Rethinking global psychology: The need to consider history and politics, especially by incorporating revolutionary perspectives from the Global South

By Malak Paschke

1 What is the problem, the void? - Everything begins with violence: the (post-)colonial imprint

Colonialism has shaped academic psychology in the Global North, subordinating and suppressing the perspectives of countries in the Global South, their diverse cultures and traditions, to a constructed norm. The history of this marginalisation is deeply rooted in the language, logic and reproduction of racist stereotypes in psychology, such as the perpetuation of the claim that Black people are 'lazy'. This notion was created by colonialism, enslavement and racism in the fields of medicine, psychology and psychiatry. Enslaved people who wanted to escape from captivity were diagnosed with invented disorders such as "drapetomania" or "dysaesthesia aethiopica". "Dysaesthesia aethiopica" meant something like "pathological laziness", which was attributed to them if they resisted and rebelled against their oppression or wanted to escape from enslavement. The invention of disorders to pathologise the natural urge for freedom is now regarded as an example of racially motivated pseudoscience, which led to criticism of psychiatry.

European colonisation had and still has a profound impact on the population and the psychological dynamics of colonisers and colonised. The culture and traditions of the indigenous populations were devalued, denigrated and violently suppressed. The appropriation, subjugation, enslavement and exploitation of indigenous populations were justified by doctrines (scientific teachings) that asserted the primitive, inferior or sub-human status of other population groups. Belonging to dominant white North American and white European groups was associated with the status of a "true" human being, while colonised groups of the Global South were reduced to the status of incomplete, not "full" persons, deprived of dignity, self-determination, social protection and often life itself through systematic violence or genocide. The distinction between dominant and marginalised groups was characterised by dehumanising language and was based on cultural and religious (non-)affiliation and phenotypical characteristics such as skin colour, hair, facial features and physique. In the racist hierarchies established by European colonisation and imperialism (racial theory), in which humanity was divided into four "races" based on phenotypical characteristics, white Europeans (also known as "Caucasian", coined by Johann Friedrich Blumenbach) were at the top. They were associated with rationality, perfection, aesthetics and beauty, whereby whiteness was associated with a superior identity. People from the African continent were labelled as "black" and degraded as the "lowest" people. Being black became a sign of otherness and inferiority, and gradations of skin colour marked social status. The notion of moral, intellectual and cultural inferiority, which was formulated in biological terms in the scientific discourse of the time and is still partially reproduced in textbooks today, justified the total dominance of white Euro-American people and the exploitation of colonised and enslaved people. Their experiences of violence have had a damaging impact on colonised populations, including the deformation of the self. The identity of survivors has been experienced as a state of inner turmoil, leading to self-doubt, self-devaluation and inner turmoil. W.E.B. Du Bois (1903/2008) described it as a state of double consciousness in which the person is constantly torn between two incompatible modes of consciousness. Frantz Fanon (1967) described how this self-alienation could arise from the internalisation of the white gaze of the other. According to Fanon, Black people are denied phenomenological maturation (human experience in the sense of inner

experience - consciousness) because their everyday experiences and interactions with the environment are subject to a "superego" constructed by dominant white supremacy. As a result, anti-Black experiences of racism implant/indoctrinate inferiority complexes in the psyche of Black people, leading to a distortion of Black consciousness and identity. As a result, the remnants of colonial hierarchies continue to characterise the subjectivity of the self and personality.

Sources:

- Global Psychologies Mental Health and the Global South: Mental Health and the Global South, Suman Fernando, Roy Moodley: https://www.researchgate.net/publication/326922733_Global_Psychologies_Mental_Health_and_the_Global_South_Mental_Health_and_the_Global_South

- The Marginalisation of African Indigenous Healing Traditions within Western Medicine: Reconciling Ideological Tensions & Contradictions along the Epistemological Terrain Ingrid Waldron, Dalhousie University:

https://tspace.library.utoronto.ca/bitstream/1807/24423/1/9.1_waldron.pdf

2 What needs to change? - Who am I really?

The "white gaze" still permeates every facet of life today, from appearance to language to the prevailing psychological theories shaped by white people and their perspectives. Black people were portrayed as inherently inferior, accustomed to a dehumanised life, sexually permissive, intellectually limited and prone to violence; blackness symbolised evil, doom, chaos, corruption and impurity in contrast to whiteness, which was equated with order, prosperity, purity, goodness, cleanliness and the embodiment of beauty.

