

## Out from the margins: Centring African-centred knowledge in psychological discourse

Ingrid R.G. Waldron  
Dalhousie University, Canada

*This article examines the marginalisation of indigenous psychologies of African peoples of the Diaspora by critically interrogating the privileging of dominant Anglo-American knowledge within psychology. It argues that African-centred psychologies may, in some cases, offer a useful model for understanding and articulating the psychological orientation of African peoples of the Diaspora who are suffering from mental health problems. By embedding indigenous knowledge within a broader anti-colonial framework, the paper interrogates the dominance of Anglo-American knowledge in general and in psychology, more specifically. In doing this, it presents African-centred Psychologies and other indigenous knowledges as a counter-stance to colonising dominant Anglo-American models. Consequently, the article argues that African psychologies may offer important insights to the psychological orientation of African peoples of the Diaspora and, consequently, for the treatment of mental illness. The article concludes with a discussion on the various healing approaches utilised by African peoples of the Diaspora that are informed by indigenous and various Euro-Western approaches.*

Scholars who are becoming increasingly concerned with the failure to acknowledge the histories, cultures, and knowledges of marginalised peoples consider the 'indigenous knowledge' framework useful for interrogating why and how certain knowledges get validated in the academy. As scientific development and research and development activities gained in importance, Anglo-American society constructed a hierarchy of knowledge whereby diverse, but equally valid forms of knowledge were ranked unequally based on their perceived value. Dei (2000a, 2000b) argues that indigenous knowledge seeks to examine the process of knowledge production by questioning and challenging how imperial ideologies about legitimate and non-legitimate knowledges serve to marginalise and silence subordinate voices. Consequently, non-dominant Anglo-American knowledge systems that are evaluated based on a dominant Anglo-American epistemological frame of reference are often devalued and delegitimised (Dei, 2000a, 2000b; Waldron, 2002a, 2002b, 2010).

The inherent power inequities between

indigenous and dominant Anglo-American knowledges are illustrated in the production, reproduction and dissemination of discourse within various disciplines, including health, medicine, sociology and psychology. It is important here to clarify the distinction between illness and disease. While the assessment and treatment of 'disease' is primarily the domain of biomedicine, illness is often dealt with by some variants of psychology, public health, population, social medicine and complementary (alternative) medicines. Biomedicine understands disease as being rooted in biological and genetic disruptions (i.e., internal malfunctioning). African-centred psychologies and other indigenous or 'folk' models, on the other hand, are more likely to consider how factors external to the individual (e.g., punishment by an angry spirit, witch or ghost) contribute to illness. Illness in many of these societies is often perceived as 'culture-bound' because the explanations given for it are often based on personal understandings of health and illness that reflect the symbolic structure of specific cultures and societies, as well as local histories, and environments. Conversely, explanations for disease that are

embraced by biomedicine are not tied to personal or symbolic structures. Rather, they are applied universally under particular methodological conditions that are often independent of the health practitioner's beliefs or the socio-cultural realities of individuals (Clement, 1982). Parks (2007) observes that the 'folk psychologies' that characterise the beliefs and healing practices of some African-American families and communities and that is passed down through generations encompasses a wide range of beliefs. These beliefs include personal agency, human understanding, capacity for inner healing, self-image, personal security and moral lessons.

This article examines the marginalisation of indigenous psychologies of African peoples of the Diaspora within the broader discipline of psychology by critically interrogating the privileging of dominant Anglo-American knowledge within psychology. It suggests that African-centred psychologies may be useful for understanding and articulating the worldviews and psychological orientations of African peoples of the Diaspora and for helping them cope with and resolve mental health problems. It should be emphasised, however, that the paper is not suggesting that African-centred psychologies should be seen as the only way forward for all African-Americans or African-centred psychologists. What it does seek to do, however, is to centre African-centred psychologies within the broader psychology framework as valid and useful frameworks for understanding the histories, cultures and experiences of African-Americans. In other words, while the paper critically interrogates the peripheralising of African-centred psychologies, it recognises and validates the considerable diversity that exists within African-American culture and among African-centred psychologists. For example, it is important to point out that the term 'African-centred psychologies' denotes the heterogeneous nature of African-centred approaches and broader movements in indigenous psychology globally. It also

highlights the considerable diversity and complexities that exist within cultures. This is exemplified by the range of holistic approaches that are in use in North America by diverse communities. In resisting the homogenising of indigenous approaches, the paper refrains from invoking dominant and colonising ideologies that are inherent to the Anglo-American (positivist) tradition.

