



Decolonizing
Mental Health for
Black Therapists
and Clients

TESTIMONY THERAPY

Makungu M. Akinyela, PhD

Contents

Acknowledgments ix

Introduction xi

CHAPTER 1: What Is Decolonization/Coloniality? 1

CHAPTER 2: A Cultural Understanding of Mental Health 18

CHAPTER 3: Testimony Therapy: An African-Centered Theory 33

CHAPTER 4: Testimony Therapy in Practice 56

CHAPTER 5: Supervision and Testimony Therapy 97

CHAPTER 6: Repaying and Repairing Our Souls 116

CHAPTER 7: A Hundred Flowers Blooming: The Future of
Decolonization 133

Conclusion 161

References 167

Index 173

Introduction

I have been writing this book for over 20 years! A book about my observations, theoretical meanderings, and applied practices working as a psychotherapist in Black communities in the United States. Almost 40 years ago, I made an intentional choice to pursue marriage and family therapy as my chosen mental health discipline because, as a young social justice activist grounded in an African-centered worldview, I saw family therapy as the closest reflection of how I believed Black people experience our lives and our emotions. Family therapy was a way of practicing mental health that allowed me and my clients to acknowledge that the clients existed in relationship to others in their lives, whether there was only an individual, a couple, or a family in the room. That relational lens fit my African-centered, communitarian view of the Black lived experience.

I began my training in the mid-1980s, when many of the early developers of family therapy were still engaging in vigorous debates about their ideas and approaches to the work. Since its establishment in the 1950s, family therapy has made several significant transitions. From early systems models to structural, strategic models through second-order cybernetics and the resultant focus on constructivist, discursive therapies, the change over six decades has been significant. For the most part, this has been a transition centered in Western, Eurocentric cultural ideas and concepts as imagined in Europe and its former settler colonies such as Australia, Canada, and the United States. The questions and issues of families of color were rarely posed or reflected on up until the 1980s and the emergence of multiculturalism as a subject. Even then,

Property of W. W. Norton. Do not distribute.

xii Introduction

therapy with Black people has largely been a footnote, a chapter, or a single nonessential course in programs to train family therapists and other counseling professionals.

Over the past 25 years I have been particularly drawn to what seem like the more inclusive ideas of narrative therapy, but even within this progressive stream of family therapy, there have been few significantly recognized books specifically striving to outline narrative ideas and practices for working with Black families in therapy.

If you're reading this, you're probably interested in family therapy like I am, and if you've been in the field for any length of time, you are probably feeling the new rumbles and murmurings among family therapists questioning whether the title *family therapy* is even appropriate in the 21st century, with all the changes and challenges of this postmodern era. A leading shaper of family therapy, Karl Tomm (2017), wrote in the *Journal of Systemic Therapy*, "the title family therapy might be limiting what has become a huge range of ideas, practices, and contexts for our work. It is not just families we work with, nor is it even exclusively a question of doing therapy anymore" (p. 21). After some reflection, I had to admit that there may be some truth to what Tomm said, but on the other hand, for Black people in America and other parts of the African diaspora, *family* has never meant the same thing it has traditionally meant in the Western sense. Family in the experience of African-descendant people continues to be a much broader relational and communitarian term, going far beyond what those early Eurocentric family therapy pioneers imagined. I really appreciate and think about the idea of family described by the Black American sociologist Andrew Billingsley (1994), who said that Black families in America are

an intimate association of persons of Black descent who are related to one another by a variety of means, including blood, marriage, formal adoption, informal adoption, or by appropriation; sustained by a history of common residence in America; and deeply embedded in a network of social structures both internal to and external to itself. Numerous interlocking elements come together, forming an extraordinarily resilient institution. (p. 28)

Property of W. W. Norton. Do not distribute.

Introduction xiii

As I think about that and about the people who have come to me in therapy and their experience of family, as well as how I have experienced family in my life, this idea of family-in-community is extremely important. This *intimate association* exists in a community that connects individuals through a network of institutions and organizations which grow out of a collective heritage and unite them in a unique cultural and historical life experience.

