental, ecological, economical, and psychosocial forces that regarded them as chattel in an effort to negate and denigrate their humanity. Merely existing in a segregated Jim Crow society has produced psychological and physiological conditions that continue to manifest as high mortality rates and disparities in health care to

[17] The Holocaust was the systematic, bureaucratic, state-sponsored persecution and murder of six million Jews by the Nazi regime and its collaborators. *Holocaust* is a word of Greek origin meaning "sacrifice by fire." The Nazis, who came to power in Germany in 1933, believed that Germans were "racially superior" and that Jews, were "inferior" and an alien threat to the so-called German racial community. Following the conclusion of World War II, Nazi doctors were tried at the Nuremberg Trials. These hearings revealed the actions that "killed handicapped infants, the mentally ill, and the demented elderly as part of Nazi Germany's euthanasia program" (Annas & Grodin, 1992, p. 260). Additionally, Nazi concentration camps were locations of human experimentation and the genocidal extermination of millions of people including Jewish, non-Jewish, political opponents, anti-Nazi sympathizers, Gypsies, Christians, homosexuals, non-Aryan racial groups, and non-German nationality captives (Spitz, 2005; cf., Holocaust information from "*Documenting Numbers of Victims of the Holocaust and Nazi Persecution*"). Retrieved from https://www.ushmm.org/wlc/en/article.php?ModuleId=10008193.

provide treatment within the African American community. Criminalization and denigration of African Americans has compounded their anxiety superimposed with suboptimal physiological conditions induced by stressful living environments. This is due to the majority's negative dichotomous attitudes regarding the skin color and racialized physical characteristics of African Americans.

THE PSYCHOSOCIAL IMPACT OF CARDIOVASCULAR DISEASE ON EPIGENOMICS

Cardiovascular disease and hypertension continue to afflict African Americans at higher rates than other members of the society (Thayer, Yamamoto, & Brosschot, 2010). The impact of these disorders/diseases is generational in terms of environmental, psychosocial and nutritional factors that impact the lifestyle and health outcomes of African Americans. For example, in the case of anxiety disorders, social and interpersonal factors and physiological consequences are the result of the direct response from the brain. First, the sympathetic nervous system via the neuroendocrine pathway secretes norepinephrine and epinephrine from the adrenal medulla to induce the 'fight, flight or freeze' response. In this pathway the slower periodic second route releases cortisol from the adrenal cortex through hormones beginning in the hypothalamus and terminating in the adrenal glands. Over activity in these neuroendocrine pathways can result in hypertension, and cardiovascular disease (Thayer, Yamamoto, & Brosschot, 2010). Hypertension and cardiovascular diseases contribute to higher mortality among African Americans. Additionally, even higher rate of hypertension among populations not taking medication were reported when compared to the general population of males (55.1%), and females (62.0%); and white males (58.7%) and white females (42.8%), when compared to African American rates for males (68.9%) and females (46.8%).

Perceived racism and chronic exposure to poverty, limited socioeconomic opportunities, and racial discrimination may serve as a psychosocial-physiological stimuli operating through centrally regulated autonomic nervous system pathways that disrupts physiological and immunological processes required for normal functioning of the autonomic nervous system. Additionally, short- and long-term exposure to acute and

chronic stressors (i.e., hate crimes, or living in a stressful environment) can lead to a disruption in allostatic load (McEwan, 1998; Schulkin, 2003), and disrupt physiological and immune response.

THE PSYCHOSOCIAL AND ECOLOGICAL IMPACT OF NUTRITION AND PHYSICAL ACTIVITY ON EPIGENOMICS

It is generally accepted by mental healthcare professional that the environment is important to human development and behavior, but is useful to understand the some of the basic mechanisms of the relationship. The environment is the major contributor in the processes of epigenesis. Epigenetic changes are arguably more sensitive to environmental factors than genetic changes (e.g., mutation) (Tang & Ho, 2007). Three major important influences on gene expression are summarized below.

Toxic Elements. Direct contact or exposure to toxic elements is ubiquitous with living. There are frequent reports from the EPA pointing out the 'bad stuff' in the air we breathe, in the ground, and in the water that is an absolute necessity to human survival. Moreover, toxic element exposure is more common for members of numerous African American communities across the country due to political impotence and lack of representation. During the time this brief is written, the city of Flint, Michigan (with a population of 55% African American) suffers from contaminated water the effects of which will last among residents possibly for generations.

In 1987, the first of a two-part report examining the impact of toxic waste disposal and its impact on residential drinking water located near African American communities was submitted by the United Church of Christ Commission for Racial Justice. In 2007, the Commission published a comprehensive and authoritative follow-up report exposing the gross disregard for people of color as toxic waste landfills were sited in their communities throughout the nation. The 20-year anniversary report was titled, *Toxic Wastes and Race at Twenty: 1987-2007* (Bullard, Mohai, Saha, & Wright, 2007). The follow-up report documented the widespread demonstration of public policy contributing to environmental injustice. Their work also highlighted the impact of grassroots organizations like the Black Church in establishing, organizing, implementing, and sustaining community-based

strategies to undertake justice advocacy. For centuries, the Black community has benefited from church-based ministries efforts to help mobilize African American people to participate in issues of governance to protect their communities by engaging in social policies. In 2008, The Robert Wood Johnson Foundation formed the Commission to Build a Healthier America. The Commission's charter was to examine similar environmental challenges facing all communities including the African American community and reached similar findings (Cubbin et al., 2008).

Nutrition/Diet/Exercise/Physical Activity. The aphorism *"You are what you eat"* conveys a simplistic, profound truth. Nutrition matters and is vital to the health, well-being, and survival for all African Americans. Indeed, *food is medicine and our medicine is our food* resonates in our quest to be healthier and enjoy increased longevity. However, extreme nutritional factors can influence gene expression by enhancing or deterring optimal health and development. When the balance of nutrients are skewed to one type of food (or food substitutes), optimal health will not be realized and results in a higher risk of morbidity and mortality. Researchers have suggested that diet and nutrition play a major role in this disease outcome (Whitt-Glover & Kumanyika, 2009).

In general, physical exercise in any form is beneficial to the human body. However, lower than average of physical activity among African Americans are reported frequently and may contribute to the well-documented excess risks of chronic diseases such as heart disease, diabetes, and hypertension among African American men and women (Whitt-Glover & Kumanyika, 2009). Consequently, nutrition and exercise are required to sustain optimal health as both influence the expression of genes that enhance or deter good health and development among African Americans.

Additionally, it is critical that exercise and physical activity is incorporated into the lifestyle to ensure both resilience in health and in order to restore generational health.

> It is well established that physical exercise modulates the function of many physiological systems, such as the musculoskeletal, the cardiovascular and the nervous system, by inducing various adaptations to the increased mechanical load and/or metabolic stress of exercise. Many of these changes occur through epigenetic alterations to DNA, such as histone modifications, DNA

methylations, expression of microRNAs and changes of the chromatin structure. All these epigenetic alterations may have clinical relevance, thus playing an important role in the prevention and confrontation of neurophysiological disorders, metabolic syndrome, cardiovascular diseases and cancer. Herein we review the known epigenetic modifications induced by physical exercise in various physiological systems and pathologies, and discuss their potential clinical implications (Ntanasis-Stathopoulos et al., 2013, p. 133).

Psychosocial Environment Interactions. Research has demonstrated that the psychosocial environment can modify the expression of genes currently and in future generations. Frequent micro-aggressions, real and perceived discrimination, and racism in relationship to poverty and the disenfranchised contribute to epigenetic changes (Cooke & Webb, 2013).

Strength-based research has shown that restoration for African Americans may work best when looking at the ways in which African American parents prepare their children to handle future racism and their effectiveness to handle future racial discrimination, or when parents model spiritual values through religious coping, or through their parental guidance and mentoring of educational values and passing on culturally salient critical thinking and problem solving skills (Lambert & Smith, 2009).

The literature indicates a link between African American epigenetics and risk factors increasing morbidity that develop early in the lifespan. It also indicates that prevention and treatment strategies should begin during pre-natal and early childhood (cf., Meaney, 2001).

EVIDENCE OF CULTURALLY GROUNDED/CONSISTENT INFORMATION/IDEAS

At its worst, the micro culture that is introduced to the macro culture is subdued over the course of generations. Is it a given that offspring's of the micro culture will be assimilated to the macro culture? Offspring's of the micro culture lose themselves in an assimilation process because of the illusion of a "melting pot" culture and acceptance into

the dominant culture group. The long-term effect is a loss of a sense of cultural authenticity and those aspects of the culture that have enabled its people to triumph over the disease of racism that challenges the value of the role of spiritual development and human functioning.

To effectively address the mental health needs of African American children and parents primary caregivers must include culturally relevant perspectives as an integral part of the therapeutic process. Engaging family and utilizing experience-based interventions that effectively address the complex mental health problems diagnosed in children and adolescents in particular is an important strategy for supporting problems associated with cultural challenges faced from acculturation.

Strategies for effectively working with acculturated African Americans challenged by a negative self-concept require mental health services that include indigenous healing approaches (Fu-Kiau, 1991). These approaches must provide optimal healing (Myers, 1993) for the psyche of African American adolescents that have been affected by generations of oppression (Eyerman, 2001; Ginzburg, 1988; Guthrie, 1998; Leary, 2005; Roberson, 1995). Therefore, it is strongly suggested that acculturated youth must find encouragement and assistance through the combined efforts of mental health workers, communities, families, and compassionate support systems collaboratively working with knowledge of the cultural virtues associated with early African and African American transformative principles. It requires a recognition that the emotional resilience of earlier generations of African Americans is directly linked to African traditions, beliefs, rituals, and ideas which shaped the spirit, thought and behavior of their *human beingness*. For example, participating in the African American church which has long been a first line of defense for worshippers in need of solace and valuable spiritual support may be seen as a place where an adolescent can increase their belief in a divine force that intervenes in one's life in a manner consistent with an African cultural worldview (Grills, 2004).

In the African tradition, there is an African ritual designed to instruct and educate youth through the challenges of childhood through adolescence and into adulthood (Somé, 1998). Similarly, contemporary African American Rites of Passage programs can provide a venue in which adolescents can acquire educational knowledge designed to empower them

by teaching the value of history, fundamental life-skills, and competency strategies regarding interpersonal relationships, leadership community service and self-awareness (Nichols, 2004).

Finally, additional research must be implemented to create best practice strategies for mental health workers providing support to African American's which examine the full impact of acculturation. Likewise, additional research is needed to address the ongoing problems associated with health and mental health treatment disparities affecting African Americans (DHHS. Mental Health: A Report of the Surgeon General Department of Health and Human Services, 1999; Washington, 2006). As Black Identity Development and Acculturation represent two models for responding to and supporting the demographic realities of the 21st century it is imperative that mental health providers increase their cultural sensitivity and competence to effectively support a moral renaissance of positive African American cultural values designed to encourage adolescents that, in spite of ongoing challenges educationally, economically, and legally sensible language, behavior, customs, knowledge, symbols, ideas and values will support and sustain a healthier identity and thereby an improved mental health. Wilson (1998) provides an African-centered perspective that speaks to the issue of the need for new Afrikan Self-Identity:

> The salvation, empowerment and liberation of Afrikan peoples require an appropriate, thorough, pragmatic cultural analysis of the deculturation and reculturation of ourselves by dominant European peoples, of reactionary "Black culture," and their social products as represented by reactionary Black identities. We must analyze how these identities, whether considered prosocial or antisocial, function to maintain the oppressive power of Whites and the subordinate powerlessness of Blacks. Our salvation further requires that we perceive White supremacy as the major social, political, economic, and spiritual problem to be resolved by Afrikan peoples, and that we ask and answer definitively the questions: What kind of a culture must we construct in order to overthrow White supremacy? What kinds of social identities, relations, arrangements, alignments, institutions, values, etc., which when actualized, will allow us to attain and protect our liberty; enhance our quality

> of life? What kinds of socialization practices must we institute in order to empower ourselves to become the kinds of people we must become if we are to secure our right to be free (Wilson, 1998, pp.63-64)?

While counseling persons of African descent, it is important to acknowledge and understand the philosophical ideals and cultural traditions of African American ancestors' practices before and during enslavement, Jim Crow laws (Tischauser, 2012), and legalized racial segregation. Ultimately, it was these traditions, practices, beliefs, mores, and values that would continue to produce ideas that would contribute to their survival and resilience. Consequently, the African-centered model provides a holistic perspective upon which an African American adolescent's sense of self can shape their conceptualizations of self-identity and consciousness. Through this approach, mental health providers can help African Americans challenge and overcome many of the obstacles that limit optimal mental health and support the myth of Black/African American inferiority (Burrell, 2010). The African-centered perspective productively supports healthy ways of being by establishing the idea that self-identity is rooted in spirit just as human beingness is a spirit based essence.

Youth who have limited or no knowledge of the historical impact of enslavement, Jim Crow segregation, and legalized discrimination lack a genuine understanding of the deeply rooted psychological effects of the personal and emotional trauma continuing to impact generations of those who are the descendants living in the 21st century. While it is clear that any physical, sexual, emotional or psychological trauma inflicted on a fellow human being for any period of time has the potential of posing debilitating epigenomic outcomes, this view is frequently debated when examining the victimization of enslaved Africans and their descendants. There are some who intentionally impose a statute of limitations on Black/African American descendants who have experienced nearly four centuries of oppression, in part, because of the political, economic and/or educational success of a few. However, it cannot be denied that any physical, sexual, psychological or emotional injury requires a long-term healing process over generations to restore to health epigenetically. It is for these reasons that the seminal research by Leary and Robinson

(2005) contained within their book titled, *Post Traumatic Slave Syndrome*, is adept in explaining America's legacy of enslavement and its pain and undeniable injury to the body, psyche, mind, and spirit of its victims and their African American descendants. Accordingly, an African American child, adolescent's or adult's failure to recognize the subtle and often subliminal nature of oppressive behaviors, ideologies and beliefs can inflict psychological injury that induces self-hatred and self-destructive thoughts and behaviors that become manifested internalized dislike of the authentic self. Without the healthy minds of the young, there is no future for a community, a society, a nation or a people regardless of the culture; even at the epigenome level. Thus, the disillusioned experience a broken spirit without a sense of cultural relevance or respect for self and humanity.

IMPLICATIONS FOR RESTORATION OF AFRICAN AMERICAN WELLNESS (MENTAL HEALTH)

The impact of "food deserts" (i.e., communities lacking markets/stores that stock affordable and healthy foods) in the ethnically concentrated inner-city communities where African Americans are a significant majority of the population represents one area where nutritional improvement is required to sustain a pathway towards restoration of wellness. Often these communities are ripe with economic poverty resulting in corner stores that stock an abundance of non-nutritional canned and "junk" foods. Additionally, these communities have quicker access to fast-food carryout outlets than to stores with healthier food alternatives. One major consequence of this reality is that most African American families below the poverty-line are exposed to nearly "famine-like" circumstances. This problem has been examined within the context of epigenomics as a contributor to chronic and behavioral illnesses.

> Other researchers have also shown that early-life environmental conditions such as prenatal exposure to famine during the first 10 weeks after conception can produce persistent epigenetic changes with lifelong health consequences (Heijmans et al., 2008), schizophrenia (Susser & Lin, 1992; Susser et al., 1996), coronary heart disease (R. C. Painter, De Rooij, Bossuyt,

> Simmers, et al., 2006), breast cancer (R. C. Painter, De Rooij, Bossuyt, Osmond, et al., 2006), and hypertension (R. C. Painter, De Rooij, Bossuyt, Phillips, et al., 2006); (Chang & Ota Wang, 2014, p. 325).

Consequently, understanding epigenomics (i.e., gene expression) has underscored the importance of managing one's nutritional and environmental experience as a way of restoring gene and biological pathways (Chang & Ota Wang, 2014, p. 325).

> A growing appreciation of how environmental, social, and behavioral factors interact with a person's genome is essential as psychologists gain scientific clarity of the causes and consequences of health and mental health disparities across the life span. With the increasing availability and affordability of genome-based methods, identifying the relationships between genomic contributors, environmental factors, and phenotypes is within reach of a broader audience of multidisciplinary researchers. Understanding the strengths and limitations of genomic research methods will, we hope, provide psychologists with a better understanding of what integrating genomics into their work means (Chang & Ota Wang, 2014, p. 327).

Additionally,

> As epigenetic research underscores the importance of how historical, social, and environmental factors contribute to current health issues, psychologists will need to understand how these factors interact with biology and genes to produce health disparities rather than limiting themselves to inferring self- and investigator-designated racial/cultural identities as canonical equivalents to health disparities and genetic ancestry (Kuzawa & Sweet, 2009) when data exist to the contrary (Bamshad et al., 2003; Jorde & Wooding, 2004; *The 1000 Genomes Project Consortium*, 2010; Ota Wang & Sue, 2005); (Chang & Ota Wang, 2014, p. 327).

The work of Black psychologists conducted in all aspects of Black life is vitally important; however, epigenetics suggests that mental health professionals can have their most significant influence on social policies that work in concert with nature to prevent the development of problems that plague the current generation as well as future generations of Black people. Increasingly, science is providing specific ways that epigenomics can be used to reverse some of the negative effects of poverty and discrimination.

RECOMMENDATIONS

Epigenetics provides an understanding of how African Americans continue to have health issues due to the links to poverty, racism, and oppression. Mental health professionals postulate that people are not inherently inferior, but rather posit that the environments can be inherently inferior and must be corrected if optimal mental health and physical health is to be realized. There are suggestions for improving the psycho-ecological environmental impacting African Americans, given the potential generational impact of gene expression as a health factor affecting diet and nutrition. The goal of each recommendation is to implement strategies and actions to reduce the trauma associated with health and mental health disparities. By taking this important step, African Americans can effect and increase positive influences on gene expression impacted by environmental, social, and biological factors.

Recommendation 1: Seek ways for African American people living within impoverished communities to empower themselves by actively participating in the reduction of their health disparities by increasing their community engagement.

This effort could involve working with local city or county government to secure food from growing on-line grocery stores. It could also involve working with local schools, community colleges or universities engaged in agricultural sustainability projects that both provide resources and teach communities how to grow, harvest and sale healthy foods. Additionally, it could involve engagement with city or county government officials in an effort to establish policies that provides incentives for supermarkets or larger grocery stores to consider relocating within neighborhoods that reside in food deserts. Additionally,

establishing strength based empowerment dealings by encouraging the engagement of community based support systems and networks that include neighborhood organizations, churches, mosques, temples, fraternal-like organizations, progressive socially conscious/community-based schools that listen to the community, act on behalf of the community, reassures the community with supportive actions and sustains restorative solutions all contributes to helping invigorate healthy gene expression.