The paper begins with a discussion on how indigenous knowledge can be used as an avenue through which to give power to the ideologies and experiences of subordinated and marginalised voices. It presents the anti-colonial framework as useful for capturing how indigenous knowledge can offer an avenue to resist the dominance of Anglo-American knowledges. This is followed by a discussion on the effectiveness of using an African-centred conceptual framework to understand the psychological orientation of African peoples of the Diaspora. Next, the paper demonstrates how African-centred psychologies may be used to articulate the production of mental health problems experienced by African peoples of the Diaspora that are the direct result of being subjected to oppressive conditions that arise out of past and present-day colonial encounters. Consequently, the paper highlights a social causation model that understands mental illness as being produced from the psychological, mental and spiritual violence that continues to be perpetrated against racialised peoples in Anglo-American societies. The paper concludes with an examination of the healing approaches used by African peoples of the Diaspora that are informed by a variety of indigenous and scientifically-based approaches.

### **Indigenous Knowledges: A Counter-Hegemonic Stance for Rupturing Dominant Discourses**

The term 'indigenous' describes specific groups of people who are grouped under the criteria of ancestral territory, collective cultural configurations, historical

location in relation to the expansion of Europe, and knowledge that emanates from long-term residence in a specific place. Since the 1980s, 'indigenous' has been used alongside the term 'knowledge' to signify a social science, philosophical, and ideological perspective that acknowledges the significant role that knowledge plays in the power relations that emerged from the expansion of Europe (Dei, 2000b; Purcell, 1998). Moreover, unlike scientific discourse, indigenous knowledge makes no claims to a universal truth. Roberts (1998) conceptualises indigenous knowledge as knowledge "accumulated by a group of people, not necessarily indigenous, who by centuries of unbroken residence develop an in-depth understanding of their particular place in their particular world" (p. 59). When 'indigenous' is used alongside discussions on health or psychology, it characterises what is often referred to as ethno-medicine, 'folk' medicine or 'folk psychologies' and is thought to differ in significant ways from dominant Anglo-American psychology and biomedicine.

Hooks (1990) argues that marginality is a site of deprivation as well as a space for resistance because it simultaneously reveals the material, spiritual, and psychological destitution that oppression engenders, as well as the many opportunities for resistance that exist for rupturing hegemonic structures and discourses. The anti-colonial framework has often been put forward as useful for articulating counter-hegemonic consciousness and actions of marginalised histories, knowledge, cultures and peoples. It is a framework that values the knowledges that are produced from the daily experiences and cultural histories of marginalised groups. It acknowledges how various structures and processes within societies stratified by socially-constructed markers of difference (e.g., race, culture, gender, and class) impact on social relations and human interaction. It also demonstrates how individuals and groups are positioned differently within hierarchies

of power (Dei & Asgharzadeh, unpublished; Waldron, 2002a). The anti-colonial framework also seeks to reveal the processes through which inequalities are produced and reproduced within institutional structures and questions the power, privilege, and dominance that result from unequal relations. Finally, in recognising how deeply relations of power are embedded in our lives, the anti-colonial framework articulates the processes through which marginalised and oppressed peoples can engage in counter-hegemonic activities that question, challenge and dismantle dominant ideologies and structures.

Decolonisation has been taken up by anti-colonial theorists as an important process through which the colonised (i.e., marginalised communities) can acknowledge the colonial past by recalling, remembering, and revisiting it. Decolonisation interrogates the processes and structures of colonialism in order to examine the process through which the indigenous knowledges of colonised subjects get constructed as illegitimate and worthless (Dei & Asgharzadeh unpublished). Although the subversion of dominant Anglo-American hegemonic discourses and systems are at the heart of the decolonisation project, it is also concerned with validating indigenous forms of knowledge that marginalised communities bring into the existing dominant knowledge frame. For example, Fanon (1963, p. 63) argues that decolonisation should always be viewed as an ongoing process that progresses to some sort of societal transformation. It arises initially from the conflict that ensues when two opposing forces – one dominant and the other subordinate – collide in a highly tenuous and combative environment. It also examines the possibilities and limitations for rupturing the hegemonic systems within the academy and other social spaces. African-centred psychologies is one example of a decolonisation project that has at its root the intellectual, spiritual and psychological liberation of African peoples.