That unique cultural and historical life experience, though it is often dismissed, is important to the mental health of Black people and the Black community. This is why I have written this book. These are the things that drew me to thinking about mental health and the impact of living Black lives in the context of a society dominated by the ideas, history, culture, and significance of white culture. With these thoughts about recent changes and challenges in mind, I wanted to write a book that filled the social, cultural, and political spaces too often unexplored as they relate to therapy provided for Black families and individuals. I wanted to write about the significance of a therapy derived from the cultural and historical context of 400 years of enslavement, racial segregation, structural racist policies, coloniality, and Black resistance to them. I wanted to write a book about decolonizing mental health through narrative practices centered in the culture, history, and knowledge of Black people liberating themselves for themselves. I wrote this book because I believe that Black therapy for and by Black people matters.

The therapy that I have practiced and shaped and thought about over the past 25 years I named testimony therapy. If you've been around Black people and Black culture, you probably know what we mean when we talk about *giving a testimony* or *testifying*. For those of you who don't know, it has nothing to do with legal matters or the court system. For Black people, to testify is to tell your story. Specifically, it's to tell the story that you want told about you, your legacy story. It's what you want left behind so that others will remember you.

The telling of the story is very important when we talk about testimony. This means that for testimony, the notion of orality is very important. Testimony comes out of the African oral tradition of Black people, which you'll learn a lot more about as you read this book. Because testimony therapy is a storytelling therapy, it should also be considered a narrative therapy, another

Property of W. W. Norton. Do not distribute.

xiv Introduction

important idea in this book. Narrative therapy ideas have been a significant part of the story of testimony therapy for almost 30 years.

I was first made aware of narrative therapy in 1996 when I met Canadian therapist Stephen Madigan at a professional conference in Atlanta, Georgia, in the United States. As I sat in Stephen's workshop, I became intrigued by his work and how similar it seemed to my own approach to therapy. He focused on the importance of discourse and the social construction of ideas and the importance of privileging the client's experience in the therapeutic relationship. I was fascinated and eager to learn more about this work that I witnessed, and I was pleased to be invited by Stephen to come to Toronto the next spring to attend a conference he hosted called Therapeutic Conversations and present my own work. At that conference I was introduced to Charles Waldegrave and Kiwi Tamasese, two therapists from New Zealand who practiced their own brand of therapy, Just Therapy, which was very much derivative of the Māori, Samoan, and Pākehā (a Māori-language word that means European New Zealander) culture and history of New Zealand (Waldegrave et al., 2003). These therapists insisted that I should plan to attend the Narrative Therapy and Community Work conference in Adelaide, Australia the following November. It was at this conference where I first met Michael White, Cheryl White, and David Denborough of the Dulwich Centre. This series of unexpected meetings across cultures, histories, and experiences was the beginning of a long and beneficial relationship and dialogue between myself as a practitioner of testimony therapy and my friends and colleagues who work through narrative approaches to therapy.

Since those early meetings, much of my writing and speaking on the subject has focused on demonstrating both the similarities and differences between narrative and testimony approaches to therapy, and the reasons that this explication of sameness and difference is so important.

At subsequent conferences and international gatherings, I have continued to meet and dialogue with colleagues from the international community. This has given me the opportunity to discuss and share therapeutic experiences and the meaning of *narrative* from various cultural contexts and understandings. What has become abundantly clear to me is that while we all agree that people's lives are indeed constituted through the stories we tell, and that stories are

Property of W. W. Norton. Do not distribute.

Introduction xv

socially constructed, how those stories are told, how they are understood, and the metaphors that define our stories are culturally mediated. I mean by this that socially constructed ideas, which can be and are shared across our many cultures, generally find their specific meanings for our various communities through the lens of the histories and cultures in which we are shaped.