Recommendation 2: Support culturally sensitive mental health programs, organizations, and professionals in the emotional healing of African Americans who continue to be impacted by acts of oppression and racism across generations.

Recommendation 3: Train and encourage and mental health professionals to embrace the world-view of African Americans shaping religiosity and spirituality concepts during treatment.

One additional approach mental health professionals should use in communicating to Black folk is to keep in mind the cultural importance of behavior, knowledge, belief, customs, traditions and value systems growing out from religion and spirituality. African concepts of faith, prayer, and "collective community healing" should be an integral part of interactions on all levels of the Black community.

Recommendation 4: Develop strategies for mental health professionals intervening in several functional areas affecting Black populations such as individual, group, community organization and society.

The mental health professional operating from a particular frame of reference may develop a modified intervention approach considering the impact of epigenetic factors. By using a unified intervention approach we move rapidly into the information and technology explosion of the 21st century, mental health professionals must begin to consider the treatment of their patients and the ways in which they conceptualize their issues differently. As the saying goes, *we must begin to think outside of the box* (e.g., *Diagnostic and Statistical Manual 5*). Although beyond the parameters of this chapter, the concept of treating the whole person takes on an extended connotation within the epigenetic context.

Recommendation 5: Establish African American Rites of Passage programs to provide a venue in which adolescents can acquire educational knowledge designed to

empower them by teaching the value of history, fundamental life-skills, and competency strategies regarding interpersonal relationships, leadership community service and self-awareness.

Recommendation 6: Develop and implement strategies for effectively working with acculturated African Americans challenged by a negative self-concept and that require mental health services that include indigenous healing approaches.

Recommendation 7: Develop culturally appropriate strategies to restore and manage African American mental health issues that require an understanding of African identity.

Consequently, the African proverb *'it takes a whole village to raise a child'*, connects with the cultural salience of establishing community connections through communalism, and thus becomes an important way in which the African American community is able to find supportive group value and value of self (Cooke & Webb, 2013, p. 95).

Included within this understanding is spirit[18] that is at the core of African identity and personal development. This concept is best described by Wade Nobles (2006) in his book *Seeking the Sakhu* where he defines the concept of *"spiritness"*.

> Included in the African notion of essentialism or spiritness is the belief that the complexity (immaterial and material) of being a person gives one an intrinsic human value and that the person is, in fact a process characterized by the divinely governed laws of essence, appearing, perfecting and compassion. The concept of "spirit" or "essence" as defined by African thought further suggests that the examination of African American psychology should be guided by strategies of knowing that allow for the examination of the continuation and refinement, across time, space and place, of the African conceptualization of human beingness (Nobles, 2006, p. 349).

[18] Spirit in this context refers to an energy force within a person that is equivalent to the spark of life. Spirit exists where-ever life exists. Spirit, therefore, manifests the power we have within us to transform our thoughts into empowering actions that can initiate our mental or intellectual faculties of their predominance over body. Spirit is responsible for our resilience as manifested in our survival from the horrors of enslavement, and other forms of oppression.

Spiritness becomes the lens through which solutions to understanding selfhood begins. Theories of the development of African American identity continue to evolve in adding to a nuanced cultural understanding of the process of self-definition (Cooke, 2001; Cooke & Webb, 2013).

> It is the kernel within a seed that carries the life of the seed and eventually takes root and grows into its true nature. While religion teaches us what to think and how to act, spirituality can teach us how to be and how to live. By incorporating spiritual growth into our lives, we can actually learn how to be at peace, to unconditionally love self, and accept self in ways that promote personal empowerment. Spirituality can help a person acquire a level of personal insight that is more discerning than psychological and/or intellectual awareness. With spiritual growth, a person can become freer at looking at the parts of himself/herself that may interfere with being fully present, loving, and peaceful. This process can go a long way in empowering a person to become more disciplined in his or her actions, to manage symptoms of depression, and focus on what it takes to be healthy. People who engage in spiritual growth learn how to recognize their behavioral patterns that often prevent them from realizing opportunities for self-control and resolving circumstances that they may perceive as overwhelming (Cooke & Webb, 2013, p. 96).

SUMMARY CONSIDERATIONS

This thematic briefing has described and analyzed multiple factors affecting African Americans from a relatively new perspective – epigenetics. Subsequently, it is becoming an important approach to optimize and restore the mental health of the African American community. The perspective is inclusive of the boundaries of epigenetics and genetics, physiological and ecological sciences, nutrition, and health psychology. Moreover, it has proposed that links between genetics, biology, environmental factors, social factors, emotions, self-transcendence, religiousness and spirituality require more research and study to incorporate it as a science to manage mental health. However, inferences can be

made to suggest that spiritually-based conscious thought appears to have an effect on physical disposition that affect the emotional well-being of African Americans. Hence, this brief cuts across interdisciplinary areas impacting the mental and physical health of the African American community. Specifically, this chapter illustrates the significance of epigenetic mechanisms, which have been found to occur in response to the three factors described above – toxic elements, diet and exercise, and psychosocial environments. Moreover, it is evident that the medical and scientific communities generally believe that epigenetic theory is valid and that future research in this area will shed light on mental health and physical disease causation.

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COMMISSIONED THEMATIC BRIEFING PAPER

NTU PSYCHOLOGY

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ABSTRACT

The NTU principles and processes have been developed and utilized successfully at Progressive Life Center for over 30 years across four (4) US States and Accra, Ghana. They are being proposed as a foundation for program development, service delivery and organizational culture as a part of the design plan for an African American Holistic Wellness Hub which seeks to ameliorate the personal and transgenerational trauma of African Americans. The present paper addresses: the relevance of the NTU approach; the principles and processes for both personal and organizational health; offers a logic model of the approach; and concludes with a recommendation for training.

OVERVIEW

The African American Holistic Wellness Hub (AAHWB) is designed, as stated, to be a "living container" to preserve, comprehend, and actualize the core understanding and best practice of African American people with a focus on mental health. An anchoring component of the Wellness Hub is projected to be the NTU principles and approach for healing both the transgenerational trauma in African Americans and also the personal life trauma experienced in present time and space.

The term NTU[1] (pronounced "in-too") is a Bantu (central African) concept that describes a universal, unifying force that touches upon all aspects of existence (Jahn, 1961). NTU is the basic essence that unifies the universe and, as such, it is the essence of life. NTU is the force in which Being and beings coalesce, and insofar as human beings are concerned, NTU is both immanent (a spiritual force inside), and transcendent (a spiritual force outside). NTU highlights the interrelatedness between the intrinsic (psychic and immaterial) and extrinsic (social and material) factors that impact upon one's ability to both influence and respond to problems of daily living NTU expresses not the effect of these forces, but their being. From an African world view the world is one of extraordinary harmony that is the natural order (Jahn, 1961; Nobles, 1986; Myers, 1988). The goals of NTU based sefrvices are to assist people and systems to become harmonious, balanced, and authentic within a shared energy and essence that is in alignment with the natural order. Natural order implies that there is a unity of mind, body, and spirit throughout life and that the relationships within and between life are purposeful and orderly and, at base, spiritual. Natural order infers that our lives and our relationships have a purpose and a direction, and consequently it is our ongoing task in life to be in tune with the natural order. Furthermore, good mental health springs from being in tune (in harmony) with natural order, and healing is therefore a "natural" process.

NTU based services is based on the core principles of ancient African and Afrocentric world view, nurtured through African American culture, and augmented, where appropriate, by concepts and techniques of Western psychology. NTU based services is spiritually based and aims to assist people and systems to become authentic and balanced within a shared energy and essence that is in alignment with natural order. Furthermore,

NTU therapy utilizes the principles of Nguzo Saba as guidelines for harmonious living. Basic principles of NTU therapy include: Harmony; Balance; Interconnectedness; Cultural Awareness; and Authenticity. The role of the NT'U therapist is based on a spiritual relationship with the client system since NTU therapy recognizes that the healing process is a natural process in which the therapist assists the client system to rediscover natural alignment. The five phases of NTU based services are: Harmony, Awareness, Alignment, Actualize, and Synthesis.

The goal of NTU based services is to restore harmony, balance, interconnectedness, and authenticity to the bodymind in order to activate the internal healing spirit-energy.

NTU APPROACH TO HEALTH AND HEALING: RELEVANCE TO AFRICAN AMERICAN POPULATIONS[1]

In terms of healing, most traditional African recognize multiple factors causing disease as an asset in the treatment by traditional means. Etiological factors identified in the somatic, psychic, constitutional, and genetic makeup, as well as in the social and cultural environment, argue very strongly for the comprehensive approach, traditionally implored. Unlike Western technological medicine, which considers disease to be the result of outside agents such as microbes or impersonal biological processes, African, for example the Akan, medicine considers disease a state of disharmony in the whole body and even in the whole society. Modern medicine's tendency is to isolate the patient. In the Akan, for instance, view illness is derived from a sick or broken society, the community becomes the point of departure for individual diagnosis and treatment. To gain total health, participation of the family, clan group, or even the whole community is required. The healing sanctuaries and shrines of traditional Akan medical practitioners provide adequate room for the kin group to participate-in diagnosis, prognosis, and treatment. The healer, patient, and the patient's family make a unanimous decision for the healing of the patient. The group is involved at every stage. From the Akan culture springs the emphasis an wholism, family, community, and spirituality as anchoring principles of health and healing. These principles are integral to NTU based services, which revitalizes African

cultural symbols, images, beliefs and values into a modern spiritual-intuitive philosophy and therapeutic approach. The spiritual-intuitive approach of NTU does not discard the rational-logical scientific world view but rather seeks to reintegrate the spiritual into consciousness and health, and establish harmony and balance with the rational-logical scientific world.

NTU based services, further, accepts and responds to the challenge of African-centered theorists such as Dr. John Bolling, Dr. Naim Akbar, Dr. Wade Nobles, and Dr. Linda Jones Meyer to "return to the Center" and have respect for the role of the Soul in the health/healing process. In this new era of reintegration, therapists/healers of African decent must become more aware of the role of the Soul as a vehicle of ethics, morals, and values in the therapeutic process (Bolling, 1986). Understanding of this influence on the outcome of the healing process is critical as we must opt to resist non-congruent Western cultural images, symbols, ethics, morals and aesthetic considerations. NTU therapy looks to create a healing model that arises from the cultural being and essence of persons of African decent.

NTU based services would be consistent with the African belief that the soul or inner self is the primary energy and ultimate healer. Healing comes from within and provides direction for mental and physical healing. When there is alignment of the inner spiritual law with the mind/body, the person/organism is engaged in the healing process. The more and more each of us is impelled by that which is intuitive, or relying upon the soul force within, the greater and deeper and more constructive may be the outcome. As Dr. Bolling states "a heightening of awareness of the correct values and ethical considerations are necessary first to wake the healing energies of the inner self". NTU therapy facilitates this process through the exposure of clients to the Nguzo Saba principals and to the principals of Maat (Truth, Justice, Balance, Harmony, Order, and Righteousness).

The inner self is also represented as a composite of the concepts of unconscious, preconscious and paraconscious and its energy is ever available to us. At all times the inner self, or soul, is connected to, informed by, and given great assistance and guidance from the invisible spirit world of the ancestors and Orishas (Orishas are forces of the soul, similar to the archetypes of Carl Jung and serve as the bridges between the human and non-human

worlds and between the invisible and the visible world (Bolling, 1986). The ever presence of the ancestral energy is made conscious through the African ritual of libation among other processes. Libation, briefly, is conducted through the pouring of liquid into the earth for circular connectedness and accompanied by the calling fourth of the names of family and historical ancestors. The libation ritual is prominently used in NTU.

NTU based services organizes its approach to healing around four basic principles that incorporate the African centered philosophy of health, life, spirituality and energy. (Phillips 1990; Foster & Phillips 1993; V. Cherry et al 1994). The four principles are: Harmony, Balance, Authenticity, and Interconnectedness. These principles are essentially the dimensions of how a person, or a family's life energy should manifest for optimal health. That is, a measure of the quality of ones relationships to the ultimate vitalizing life force is the assessment of the direction and quality of their energy along the four principles of NTU. For example, is one's energy in harmony? Is the energy balanced? Is the person's energy clear and authentically flowing from their essence? We will explain each of these principles of healing and their assessment and therapeutic implications in the following paragraphs. On your review these principles, you are encouraged to acknowledge them as circular rather than from a linear logic perspective. The NTU principles are tantamount to viewing the energy from a different vantage point at opposed to seeing a different energy; therefore, there is significant overlap in the context of each principal with the other.

NTU as an approach to health and healing is considered an Afrocentric approach. An Afrocentric perspective is developed by identifying and interacting from a point of view that includes an awareness of African culture, history and contemporary context. An Afrocentric perspective defines reality in a matter that affirms the experiences and lessons learned by people of African descent in an effort to support the resilience that validates the contributions and affirm the self-worth of its constituency.

Afrocentricity is inclusive philosophically, in that it is applicable to those of African descent and those who are not. In actuality, all people are historically of African descent as it is documented that the earliest humans lived in Africa and gradually migrated to other parts of the world. These migrating humans adjusted over time to the climates, conditions and context of their new environments eventually evolving into what appear to be distinct

races and cultures, but what may actually be variations of the primary African culture. (Note that the tendency to look at phenomena as separate and distinct or history as the story of separately evolving cultures reflects a western cultural orientation with inherent bias.)

NTU as translated from its original Bantu context refers to the "essence" of life. It is synonymous with 'prana' in the Vedic tradition or Chi in the Asian tradition. It is the life force that is the substance of all existence. It is the energy that is the foundation and basis of all movement and activity supporting both seen and unseen. NTU as an Afrocentric approach to health and healing is appropriate for all people as there are commonalities that overlap cultural groups while manifesting in a variety of ways:

- NTU/Afrocentricity acknowledges relationships as having the highest value for people of African descent. While other ethnic groups may not hold relationships to be highest in there hierarchy of values, all groups recognize relationships to be of importance and respond to approaches that address their involvement in relationships as major sources of motivation, both positive and negative in their lives.
- According to Afrocentric thought, people of African descent know life predominately through affective assessment of their experience. Other groups may understand life predominately, more cognitively. All groups utilize both cognitive and affective ways of knowing collectively. Afrocentricity supports the notion that it is imperative to address affective issues and processes when treating people of African descent. Non-Africans also benefit from increasing their awareness of affective issues and processes.
- The Afrocentric paradigm recognizes that people of African descent are generally more diunital than dichotomous in their logic. A dichotomous approach to logic sees experience as being either/or, so there may be hard lines between right and wrong, black and white, male and female etc. A diunital approach to logic understands that everything is relative and all exists on a continuum manifesting in qualitative degrees. From this Afrocentric/diunital perspective it is very logical that NTU is appropriate for both Africans and Non-African, as we all exist as dimensions on the same continuum of constructed reality. This perspective is very consistent with contemporary constructivist thought that denies finite reality and sees existence as products of social

agreements; I.e. there is no absolute black or white, right or wrong, male or female - what exist is our agreement about what to call black or white, right or wrong, male or female.

- The nature of reality from an Afrocentric perspective is spiritual as opposed to material, but from this perspective the material is included as part of the spiritual. Humans are spiritual beings, having physical experience.
- NTU is a values – driven human services approach to prevention, treatment and service delivery. The values, while given Kiswahili names, are consistent with the value systems of many indigenous peoples. They are: Unity; Self – Determination; Collective Work and Responsibility; Cooperative Economics; Purpose; Creativity; and Faith. Obviously, these values do not belong exclusively to people of African descent but are a foundation for communal living that many peoples claim.

NTU is a framework from which to approach health and healing. As a framework it allows the practitioner to apply traditional western treatment modalities within the context of the NTU framework. For instance, it is possible, probable and preferable that one may practice cognitive/behavioral, psycho-dynamic, existential and certainly humanistic modalities within a framework or context such as NTU that emphasizes relationships, affective knowing, diuntial thinking, spiritual reality, and family and community values.

NTU CHARACTERISTICS

There six major characteristics of the NTU Approach to Health and Healing. Each characteristic represents and frames a dimension of the client's life that may be considered during the therapeutic process. While few clients stay in treatment long enough to directly approach each issue, the skillful NTU therapist/ counselor/ case manager/ advocate assesses the client along these dimensions and negotiates goals to be worked on with the client from his repertoire. Some questions that illuminate client issues are:

1. Spiritually Oriented: Acknowledgement that there is a primal, creative, sustaining force in the universe.

- Does the client express an applied reference and respect for a universal force i.e. God, nature, life, relationships.
- What is his/her idea of that force?
- What is his/her relationship with that force like?
- How does the client feel about his/her relationship with the force?
- Is the client behaving in a manner consistent with his/her idea of proper behavior?
- How does the client feel about his/her behavior?
- Is the client aware of his/her behavior?
- Is the client in sync with his/her (spiritual purpose)?

2. Family – focused: The entire family, including both biological and psychological members, is the focus of treatment whether they are present or not.

- Who is in the family?
- Who is absent, unavailable or has a difficult toxic relation for the client?
- What are the relationships like between the client and his family members?
- How does the client feel about his/her relationships?
- What does the client want in the relationships with family members?
- How can the client get more of what s/he wants in relationship with family members?

3. Cultural Competence: An awareness and appreciation for the unique characteristics of a group bound together by common beliefs, attitudes, and/or behaviors.

- Does the client possess relational and interpersonal skills?

4. Values– driven: Behavioral commitment to set values that are life enhancing for the individual, family and community.

- Unity – Does the client work well with others?
- Self – determination - Does the client take care of him/herself? Does the client think for him/herself? Is the client aware of and resistant to societal programming?

- Collective Work and Responsibility – Does the client do his/her fair share in their family and/or network? Does the client contribute to familiar and community welfare? Does the client value service?
- Cooperative Economics – How well does the client manage money? Is the client meeting his/her earning potential? Does the client contribute to the economic well-being of the family and community?
- Creativity – Does the client contribute to the esthetics of the community thereby making more nurturing, growth supporting environment for everyone.
- Purpose – Does the client believe in him/herself, their family, their community and their God?