### **Understanding the Psychological Orientation of African Peoples of the Diaspora**

Perhaps what most distinguishes biomedicine, psychiatry and dominant Anglo-American psychology from the traditional healing systems (i.e., indigenous) of non-Europeans is their tendency to separate the material from the non-material in explaining illness causation and in treating illness. The material includes those tangible explanations that can be seen concretely, whereas the non-material includes those psychic, spiritual and mystical explanations that may not be visible in a concrete way. Whether we use the terms 'mind-body', 'mind-body-spirit', or the more inclusive 'mind-body-spirit and emotions', we are describing the truly whole and integrated nature of ourselves and our beings.

African indigenous knowledge, in particular, is predicated on an African conceptual framework that is concerned with generosity, compassion, humanity, community, and relationships. Unlike in Anglo-American societies, where an emphasis is placed on gaining control over the environment, an African conceptual framework values cooperation and harmony with each other and with nature. It is also premised on the interrelationship between the living and the nonliving, natural and supernatural elements and the material and the immaterial. The emphasis on spiritual phenomena is an important aspect of this world view, particularly the belief that deceased individuals transform into invisible ancestral spirits and involve themselves in all aspects of life. These include assisting individuals in obtaining good fortune, assisting with interpersonal relationships, and promoting good health and preventing illness (Bojuwoye, 2005). Asante (1991) asserts that:

Centricity is the location of students within the context of their own cultural reference so that they can relate socially and psychologically to other cultural

perspectives and view all group contributions as significant and useful. (p. 171)

This conceptual system is considered optimal by African-centred scholars (Akbar, 1979; Asante, 1991; Dei, 2000a; Dickerson, 1995) because it is couched in a holistic African-centred world view that perceives reality as both spiritual and material. African-centred scholars and other individuals understand the concept of self as being comprised of the concepts 'I' and 'We', with both concepts perceived to be part of an integrated whole. The notion that 'I am, because we are' means 'we are, therefore, I am' in the African-centred world view. Unlike in Anglo-American cultures, where an emphasis is placed on the individual, the African-centred world view sees the 'I' (self) and the 'We' (community, nature) as interdependent. It is a holistic approach to knowledge and an optimal world view in which normalcy is defined in terms of health and well-being and is predicated on a world that is manifested by an infinite spirit (Myers, 1988).

Fanon (1963) argues that it was inevitable that colonialism would provide a fertile ground for the production of psychiatric and behavioural problems among the colonised. He suggests that individuals who are subordinated in ways that force them to abandon the particularities of their culture and to assimilate into a dominant culture may live an existence that is at odds with their psychological and spiritual make-up. Fanon was less concerned with the superficial particularities of racial stereotypes that were at the centre of dominant Anglo-American discourse than with the exploitation of racial difference for economic and political gain. He integrated theories of phenomenology, existentialism, and Marxism to construct a unique theory that articulated how mental pathology may be produced from feelings of alienation and marginalisation among colonised subjects (Ashcroft, Griffiths, &

Tiffen, 1989).

Similarly, Akbar (1979) argues that African peoples of the Diaspora who live in environments where they are subjected to controlling behaviours by European peoples will be inculcated with dominant Anglo-American ideologies and values. He suggests that this often results in the adoption of the personality structure, behavioural patterns, and 'disorders' of Europeans who live in Anglo-American societies. He identifies female frigidity, sexual perversions, and extreme anxiety as disorders that are rare in cultures with different value systems and social organisations from those of Europeans. He also states that mental health professionals who treat African peoples of the Diaspora must acknowledge the distinctions in the dispositions and values of Africans and Europeans. In addition, he cautions these professionals to acknowledge the significant role that oppression plays in producing mental health problems among African peoples of the Diaspora. Memmi (1965) argues that colonialism uses psychological violence to keep the colonised in a state of perpetual ignorance, hopelessness, and helplessness. Colonised peoples, according to Memmi, are inculcated with the values and ideologies of colonisers that are rooted in racist ideology. Consequently, the coloniser is able to justify his oppression of the colonised by imbuing the colonised with negative traits and qualities that are thought to warrant that kind of treatment.