Testimony therapy as a culturally definitive idea and practice began to take shape in my conversations with the international narrative therapy community. These conversations pushed me to think more deeply about the importance of culture in mental health work and the impact of histories of colonialism and slavery on Black families and the families of other colonized people. In 2002, the *International Journal of Narrative Therapy and Community Work* published my article “De-colonizing Our Lives” (Akinyela, 2002), where I called for decolonizing the therapeutic lives of non-European peoples. In this article I argued for the need for decentering European cultural norms and metaphors from the therapeutic practices of non-European peoples. This article was an early attempt to articulate the need to create collective stories of cultural independence for the collective communities of indigenous descendants of Africa, Asia, North and South America, and the Caribbean and Pacific Islands. The article was a call for respect for the cultural ideas and healing practices of non-European-descendant peoples. This respect would first need to begin among the people themselves; hence the call for decolonizing our lives. Systemic racism has often created a sense of inferiority among peoples of color about our own cultural practices and ideas, and an inordinate sense of gratitude toward therapeutic ideas and practices that are grounded in European-descendant cultures, with an overwhelming sense that those cultures are superior.

The good news is that I have not been the only one thinking about these things. In communities of color around the world, “many flowers are blooming” in the therapeutic garden. Around the world, indigenous therapists are asserting the power of their own traditional ideas and meanings and applying them to therapeutic practices. I believe that this is evidence of cultural democracy in practice. Far beyond just multiculturalism, which tends to be simply the inclusion of cultures and ideas other than European ones in the arena created by Europeans, cultural democracy is decolonization in practice. As the peoples of Asia, Africa, the Americas, and the Islands reclaim their own voices and

Property of W. W. Norton. Do not distribute.

xvi Introduction

speaking their own special truths about therapy and healing, we are finding that we have similar experiences, similar ideas, and even similar outcomes, which we can share with each other and with our Euro-descendant colleagues gladly. However, because we are now able to speak in our own voices, and our practices are mediated through our own traditional cultures, we also find that we can offer healing methods to our own communities that are received as familiar and authentic.

What follows in these pages is my own contribution to this beautiful flower garden of cultural, therapeutic decolonization and liberation.

This book makes three major assumptions:

1. Traditional Western approaches to family therapy are grounded in Eurocentric cultural ideas and practices that, when applied to the experiences of Black American families and other families of color, have the impact of continuing the psychological and cultural effects of colonizing control on those individuals.
2. Decolonizing family therapy practices for Black American people must be grounded in recognizing that coloniality has psychological, cultural, and social impacts on Black American people. Decolonizing therapeutic practice is grounded in intentional, culturally centered, liberatory methods aimed at challenging the structural and social realities that contribute to the relational and mental health problems affecting Black American families.
3. A narrative approach to Black American relationship therapy grounded in Black American culture, history, and knowledge rather than Eurocentric culture and knowledge is the first step in decolonizing and liberatory practice. This African-centered narrative practice posits that people understand and experience their lives through stories they tell about themselves. These stories are socially constructed and culturally mediated. For Black people, these stories exist in a political context of cultural hegemony and resistance to it.

Testimony Therapy: Decolonizing Mental Health for Black Therapists and Clients outlines my efforts over the past three decades to decolonize my own

Property of W. W. Norton. Do not distribute.

Introduction xvii

work as a therapist working primarily with Black people. This book begins by expanding on the idea of narrative therapy and challenging some of the cultural assumptions of the narrative approach. This cultural challenge is initially reflected in my use of the term *testimony therapy*, borrowed from the Black American cultural tradition of storytelling about oneself, which is referred to as *testifying*.

While all people experience their lives narratively, cultural community stories are mediated through meanings that cannot be generalized across cultures. The cultural meaning of story is experienced differently in communitarian, orally-based cultures like that of Black American people. This means that even the idea of family will be experienced differently between cultural communities. This has rarely been acknowledged in family therapy, including narrative theories of the past 60 years. Thus, both Black families who consult with therapists and Black therapists find themselves forced to fit into a colonizing dialogue that is often alien to and oppressive of their own indigenous cultural context. Additionally, both Black and non-Black therapists often find themselves confused, frustrated, and disappointed when Black clients are unresponsive or seemingly resistant to efforts to help them through traditional family therapy approaches.