ROLE OF THE NTU PRACTITIONER

The goal of NTU based services is to restore harmony, balance, interconnectedness, and authenticity to the bodymind in order to facilitate the internal healing spirit-energy. Succinctly, the role of the NTU therapist in this process is that of a spiritual guide assisting the organism or collective to become aware of, and stimulate, their self-healing mechanism. In order to accomplish this task the therapist must:

1. Be in harmony with the spirit-energy of the client system;
2. Be aware of their own energy and balance;
3. Stay centered in the interconnected time and space of the healing relationship; and
4. Experience authentic love for the client system.

To the extent that the Practitioner is in harmonious relation to the spirit-energy of the client system, they become able to access and experience the imbalanced energy in a manner deeper that the verbal communications. The healer is able to perceive the inconsistency or unauthentic quality of the client's bodymind and with emphatic technique, intervene toward bringing the client into awareness of their own blocks to health. The healer, in the African tradition, heals through inspiration, creating the healing medicine through their own authentic energy. The healer inspires and energizes the client system

through the infusion of positive healing energy within the framework of authentic human love. Inspiration stands in contrast to manipulation which is the use of negative energy. Manipulation is a most potent poison and potentially destroys people, plants and all life. African centered T\therapy is a search for the true self, the natural self, and the therapist/healer empowers the true self of the client bodymind to reveal itself and follow it's natural course. It is imperative to avoid force, deception, and manipulation in the healing relationship. Instead, the NTU Practitioner relays on inspiration to do the work of the spirit. The therapist engages the client with rituals of cooperation (inspiration) not rituals of competition (manipulation).

Again, in the African tradition, the NTU Practitioner counters the despair of the client by giving them hope which liberates the soul. The Practitioner works to purge the falsehoods out of the abused self of the client bodymind, flushing out the poisons from the body and soul. This process allows for the client to regain contact with the true self and to rediscover their authentic self. It allows for the unfolding of the NTU healing spirit-energy.

The NTU Practitioner understands that evil exist only with your consent; that dis-eases need a receptive host to thrive and that unity creates and division destroys. It is further understood that evil (dis-ease) borrows on a person's strength and that the client system can deny it strength through awareness and positive energy. The healer assists the client system to synthesize all their scattered energies thereby empowering the bodymind. The therapists work, then, is one of seeing, hearing, and knowing the spirit-energy of the client system bodymind and helping with the awareness, realignment, and integration process. The spiritual and healthy functioning therapist develops a shadow i.e., when the therapist develops their spiritual abilities to see and hear the energy around them, that knowledge follows them. In order to do this work, the NTU healer must be prepared to see and hear at the spirit-energy level and this mandates authenticity and a continuous process of self-awareness, rebalancing, and personal growth.

RECOMMENDATIONS

In my opinion, the single most important recommendation for the African American Wellness Hub is to establish a training and certification process for its practitioners. This

certification process should be grounded in the philosophy of traditional African culture and beliefs, particularly, NTU

– It is recommended that Hub Staffing regularly participate in training retreats that covers historical, contextual, and theoretical information regarding the NTU framework.

- It is recommended that training certification be evidence by a written essay or report that examines issues or themes relevant to NTU based services and demonstrates critical thinking, scholarly research, and reflective processing.

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DANCE IN THE SERVICE OF HEALING [19]

Commissioned Thematic Briefing Paper

by

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...rituals involving dance play an essential role in relieving and treating symptoms of psychological distress, as well as neutralize and lessen the impact of psychological trauma.

INTRODUCTION

The relationship between African dance and healing goes back for thousands of years. African dance is holistic in that it addresses the entire body, including spirit and mind. Mental ailments are prevalent in societies where there has been trauma. The African American continues to experience trauma four hundred years after enslavement began. Jim Crow, lynching, discrimination and racism have taken a toll on African Americans' psyche. Couple that trauma with survival trauma, it is small wonder that African Americans face many health challenges as a direct result of the assault on the mind, body, and spirit

African retentions have provided the African American with systems designed to promote health and to militate against health challenges. Spiritual belief systems that originated in Africa provide, in the form of ritual, tools to deal with illness and trauma. In this paper, I discuss the efficacy of dance as a healing agency in the lives of African Americans. Dance is encoded as a "balm" and "medicine" and functions as an embodied agent to promote healing and wellbeing.

The Zar, Ngoma, and Ndeup are three healing traditions that demonstrate how the recreated healing traditions practiced by African Americans draw upon aspects of these traditions. Central to my discussion is the role of the dance in connecting the body with spirit and letting spirit interact with the individual to allow healing to begin.

CONTEXT

African dance has many functions, and traditionally one of the functions was spiritual. Under the spiritual aegis, there is an aspect of healing. Dance almost always accompanies any ceremony where healing occurs. The use of herbs, incantations, animal sacrifice, music, fasting, isolation and dance help to facilitate healing of all kinds of ailments that affect millions of Africans. In the new digital and technological age, traditional healing continues to be a viable option for Africans because of their belief systems, traditional perspective, skepticism, and lack of accessibility to Western medicine.

The presence and power of medicine men and women who are often priests and priestesses in Africa is clearly connected with traditional belief systems and the reverence for their skills and their connection to the ancestral world.

Although many spiritually based North, Central, and West African cultures were patriarchal, they still acknowledged the existence of male and female deities, and affirmed the spiritual power, political authority, and social leadership of women (Badejo, 1996; Oyewumi, 2003; Rushing, 1996, Schwarz-Bart 2001). Men and women play prominent roles as healers in Africa and their knowledge is generally passed from one generation to another through a matrilineal or patrilineal inheritance. I will use the word "inyangas" to describe the healer as practitioner in Africa. It is a Zulu term but I use it generically since I focus on dance and healing in America and not a specific ethnic group or country in this paper.

The link between African dance and spirituality is vital, organic and embedded. Within the spiritual mode of African dance is the ability to heal through the conduit of rhythms, and ritual. African Americans created new spiritual traditions like the Black Church, Yoruba, Igbo and Vodou, all reconfigured in new and relevant ways. Through these new spiritual expressions, African Americans were empowered to protest, resist, and prevail against racism. (Goboldte, 1995; Hucks, 2008; H. Walker, 2011).

African American spiritual belief systems used elements from traditional African belief systems, which have been retained and injected in many Baptist, Fundamentalist and Evangelical Christian ceremonies. Africans and their descendants created hybridized African-American identities, and institutions like the Black Church (Du Bois, 1903/2003). The new or reconstructed belief systems provided shelter from the storm, often against negative portrayals and stereotypical images that perpetuated racist behaviors and attitudes. (Goboldte, 1995)

As a result of the intervention by African derived spiritual traditions, community healing occurred, individually and collectively in order to ease enslaved Africans from the traumas of enslavement and ongoing systemic oppression. African Americans have practiced African-derived traditions as a response to mediated and contested space for spiritual connections to Africa and the ancestral world. (Cuthrell-Curry, 2011; Hucks, 2008;

Teish, 1985) Rituals, established and reconstructed give meaning and structure in spiritual practices that are imbued with cultural retentions. (Raboteau, 1987/2004)

One of the functions of African dance is to serve as a ritualistic passage from one stage of life to another stage as embodied expressivity. All phenomena fall under this commemoration of life experiences. In Africa, there are designated healers who come from a lineage of healers. In America, there have long been herbal practitioners; and now, with the practice of African derived spiritual traditions, there are healers who are trained to deal with afflictions and wellbeing.

Few human experiences express so vividly and so totally the meaning of an embodied being-in-the-world as does dance. Increasingly, modern western medicine has come to acknowledge that the Cartesian understanding of ourselves as bifurcated body/spirits falls short of a comprehensive understanding of health, disease and wellness. One medical anthropologist in her study of African healing, no longer speaks of 'illness,' but rather of 'affliction,' a concept that far better expresses the all-encompassing experience of what we usually term 'illness' or 'disease.' Indeed, far from being merely a physio-chemical alteration in the body, we have come to better understand illness as being sometimes caused by events that occur in our lives and most often result in often near total disruption of our lives, as happens in any major illness. Moreover, as cause or as result, only rarely does affliction not 'incorporate' the others with whom we live. Affliction is an experience of bodily being-in-the-world in all the ways we have described above. A full-bodied intellectual, emotional and physical grip on embodiment thus becomes all the more compelling for us – the place of dance as an intellectual, emotional and physical mediator for understanding our bodily way of being-in-the-world. (Block, Kissell. Pg. 20)

In particular, rituals involving dance play an essential role in relieving and treating symptoms of psychological distress, as well as neutralize and lessen the impact of psychological trauma. In many societies, these noted benefits of dance, as well as the impact of related cultural processes, operate without an awareness of their mechanics; but have been observed and researched as valuable therapeutic byproducts in themselves. This paper focuses on the role of African dance as a healing modality throughout the Diaspora.

Dance in general has a long history of being related to health and healing, and African dance in particular has a long established tradition of healing. Movement can be cathartic and "therapeutic" when conducted by a knowledgeable practitioner. Ritual includes dance as a tool to facilitate transcendence and to commemorate life passages, thereby functioning to promote personal wellbeing as well as the emotional and psychological integration of the individual with society. (17)

According to Hanna (1987), dance also represents a physical instrument or symbol for thought that serves as a more effective medium than verbal language in revealing one's needs and desires. Given the importance of the body in diagnosing various symptoms and disease through traditional African healing methods, it would be essential for rituals to incorporate movements to not only access conscious and unconscious processes, but to offer a direct vehicle to address and transform their underlying causes. As a communicative behavior, "a text in motion" or body language (Kuper, 1968), movements in dance become standardized and patterned symbols; and members of a society may understand that these symbols are intended to represent experiences and give meaning to an individual's external and psychic world. Specifically, the nonverbal behavior of dance is an integral component to the calculus of meaning for many rituals as well as the mechanism that provides the interface between the spirit realm, the individual and group. (Monteiro & Walls.Pg 238)

Lastly, dance is a physical behavior that embodies many curative properties that are released through movement, rhythms, self- expression, communion, as well as the mechanisms of cathartic release. These properties allow individuals to shift emotional states, often times, creating an experience of wholeness. The expression of emotion through dance is often stated to be organic, natural, and immediate (Leseho & Maxwell, 2010). Alternating mood states are also elicited, which range from reduced arousal leading to tranquil states, to increased arousals leading to cathartic release. The rapid motion in dance is stated to be especially intoxicating, often times leading to alterations in states of consciousness while facilitating feelings of internal bliss and elation. In many ritualistic forms, dance can be used to induce dissociated states of consciousness, which are often

invested with religious significance and valued as techniques of divination and healing. (239).

RITUAL

Ritual healing is embedded in a pervasive socio-centric worldview that focuses on persons not as individuals per se, but as integral parts of communities; interaction with the other is the basis for empathic exchanges, which are also fundamental in healing practices. According to Koss-Chioino (2006), these interactions foster social insight and through interpersonal sensitivity or interpersonal judgment, dance allows individuals to predict how another will respond to events and experiences displaying certain psychological properties.

Empathy, through dance, creates an inter-subjective space where individuals, whether acquaintances or strangers, enter into intimate relations with each other. According to Koss- Chioino (2006), through this space, individual differences are often times melded into one collective feeling and experience.

The experience of connectivity establishes relationships through dance. Dance is a predominant modality as a catalyst for therapeutic change. Specifically, the African axiological focus on Man-Man places the highest value on the interpersonal relationship, which offers individuals a "feeling of being interconnected to the existence of everything else" (Nobles, 1978).

In many societies, rituals incorporating dance can make use of its ability to serve as a healthy psychological defense mechanism, which allows psychologically or socially unacceptable impulses to be expressed and worked through in sublimated forms. Dance permits individuals to experience chaos symbolically and without danger. Emotions such as anxiety, fear, love and aggression may be incorporated in song and dance, and symbolized through dance and other cultural traditions. These sublimated symbols can then be readily accessible and explored through the purposive action of dance by individuals, groups or society (Hanna, 1987).

Koss-Chioino (2006) used the term "radical healing" to illustrate the healing relationship between individuals. In particular, he highlights relationships between

traditional healers and patients, stating that through spirit possession, understanding and empathy are developed. He also coined the term radical empathy, which is viewed as the core component of ritual healing practices. Radical empathy provides a feeling of direct and deep connection with another person. According to Koss-Chioino (2006), radical empathy in ritual healing goes beyond recognition or acceptance of a sufferer's distress by erasing individual boundaries between healer and patient.

Montiero and Wall state that:

> *Through the process of ritual, many cultures are provided with social safety valves, which control potentially disruptive behaviors. Ritualized forms of dance, in particular, offer anticipatory psychic management, or desensitization, which is described as the process of coping with a feared object or event by associating it, through speech or dance, with familiar situations (Hanna, 1968).*

In her field research in African Dance, Hanna (1968) describes how the properties of rituals and other cultural traditions utilize song, dance and other spiritual practices to prepare individuals for threatening experiences by rehearsing the stimulus through movement until potential emotions are reduced to manageable proportions. Ultimately, through these ritualized practices, individuals are offered a sense of mastery over overwhelming emotions and stimuli, which, in turn, promotes resiliency and an ability to address and work through traumatic stimuli or crises. (239)

THE ZAR, NGOMA, AND NDEUP AND HEALING TRADITIONS

Traditional African dance is connected to ritualistic and spiritual healing practices, and addresses a range of ailments. The underlying belief is that, in the community, mind and body must be incorporated into ritual systems in order to facilitate healing, as well as transform and empower the individual and the group. Ultimately, given their holistic structure, rituals benefit the society in many layers. They play an integral role in socialization, expression and communication; they help to build and maintain a healthy

sense of self and community; and also offer an alternative cathartic experience for individuals and the community.

The Zar is an ancient dance practiced by Muslims and some Christians in Egypt, the Sudan and Ethiopia. It is performed expressly for the purpose of healing. Women who house spirits in order to counteract the negative spirits perform the dance when they encounter in the patient and involve the patient in the dance as a part of the healing process.

The ritual and ceremony provide a sense of community and support to those whose status in the society isolates them because they suffer from emotional and psychological disturbances. Zar is a spirit possession deity system found throughout parts of northeast Africa and the Middle East. Thought to have originated in Ethiopia, it is a form of spirit possession, a ritual ceremony, and more comprehensively, an integral part of a cosmology and healing system that encompass the physical, spiritual and relational realms. Zar refers to the spirit that possesses individuals, the actual state of being possessed or afflicted, and the healing ceremony.

For Christians, it can also include calling upon saints for assistance or protection; and for Muslims, it may include invoking the power of jinn, which are Islamic spirits, in a similar manner. (19) Traditionally, Zar possession is thought to be responsible for mental and physical illnesses, with the body as a major player. Possession usually begins as a serious trauma or other illness that has not responded to other treatments, with characteristic symptoms being physical paralysis, aggressive acting out or mental confusion (Aspen, 1994).

The propensity for Zar possession is believed to be passed down hereditarily or acquired due to some individual weakness or social vulnerability, such as being alone, mocking Zar spirits, or not being spiritually protected. The Zar ceremony entails prolonged singing, dancing, drumming and trance-like states, gift offerings to the spirits and patient, and eating and drinking. All of this can take place over the course of hours or days, and in front of community spectators. While men play an important role, the Zar ceremony is the domain of women. It is a place where idioms of distress, particular to women, are

communicated and worked through via a group healing process (Al-Adawi, Martin, Al-Salmi & Ghassani, 2001).

Key elements of the ritual are percussive, rhythmic music and singing; appropriate setup of the location including food, incense, and props; costumes, including the woman being dressed as a bride and adorned with beautiful fabric, perfume, kohl, jewelry and henna; animal sacrifice; and participation of family and friends (El Guindy & Schmais, 1994). Kennedy (1967) examined the Zar phenomenon among Nubian groups in northern Egypt and specifically outlined its social function and the psycho-emotional curative factors of the Zar ceremony.

When Zar affliction is diagnosed, the patient, the Zar doctor and the community understand that the patient will have a life-long association with his/her particular Zar spirit. This means the spirit will have to be appeased with special ceremonies at least once per year, and the patient must attend other Zar ceremonies throughout. Often people solicit the assistance of the Zar doctor for problems other than Zar illness, as the doctor is thought to have a deep understanding of people's issues and concerns, particularly any history of traumatic experiences (Aspen, 1994).

Ngoma is an overarching term of a series of dances that functions for several different reasons. One of the functions is its ritual therapeutic setting that opens with a declarative statement, prayer, or utterance, then moves on to song begun by the one who makes the statement; as the call and song are developed, the surrounding individuals respond with clapping and soon singing begins en masse, with the attendant musical instruments. This basic set of features, with many variations, may be found throughout the larger Central and Southern African setting. In the Nguni-speaking setting in Southern Africa, the isangoma, diviner-healer, is one who (i-) does (sa)ngoma. Ngoma is identified with a patterned rhythm of words, the use of performance dance, and the invocations or the songs, which articulate the affliction and the therapeutic rite.

Many song-dance performances punctuate the ritual and assist in elevating the rhythmic intensity so that the spirits can be summoned to intervene with whatever destructive force is residing in the person.

Ndeup is a Senegalese ritual designed to cleanse, rid and neutralize a person that has housed an ancestral spirit and needs release. The Lebou, Wolof and Serer ethnic groups in Senegal practice Ndeup. The reconciliation of the spirits and ancestors is at the center of the Ndeup ritual. Action may be required if the family has failed to acknowledge or pay homage to the ancestors or obey the protocol of appeasing the ancestors. In addition, the Lebou consider the practice a form of purification and "protection from evil spirits" (Mundus Maris, 2011).

Often, spectators of the ceremony who did not know they were possessed will also go into a trance. Spontaneous and improvisational dance are integral to the ceremony and the intensity increases as the person transcends to another level of reality. Repetition and rhythm are key in facilitating the transition to another plane and easing the person into transcendence.

However, clearly the dance, rhythmic drumming and singing are very significant to carrying out the service. In this case, movement can be thought of as creating a space and means of physical, spiritual and psychological release, as well as an opening for others in the community to join with the patient. Despite the public nature of the ritual, the music and dance actually act to break down any barrier or separation that may leave the patient feeling isolated, unprotected and vulnerable. The "treatment" is usually for problems classified medically as mental, psychological or emotional. Patients can self identify as needing the Ndeup ceremony if they feel uneasy, distressed or any symptoms that indicate they are possessed. Family can also arrange an Ndeup ceremony for them.