It is important to note that Fanon (1963) did not confine the problem of colonialism simply to the violent colonial encounter of the past. Rather, he suggests that the violent colonial encounter is still in evidence today in the relationship between marginalised and dominant populations, within the structures and institutions of Anglo-American societies and in the production of mental health problems that are a product of oppressive structures, institutions and actions. This understanding of pathology or mental illness

suggests that African peoples of the Diaspora have a heightened vulnerability to developing 'colonial pathologies' because they are subjected to consistent and persistent psychic injury that is typical in Anglo-American societies that uphold White supremacist and dominant Anglo-American ideologies. These ideologies hold privileged status in educational institutions, the workplace, media and in society in general. These 'colonial pathologies' are the mental health problems that are experienced by non-European and racialised peoples who suffer from feelings of subordination, subjugation, and oppression within colonial relations and imperial structures in these societies (Waldron, 2002a, 2005).

In discussing African Americans in particular, Azibo (1996) and Parham, White, and Ajamu (1999) suggest that the behaviours, attitudes, feelings, values, and expressive patterns of African Americans emerge from a psychological perspective that can be said to be uniquely African American. It influences the way that African Americans interpret reality, relate to others, and live their lives. This is not to suggest, however, that all African Americans as a group share a particular experience. Rather, these authors are arguing that a shared history and culture, both of which continue to be regenerated inter-generationally, shape the relationships that African Americans have with social institutions, other communities, other African Americans and themselves. Consequently, the psychological perspective that the authors suggest is uniquely African American and is a product of the unique relationships that African Americans experience.

Psychologists who adhere to an African-centred perspective argue that, since most of the basic principles of dominant Anglo-American psychology are designed to understand personality structure and behaviours and were not designed with non-Whites in mind, they are not useful for understanding how African heritage (as well

as a European one) has influenced the dispositions of African peoples worldwide. Consequently, they fail to understand how the experience of social, economic and political inequality and oppression provide African peoples with a unique standpoint or worldview and how those issues impact on their psychological, mental and emotional status.

### **African-Centred Psychologies**

African-centred psychologies offer conceptual models for understanding and assessing the personality structure and psychological orientation of African peoples within Anglo-American societies. They move beyond the emphasis on the self or individual in the dominant Anglo-American model of psychology to examine how mental illness may be attributed to wider historical, structural and institutional structures and processes (Waldron, 2002a, 2005, 2010). African-centred psychologies originate from an organised system of knowledge that emerged from the philosophy, definitions, concepts, models, procedures, and practices of an African cosmology. It predates the European Renaissance and the founding of Greece and originated as far back as the ancient Kemet, which was the Blacks' Nile Valley civilisation of what is today Egypt. The Kemet system used theoretical and practical constructs to create a system for describing the human psyche (Azibo, 1996). The three key concepts in African-centred psychologies are: (a) cosmology; (b) social theory; and (c) African self-consciousness. Baldwin (1986) defined the present-day model of African-centred psychologies in the following way:

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 (meaning that). . . African (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. 243)

African-centred psychologies challenge dominant Anglo-American ideologies that perceive the world as material as opposed to spiritual, that consider the Black man inferior to the White man and that perceive the individual and the environment as independent of one another. It also challenges the notion that the behaviours of all individuals can be accurately assessed in the same way, despite racial and cultural differences (Khatib, Akbar, Nobles, & McGee, 1979). The main weakness inherent in dominant Anglo-American psychology pertains to assumptions that the dominant Anglo-American model of normalcy is relevant to the experiences of non-White peoples. Dominant Anglo-American psychology emerged within the context of a social reality that reflected and still reflects a dominant Anglo-American world view. In this world view, difference and diversity are downplayed and individuals who deviate from established rules and norms are often considered abnormal. Consequently, non-White peoples who deviate from a dominant Anglo-American behavioural norm may be mistakenly identified as pathological by mental health professionals who are unfamiliar with the personalities and behavioural patterns of culturally diverse peoples. In dominant Anglo-American psychology, a person who is considered to be mentally healthy is one whose behaviours and personality traits most closely resemble those of the White middle-class, urban male, that is, affectless, individualistic, competitive, controlling, and future-oriented (Azibo, 1996; Waldron, 2010).

Moreover, dominant Anglo-American psychology is primarily reductionist in its concern with categorisation, mental measurement, establishment of norms, the

study of the individual and the early years of child development. Despite the discipline's claim that the measurement of ability is based on scientific principles, the findings that emerge from these measurements have continued to support a belief in the intellectual superiority of Europeans (White, 1984). This has had its most damaging impact on the lives of African peoples worldwide because it is inherently anti-African and in contradiction to the survival of African peoples as a collective (Azibo, 1996).