This book illustrates that family and community are two critical ideas that give meaning to the story or testimony that Black Americans share about themselves to each other and to the world. This is even more clearly demonstrable currently as racist microaggressions and an apparent hardening of white nationalist and anti-Black sentiment are rising, along with marginalization of other nonwhite peoples in the United States.

When Billingsley's network of "numerous interlocking elements" and the communitarian context in which it exists is considered as *family*, we see that it both aligns with and stands culturally distinct from the new ideas about family therapy that are emerging. What is significant is that these are indigenous ideas coming from an indigenous source and not dependent on the expertise of nonindigenous thinkers. This book makes the strong point that in the Black American cultural context, family includes the various relationship possibilities of the kin network, and members of the kin network/family are influenced by the communitarian idea expressed in the South African concept of Ubuntu

Property of W. W. Norton.

Do not distribute.

xviii Introduction

(personhood): “Umntu ngumuntu ngabantu” or “a person is a person because of people.” This idea is translated by the Kenyan religious philosopher John Mbiti (1969) as “I am because We are and because We are, therefore, I Am.” This social/relational idea of the Black sense of personhood, as explained by Africana philosophers, is in contradistinction to the internal state psychology best defined by Descartes’s philosophical idea, “I think, therefore I am.” This African-centered relational idea of self has profound implications for how therapists approach the work they do with families and the people who engage each other in them.

Chapter 1 of this book answers the question, “Why is decolonization of mental health practice necessary?” The chapter introduces readers to the two most significant influencers of testimony therapy, the psychiatrist Frantz Fanon from Martinique and the Black American sociologist W. E. B. Du Bois. Using their concepts, such as Du Bois’s *double consciousness* and Fanon’s *alienation* and *zone of nonbeing*, I discuss the very real social, cultural, and mental health impact of coloniality on the lived experience of Black individuals.

I will be using fictionalized story examples based on a variety of people who have come to see me. While the characters in these stories are conglomerations of individuals I have met, the situations reflect issues that show how coloniality—as seen in social marginalization; daily experiences of microaggression; unequal economic, educational, and employment opportunities; and historical structural racism—impacts and disrupts relationships; creates experiences of self-doubt, internalized racism, and inferiority; and negatively impacts the mental health of Black communities.

In Chapter 2 you will learn that coloniality centers the culture, history, values, and knowledge of the colonizer in the everyday lived experience of the colonized, resulting in double consciousness and internalized racism, with no self-consciousness for the colonized. This often results in the inability of Black people to enjoy authentic self–other relationships with intimate others from their community. Most relationships with other Black people are mediated by the psychological and emotional presence of alienating white culture sitting at the center of all their significant experiences. This chapter describes the testimony approach of centering the culture, history, values, and knowledge of the Black American community in mental health practice. The chapter will demon-

Property of W. W. Norton. Do not distribute.

Introduction xix

strate how intentionally privileging Black people's culture in therapeutic conversations and practice creates liberated spaces for therapy that seeks change not only in individuals but for the wider community. Because of internalized racism, decolonization requires that we move the center from the colonizer's culture to the culture of the colonized. These concepts are illustrated with stories and case examples demonstrating the importance of cultural understanding in the therapy room.