I have briefly mentioned three healing traditions, first to acknowledge their existence; second to create a link between healing traditions in Africa and African American healing traditions; and thirdly to situate the primacy of spirit and rhythm in Africa and African Diasporan cultural traditions.

AFRICAN DANCE IN AMERICA AS A HEALING AGENT

In this paper I address how dance is used in belief systems in America and how African dance can be a healing agent and act in a proactive manner to insure the health of the community. Many Black cultural scholars (e.g., Badejo 1996; Sudarkasa, 1996) agree

that enslaved Africans came primarily from non-Christian, West African cultures that embraced and celebrated the power and dynamics of spirit. (Boone, 1986). In many African societies, the duality of the sexes was evidenced by the power and authority of male roles in society offset by the balance, power and authority of the female role. Women worked side by side with men complementing the moral, spiritual and physical order of these societies. (Badejo, 1996; Rushing, 1996;). In America, that tradition continues in spite of the disruptive and destabilizing role of mass incarceration, unemployment and low wages.

The African worldview is based in part on spiritual and communal paradigms that are found in diasporic-healing approaches. At the same time, powerful cultural, historical, and economic forces; colonial experiences; independence revolutionary struggles; and conflict have also shaped modern practices in America. This dynamism, spirituality and communalism inform how dance informs illness.

The African American body is a culturally mediated and marked body. It is signified by color, history, racism and assumptions. Dance has a complicated relationship with the black body. The African American has been regaled and praised for their dancing ability and innovations both in popular and concert cultures. On the other hand, the dances of black people have been characterized as lascivious, primitive, sexual, obscene, and licentious and those descriptions have been used to rationalize enslavement and subsequent Jim Crow and segregation laws. Whites were amused and titillated by the dances and repelled by them as they represented a freedom of movement and comfort with the body that was not apparent in their dances in the 17th, 18th and 19th centuries. The enslaved African embodied movement as a strategic tool for survival beginning with the Middle Passage and the numerous trips of the Mid Atlantic Slave Trade. The ability to adapt to hostile situations that endanger not only their cultural heritage but threatens their very lives is a testament to the strength and resiliency of African Americans. The changes, melding and truncation of the dances would morph over time into a new expression. African American dance and all of its forms grew out of the crucible of the system of enslavement.

Dance continues to play an important role for African Americans as a means of

emotional expression; it is symbolic of traditional African heritage, and is a means of interaction, support, and cohesion (Farr). The African American's aesthetic includes an inclination towards a physical embodiment that privileges emotive expression and dynamic rhythmic impulses. This display of emotive energy is intrinsic to a cultural affinity with dance as a therapeutic medium (Farr).

African dance operates within a community or group as a vehicle that serves one or more purposes related to traditional practices, cultural transmission, social acceptance, or connectedness (Jain & Brown, 2001). For African dance classes to be effective, they must be consistent with the shared beliefs, values, and practices of the specific culture as it is the cultural and daily experiences that deeply influence how people choose their health behaviors (Jain & Brown). African dance may serve as a formal or informal means of health promotion through positive lifestyle changes and the value placed on heritage.

Sometimes a proposed program for wellbeing may initially be seen as antithetical to the cultural heritage to which the program is connected.. Traditional foods are often not compatible with the health needs and lifestyles of today's society.

African Dance promotes wellness by strengthening the immune system through muscular action and physiological processes. African Dance conditions an individual to moderate, eliminate, or avoid tension, chronic fatigue, and other disabling conditions that result from the effects of stress. African Dance facilitates the healing process as a person gains a sense of control through (1) possession by the spiritual in dance, (2) familiarity with movement, (3) escape or diversion from stress and pain through a change in emotion, states of consciousness, and/or physical capability, and (4) engaging stressors and triggers so that one can make healthy choices instead of destructive ones.

Many studies have demonstrated that the use of African dance in alternative and complementary medicine has one consistent finding and it is that physical exercise coupled with the imbedded spiritual component allows for the healing to begin. African Americans are a relatively new ethnic group forged out of the "great disaster" of the Middle Passage and the Atlantic Slave Trade. As such, new traditions were (re) remembered, recreated the rituals were blended, merged, and reconfigured to mitigate and mediate the erasure of specific cultural traditions. We are seven generations removed from the enslavement era.

Time has cemented some of the initial erasures; but the seeds, roots and foundation are rich enough to yield new and relevant rituals.

Rituals represent the frame of belief systems to be organized and structured so that there is communication between the living world and the realities of the transcendent. Absent of rituals, societies flounder, losing sight, sound and perspective of the past, present and future. Rituals emerge intentionally or not. When there are no rituals, "stand in rituals" take up space, disconnected and removed from any spiritual base; and they are doomed to represent and reference only the living: in other words, half of their reality.

As African Americans have persevered in a contested space with a contested body and a contested epistemological humanism, rites of passage were one way to make sense of a world was destructive, unstable and dehumanizing. Rituals for birth, naming ceremonies, death, passage from youth to adulthood, marriage and special occasions like recognition of an elder were created for the good of the community.

African Americans have shown themselves to be strong and resilient but the posttraumatic stress of enslavement and its aftermath have taken its toll. African dance is not a remedy but it is a balm for the afflicted and part of a continuum that can be restorative and promote wellbeing.

THE (RE)CREATION OF RITUAL FOR HEALING IN AMERICA

As I mentioned earlier, African dance is performed when there are rites of passage to be observed. African Americans have formalized these passages in events like Kwanzaa, the practice of specific spiritual traditions like Yoruba, Akan, Ausar Aset, Santeria, Vodou and Lukumi among others. These formalized spiritual traditions help to bring structure and order to the practitioners and African dance is always a part of the ceremonies. We have entire communities who are devoted to the practice of an African spiritual tradition and have created educational, economical and cultural entities to sustain their community. One such community is Oyotunji African Village, founded by Oba Efuntola Oseijeman Adelabu Adefunmi I in 1970. The village is located in Sheldon, Beaufort County, South Carolina and the Yoruba religion is their belief system.(Clarke, K. 2004.) All of these syncretic practices have been reconstituted for the African American and all of them speak

to the wellbeing and health of their particular community as being a requisite for the religion's best practice.

RITUAL AS A HEALING PRACTICE

My discussion centers on one aspect of healing and that is the relationship between African dance and healing. Most people interact with African dance in a studio or recreational center setting. The classes are generally introductory courses to African dance and culture. This is the beginning of the journey for many people. The (re) introduction to ones heritage is an awakening of the mind, senses and body. In this awakening process, one gains access to spiritual connections and information. The process occurs over a period of time and one has to be 'open' enough to receive blessings. As one is slowly made aware of the realization that a more powerful force is at play when one is moving, the drums are playing and the teacher is chanting or singing, then the afflictions of the soul and body are exposed. These intangible forces bear witness to the affliction and the process of healing begins. The teacher may pick up on what is happening and encourage the student to be patient and to trust.

The participant is made aware that the body must be clean and free of all perfume and scents. Water should be taken in prior to any movement and poured in a corner of the room preferably near the drummer to honor the ancestors. Continuity is important since healing, as ritual is a process and not a designation so that the participant must not expect a quick 'fix'. The participant must return to continue the process and see it through its completion. The room or area that one is conversing with spirits should be as open as possible and not cluttered with 'things' particularly pictures of people that unknown to the participant or facilitator. The participant should be dressed in all white garments. If the participant is a female, she should not be wearing any nail polish or makeup. Both male and female participants should wear comfortable clothing. Rituals will vary from one site to another and depending on the spiritual practice that the practitioner or facilitator adheres to, but the ritual in America accommodates many belief systems.

The reasons for attending an African dance class are varied but there are often indicators that you are ready or looking for a healing encounter. One goes to an African

dance arguably to exercise and have fun but many people are looking to make connections with their ancestral roots. It is the sounds of the drums and the movements combined that set up a path for spirits to travel and to interact with selected persons. I must stress that the teacher must be experienced and knowledgeable about ancestral reverence and transcendence. Like other belief systems and practices there are people involved in the transmission of culture who may have good intentions but don't know what they are doing.

There isn't any quantifiable method of identifying a teacher who can facilitate spiritual healings but experience is key and often the first interaction with the teacher is revealing. Word does get out and there is a network in what is called the 'conscious' African American community that knows who is who and what their skills are related to healing.

Breath and breathing are both qualities and functions that you should be acquainted with it. The meditations with breathe and heartbeat is an ancient one but we have become unfamiliar with our bodily mechanisms and the power that they hold. The breathe is an affirmation of life and it inhalation and exhalation is tied to the rhythms of life. Taking a deep breath is to life and this knowledge fuels the remainder of the ritual. The breathing is deep and the exhalation fully released. We do this, thousands of times a day on a much shallow level. Consider when we do take deep breaths in our daily lives. We sigh; we are resigned; and we submit. Deep breathing is more than an acquiesce to fate, it is a power waiting to be used. It is to make the tired, rested, the saddened, happier, the distressed, hopeful and the ignored and forgotten, know. Breathing is individual and it represents a personal energy that maintains one's Ntu or life force as one goes about daily activities.

PARTS OF THE WHOLE

- A clean body
- White garments
- Head is wrapped or tied with white scarf or fabric
- Directed Movements
- Drum
- Incantation or song
- Libation before and after the healing session

- Presence (participant must be fully present and not distracted by any outside thoughts, noises or visuals.
- **Dobale** is a Yoruba word that literally means "gesture of respect".

It goes like this:

"I thank my heart for continuing to beat while I dance" –
Right Hand to the heart
"I thank the ground for supporting me while I dance"-
Right Hand to the earth palm down
"I thank my heart for continuing to beat even as I speak and perform this dobale"-
Right Hand back to heart
"I thank the sky/heavens for not coming down on me" or
"I thank the ancestors for smiling on me"-
Hand reaches upward
"I thank my heart for continuing to beat because I know it is not a given"-
Right Hand back to heart

And finally

"I thank you (teacher/students/drummers) because without you, without each other, this experience would not have been possible."
Right hand extends out with palm up and gestures towards everyone if there are other people in the room including the teacher and the drummer.

These components will always be a part of many healing practices. The participant must rely on the process and not anticipate, expect or control the flow of the event(s). The process is an evolving one and each meeting between the participant and practitioner carries the person forward in the healing momentum. Movement is an essential part of the process. The same afflicted body is the body that is looking for healing.

The healing is usually a spiritual one and emotional one but there are occasions where a particular ailment can be eased or even eliminated. The body responds to instruction and the movements facilitate the integration of the body's organs and allow blood to flow freely from head to toe. This 'warming up' is a tuning up of the body so it is receptive to more movement that intensifies and addresses specific parts of the body. Along with the movements comes music and usually it is the drum or a percussive instrument that establishes the rhythm of the session and makes connections between the ancestral world and the living world.

The incantations of the drummers may involve everyone involved in the class, ritual or ceremony and the sound that emanates from the event reinforces the healing forces that are present in the ritual. I use ritual, ceremony and class here interchangeably because the event may happen in any one of those situations. Ritual is often contained within ceremony but the class is a site that has been useful for healing practices in the United States.

The use of African dance movement vocabulary with a qualified teacher transforms the space and ushers in ancestral forces and spirits with the proper coaxing and atmosphere. Dobale is paid at the beginning of the class to the drummer because he/she is key to the success of the healing process that will occur. Dobale is paid again at the end of the class or ceremony to acknowledge the skills and expertise of the teacher and musician (s) that have provided the necessary elements for healing to take place. During the ritual, students may be coached to move in a certain way that pulls on a specific tradition and allows for entry of the accompanying spirits to occupy the space. Once spirits are summoned, the drums and movements become agents in the healing process as rhythms may change and disrupt and movements may speed up or slow down to 'listen' to what is being 'said' and how those statements should be 'actualized'.

Healing in African dance is not passive. The dancing person is not only an active participant but he/she is encouraged to 'dance out' the affliction and to open up to wellness and wellbeing. In African dance in America, the balance of embodied knowledge and spiritual sensibility promotes healing as a given competent of any session. The participant is a dancer, musician and a singer at that particular moment because all three activities are required so that the body with its feet, hands and throat that emote an energy that assists the spirits.

Most African dance classes or workshops in America in African dance are 90 minutes or two hours long. It is long enough for forces to move but remember that this is very individual even though one is amongst others who may or may not have the same experience. This means a dedicated concentration and focused attention to one's body. The class is not set up to be a healing class but often that is exactly what takes place. Participants' job is to be prepared and be ready.

After the session is over, one has to 'come down'. The 'return' is gradual. One is to lie on the floor meditating amidst the noise and energy of the end of a class. The 'return' is a beginning. One should allow the body weight to embrace the floor and gently begin to 'awaken'. This should take ten a minimum of ten minutes but the body will determine how long the 'return' takes.

Most of the participants will be unaware of individual journeys unless there is someone else who has either gone through the ritual or is further along in the process, and they will simply acknowledge by asking if one is okay. The teacher or drummer may do the same thing as they have borne witness to this spiritual phenomena many times. There is a tendency to feel ecstatic and joyful because all one knows is that something has happened and it feels good. That is a sign of the body responding to the signals and messages that have been relayed. It doesn't mean that one is healed or that a miracle has occurred. It is an expression of encouragement and it lets one know that there is more to come if followed through.

This personal journey in a public space is one way that African Americans have adapted to observing their cultural practices in America. There are private healing ceremonies and usually these are held in the context of African derived religions in the US like, the Yoruba, Akan, Voodoo and others. The ritual that I have described here is personal but one is with community and the experience that you had is in context of 'healing' without the tools of the ancients and without for many of us, the specific belief systems to guide us. These spirits have never left us, not during the Middle Passage, not during enslavement and not as we have mastered the English language, created a new ethnic group, learned new skills and ways of worshipping. They have never left us. In the midst of an African dance class where the sounds and rhythms return to anoint the space, the life force of a thousand generations, appear and energy becomes productive. There are fewer sacred places.

SUMMARY AND RECOMMENDATION

Healing in Africa was part of a holistic approach to the body, mind and spirit. African Americans adjusted and adapted to new ways of being in America and as such, many

traditions were reconfigured to accommodate the dispersal of so many people and their belief systems. African dance has been an active agent for healing to occur in safe places. African dance classes are filled with energy and dynamic movements so that it can be an open vessel for spirits to enter. The participant who is deemed 'ready' for such a 'visit' is ushered into a space that allows them to be examined. After this 'examination' the participant is returned to the living space with a renewed sense of purpose and energy. It will be much later in the process that he or she will understand what is fully taking place. The white clothing, the cleansing of all orifices, the pouring of libation, and paying Dobale are all parts of a whole that opens a doorway to healing. It is not the medicine of the West.

There are no quick fixes or pills to heal in a holistic manner and one should be willing to invest the time and discipline to 'travel'. The body speaks at all times. We as a society have become adept at ignoring signs and carrying on until there is a crisis. Exhaustion, irritability, lack of focus, chronic forgetfulness and many other ailments can be eased and made better as one becomes attuned to the inner workings of the body. Persons who are experiencing illnesses that require the services of licensed medical practitioners benefit from their personal healing practices in that they are calmer, more aware of what is occurring physically and spiritually, lessens their dependence on the medical doctor and enhances life in such a way that one is able to enjoy it to the fullest extent in spite of illness. Developing an intuitive relationship with one's body is one of the goals in healing with African Dance movement vocabulary. It is the relationship between the practitioner and their body that strengthens over time and they are able to control what goes into the body and mind; they are able communicate with the body on another level so that they hear what the body is saying at all times. When the body is shouting in times of distress, it is not the time to ply it with alcohol or pills but to take to a place that is safe and quiet, wrap oneself in white and listen: Listen!

RECOMMENDATIONS

Given that African Dance conditions an individual to moderate, eliminate, or avoid tension, chronic fatigue, and other disabling conditions that result from the effects of stress:

- It is recommended that dance and movement in the service of healing be embedded in the ongoing activities of the Hub including regular staff development and in-service trainings.
- It is recommended that the Hub core staffing pattern include master dancers and drummers.
- It is recommended that Hub staff and personnel understand that physical exercise coupled with the imbedded spiritual components allow for the healing to begin.

The world invisible is viewed, The world intangible touched, The world unknown known, And the world inapprehensible clutched.—E.B. Idowu

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COMMISSIONED THEMATIC BRIEFING PAPER

CULTURALLY GROUNDED ASSESSMENT AND TRADITIONAL HEALING TECHNIQUES:

THE WORK OF HEALING FOR AFRICAN CENTERED PSYCHOLOGISTS/HEALERS[20]

by

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ABSTRACT

People of African ancestry have the greatest need for effective mental health services, yet, tremendous barriers have affected the path to care as a consequence of the trauma that continues emotionally, economically and educationally. African-centered/Black psychologists are *African* still and are, thereby, required to re-member and restore traditional healing practices that have served people of African ancestry for millennia. This paper provides some background of particular historic and traditional indigenous African peoples' *ways of knowing* and of healing as a foundation for the creation of and contribution to the designing of the proposed African American Wellness Hub. The paper is also written to support the establishment of a psychological/healing model for restoring people of African ancestry to our traditional greatness of mind, body and spirit.

The methods and techniques developed for people of African ancestry must have their foundation in traditional African healing practices.

OVERVIEW REGARDING THE HUB DESIGN BRIEFING THEME

This paper will briefly review the worldview of particular Afrikan societies to include the Akan, Dogon, BaKongo, and Yoruba as a way to understand the commonalities and cultural intentionality that inform traditional assessment and healing practices. These particular traditions were selected based on their common BaNtu linguistic formulations. Linguistics identifies a cultural group and serves as a powerful exemplar of African cultural continuity (O.Kambon). These societies were among those who traveled to, inhabited and shared in the mystery systems of ancient Kemet. Due to the transatlantic slave trade system the majority of Africans dispersed throughout the diaspora came from similar BaNtu linguistic groups, particularly, in the Americas. As culture informs worldview and worldview informs culture as expressed through language or linguistics we will draw from these societies ways of knowing (worldview) which includes cosmology, concepts of a human being including ethics and morality, concepts of wellness and disease, methods of healing and the role of healers. This overview will serve as a guide for the development of a "healing" and "assessment " structure for African/Black Psychology.