African-centred psychologies offer an alternative epistemology that reflects the historical, philosophical, and cultural realities of African Americans and other African peoples worldwide. It is based on an understanding of and appreciation for 'the Black family,' its African roots and the historical development, evolution and socialisation of its members. African-Centred Psychologies have sought to organise and explain the behavioural patterns of primarily African Americans peoples within the context of an African worldview. It is important to point out that putting forth broad claims about the personality structures and behavioural patterns of African Americans is problematic in its essentialist and universal stance. The usefulness of an African-centred approach in understanding the perspectives of African American peoples, however, lies in its attention to the 'psycho-social,' particularly how marginalisation, inequality, discrimination and oppression impact the psychological, mental and emotional health of African Americans and other Africans worldwide (Baldwin, 1992).

Several African American psychologists (Akbar, 1979; Azibo, 1989; Baldwin, 1992; Wright, 1974) have responded to the inadequacies of dominant Anglo-American psychology and the social ills affecting African American communities by developing a theory, research, and practice base that is African-centred and that speaks to the social realities of African peoples of the

Diaspora – social realities that are shaped by historical, structural, institutional and everyday inequalities. For example, Baldwin (1992) developed a theory of Black personality that consists of a complex biophysical structure comprising of two core components: (a) the African self-extension orientation and (b) the African self-consciousness. According to this theory, the African self-extension orientation, which is the foundation of the Black personality system, is considered to be bio-genetically determined and represents the psychological disposition of Black people. The African self-extension orientation is based on the notion of a shared spiritual essence in which the African person is perceived to be a direct extension of the Divine (Creator, God). Baldwin (1992) points out that African Americans can only be considered psychologically healthy when they have reached a level of self-consciousness where they recognise themselves as African biologically, psychologically, and culturally, perceive the survival of Africans as a priority and where they respect, engage in, and foster all things African.

While I disagree with Baldwin's (1992) argument that psychological health for African Americans can only be realised when African Americans reach a particular level of self-consciousness, I share his view that an important aspect of being psychologically healthy for African Americans is in recognising and accepting themselves as African biologically, psychologically, and culturally. This is particularly crucial to their emotional, mental, psychological and spiritual well-being in light of social institutions and media images that specifically seek to damage African Americans' healthy view of their histories, cultures and of themselves.

According to Baldwin (1986), Black personality malfunctions when the relationship between African self-extension orientation and African self-consciousness

becomes impaired by the superimposition of the alien reality structure. The concept of African self-consciousness, the second core component of Black personality, derives from the African self-extension orientation and represents the conscious level of the spiritual component. Baldwin (1992) argues that this component considers the psychological and behavioural conditions of African Americans within the context of their own cultural heritage and acknowledges the role that nature (genetics) and nurture (environment) play in the personality and behaviours of African Americans. He (1984) blames the weakening and distortion of the Black personality on the imposition of an alien or non-African (European) influence on African American peoples. He perceives the socio-cultural and mental health problems of African Americans as being the result of the unnatural influence of a dominant Anglo-American cosmology that is substantially at odds with an African cosmology. Baldwin also argues that African Americans have adopted a false sense of consciousness as a result of being socialised and indoctrinated by an alien influence that is not only Anglo-American, but inherently anti-African. This influence produces negative self-concepts in African Americans that result in destructive behaviours and that, consequently, threaten the survival of the group.

Akbar (1979) proposed the following classification system of mental disorders among African Americans that relates directly to Baldwin's (1992) model: (a) the alien-self disorders; (b) the anti-self disorders; and (c) the self-destructive disorders. This classification system views the mental health problems experienced by African Americans as being the result of their having being stripped of their optimal world view, inculcated with an alien world view, and as a result of their adoption of a false sense of self. Alien-self disorders, the first category, refers to African Americans who have rejected the spiritual dimension of their being, preferring

to define themselves based on material possessions and external rewards. These are individuals who value materialism and social prestige over moral virtues and negate the relevance of race, racism, and oppression in their lives. They also become alienated from themselves through a process of indoctrination that distorts or rejects their cultural and historical identities.

Anti-self disorders refer to African Americans who engage in self-hating behaviours by demeaning and rejecting their ancestral roots. These individuals' behaviours and goals are motivated by a reliance on the approval of the dominant White group. Unlike those individuals in the alien self-disorder group, these individuals are considered to have adapted quite successfully to the European cosmological system. Their 'cultural dissociation' from their African heritage is considered complete when they are thought to have successfully rid themselves of their cultural and historical memories and now function at a level that would be defined as healthy by European cosmology.