Chapter 3 is a discussion of the theory of testimony therapy with a closer and more detailed explanation of both the similarities and differences from narrative therapy. Here we explore the meaning of "giving testimony" in Black cultural tradition and the significance of call and response in a conversation for coconstructing a story. The chapter describes the importance of understanding Ubuntu, which is a communitarian-relational notion of the self. This concept challenges traditional Western ideas of individualistic internal state psychology. This difference can have radical implications for how we practice therapy. It means that all therapy is relational even if only one person is in the therapy session. This chapter also discusses the importance of distinguishing testimony's use of orality as the guiding metaphor of how we tell stories, rather than the use of literary metaphor, as is the practice of traditional narrative therapy. This is a significant difference that gets to the heart of the meaning of story in the culture of Black people and how stories are told with a focus on orality. Here we will discuss the importance for the therapist of listening to the rhythm and beat of a conversation and understanding the importance of the body as an instrument of telling the story in the therapy room. In this chapter you will learn the importance of the therapist's use of self and making the therapist's emotional experience of therapeutic conversations a tool for healing.

Following up on the previous detail of testimony therapy theory, Chapter 4 focuses on the practice of therapy and how it is applied in the therapy session. Using stories and case examples, this chapter introduces practices and techniques I have developed to help clients give their testimony. The chapter demonstrates practices such as the four healing questions, as well as using bridging questions to encourage deeper reflection. The chapter explains how the testimony therapist uses artifact exploration, which invites people to share significant material artifacts from everyday life to discover deeper meanings

Property of W. W. Norton. Do not distribute.

xx Introduction

and ideas that may have been hidden to them. This chapter discusses the practice of creating knotted codes, which are short, open-ended stories, and guiding clients with questions to unknot the story and help clients discover solutions to problems that have troubled their lives. The chapter also explores the use of *problematizing questions* and the importance of the therapist's focusing on and demonstrating curiosity about the victorious moments that run counter to the doom-and-gloom, problem-saturated stories that clients may bring into a session.

In Chapter 5, we shift our focus from a therapy of decolonization to a decolonizing approach to supervision for new therapists. A critical focus of this chapter is the importance of determining who will take up the ethical challenge of refusing to be gatekeepers for the status quo and who will be caretakers committed to accepting their assigned roles in an oppressive society. Testimony approaches to clinical supervision, like testimony therapy, are collaborative, culturally centered, and intentionally focused on developing therapists who have a decolonizing view of mental health. This chapter explores how testimony theory and practices can be used with therapists in training and how supervisors can use communitarian approaches and orality as metaphor, Ubuntu, problematizing questions, and therapists' use of self to help rising therapists develop sound, ethical decolonizing practices.

Chapter 6 involves a discussion of the long-sought solution for repairing the effects of enslavement and racist discrimination of Black people in America: reparations. This chapter pays attention to the long history of this demand, which often is thought of as only a demand for financial repayment for unpaid slave labor, and refocuses our attention to the question of repairing the emotional and spiritual damage that oppression causes, using testimony therapy principles as a way to tell the wider story of the Black community's experience of oppression and resistance in organized truth and reconciliation circles (similar to the efforts in South Africa after the defeat of the racist apartheid government).

The concluding chapter speculates on what a liberated and decolonized future could look like. Through a series of dialogues and interviews with narrative therapy practitioners from other cultures, we put cultural democracy into practice and let the thousand blossoms bloom! Chapter 7 creates a vision

Property of W. W. Norton. Do not distribute.

Introduction xxi

for a society that honors the cultures of all its people and is committed to a cultural democracy. The chapter imagines what mental health practice can be like if the various cultural communities that make up our society are free to mine their own histories and cultural resources to discover healing practices and storytelling traditions which speak to their unique communities. The chapter emphasizes the importance of developing indigenous therapists from our various communities and the importance of these therapists taking healing practices beyond the therapy room into wider communities. The chapter provides several examples of culturally centered approaches to narrative practices that, like testimony, rely on the indigenous traditions of their cultural communities. This chapter demonstrates that there is a rising tide of culturally centered decolonizing therapy practice which portends a more liberated future for the practice of mental health, both in the United States and in the international community.

As I've indicated above, though all the case examples and dialogues presented throughout the book are from my own work with people who have come to me for support, none of the people, situations, or conversations described in the case examples represent specific individuals. They are all composites that I created to simulate clients, situations, and conversations that I might encounter and experience in the therapy room.