RELEVANCE AND IMPORTANCE TO AFRICAN AMERICAN PEOPLE

African American people have historically been recognized as a highly religious, spiritual and people of faith. Though unrecognized, the ancient grounding of African American faith extends back to Ancient Kemet (Egypt) and the spiritual traditions of BaNtu people. One should note, for instance, that with the knowledge of spirit work (e.g. mystery systems) and the natural resources available indigenous Africans identified ways to manage and alleviate pain and suffering and restore balance and harmony to individuals, family, community and the nation state. Exploring the retention of these system would be important in grounding psychological assessment for African American people. It is important to note in this regard,

for instance that, African American spiritual practice, including conversion to Christianity, evolved through the continued sharing and refining systems from traditional African peoples. Specific methods were identified to address emotional and physical concerns. Some of these practices were used to appease spirit entities; entities with the power to bring about healing and restoration. Some of the negative consequences that would require appeasement include disharmony, disease, distress and untimely death. Some issues were believed to be the result of defiance to spirit forces directly or through actions or interactions in the present or in the past.

Methods used by properly trained African traditional healers have been tried and tested demonstrating their benefit to individuals, families and society. From ancient times, the many and varied spiritual methods used by diviners evolved into more complex systems of assessment and treatments. In some cases these traditional healing processes have undergone dramatic changes as a result of social, economic and political conditions, in some instances producing new forms of healing, such as the healing traditions in Haiti, the Caribbean, South and North America. In these settings healing practices evolved in an environment of enslavement, oppression and pain. Derived from the Vodun tradition of Benin and Nigerian Voodoo healing in Haiti and the Caribbean emerged as a direct response to enslavement and racism.

CULTURAL INTENTIONALITY OF HEALING

Indigenous healing practices, though often unrecognized, are a part of African American spirit system and faith-based healing intervention which are based on a shared worldview as old as African civilization. These practices have been developed to maintain well-being and to respond to illness and disease as tied to the historical, social and environmental conditions in which they occur. It is the process of illuminating the spirit - mind, body and soul for well-being. These practices are intended for the person, family and community to address present, past and/or future concerns. Healers engaging these practices seek to find ways to alleviate suffering and restore order and balance to those in need by assessing, identifying, activating and engaging resources and support systems (Mpofu, E., Peltzer, K., Bojuwoye, O., 2009). Treatment modalities may include, libations

(calling on the ancestors and deities), use of proverbs, dream interpretation, spiritual applications including baths, plants, herbs and mineral applications for cleansing, rituals and ceremonies. These practices are culturally intentional and established parts of the traditional healing process.

We suggest significant cultural and worldview retentions among Africans throughout the diaspora. We recognize that much of the trauma and disease experienced by Africans in the diaspora and particularly in America may not be the same as our African families on the continent of Africa. Yet, due to cultural intentionality and retentions it is imperative to develop a paradigm for the healing of people of African ancestry based on the traditional healing practices engaged by African societies for centuries. The methods and techniques developed for people of African ancestry must have their foundation in traditional African healing practices.

We, therefore, recognize and suggest that upon review of the worldview of African people, the healing and assessment techniques embedded in the Hub should be based on the wellness methods and practices that have been and continue to be intentionally grounded in the healing practices of African traditions.

EVIDENCE OF CULTURALLY GROUNDED/CONSISTENT INFORMATION/IDEAS

Much has been presented regarding the commonality and importance of worldview. The term refers to a common concept of reality that is shared by a particular group. The term may also appropriately apply to the definition of culture for an ethnic group. Worldview is also a term for what is called Cognitive Culture. "This is the mental organization in each individual's mind of how the world works (Jenkins, 1999, 2006)." Common within an African worldview is the process for bringing the world into existence and the resulting order, purpose and meaning of that existence to include a socio-political structure based on a metaphysical understanding of existence. Thereby, a traditional African Worldview can be defined as a *Spirit Worldview or Spirit Philosophy (Kambon, 2014)* in that the traditional African believes that beyond the dichotomy of life and then death, there is a cycle of existence which joins the living, the dead (ancestors), other spirit forces and those yet-to-be born in a continuous cycle of life. Life continues in this cycle until

expiration; upon expiration of the life-cycle the spirit is elevated to the realm of a Deity (divine entity)

The Dogon serve as an example. The Dogon were documented as preserving a secret cosmological tradition that is cast in the familiar themes, symbols and storylines of the classic ancient Kemetic cosmologies. Moreover, the Dogon priests seemed to retain a clear sense of the deepest meanings of their own symbols. As with other traditions identified in this paper the Dogon have been linked to ancient Kemet and with knowledge of the mystery systems. They share many key cultural and civic traditions in common with ancient Kemet – such as the founding of districts and villages in deliberate pairs, called Upper and Lower. They observe the same calendars as the people of ancient Kemet, and the Dogon priests maintain a mode of dress similar to that of the ancient Kemetian priests. They still make use of many of the same agricultural methods that were practiced in ancient Kemet and share important religious rituals.

Instructive for an understanding of the African worldview are the creation stories. These stories provide humanity with not only an accounting of how the Supreme Being came into existence, but the metaphysical understanding of existence and the sociopolitical foundations. These stories reflect the ongoing and unending process of creation and change. Since many West African and Central African traditions interfaced with ancient Kemet we can still see much of the foundation and principles of Ancient Kemet intertwined in the stories of many other societies. After the fall of the great dynasties of Kemet, after the invasion of the Hyksos, the Greeks and the Arabs, Africans were given responsibilities for the preservation of the Mystery systems as well as a duty to maintain the way of life they had brought to Kemet and developed while there.

AFRICAN AMERICAN FOUNDATION OF FAITH

The cosmology of West and Central African traditions is reflected in their world view and informs the culture or way of life of that group. For each, existence begins with a concept of a Supreme Being. J.S. Mbiti (1990) and others suggest that "African concepts of the Supreme Being include the metaphysical concepts of omnipotence, omniscience, infinity, eternity and omnipresence" (Kamalu pg. 148). According to Quarcoopome (1987),

God in the African universe is a reality and not an abstract concept. Idowu (1978) avers that God is a personal being with whom one can enter into communion and communication. He offers that God is approachable, active, unique, and the absolute controller of the universe in all occasions of life. God is one, the Creator, King, and judge. In societies where there is a hierarchy of power, from the king to the chiefs and the common people, the idea of God is presented within the societal framework of the hierarchy.

Though differences exist in each peoples' story a common theme emerges. There is a Creator who reigns over humanity, earth and all things and who sustains creation with the assistance and cooperation of other divine forces. Human beings can draw upon this cosmic life-force which is inherent in all things at all times through mediation of the other divine forces who serve at the will of the Supreme Being. Kamalu (1990) shares that the African worldview incorporates the belief in one Supreme Being as the center of an integrated system. Kamalu goes on to share that the African worldview incorporates the belief in one God, as well as, the belief in many gods, forces, and spirits. The Supreme Being resides within everything and, thereby, everything has some form of spiritual force/being or consciousness.

As a direct link to Christian conversion, the concept of God is part and parcel of the African worldview. In the African worldview, there is only one Supreme Being/God, who is high and is expected to be reached through intermediaries. These intermediaries are called divinities, lesser gods or deities and share aspects of the divine status of the Supreme. Most Africans belief that they emanate from God; as such, it is incorrect to say that they were created by him, but more correct to speak of them as offspring of the Supreme Being. Faith and spirituality are essential to and must be included in any process of African American psychological assessment and treatment.

ASSESSMENT AND TREATMENT

In a treatment/healing paradigm a healer/therapist requires an accurate evaluation of the issues of the person prior to developing or prescribing a treatment. This may include an extensive and enhanced interview process, diagnosis, case formulation and plan for resolution. (Francis G. Lu, M.D. Francis et al). . Integral to the evaluation procedure as in the

treatment process are the spiritual or religious beliefs of the person as these beliefs inform the therapist, the person and the process. Ultimately, the assessment process is a multi-dynamic and collaborative effort between the healer/therapist and the person which may include family and community members.

Essential to any discussion of healing and well-being for people of African ancestry is an understanding of the socio-cultural basis that undergirds the emotional presentation of the person. This is a part of the assessment process which lays a foundation for the formulation of an accurate diagnosis and plan of treatment. A therapist who is unfamiliar with a person's cultural frame of reference may incorrectly evaluate normal variations in behavior, belief, or experience that are particular to the person. In this section we will explore the key elements of the assessment process from an African centered perspective. The intent is to provide a working framework for evaluating mental health challenges among African/Black people.

African cultures contain complex knowledge systems based on an understanding of a sacred universe sustained by a synergy of person, ancestral, communal, spiritual, natural, and cosmic forces that animate all of physical reality (Mbiti, 1990). To be in congruence with African traditional practices, strategies and interventions concerning traditional African systems of healing must include the redefinition of the behaviors of practitioners/ healers, assessment, etiological interpretations, representations of-illness, as well as the meaning of well-being. These practices must include traditional African interventions and strategies that symbiotically include natural and cosmic forces, as well as spiritual, ancestral, communal, familial and person-centered healing processes.

Diviners play a key role and participate actively throughout the healing process including diagnosis, identification of its causes and of a healer's ability to affect a resolution through various prescriptions. Divination represents a special moment in traditional therapies, conferring unity to its different phases and permitting the jump from commonsense explanations offered by persons' kin to the interpretation of the disorder ideology used by healers and diviners.

The role of divination goes well beyond the domain of illness or therapy. As an evaluation tool divination provides information hidden from ordinary perception. To

access these sources the healer may recite pre-determined meanings of various artifacts, or employ other means, tools and devices. Divination is an act of "listening" to the other world and "seeing" information hidden from ordinary perception. The diviner must learn to connect to the non-human realm, the repository of hidden knowledge, to obtain guidance and healing. Divination also constitutes a complex strategy of re-elaborating the meaning of events for the person no less than for his group. The divination procedures as a whole function as strategies of control of the aleatory or threatening dimension of the events through a body of prescriptions: precautions to take before undertaking a journey or a new activity and offerings to make to avoid bad consequences (Austin, 1962; Searle, 1969 as cited in Beneduce, 1996).

ASSESSMENT FOR HEALERS/THERAPISTS

For the African psychologist/therapist/healer, as for the traditional healer, the assessment question is "Why is this problem occurring with this person at this time?" To begin to answer this question the practitioner/therapist must develop an understanding of how culture affects the explanation of the person's illness, support system and the therapist-person relationship. In addition the therapist should have an understanding of how and in what ways the person's culture affects the assessment, the diagnosis and eventual plan or course of healing.

A practitioner/healer must be aware of the worldview, culture and linguistics of a population to make an accurate assessment of the issues and/or subscribe to the proper treatment approaches needed to address the concerns. Healing is not likely to occur using a paradigm inconsistent with the values and viewpoints of the identified recipient.

At the same time, the psychologist/therapist needs to be aware of their own cultural identity, attitudes and beliefs about healing in the context of the culture of those seeking service (Budman et al. 1992). These personal values interact with and affect the meaning and perceived severity of the person's symptoms. In addition the therapist should be familiar with strategies and techniques from the person's culture to access the inner spirit of the person in order to facilitate the flow of communication. If not trained to do so, the therapist may require additional skills.

Combined and effective treatments for African people should include interviewing, meditation, storytelling, dream interpretation, recommendations regarding diet, vitamins and supplements (if qualified or in conjunction with a medical or a naturopathic practitioner). Some of these strategies will aid the evaluation process. Although the present system of evaluation/assessment for psychologists require an immediate diagnosis the practitioner must use diligence to ensure an accurate and appropriate diagnosis to adequately plan for and assist the healing process.

Therapists serving Africans on the continent and in the diaspora must be trained to a different paradigm: one that incorporates *Spirit.* Sollod (2005) identifies seven factors that illustrate the influence that spirituality has had on psychotherapy. First, both the spiritual healer and the psychotherapist may undergo a change in their own state of consciousness that is dissimilar from waking consciousness.

Second, spiritual healing and psychotherapy share similarities with respect to methods for perceiving and conceptualizing the person. In addition, both approaches use intuition to understand the person. Next, both approaches are premised on the notion of the inseparability between the processes of the healer/therapist and the person. Related to this is the idea that the process of healing the person often culminates in the healer's/therapist's resolution of her or his own personal issues. Sixth, both approaches require that the healer/therapist and the person use visualization techniques. Seven, spiritual healing and psychotherapy both understand that restoration requires the forging of a relationship with the spiritual realm. Finally, prayer and meditation are perceived as important aspects of healing and therapy.

Psychologists must be trained to a different paradigm: one that incorporates *Spirit.* Consultation with a traditional healer or one trained in African centered healing principals may begin to reconnect the psychologist/therapist to a role as a healer able to identify and incorporate additional and ethnically appropriate tools and means in the process of assessment. Consultations occur all the time when a therapist needs clarification in the Western setting. Increasingly, psychologists and medical practitioners in African countries turn to traditional healers to assist with diagnostic and treatment matters.

FORMULATION OF THE ASSESSMENT TOOL

The evaluation/assessment tool used by the healer therapist must include a culturally specific formulation. The following questions and activities may assist the therapist to develop a culturally specific formulation for the purposes of identifying the problem, the diagnosis and the steps toward resolution. This can be set up in a questionnaire to be used as a guide by the therapist/healer. An interview format and activity session/s are the preferred ways of collecting data rather than giving a questionnaire to the person.

The name of the person and that person's date of birth is an important first step. How the person was identified when coming into the world, as well as, the day/date/place and time (if they have it) of the birth sets the stage for the person's life and provides important information. The birth order gives additional information.

What is or were the relationships and family dynamics within the family of origin or those involved in rearing, guiding and nurturing (mother, father, aunts, uncles, grandparents). Who were the role models and/or important relationships in the community? Why were they important? Who have been the most significant people in life and why? What is the spiritual or religious belief of the person (if practiced, how)? What matters? How does the person identify stress/coping/wellness? Where does the person go and what does he/she do to cope with stressors? How does the person define his/her present condition? What are the beliefs about healing and help? Has the person engaged traditional or alternative healing methods (get person's definition of both)? Have any been attempted in this situation? If so, what have been the outcomes/effects? Have pharmaceuticals been used to address these issues? Are pharmaceuticals, other drugs/medications or alcohol a regular practice in addressing stress? Have these issues contributed to problems in the family, community or workplace? If so, to what degree? What are the dietary norms of the person regarding food, vitamins, water, health etc.? Are there any particular traditions followed or practiced?

Ask for a story (with no other instructions). For specificity ask the person to provide stories as stories provide critical information and relieves some of the anxiety often associated with direct questions. Tell me a story about your childhood. Tell me a story

about your pain. Tell me a story about your happiest moment. Identify music preferences. Identify significant likes and pastime activities. Adopt what can be useful within the context of your setting (e.g., dancing, drawing) to assist with identifying.

Be prepared to go outside the box if you are really seeking to know. Find relevant ways according to preferences and cultural practices to engage the person in the revelation process. The therapist/healer should identify answers to these questions before concluding on a diagnosis. Seek consultation to identify and resolve your own issues that may conflict with the person. Be prepared that you may have been sent a person with whom to work that may impact your life in ways you had not been prepared to address.

IMPLICATION FOR RESTORATION OF AFRICAN AMERICAN WELLNESS (MENTAL HEALTH)

Concepts of wellness and disorder

Physical, emotional, spiritual aspects of life and wellness are linked to the spiritual and cultural beliefs of the people. As well healthcare evolved from the cultural customs, beliefs and attitudes of the people. The methods of improving the conditions of the individuals, communities and societies and for elevating the quality of life of the society are tied as well to the spiritual and cultural practices of each group. For traditional African societies healing engages a process of assessment, diagnosis, explanation and prescription. This process is usually referred to as a consultation that takes place between the afflicted and a person identified as a priest (someone initiated to the spiritual practices of the tradition). The priest invokes or engages the spirit realm to understand "why" the problem has manifested at this time and what can be done to resolve the problem.

The BaKongo state that good health suggests that a person possesses sufficient energy and body electricity (ngolo) and that they are in balance, "mu kinenga," and in harmony with themselves, the environment and the Universe (BaKongo). This harmony means that they are operating within the moral and ethical parameters of the community. Illness and disease is seen as a breach. Thus, disease represents disequilibrium and imbalance. Within the Kongo cosmology, illness is seen as a person's loss of their energy and their self-healing power. This can result as a person "acts at a certain distance outside"

their core, center and essence, which releases actions from opposite forces in an attempt to restore balance. While illness and disease is considered undesirable, it is actually an attempt on the part of our core to call attention to the need to safeguard the self-healing energy/power. Mental illness may be seen as a spiritual affliction that may affect the body, mind and/or spirit, not a neurological condition. Fu-kiau (1991) also describes sickness as the abnormal flow of energy. Because of the interrelatedness of everything in the Universe across individuals, nature, time, etc., illness experienced by an individual may be the result of events that existed at the time of their conception (which may have diminished their store of self-healing power), situations within the physical environment, as well as issues passed on generationally.

The Dogon attribute illness to a variety of causes, such as the weakening of the vital life force (nyama), the creation of a state of impurity in the individual through the influences of evil spirits, violation of a taboo or prohibition, and sorcery. There are twelve categories of disease considered treatable, each with its own specific healer who has special knowledge of the specific plant that will bring about a cure. Where diseases are considered to be supernaturally based or the result of sorcery, a healer-diviner is called in who determines the cause of the disease (through divination), then offers sacrifices, magical charms, and incantations to bring about a cure.

The Akan attribute illness to a fracture or misalignment whether a broken taboo or a fracture in a relationship within the family, community or society. The fracture may result from an action from bad spirits. The disorder may be a current problem or by intergenerational transmission as a result of a violation in a previous lifetime by the individual or an ancestor. Typically, mental illness is identified as a "bad spirit" in possession of the individual. The Akan have several practitioners who can be involved in the healing process each initiated to their respective roles. The offended typically consults with a priest and can be treated by the diviner (okomfo or abosomfo), an herbalist (odusini), or midwife. Illness is considered to exist on three levels: human – treated by herbalists or doctors: spirit – treated by diviners: God –only the Supreme Being can intervene assisted by the deities.) The act of healing is a spiritual act. The person believes in ancestral or spiritual power to heal. Belief is an important part of the process of healing.

For the Yoruba the "anyanmo" mythology has a significant role on healthcare. Anyanmo is destiny determined before coming to earth. A positive destiny is considered "anyanmo rere" while a negatively challenged destiny is considered "anyanmo buruku". Health and wellness is concerned with vertical relationships (spiritual beings) and horizontal relationships (human-to-human interactions). The Yoruba concept of preventative and curative care is based on their vertical and horizontal relationships (Iedge, 2002). People consult a Babalowo to protect their "ori" (head). People try to avoid violation of taboos and maintain good relationships to ensure a good life. Good health is considered "not being ill." Illness is considered as a phenomenon interfering with daily activities requiring corrective actions.