Finally, self-destructive disorders are perhaps the most visible consequence of living in an oppressive environment. African Americans who belong to this group have either not had the opportunity to identify with European cosmology or have rejected many of its basic principles. This group comprises those African Americans who engage in negative behaviours, such as prostitution, drug dealing, and substance abuse.

Putting forth any classification system of personality for racial and cultural communities is problematic in its potential to homogenise cultures and races. It also has a tendency to undermine and ignore the complexities of human experience and confine behaviour to pre-determined, fixed and stable categories that serve to further stereotype cultural and racial communities and individuals, as Akbar (1979) does in discussions on negative behaviours (e.g.,



prostitution, drug dealing, substance abuse). However, unlike other classification systems of personality in Anglo-American psychology, the classification systems put forth by Baldwin (1984, 1992) and Akbar (1979) are most concerned about how structural and systemic inequalities impact on personality structures.

Baldwin (1984) and Azibo (1989) both use the concept of 'psychological mis-orientation' to refer to African Americans who are subjected to a cognitive definitional system that is alien, non-Black, and at odds with the survival of African peoples and things. African Americans are said to be psychologically mis-oriented when they operate out of a dominant Anglo-American state of consciousness that they consider to be neither alien nor dysfunctional according to the Euro-American social reality. Baldwin also argues that this psychological mis-orientation is supported by institutional systems that support a European survival thrust and that reinforce a disordered psychological functioning among African Americans. Wright (1974) coined the term 'mentacide' to refer to the silent rape of a people's collective mind by the penetration and perpetuation of alien culture, values, belief systems, or ideas for the purpose of group destruction. He argues that mentacide occurs when marginalised communities accept and internalise the culture, values, and belief systems of the dominant group, resulting in the damage to African self-consciousness and the adoption of the behavioural characteristics of the oppressor. Similarly, Azibo (1989) uses the term 'alienating mentacide' to refer to the process of indoctrination that commands acceptance of and respect for a dominant Anglo-American value system and that promotes negative depictions of African peoples.

African-centred psychologies underscore how important it is for African peoples to recover their sense of identity, humanity and power in societies that subject

them to experiences of intense trauma and dehumanisation. As Pajaczkowska and Young (1992) so succinctly put it:

The psychoanalytic emphasis on the complex and often painful transactions between the psychic and social can reveal how deeply racism permeates not only the institutions of post-colonial societies, but also the ways in which we experience ourselves and others. (p. 198)

### **Holistic Healing Approaches: Integrating African Indigenous and Dominant Anglo-American Knowledges**

Various healing systems around the world are predicated on knowledge systems that are often at odds with rationalist and positivist ideologies upon which the biomedical model and dominant Anglo-American psychology are based. For example, Durie (2004) observes that Maori perspectives on health in Aotearoa, New Zealand embrace holistic conceptualisations that perceive good health as a combination of mental (hinengaro), physical (tinana), family/social (whānau), and spiritual (wairua) dimensions. Maori researchers have challenged existing measures that are grounded in biomedical models by developing the Maori Mental Health Outcome Framework (MMHO) to measure mental health outcomes for Maori.

A study conducted by the Center for Addiction and Mental Health (1999) in Toronto found that some African Caribbean peoples are suspicious of dominant Anglo-American approaches for treating mental illness, such as psychiatry, therapy, and counselling. There is, however, a greater tendency to embrace the idea that mental health problems can be more successfully resolved through more informal routes, such as spirituality, faith healing, religion, church, social networks and self-help strategies (Waldron, 2005, 2010).

Early studies on mental illness among African peoples of the Diaspora (Asuni, Schoenberg & Swift, 1994; Baker, 1994; Barbee, 1994; Bulus, 1996; Center for Addiction and Mental Health, 1999; Fontenot, 1993; Foster & Anderson, 1978; Madu, 1996; Sow, 1980) found that conceptualisations of 'mental illness' stem from people's own observations, understandings and interpretations of specific symptoms, the behaviour of persons who are affected and how those symptoms are uniquely experienced and explained in a particular society or culture. They found that for African peoples of the Diaspora, medical traditions are shaped by the makeup of the physical environment, the occurrence of specific diseases or the disease experiences of the people, the level of exposure and access to biomedicine, levels of literacy, social class and the beliefs that people hold about diseases and cures that are inherited from past generations.