Role of healers: In African societies tradition healers are diviners initiated in African traditional ways of knowing and thinking. Divination not only engages illness and therapy but also assist to help individuals and communities to interpret the meaning of events, to analyze dreams, and to provide a prescription or guide for life "precautions to take before undertaking a journey or a new activity, sacrifices to make to avoid bad consequences…" (Austin, 1962; Searle, 1969).

Among the Bantu Kongo healers are often referred to as "n'gangas." These healers function as intermediaries between the 'person' and the divinities to support the healing processes. Through their practice the healers rectify ethical standing in the universe. They are concurrently priests, priestesses, surgeons, doctors, connoting that they exert their healing prowess on multiple layers: body, mind and spirit. They develop their competence, skills, ingenuity and experience in 'special" schools – these are only secret to those who are not privy to the instructional schools and institutions (Fu-Kiau, p. 39-44). They must be perceived as healthy themselves, who can diagnose the person's state of health. Fu-kiau (1991) refers to them as "energizers."

Healing can be considered as the art of regenerating self-healing power, what Fu-Kiau (1991) refers to as an "energizer." It does not rely on external medicines. The process involves searching for the energy-diminishing agent, which may be a person, place, idea, situation and may exist at the personal, interpersonal, behavioral, attitudinal and/or spiritual levels. The most important outcome is to return and/or keep the psyche and the

body united, in other words, to bring synchronicity between the physical and metaphysical bodies. Another way to think of this is that healing helps the 'person' learn or re-learn how to be happy with nature. The work of the healer with the person to be healed is consonant with the Kongo cosmology. It revolves around re-membering, bringing back equilibrium, harmony and balance. Healers invoke spirit through their practice; their work is transformative. The most effective approach to address afflictions is thought to be at the level of Spirit.

Similarly, the Akan call on Diviners (Okomfo or Abosomfo) to bring harmony to mind, body and spirit. The diviners are general practitioners who build ritual objects/figures for healing purposes; and establish true authentic narratives as compared to those that reflect imbalanced, disharmonious views; Through the use of a divining pot, mirrors or trance the priest consults with a deity for diagnosis, information and guidance to assist in a resolution. The Deity consulted may specialize in a particular healing domain (e.g., legal matters). If additional assistance is required either the deity or the priest will request the assistance of additional deities or engage the assistance of other priests.

There are different healers who assist the community. Okomfo are priests who open the "*akom"* – a drumming and dance ceremony whereby the priest calls the Obosom (diety), "moatia", or "nananom" (ancestors) to the ceremony wherein the Okomfo (priest) is possessed by the deity. The deity shares with the individual and the community messages. Abosomfo are diviners and use the same implements as the Okomfo without the *akom*. The session may involve the individual alone but often includes the family and at times the community. Once diagnosed and the treatment prescribed an offering is made to the shrine. The afflicted must complete the required prescription within a particular (immediate) time frame to ensure its success. The Okomfo and Abosomfo are also herbalists and use all forms of nature to assist in the process as indicated. Belief in the process and trust in the healer are critical components of the healing process as a person's spirit works with the deities to resolve the issue; the priest is a facilitator to the process of healing.

Akan identify others to assist individuals in healing including herbalists and midwives each with particular skills. Herbalists are similar to doctors and pharmacist. Typically they are used in the same manner as doctors and pharmacists. While they do not

go into trance and call forth spirit they understood the role spirit plays in nature. The herbalist's tools are the herbs, plants and elements of nature from which they create formulas to bring about healing. Midwives have an important role in the maintenance of the community as women have traditionally been held in high esteem. They bring forth the children for continuity of the society. Mishaps through birth affect the entire community and must be addressed. Midwives serve to assist the childbearing women in a greater role than merely delivery. They may work in conjunction with the herbalist and priest.

In the Yoruba tradition the Babalawo is consulted to facilitate healing. The Yoruba contend that Illness, ill fortune and accidents are avoidable by regular consultation with IFA; and by performing the recommended task expeditiously. Consultations by the Babalawo through DAFA (divination or consulting with the Spirit forces) advise a course or directions to avoid misdirection, pitfalls, injury or threats to the individual or to the families' wellbeing. An offering is made to either of the presenting Deity, which serves to propitiate (or cool) (F. Harris, 198.)) them and thereby "clear the Path" of obstacles to Ire (good fortune)." However, when illness, injury or bad fortune does occur treatment is accomplished through consultation with the Babalawo, who will consult IFA There are occasions when an individual of the "group" will be occupied by deity. This is often referred to as being in trance state. The individuals who "go into" trance are selected to do so by spirits. These individuals are identified as "sensitives " usually in their youth and come to participate in dance or chanting rituals with an expectation that they will go into trance. Often the individuals in trance will articulate information of importance to the group or individual; sometimes of a health nature or warning. Curatives and medicines also are sometimes proscribed or host to the deity will inquire of the nature and situation and which area or domain the problem is located. Also, he will identify the Deity that will assist in to alleviate the problem and acceptable offering(s) to accomplish the task.

The Dogon identify diviners in categories according to the work to be performed. Wanusidu categorizes the geomancy of the Dogon. Among these are the "*Nummo gendum"* - diviners who look at and read palms, "*yanga yeru yele"* are diviners who interpret dreams while the "*kele manjin"* throw and read cowrie shells. "*Yurugu kundune"* is the most popular form of divination among the Dogon which requires the diviner to consult the *Pale Fox.* The

Dogon implore and classify other forms of divination based on the diviner's ability to foretell the future through sight, those who speak with departed souls and those who can foretell the future based on the manner leaves are placed on water (Calame-Griaule 1965). Diviners as well as individuals and families use divination to confirm or to assure their processes or simply to determine if the person is going to follow through with the procedure. "Marabouts" are a specific diviner class among the Dogon who are primarily Muslim. Their role is to work with witchcraft or sorcery and matters considered impure like, sterility, impotence, insanity, epilepsy, repeated (involuntary) abortions.

Illnesses are typically categorized in terms of wet or dry, cold or hot, feminine or masculine as are the treatments to be used to alleviate the problem. This modality contributes to a nosology typically used by traditional Dogon diviners in assessing the problem.

THE CHALLENGE

In terms of assessment and treatment, the African American Wellness Hub should be design to be able to to assist in the rescue and restoring the best of African and African American healing, particularly in regards to restoring the healing practices that served African peoples for centuries. The western world, in fact, is beginning to note the power of the traditional healing and have began bringing traditional healers into health care systems when western medicine does not have a solution. This is particularly evident in the area of mental health in America..

The challenges for practitioners/healers of African are, nevertheless, multilayered and multifaceted. First, it is imperative that African descended practitioners/healers re-member and restore traditional African healing practices that have served African peoples for generations. According to the World Health Organization (WHO) (WHO, 1976: 8) traditional medicine/healing is "the sum total of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing" and " health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral based

medicines, spiritual therapies, manual techniques and exercise, applied singular or in combination, to treat, diagnose and prevent illnesses or maintain well-being". It is holistic in its approach and embodies the collective wisdom of indigenous knowledge handed down over many generations (Ashforth, 2005 as cited in Mokgobi, 2014).

Next, utilizing the African *Way* practitioners/healers must understand, and appropriately assess the current manifestations and etiologies of spiritual, mental and physical dis-ease among African people throughout the diaspora. Given the complexity of the historical and current experiences of African people throughout the diaspora and on the continent, this re-membering must include ontological, cosmological and axiological beliefs which are informed and formed by African people's understanding of what it means to be human, constant and continual resistance practices of African people (Nobles, et. al) and historical and contemporary genocide, colonization, enslavement, oppression and trauma of people of African-ancestry by people of European and Arab descent. Finally, given that most African descended practitioners/healers are indoctrinated and propagandized in the disorder of a racist hegemony called western schools of thought, African descended practitioner/healers in training and apprenticeship must be educated and apprenticed in the African *Way*.

THE PSYCHOLOGIST/COUNSELOR/SOCIAL WORKER AS HEALER

In America and in many parts of the diaspora those born of African ancestry are often required to seek help from practitioners who do not employ knowledge or strategies based on the cultural orientation of people of African ancestry. Most providers are trained in academies that promote a white hegemonic western worldview orientation. In Western ideology concerning mental illness the main assessment and diagnostic tool is the Diagnostic and Statistical Manual (DSM). Not only is the terminology from the Diagnostic and Statistical Manual and recommended treatments inconsistent with restoring balance and harmony for people of African ancestry, the foundational and underlying constructs and paradigms of this diagnostic tool is antithetical to the well-being of people of African ancestry. Psychologists must be trained to a different paradigm: one that incorporates

Spirit. Consultation with a traditional healer may begin to reconnect the psychologist to a role as healer. Consultations occur all the time when a therapist needs clarification.

Mpofu,E. et al (2011) addresses the need for tradition-led treatment approaches. Whether in the diaspora or on the continent of Africa traditionally oriented healers use spiritual powers to identify and name the prevailing problem and to divine the appropriate healing regimen. This process is an elaborate procedure that often includes the person and family members. Healing is communal work. Naming the problem in this manner has significant therapeutic aspects. The process allows for the person's feelings to be acknowledged and restructured into "a culturally valid image system. The person is given a language in which ineffable psychic states can be expressed and chaotic experiences reorganized thereby becoming more intelligible and manageable." (Levi-Strauss, 1963)

In regards to the African American healing process, traditional practitioners, i.e., Diviners, can play a key role and participate actively throughout the healing system (diagnosis of the disease, identification of its causes and of healers able to treat it, prescriptions of the preliminary sacrifices to be carried out, etc.). Divination represents a special moment in traditional therapies, conferring unity to its different phases and permitting the jump from commonsense explanations offered by patients' kin to the interpretation of the disorder ideology; which is used by healers and diviners. The role of divination goes well beyond the domain of illness or therapy.

DIVINATION AS CULTURALLY CONGRUENT ASSESSMENT

Diviners play a key role and participate actively throughout the healing process including diagnosis, identification of its causes and of a healer's ability to affect a resolution through various prescriptions. Divination represents a special moment in traditional therapies, conferring unity to its different phases and permitting the jump from commonsense explanations offered by persons' kin to the interpretation of the disorder ideology used by healers and diviners.

The role of divination goes well beyond the domain of illness or therapy. As an evaluation tool divination provides information hidden from ordinary perception. To access these sources the healer may recite pre-determined meanings of various artifacts, or

employ other means, tools and devices. Divination is an act of "listening" to the other world and "seeing" information hidden from ordinary perception. The diviner must learn to connect to the non-human realm, the repository of hidden knowledge, to obtain guidance and healing. Divination also constitutes a complex strategy of re-elaborating the meaning of events for the person no less than for his group. The divination procedures as a whole function as strategies of control of the aleatory or threatening dimension of the events through a body of prescriptions: precautions to take before undertaking a journey or a new activity and offerings to make to avoid bad consequences (Austin, 1962; Searle, 1969 as cited in Beneduce, 1996).

Traditional divination goes beyond reciting pre-determined meanings of various artifacts, cards or tools. It is an act of "listening" to the other world and "seeing" information that is hidden from ordinary perception. To become a traditional healer a special calling from the ancestors is required. The authenticity of such callings is verified by a diviner who advises on who should undergo training at an appropriate trainer. Moreover, not every qualified traditional healer is qualified to train prospective traditional healers. Training of traditional healers is a specialty and yet another calling, in addition to simply being a healer. A traditional healer has to be called to become a trainer of other future healers. There are traditional healers who combine both the normal traditional healing and who specialize in training of prospective traditional healers.

SUMMARY CONSIDERATIONS AND RECOMMENDATIONS

African traditional healing practices remain relevant, despite the influence of colonization, enslavement and outside religious imposition. This is a testament to the strength of the intergenerational transmission of traditional healing practices. The African spirit is the medium through which traditional healers come to know about a person's concerns. The healer communicates directly with the spirit. Direct insight is achieved through divination, meditation and invocation, in which the healers establish a connection to the spirit. This insight assists the healer to *know*, to interpret, and to bring about the cure or resolution.

In addition these practices help to maintain an historical record of the African contribution to world knowledge and world healing. In this way traditional healing tends to become the oral and embodied historical archive of a group or an individual undergoing transformation. Traditional healers, by becoming the carriers of African culture, are the guardians of indigenous knowledge and spiritual practices against the onslaught of colonialism, oppression, racism and capitalism. Traditional healers are sent to the people to serve.

Healing can be considered as the art of regenerating self-healing power, what Fu-Kiau (1991) refers to as an "energizer." It does not rely on external medicines. The process involves searching for the energy-diminishing agent, which may be a person, place, idea or situation and may exist at the personal, interpersonal, behavioral, attitudinal and/or spiritual levels. The most important outcome is to return and/or keep the psyche and the body united, in other words, to bring synchronicity between the physical and metaphysical bodies. Another way to think of this is that healing helps the 'person' learn or re-learn how to be in alignment with nature. The work of the healer is to assist the person to be healed: consonant with the BaKongo cosmology. Healing for people of African ancestry revolves around re-membering, bringing back equilibrium, harmony and balance. Healers invoke spirit through their practice; their work is transformative. The most effective approach to address afflictions is at the level of *Spirit*. Healers, African Black/Psychologists must know that and re-member.

In summary the role of a therapist healer in evaluating an African/Black person requires additional knowledge and resources than those trained in the academy. The therapist should have some knowledge of the person's cultural identity and cultural norms. The use of a consultant may be appropriate and important to avoid biases and misdiagnosis, even if the therapist and person are of the same culture and ethnicity. Therapists need to be aware of their own cultural identity, attitudes and beliefs to avoid conflicting interactions. A therapist who is unfamiliar with the nuances of an person's cultural frame of reference may incorrectly judge normal variations in behavior, belief, or experience that are particular to the person's culture**.** Additional skills and training may be required to

form an assessment, Therapists may need an interpreter or traditional healer to assist with this process in addition to family/community interviews.

Healers, first Heal thyself, then, Heal the people.

RECOMMENDATIONS

Recommendation #1:

African descended practitioners/healers must re-member and restore traditional African healing practices that have served African peoples for generations.

Recommendation #2:

Therapists serving Africans on the continent and in the diaspora must be trained to a different paradigm: one that incorporates *Spirit*.

Recommendation #3:

African descended practitioner/healers in training and apprenticeship must be educated and apprenticed in the African *Way*.

Recommendation #4:

Utilizing the African *Way* practitioners/healers must understand, and appropriately assess the current manifestations and etiologies of spiritual, mental and physical dis-ease among African people throughout the diaspora.

Recommendation #5:

The therapist should have some knowledge of the person's cultural identity and cultural norms.

Recommendation #6:

The assessment tool used by the healer/therapist must include a culturally specific formulation.

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THERAPEUTIC INTERVENTIONS[21]

by

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ABSTRACT

In inheriting legacies of spirituality/spiritness, strength, survival, and resilience from their ancestors, African Americans have the power to tap into a diversity of healing vessels, mediums, and mechanisms (i.e., divination, ritual, sacrifice, offering, cleansing, dance, drum, and prayer) to create optimal conditions for understanding, growth, peace, healing, happiness, wellness, and restoration. Upon establishing the relevance and importance of grounding treatment and intervention at the African American Holistic Wellness Hub in ancient African cosmological, epistemological, and ontological assumptions, beliefs, practices, and traditions, this paper offers African-Centered therapeutic frameworks, interventions, modalities, and practices that will be implemented at the African American Holistic Wellness Hub. Recommendations with regard to how the African American Holistic Wellness Hub can incorporate the science of African American human functioning in their therapeutic models follow. This paper concludes with an illustration of *Sakhu Djaer Dance Circles*, a custom-constructed African-Centered therapeutic practice put in place to evoke African American communal, individual, and ancestral spiritual healing, illumination, liberation, and restoration through the mediums of African-Centered dance, drum, movement, meditation, and breathwork.

OVERVIEW

The African American lived experience is unparalleled. It is like no other. It is its very own sociopolitical and sociohistorical narrative. In addition to grappling with inescapable daily encounters of oppression and marginalization, contemporary African Americans also bear the weight of their enslaved *egun's* (ancestors'), trauma, most of which has been transgenerationally transmitted and remains unresolved. Said circumstances make it nearly impossible for African Americans to attain/actualize optimal health, healing, restoration, and wellness. How then do we understand, address, and remedy the current and cumulative social, emotional, psychological, behavioral, and spiritual wounds of the African American collective? For the purposes of this paper and for the unearthing of the African American Holistic Wellness Hub (AAHWB), we must do so from an African epistemological and ontological standpoint. In keeping with that, we must adopt Nobles's (2013) notion of *Sakhu Djaer* (*Skh Djr*), defined as "the process of understanding, examining, and explicating the meaning, nature, and functioning of being human for African people by conducting a deep, profound, and penetrating search, study, and mastery of the process of "illuminating" the human spirit or essence" (Nobles, 2015, p. 409). African Americans *are* Africans *in* America, and thus, in conceptualizing and addressing mental wellness and illness, an African-centered therapeutic orientation is essential. "Deviance from traditional cultural thought and behavior, over-reliance on Western ideology, [and] negativism towards the African/African-American collective," says Kwate (2005, p. 218), custom-invites African Americans to function sub-optimally (Myers, 1992) and to venture further and further away from African epistemological understandings of wellness.

This briefing paper will discuss therapeutic frameworks, therapeutic interventions, therapeutic modalities, and therapeutic practices that offer *medicine* that: (1) are culturally-congruent and inherently and deeply reflective of the unique sociopolitical and historical African American narrative and lived experiences; and (2) restore African American contemporary and ancestral psychological, emotional, behavioral, social, and

spiritual wellness through the process of liberating and illuminating the spirit (Nobles, 2013).

RELEVANCE AND IMPORTANCE OF AFRICAN CENTERED THERAPY

Employing Western Eurocentric therapeutic frameworks and interventions to African American people is more hazardous and damaging than therapeutic.

African Americans are seeking to feel whole in an environment that has historically classified them as amounting to only three-fifths of a whole. Being brutally assimilated into a culture so foreign and far-removed from the core values of Mama Africa has had overarching and damaging effects. African American historians, scholars, practitioners, and researchers have documented the devastating collective and individual residual impacts of African American historical and ongoing trauma (Abdullah et al., 1995; Akbar, 1996; Billingsley, 1968; Crawford, Nobles, & Leary, 2003; Cross, 1998; Eyerman, 2001; Graff, 2014; Leary, 2001, 2005; Loury, 2002; Morrow, 2003; Myrdal, 1962; Nobles, 2013; Parmer, Smith- Arnold, Nett, & Janson, 2004; Pinderhughes, 1990; Poussaint & Alexander, 2000; Rose, 1962; Ruef & Fletcher, 2003; Watts-Jones, 2004; Wilkins, Whiting, Watson, Russon, & Moncrief, 2013; Wilson, 1996; Winter, 2007).

The *MAAFA*, the half-millennial appropriation, enslavement, dehumanization, marginalization, and oppression of Africans and their descendants in the Americas, "represents one of the longest and most sustained assaults on the very life, integrity, and dignity of human beings in history" (NYPL, 2005, para. 1). Bearing on our shoulders the weight of our ancestors' battle scars coupled with our very own experiences with *everyday racism* (Essed, 1991) and *race-based traumatic stress* (Carter, 2007a; Carter, 2007b) have left African Americans gasping for air. We are struggling to breathe, to be, to live authentically. African Americans are endlessly fighting to find purpose. Dying to make meaning. Questing for wholeness, health, harmony, healing, and understanding, all in hope of one day fully, completely, and unapologetically *living*.

In forcibly acculturating to the dominant Western worldview, which is grounded in biological determinism, classism, racism, sexism, and genetic inferiority (Nobles, 2015), African Americans have wandered and distracted

from our essential African essence and core, that which is rooted in circularity, interconnectedness, collectivism, wholism, and *spiritness* (Nobles, 2015). In wandering through an inhumane and dehumanizing wilderness, African Americans often struggle with discerning normal, healthy, or optimal versus abnormal, unhealthy or sub-optimal psychological, spiritual, emotional, behavioral, and social functioning. African American men and women alike are force-fed disparaging images and caricatures of themselves (Harris, 2005), especially through the mass media (Akbar, 1996; Cose, 1993; Leary, 2005; Rollins & Hicks, 2010), which then forces them to wrestle with cultivating positive and healthy identities (Franklin, 2004; Shorter-Gooden, 2009). In being inherently scapegoated as abnormal, deficient, inferior and sub-human, *somebodiness*, which is the actualization of "a sense of worth, purpose, and community" (Johnson, 2016), becomes out of reach for much too many African American men, women, and children. The African American Holistic Wellness Hub (AAHWH) seeks to address psychological, emotional, and behavioral disturbances that domination, subjugation, and oppression naturally breed (Akbar, 1996; Du Bois, 1903; Fanon, 1963, 1967, Wilson, 1993; Wilson, 1996).

Most African Americans believe mental health problems have a spiritual basis (Ojelade, McCray, Meyers, & Ashby, 2014), which parallels the African epistemological, ontological, and cosmological assumption that psyche (mind) and spirit are one (Mbiti, 1990; Nobles, 2004). More than any other racial-ethnic group in the United States, African Americans resort to religion and spirituality to manage major problems (Lewis-Coles & Constantine, 2006). Given the relevance of religion and spirituality in the lives of most African Americans, the AAHWH should implement therapeutic frameworks, interventions, modalities, and practices that recognize the role of *spirit* in understanding and addressing mental health, mental illness, treatment intervention, and healing/recovery. In offering therapeutic frameworks and interventions that incorporate spiritual practices, the AAHWH would be rooted in African cosmological and epistemological assumptions and would thereby create optimal conditions for healing, restoration, and growth. In employing an Afrocentric psychological paradigm, the AAHWH would assume that akin to the universe, human beings are spiritual and material, and embody "individualized expression[s] of

infinite spirit, influenced by an interaction of the energies within which [they] exist, of which [they are] comprised, and which [they] generate" (Myers, 1992, p.23).

African Americans have inherited legacies of deep-rooted African spirituality and religion (Frame & Williams, 1996), which are central to their sociohistorical narrative (Boyd-Franklin, 2010; Dunn & Dawes, 1999) and current psychological functioning (Johnson, 2016). African spirituality and religion: (1) are responsible for African Americans' survival, resiliency, and continued quest for liberation (Frame & Williams, 1996); (2) were "important resource[s]" during (and beyond) slavery (Dunn & Dawes, 1999); and (3) continue to be used as coping strategies for loss, death, racism, trauma, violence, depression, etc. (Boyd-Franklin, 2010). Serving as vessels for interconnectedness, faith, security, growth, empowerment, maintainin', and keepin' on, religion and spirituality are one of the core reasons why African Americans even exist today. African American religious and spiritual practices are versatile, multidimensional, and allow for connection, awareness, enlightenment, illumination, and healing through a variety of mediums, including but not limited to song, dance, drum, divination, storytelling, ritual, and prayer.

In keeping with African-oriented healing instruments, a treatment intervention at the AAHWH may look like a practitioner or a *healer* leading a *sister circle* (Neal-Barnett, Stadulis, Murray, Payne, Thomas, & Salley, 2011) of seven women in learning the dance of *Yemaya*, which would support the women in procreating, invoking innate motherly capabilities, plugging into their divine feminine strengths, and protecting their young. Optimistically, dance would serve as a healing instrument with enough power to bring about significant positive changes in psychological, spiritual, emotional, behavioral, social, and ancestral functioning. Through centuries and generations, spirituality and religion have served as sacred ammunition and guiding lights for African Americans time and time again, and with respect to psychological wellness, the AAHWH can assist by supporting the African American community to tap into their spiritual power.

An African episteme, or African Grand Narrative, which is rooted in ancient Kemetic (Egyptian) and Nubian civilizations and traditional BaNtu and Kongo belief systems, distinguishes *spirituality* (being spiritual) from *spiritness* (being spirit) (Nobles, 2015). *Spiritness* is defined as "simultaneously...a metaphysical state and an ethereal extension or

connection into and between the *supra* world of the Deities, the *inter* world of other beings, and the *inner* world of oneself" (Grills, 2002, p.10-24; Nobles, 1997, p. 203-213). An African reality frames *being* as *spiritness*. Spiritness exists and operates on many interrelated, interdependent levels and dimensions of being, and make room for revelation, centeredness, transcendence, transformation, and agency (Nobles, 2015).

Parallel to the notion of *spiritness* is the BaNtu's constructs *Ntu*, which is understood to be "the universal expression of force or spirit" and *Umu*, defined as "being itself" (Nobles, Baloyi, & Sodi, 2016, p.8). Taken together, *UbuNtu* is "spirit in which Being and beings coalesce" (p.8). *UbuNtu* becomes understood as personhood, the notion that our connections to others are what makes us human. In other words, I am because we are. The traditional BaNtu philosophical system understands expressions of spirit to be human beings (*Mu Ntu*), material objects (*Ki Ntu*), animals, emotions (*Ku Ntu*), expressions, and concepts such as time and place (*Ha Ntu*) (Nobles, Baloyi, & Sodi, 2016). Life and living are thought to be the interaction and culmination of spiritually interwoven networks that are experienced in three realms: (1) the yet-to-live; (2) the living; and (3) the after living (Nobles, Baloyi, & Sodi, 2016, p.8). The purpose of this brief segue into ancient African belief systems and ways of knowing is to underscore the importance of spirituality/religion, spiritness, connectedness, unity, community, and dimensionality in the lives of many African Americans.

Western psychology or Northern American Mental Health (NAMH), which is rooted in Eurocentric belief systems, conceptualizes and addresses mental health on an individual level, underestimates societal contributing factors to psychological functioning, and holds that one's neurobiological make-up may give rise to mental illness (Kwate, 2005). Western psychology's grounding in individualism, domination, supremacy, and biological determinism are counter to the African American experience. For instance, Western psychology stops short of taking the entire collective (of individuals) into account, which works in opposition to African American's collectivistic orientation. Taking the collective African American experience is paramount if both collective, individual, and ancestral healing are to occur. Further, Western psychology fails to take into account the presence of *spirit* in its embedded principles and practices. Traditional Western psychology has

minimized, overlooked, and neglected the role of spirituality in psychological health and wellness (Dunn & Dawes, 1999; Frame & Williams, 1996) Simply stated, Western psychology is disconnected from *spirit.* *Spirit* is key to African American continued survival, and thus must be the foundation of therapeutic frameworks, interventions, modalities, and practices.

Employing Western Eurocentric therapeutic frameworks and interventions to African American people is more hazardous and damaging than therapeutic. It is outright unethical to repeatedly conceptualize, model, and implement treatment for African Americans on the basis of biased, inharmonious, and incompatible belief systems and frameworks. The AAHWH seeks to meet the unique needs of the African American community by operating from an African-Centered psychological orientation that deeply comprehends their unique sociopolitical history, reflects their ongoing day-to-day experiences, and respects their presence/existence.

African Americans are able to heal through many modalities. Singing a song. Talking to an elder. Being in motion. Dreaming of an ancestor. Dancing in reverence of an Orisha. Meditating. Making music. Creating curative tonics. Reminiscing and re-remembering those who have gone before us but whose spirits remain with us. Receiving divination from a priest/priestess. Storytelling. Ritualizing a greeting. Making a drum talk. Discovering tribal genealogical relations. African Americans have the power and gift of tapping into varied channels, plugging into different dimensions, and tuning into diverse networks to initiate healing. Seeing that African American healing practices do not resemble traditional Western psychological interventions, Western psychology is unsuccessful at meeting African Americans' psycho-spiritual needs.

AFRICAN CENTERED/BLACK PSYCHOLOGY

African-Centered Psychology, Black Psychology, and African Psychology will be used interchangeably throughout this paper to refer to Afrocentric models of psychology. Although the development of the Association of Black Psychologists in 1968 is often recognized as the birth of African/Black Psychology, if we consider its inception to be

based in ancient Egyptian (Kemetic) worldviews, then the discipline of African Psychology dates back 3-4,000 years (Nobles, 1986b).

What Nobles called African Psychology (1972) is rooted in indigenous African belief systems, accepts that: (1) everything in the universe is connected, interdependent, and rhythmic; (2) people are one with nature; (3) time is eternal, never-ending, and comprised of *sasa* (nowness) and *zamani* ("the graveyard of time") (p.11); (4) everyone is inextricably linked to their tribal genealogy encompassing the living, the living-dead, and the unborn; and (5) kinship relations and the survival of the tribe are of utmost significance (Nobles, 1972). An African-centered psychological orientation is grounded in principles of unity, harmony, interdependence, collective responsibility, immortality, tribal survival, kinship, interconnectedness, growth, and religion/spirituality/spiritness. Disorder, dissonance, or imbalance arises when African Americans neglect these traditional African principles, such as collective survival (Kwate, 2005), and wander too far away from the core of who we truly are.

According to Banks (1982), African-Centered/Black Psychology originated out of attempts to: (a) expose and deconstruct Western psychology's falsifications and misrepresentations of African people; (b) remedy and reconstruct more culturally-relevant and culturally-congruent therapeutic frameworks; and (c) establish firm grounding in African ontological, cosmological, and epistemological beliefs and practices in the interest of promoting growth, knowledge, advancement, and well-being (as cited in Nobles, 1986b). While African-Centered Psychology acknowledges the impact of American culture and conditions on the African American psyche (mind), body, and spirit, it simultaneously accepts that African American beingness is also grounded in ancient African ways of knowing and being (Nobles, 1986a, 1986b).

The Association of Black Psychologists (ABPsi) (n.d.) defines African-Centered/Black Psychology as:

> *A dynamic manifestation of unifying African principles, values and traditions. It is the self-conscious "centering" of psychological analyses and applications in African realities, cultures, and epistemologies. African Centered/Black*

> *Psychology, as a system of thought and action, examines the processes that allow for the illumination and liberation of the Spirit. Relying on the principles of harmony within the universe as a natural order of existence, African Centered/Black Psychology recognizes: the Spirit that permeates everything that is; the notion that everything in the universe is interconnected; the value that the collective is the most salient element of existence; and the idea that communal self knowledge is the key to mental health. African Centered/Black Psychology is ultimately concerned with understanding the systems of meaning of human beingness, the features of human functioning, and the restoration of normal/natural order to human development. As such, it is used to resolve personal and social problems and to promote optimal functioning. (para. 5)*

African-Centered Psychology, inherently rooted African spirituality, epistemology, ontology, and cosmology, serves as a therapeutic framework and intervention that *sees* and speaks to the unique lived experience and sociopolitical history of African Americans. In its mission to address problematic psychological, spiritual, emotional, behavioral, and social African American functioning, African-Centered Psychology operates under a belief system and worldview that values unity, harmony, interconnectedness, communal self knowledge, collective responsibility, spiritual omnipresence, spiritual illumination, and spiritual liberation. Healthy optimal functioning and beingness is conceived of as illuminating and liberating of the spirit. While there is immense diversification among African-Centered practitioners and *healers*, all African-Centered healing practitioners have a shared goal of "recreat[ing] a psychology of human beingness [that] has the potential to revitalize or be an alternative to general psychology" (Nobles, 1986b, p.22).

As a contribution to the designing of an African American Wellness Hub that is grounding in African (Black) Psychology the remainder of this paper will explore therapeutic frameworks, modalities, practices, and interventions that have import for the organizational functioning and programmatic implementation of the Hub.

Therapeutic Foundational Framework: Therapeutic frameworks serve to outline the conceptual, theoretical, cosmological, ontological, and epistemological 'support

structures' that create the context for wellness, Accordingly, the utilization of an African-Centered/Black Psychology should be seen as the foundational therapeutic framework at The AAHWH. In asserting that a *therapeutic framework* is "the arrangement of 'support structures' that represent the contours and context for wellness," African-Centered/Black Psychology should be the prime psychological support structures' for the work of the AAHWH. In order to restore collective, individual, and ancestral African American wellness, the AAHWH must operate from a lens that is holistic and psycho-spiritual and will provide an optimal environment to liberate and illuminate the collective African American spirit.

Therapeutic Interventions: In terms of African-Centered Psychology, therapeutic interventions would be defined as "organized acts or actions designed to reestablish harmony, wholeness, and wellness." African-Centered therapeutic interventions intentionally and unapologetically "1) use communal rather than individualistic reference points for diagnosis; (2) openly acknowledge and integrate the politics inherent in diagnosing abnormality; and (3) reference traditionally African cultural thought and behavior" (Kwate, 2005, pp. 216-217). In taking the African American collectivistic orientation into account, therapeutic intervention may come in the form of communal *sister circles* (Neal-Barnett et al., 2011) and *mens groups* rather than standard/traditional one-on-one individual therapy sessions. African-Centered therapeutic interventions seek to foster mental healthiness and wellness by way of developing and maintaining strong, positive, pro-Black/pro-African identities.

African-Centered psychological interventions understands mental illness as "dissonance from traditional African value systems and collective survival is what constitutes disorder" and comprehends mental wellness to be "that which promotes the survival and liberation of people of African descent, both individually and collectively" (Kwate, 2005, p.216). Ultimately, African Psychology is concerned with self-knowledge, self-acceptance, self-value, and self-esteem. We want African Americans to stop running from themselves. We want Black people to be free. We aim to assist African Americans in cultivating healthy identities by reorienting them Africentrically (Azibo, 2014). In doing so, African-Centered psychological interventions encourage the cultivation of optimal and healthy African American functioning by allowing them to operate from places of power,

agency, and self-determination (Akinyela, 2005). Created by people of African ancestry, developed for people of African ancestry, and implemented by people of African ancestry, African-Centered psychological interventions will allow healers to efficaciously/effectively conceptualize, operationalize, texturize, and define mental wellness and illness based on the African American reality. (Kwate, 2005).

Therapeutic Modalities: While therapeutic frameworks outline conceptual, theoretical, cosmological, ontological, and epistemological 'support structures' that create a context for wellness, therapeutic modalities move the support structures into action. *Therapeutic modalities* are the "processes (methods) or particular ways, in which the healing is to be encoded for application in the therapeutic relationship".

NTU psychotherapy will be provided as an example of a therapeutic modality that a healer at the AAHWH may utilize. NTU psychotherapy is an African-centered therapeutic modality that incorporates ancient African truths, African spirituality, Afrocentric worldviews, African American ways of being, and Western psychology. NTU, a term from the Bantu peoples of Central and Eastern Africa, describes a universal and unifying life force that is the essence of all things in existence and that unifies all things in existence (Jahn, 1961; Phillips, 1990). The ultimate goal of NTU psychotherapy is to "assist people and systems to become authentic and balanced within a shared energy and essence that is in alignment with natural order" (Phillips, 1990, p. 55). In other words, NTU seeks to foster internal and external healing through spiritual and energetic harmony, balance, and alignment.

NTU psychotherapy is based on the Nguzo Saba (Phillips, 1990), Maulana Karenga's (1980) delineation of seven values and principles to bring about optimal and balanced living. The seven principles of the Nguzo Saba are: Umoja (unity), Kujichagulia (self-determination), Ujima (collective work and responsibility), Ujaama (cooperative economics), Nia (purpose), Kuumba (creativity), and Imani (faith) (Karenga, 1980). The Nguzo Saba inherently assists African Americans with fostering an African-centered ethos and system, and can thus serves to enhance self & communal identity, meaningful relationships, meaning, and growth (Robinson & Howard-Hamilton, 1994).

In consonance with the Nguzo Saba, NTU psychotherapy's five essential principles are: harmony, balance, interconnectedness, cultural awareness, and authenticity (Phillips, 1990). The ultimate goal of NTU psychotherapy is to live in accordance with these principles and those of the Nguzo Saba. In an effort to adhere to these principles for harmonious living, NTU psychotherapy is comprised of five phases which include: (1) harmony; (2) awareness; (3) alignment; (4) actualize; and (5) synthesis. The five phases are understood to occur in a circular direction, as opposed to linear, in that the phases are interrelated and not mutually exclusive.