Several authors (Carrington, 2006; Schnittker, 2003; Schnittker, Freese & Powell, 2000; Waldron, 2010) describe conceptualisations of mental illness among Black women specifically. Carrington found that the ways in which African American women present symptoms of depression are often culturally determined, resulting in their failure to seek treatment for a number of reasons, including the belief that depression is indicative of a weak mind, poor health, a troubled spirit, and lack of self-love. She also pointed out that these women are often reluctant to seek treatment because of a lack of trust in healthcare providers, denial that they have depression, lack of knowledge about the causes of depression and the stigma associated with mental illness in their community.

Religion, belief in a higher power and spirituality are used to explain mental illness in Caribbean, African American and African communities. They are important sources of strength for these individuals, playing a

significant role in offsetting the stresses and anxieties that may lead to depression and other health problems, particularly in the face of racism and other forms of discrimination and oppression. For example, Waldron (2003, 2005, 2010) and Heath (2006) suggest that spirituality plays a significant role in the recovery of mental health concerns among Black women who must cope with gender, race and class inequalities. Schnittker (2003) found that African American women are sceptical about embracing the biomedical model as the cause of depression and reluctant to use psychiatric medications, believing that these medications were experimental or mind altering. They were, however, more likely to rely on their spiritual connection to God and maintaining a positive ideology as means of transforming feelings of depression.

While some African peoples of the Diaspora are often sceptical about the appropriateness and effectiveness of dominant Anglo-American approaches for helping them cope with and resolve spiritual, emotional, mental, and psychological difficulties, several authors (Bojuwoye 2005; Waldron, 2002a, 2005, 2010) argue that many African peoples of the Diaspora embrace a holistic approach to mental health care. This approach often integrates a variety of African indigenous and Anglo-American practices. For example, Waldron (2002a, 2003, 2010) found that Black Canadian women who were born in Africa, the Caribbean and Canada seek support for mental health problems through a variety of approaches and methods. These include formal/professional resources, such as family doctors, psychiatrists, psychologists, hospital emergency wards, counselling, and psychotherapy. They also include more informal (and non-psychiatric) resources, such as social support networks of friends and family, church and other religious and spiritual activities, meditation and relaxation, solitude, and diet regulation). Bojuwoye

(2005) points out that help-seeking for emotional and psychological issues among individuals in Africa and the Caribbean is informed by the biomedical model, dominant Anglo-American psychology and African indigenous methods. Moreover, education level, social class, religious background and residence in urban or rural environments are some of the factors that determine the type of treatment or support that individuals seek out.

It is important to point out, however, that these activities have been occurring within the context of the increasing influence of Eastern, Aboriginal and other non-Anglo-American knowledges on dominant Anglo-American approaches, resulting in a broader range of therapeutic approaches to health and mental health. These include 'complementary medicine', 'homeopathy', 'holistic medicine' and 'behavioural medicine'. Today, a considerable number of North Americans are using complementary or holistic medicine for physical and mental health concerns. It is a phenomenon that illustrates the increasing propensity to embrace more holistic conceptions of health and treatment that acknowledge the interrelationship between mind, body and soul (Poulin & West, 2005).

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### Author Biography

Dr. Ingrid Waldron is a Montreal-born woman of Trinidadian heritage. She is a sociologist who is currently employed as an Assistant Professor in the School of Occupational Therapy in the Faculty of Health Professions at Dalhousie University in Halifax, Nova Scotia, Canada. She holds a Ph.D. in Education from the Sociology and Equity Studies in Education Department at the Ontario Institute for Studies in Education, University of Toronto, a MA in Intercultural Education: Race, Ethnicity and Culture from the Institute of Education, University of London (England) and a BA in Psychology from McGill University.

Dr. Waldron's research and teaching interests are in the sociology of health and illness. She is a critical theorist who uses critical feminist, anti-racist and other anti-oppressive research methods to conduct policy-relevant social action research aimed at improving the health, social, economic and political conditions of culturally and racially diverse communities in Canada. She is particularly

interested in how race, culture, Aboriginal status, poverty, gender, sexual orientation, immigrant status, social class and disability impact on the physical, mental, emotional and spiritual health and well-being of African peoples of the Diaspora, Aboriginals, immigrants and refugees and other marginalised and vulnerable communities.

**Address for Correspondence**

iwaldron@dal.ca