Therapeutic Practices: While both therapeutic modalities and therapeutic practices have an action element, they differ in that therapeutic modalities are encoded for application in the therapeutic relationship while therapeutic practices can occur beyond the confines of the therapeutic relationship. *Therapeutic practices* are defined as "any organized set of activities, events or experiences designed to engage in the on-going (repetitive) pursuit of healing". Some examples of therapeutic practices include ritualized dancing, informal social gatherings, weekly church meetings, and divination readings. Divination as an example of therapeutic practice will be explored. In acknowledging and understanding that African Americans face many barriers to effective therapeutic treatment, Ojelade, McCray, Meyers, and Ashby (2014) sought to explore how indigenous African healers (Orisa priests initiated within Ifa) and their clients understand and treat mental health problems associated with Western psychology. Further, given that African Americans tend to use informal networks, such as religious and indigenous healers, rather than Western-based formal psychology networks, the researchers believed that exploring indigenous healing would be fruitful for practitioners working with African American populations.

The Divination Process generally consists of diagnosis and intervention. The diagnostic process aims to reveal to clients how to unlock the key to their greatest life potential. During *diloggun*, or cowrie-shell divination, cowrie shells are thrown and yield one of 256 *odu.* Odu are essentially how the cowries fall and serve as oracles that translate into stories that reveal information about one's path, present, and future. "After a series of prayers and handling of the objects [cowrie shells] used for divination, the priest performs

a series of rituals enabling him to identify the symbol (*Odu*) corresponding to the Sacred Ifa Literary Corpus (sacred text)...These stories are believed to contain messages for identifying the appropriate remedy to resolve the client's problems" (Ojelade et al., 2014, p. 506). During the intervention phase, Orisa priests instruct clients to bring about a resolution to their presenting problems (Ojelade et al., 2014) Orisa priests often prescribe behavioral and/or spiritual *sacrifice* to aid in problem resolution (Ojelade et al., 2014). The act of sacrifice, often referred to as *ebbo*, invites clients to offer or give something in order to get something. Spiritual sacrifice may come in the form of being required to partake in rituals, while behavioral sacrifice may require one to prepare food, to alter one's character, or or to offer money (Ojelade et al., 2014). If clients make *ebbo* that appease and please the spirits, ancestors, Orisas, and Creator, they are likely to see a successful resolution to their presenting problems.

Ifa, the Yoruba spiritual system, accompanied enslaved Nigerians from southwest Nigeria to the Americans and Caribbean islands, and at present, approximately 100 million people around the globe employ Ifa or its "diasporic manifestations," i.e., Candomble, Santeria, Lucumi, Shango, and Vodou, as healing practices (Ojelade et al., 2014). Only a handful of psychological literature has referenced the use of Ifa-based practices in the context of psychotherapy (Baez & Hernandez, 2001; Martinez-Tabos & Albizu, 2005; Prandi, 2000; & Ojelade et al., 2014). Inbecoming aware of diagnosable (mood, anxiety, and/or psychotic disorders) and non-diagnosable (everyday racism, race-based traumatic stress, and relationship problems) mental health issues, many people of African descent look to Orisa priests for healing

As noted earlier, a traditional African worldview holds that everything is spirit, and spirit is everything. The nature of the universe is dynamic, interconnected and interdependent. Given that a person is eternally connected to the experiences of the living and the dead/spiritual, a person's psychological, spiritual, emotional, behavioral, and social functioning is believed to be influenced by the living, the dead, and unborn (Ojelade et al., 2014). Ojelade et al. (2014) conducted a research study with participants all of African descent to discern how Orisa priests and their clients conceptualize and address Western mental health problems. The researchers findings suggest that in addition to conceiving

diagnosable and non-diagnosable mental health as spiritually-based, many people of African descent believe that the origin of mental health problems are caused by Western socialization and spiritual forces. Western socialization is believed to bring about mental health problems for people of African descent because they have been forced to assimilate and acculturate to a culture that is incongruent with their intrinsic African cultural background. Having negative interactions with others is believed to have the potential to trigger harmful spiritual forces that impact mental wellness. Also, individual behaviors, such as failing to ritually and actively partake in spiritual work may lead to negative mental impacts. Last, failing to venerate and worship one's ancestors could also conjure up mental health problems.

Orisa priests utilize the spiritual system of divination (often referred to as *diloggun* or *merindinlogun*, as a diagnostic and intervention tool for major life decisions, physical health, social interactions, and mental health problems (Ojelade et al., 2014). Diloggun is a spiritual communication that occurs between the Orisa priest and the spirit world that allows for the transmission of a spiritual message to the client. To avoid bias and subjective interpretation, clients who seek out Orisa priests generally do not share with them the reason for their visit.

Given that many people of African descent believe that mental health problems are remedied through divination and spiritual interventions, *diloggun* must be considered as a viable therapeutic practice for the AAHWH. No matter how alternative and unconventional African-Centered healing practices may be considered from the Western worldview, we must give the people what they *need* and utilize culturally-relevant practices that inform our unique ways of healing and becoming whole. "Western-trained psychologists who fail to understand this may offer intervention strategies that are culturally inconsistent, adversely affecting treatment adherence" (Ojelade et al., 2014, p.509)

Before ending with a brief discussion and example regarding the work of the African-Centered Therapist, I would like to suggest that the AAHWH take the authority to create and/or invent new African centered therapeutic practice. The example from my own work of *Sakhu Djaer Dance Circles*, a custom-constructed African-Centered therapeutic/healing practice that could be implemented at the AAHWH.

SAKHU DJAER DANCE CIRCLES

Sakhu Djaer Dance Circles were contrived to serve as "therapeutic living containers" put in place to evoke African American communal and individual healing, illumination, and liberation of the spirit through the mediums of African-Centered dance, meditation, movement, and breathwork. African dance has served as a form of medicine for Africans and their descendants for thousands of years and has created optimal conditions for healing by integrating the mind, body, and spirit, and through the medium of expressivity, African dance allows for transition, transcendence, transformation, and integration (Welsh, 2016). Additional curative properties of African dance include cathartic release, connectivity, wholeness, integration, communion, empathy, tranquility, problem-resolution, dissociation, sublimation, bliss, altered states of consciousness, emotional expression, and healthy sense of self/community (Welsh, 2016). "Dance is a conceptual natural language with intrinsic and extrinsic meanings, a system of physical movements, and interrelated rules guiding performance in social situations," affirms Hanna (1987, p. 5). Seeing that dance has the capacity to serve as a natural language and given the significance of using African language and logic in healing and restoration, dance may utilized may be utilized as a more effectual medium of communication than spoken word at the AAHWH.

Taking into account the visible and invisible realms of reality, *Sakhu Djaer Dance Circles* open with *ditumediso*, a South African Sotho term that denotes greetings (Nobles, Baloyi, & Sodi, 2016). An African-Centered framework holds that *UbuNtu*, humanity or personhood, is attained through how we greet and interact with each other. *Ditumediso* opens the roads for initial healing to occur in that greetings: (a) allow participants to be *seen*; (b) allow for beings from all three realms (living, dead, and unborn) to be acknowledged; (c) allow for ancestor and deity (i.e., Orisas, lwas, neters, etc.) reverence/veneration; and (d) enhance feelings of wholeness, oneness, and community. Following *ditumediso*, which lays the groundwork for healing, is *rhythmic breathwork*. *Umoya*, an isiZulu term meaning "spirit...wind...that which has force and direction; which can not be restrained and is fundamental to life" (Nobles, Baloyi, & Sodi, 2016, pp. 14-15),

stresses the essentiality of breath to sustain life. The *rhythmic breathwork* is modeled after dance pioneer and anthropologist Katherine Dunham's *breathing techniques*, which unify the mind, body, and spirit connection (Anderson & Kharem, 2009). Dr. Dunham's breathing techniques, which are rhythmic and which aline with the energy centers of the body (i.e., chakras), are accompanied by live drumming, which naturally request the presence of the ancestors, among other spirits.

Following the *rhythmic breathwork*, drumming, and the arrival of the ancestors and spirits, the healer who is leading the small group of participants through the process of *Sakhu Djaer* invite group members to do a *weather report*, in which they are expected to provide a weather condition (i.e., cloudy, hazy, sunny) that speak to: (1) what they are noticing in their bodies, such as tightness, relaxation, spasms, etc.; and/or (2) what thoughts, feelings, and/or fantasies they have either brought into the healing room or are experiencing in-the-moment. *Weather reports* serve as alternatives to mind/body scans in that they plug into oral traditions, such as metaphors, figures of speech, and symbolism, that are African American legacies of healing and expression (Frame & Williams, 1990). As determined by the group members' *weather reports* in addition to the energies, deities, ancestors, and spiritual forces that have entered the healing space, the *divine dance prescription-of-the-day* will be spiritually and energetically communicated to the healer, who would then begin leading the circle in African-Centered divinely-prescribed dances.

As an example, a member discloses during her *weather report* that she recently endured a race-based traumatic experience that left her feeling as if she was stuck in the middle of an acute high pressure storm without an umbrella. Additionally, the spirit of an ancestor burdened by unresolved slavery-based trauma enters the room and requests that the circle dance a dance of revolution to honor their plight and to venerate them. The healer would then receive this information and would prescribe *Igbo* as the *divine dance prescription-of-the-day*. *Igbo,* a Haitian and Nigerian-based dance, exhibits and embodies resistance to slavery, colonization, and oppression (Martin, 1995) . The movement of breaking chains, which is prominent in *Igbo*, invites dancers to embody and express pride, strength, revolution, liberation, illumination, and fortitude (Martin, 1995).

Before delving into the *divine dance-of-the-day*, the healer will lead the group in extensive and intensive *African-Centered body isolations and stretches* to deepen their capacity to engage in spiritually-prescribed dance and movement. In embarking on the *divine dance-of-the-day*, healers and dancers will focus on activating *ngolo*, what Fu-Kiau (2001) deems to be the "self-healing power of all beings" (as cited in Nobles, Baloyi, & Sodi, 2016, p. 15). Activating *ngolo* has the capacity to alleviate spiritual suffering and to maintain wellness (Nobles, Baloyi, & Sodi, 2016). Spiritual wellness or wellbeing, referred to as the *BaNtu* term *Kingongo,* is understood to be attained through inner divine presence (Nobles, Baloyi, & Sodi, 2016, p. 15). Once *kingongo* and *ngolo* are in harmony, the circle, the greater community, and the individual beings will begin to experience spiritual wellness.

After attempting to activate and align *ngolo* and *kingongo*, *healing homework* is assigned. *Healing homework* assignments are also spirit-driven and are assigned based on the flow, rhythm, and energy of the class. While all members will be encouraged to ritualistically practice *ditumediso*, *rhythmic breathwork, weather reports*, *African-Centered body isolations and stretches*, and *divine dance prescription-of-the-day* and to exercise efforts to plug into *ngolo* and *Kingongo*, some members will inevitably be assigned more personalized *healing homework* based on their respective psychological, spiritual, and ancestral presenting problems and needs.

Sakhu Djaer Dance Circles close much how they began, with greetings, acknowledgements, and recognition. In a counter-clockwise rotating circle with held hands, group members return to our past to acknowledged those who have come before us and who have paved the way. We then reverse the circle and begin traveling in a clockwise direction to express our commitment to carrying our ancestors with us into the future.

Sakhu Djaer Dance Circles exemplify a custom-constructed African-Centered therapeutic practice to restore African American mental and spiritual wellness through the use of African language, logic, beliefs, rituals, and practices that: (1) are culturally-congruent and inherently and deeply reflective of the unique sociopolitical and historical African American narrative and lived experiences; and (2) restore African American

contemporary and ancestral psychological, emotional, behavioral, social, and spiritual wellness through the process of liberating and illuminating the spirit (Nobles, 2013).

THE WORK OF THE AFRICAN-CENTERED THERAPIST

In her psychological theory of Optimal Psychology (OP), Myers (1992, 2013) outlines *sub-optimal* and *optimal conceptual systems* to explicate how these differing orientations contribute to and/or impact African American functioning. As an example of nascent Black Psychology, Myer's development of Optimal Psychology provides a good example of the work of an African-centered therapist. Myers (1992) notes that in the Western world, which she defines as exemplematic of sub-optimal functioning, knowledge comes from observable, quantifiable ways of knowing. Spirit is believed to exist separately and secondary to material. Value and self-worth are determined by the acquisition of material objects. The understanding of reality is based on dichotomous assumptions, and the world is perceived to be fragmented. Identity is conceptualized from an individualistic standpoint. Sub-optimal system operates from a technological orientation and accepts that everything is capable of being reproduced. Life-space, or lifespan, is conceived of as finite, beginning with birth and ending with death. Peace and happiness are viewed as temporary manifestations of emotion.

Working as an African-centered psychologist, Myers defines an optimal conceptual system, founded on foundational and ancient African belief systems, is guided by beliefs in spiritualism, communalism, and oneness with nature (Myers, 1992). Spirit and material are one, and there exists an infinite network of human and spiritual connections. Self-knowledge is acquired through symbolic imagery and rhythm. As opposed to an either/or reasoning process, an optimal conceptual system assumes a diunital union of opposites perspective. Value and self-worth are intrinsic and are influenced by our degree of positive relationships and connections with others. Identity is understood through an extended multidimensional self that comprises the living, the dead, and the unborn. Life-space is presumed to be infinite and limitless.

The work of an African centered therapist must recognize that by nature, sub-optimal conceptual systems are oppressive in that they endorse and breed racism, sexism,

classism, and discriminatory policies (Myers, 1992). They go against the AAHWH's mission of bringing about liberation and illumination of the spirits of African American people. In forcibly adopting a sub-optimal conceptual system by living in the U.S., African Americans at large have internalized negativity, insecurity, inadequacy, self-hatred, self-alienation, resentment, guilt, anxiety, hostility, and depression. Myers (1992) affirms, "The negative consequences of the sub-optimal conceptual system are at the core of a wide range of other mental health and social problems" for African Americans (p. 15).

CONCLUSION AND RECOMMENDATIONS

In our quest to serve and guide the improvement of current services and expand the creation of much needed services for the African American community, we must design a holistic healing hub created for our people, developed by our people, and implemented by our people. This requires that we engage in "the process of understanding, examining, and explicating the meaning, nature, and functioning of being human for African people by conducting a deep, profound, and penetrating search, study, and mastery of the process of "illuminating" the human spirit or essence" (Nobles, 2015, p. 409). In order to shine our light, to liberate our souls, and to illuminate our spirits, we must discover and create African-Centered therapeutic and healing frameworks, interventions, modalities, and practices that acknowledge, take into account, and speak directly to the unique lived experience and sociopolitical history of African Americans.

While mental illness is perceived to be psychological, spiritual, emotional, behavioral, and/or social imbalance/disharmony, mental wellness is understood to be the liberation and illumination of the spirit (*Skh Djr*). Seeing that most African Americans accept that the psyche (mind) and spirit are one, religion, spirituality, and spiritness must be factored into conceptualizing and addressing mental illness and wellness. African Americans are able to actualize healing through religious and spiritual frameworks, interventions, modalities, and practices that are versatile, multidimensional, and allow for connection, consciousness/awareness, enlightenment, liberation, and illumination.

Given the immense diversity of healing vessels and mediums (divination, ritual, sacrifice, offering, cleansing, dance, drum, prayer, etc.) African Americans can tap into for restoration, the AAHWH has been birthed to offer therapeutic *medicines* to meet the unique needs of the African American community. The next section will offer recommendations with regard to how the AAHWH can incorporate the science of African American human functioning into therapeutic thought and practice.

RECOMMENDATIONS

The African American Holistic Wellness Hub's vision and purpose are to improve, guide, and expand the creation of culturally-congruent and culturally-relevant mental health services for the African American community. This section will offer recommendations that speak to incorporating the beliefs, practices, and traditions of African Americans into therapeutic frameworks, interventions, modalities, and practices.

- **It is recommended that the AAHWH's therapeutic frameworks, interventions, modalities, and practices include both the visible and invisible aspects of reality.**

The science of African American human functioning accepts as its reality *consubstantiation*, the notion that human beings are all a part of the same source/spirit/substance (Myers, 1992; Nobles, 1986a). In being mindful of the African-Centered assumption that mind, body, and spirit are inseparable and of the same essence, the AAHWH healing approaches should incorporate ways of knowing, being, and healing that acknowledge spiritual *and* material understandings of mental wellness and illness.

- **It is recommended that the AAHWH's therapeutic work directly address the lingering effects of historical as well as on-going psychic terrorism at the personal, family, community and whole people levels.**

African American scholars, researchers, educators, practitioners, and healers have all too often documented the debilitating and maladaptive legacies of slavery that have been intergenerationally transmitted to their descendants (Akbar, 1996; Leary, 2005; Nobles, 1985; O'Sullivan & Graydon, 2013; Richardson & Wade, 1999; Wilson, 1993). Researchers

have also evidenced the toll day-to-day racial, discriminatory, and oppressive traumatic encounters take on African American men, women, children, families, and communities (Carter, 2007a; Carter, 2007b; Essed, 1991). Given the magnitude of unresolved, cumulative, and contemporaneous trauma that African Americans historically and presently endure, healing must incorporate contemporary African Americans and their ancestors.

African Americans did not only inherit ancestral unresolved trauma. From their African ancestors, African Americans also inherited intergenerational legacies of healing, such as survival, strength, dynamism, spiritual depth, vitality, and resilience (Akbar, 1996; Ani, 1994a, 1994b; Billingsley, 1968; hooks, 1993; Kambon, 2004; Leary, 2005; Richardson & Wade, 1999). Considering, it is recommended that the AAHWH ground its therapeutic framing in the exploration and rescuing of ancient African ancestral sensibilities that engender legacies of wellness and healing.

- **It is recommended that the AAHWH serve as a "therapeutic living container" for the liberation and illumination of the African spirit by providing refuge to African Americans, who weather anti-Black/anti-African storms on a daily basis**.

The AAHWH must feel safe, genuine, and trustworthy to African Americans and serve as a sanctuary from the storm. In re-educating African Americans to their deepest and truest realities of African and African American civilization, culture, and spirituality, optimal conditions have been created to attain spiritual liberation and illumination. In re-learning and re-remembering their African-centered stories, beliefs, rituals, practices, and legacies, African Americans will be invited to operate from a place of knowing and agency.

- **It is recommended that the AAHWH develop protocols that will assist in fostering African American human authenticity and agency and that harmonizes with the divinely governed natural order of the universe.**
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- **My final recommendation is that the AAHWH Hub take the license to explore and develop new therapeutic concepts, techniques and practices that are**

rooted in African language and logic which will lead to the adoption and/or invention of culturally congruent (African-Centered) therapeutic practices.

After thoroughly researching what our ancient African ancestors would do to actualize and restore optimal health and healing, we must develop and implement healing practices custom-designed for us by us.

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