So how can non-white people or black, indigenous and people of colour find out who they really are without the "white gaze", experiences of racism and discrimination and marginalisation/experiences of violence? Possible starting points are the concepts and approaches of Black Consciousness (Psychology of Black Consciousness) and Liberation Therapy (Psychology of Liberation).

2.1 Black Consciousness (Psychology of Black Consciousness)

According to Frantz Omar Fanon (1925-1961), a former French psychiatrist, politician, writer and pioneer of decolonisation, Black Consciousness is based on the idea of Black self-consciousness, self-determination and resistance to the white gaze. This includes an analysis of identity as a critical component of mental liberation. Central to this is the development of a wholesome Black identity that moves away from the idealisation of whiteness and white culture towards a critical awareness of one's own social positioning and a psychological liberation from oppression.

The approach of Steve Biko, a well-known civil rights activist and founder of the Black Consciousness Movement in South Africa, is that our understanding of ourselves in society can be changed through our actions. With his statement "A people without a positive history is like a vehicle without an engine", he emphasises that racist contexts negatively shape people's decisions and ways of thinking

and at the same time history can be changed by thinking and acting differently. In order to create a Black consciousness, the stories of Black people from the past must be rewritten from the perspective of Black people, creating heroes who form the core of the African background. This reframing allows for new possibilities to be imagined and encourages Black people to discover their own heroes from theory, activism and also art to learn in communities and for themselves.

Biko argues that the positive stories we tell about ourselves can help us to strengthen our self-image and mobilise freedom of choice in our lives. In his view, freedom is the ability to define yourself with your possibilities, which is not limited by other people's power over you, but only by your relationship with yourself and the natural world.

Thinking in terms of Black Consciousness can lead to Black, Indigenous and People of Colour people seeing themselves as complete beings and expressing all facets more freely. This can lead to liberation from relationships of dependency and the expansion of freedom of choice.

2.2 Liberation therapy (psychology of liberation)

Martín-Baró: "How instructive it is to see mental health not as a result of the inner workings of the individual, but as a manifestation, in a person or group, of the dehumanising or alienating character of a framework of historical relationships."

In the 1970s and 80s in El Salvador, the theologian, social psychologist and Jesuit Ignacio Martín-Baró SJ developed a "psychology of liberation" inspired by the basic ideas of liberation theology, which was also influenced by black psychology. The psychology of liberation attempts to understand the psychology of oppressed communities by uncovering socio-political structures in order to promote critical awareness, emancipation and transformative actions by individuals. In terms of trauma work, for example, this means that (discriminatory) political and social structures and systems of violence are seen as traumatising instead of pathologising victims of political violence with the diagnosis "traumatised". In terms of trauma work, for example, this means that (discriminatory) political and social structures and systems of violence are seen as traumatising instead of pathologising victims of political violence with the diagnosis "traumatised". The psychology of liberation emphasises that the "individual" is inseparable from the "socio-political" and that recognising this inseparability is liberating for both. According to Martín-Baró, psychology/psychotherapy must deal with "3 urgent tasks":

2.3 The recovery of historical memory

This involves coming to terms with one's roots, recognising one's origins, community identity and history in order to gain self-knowledge. This "historical memory" is important for the interpretation of one's own feelings in the present: this provides a basis for a more autonomous determination of the future.

2.4 The de-ideologisation of everyday experience

This means creating a "critical distance" to one's own habits and ways of perceiving the world. Our worldview as well as habits are to be presented as a problem to be critically considered and explored rather than as "facts"... When what was previously seen as "natural" is recognised as something that "is not the whole story", space is opened up for reflection in which other, previously unarticulated

stories come into focus. Efforts must be made to challenge or break down racist and discriminatory stereotypes in order to create a new self-image.

2.5 Utilising the virtues of people

It is crucial to adopt an empowerment-orientated approach to support individuals to live a better life. This includes emphasising resilience and agency, meaning that strengths, resources and potentials that are used to cope with stressors / experiences of social violence should be transformed into tools for liberation.

Liberation psychology refrains from focussing only on the individual and "personal problems", as is often the case in Euro-American academic psychology. Instead, liberation psychology seeks to understand the whole person in the context of their social, political, cultural and historical environment. This means that discomfort in therapy is not only seen as a personal problem, but also in the context of societal influences that cause discomfort to the individual. In the practice of the psychology of liberation, the causes of psychological suffering are not only attributed to the individual and the direct circumstances of life, but suffering is seen as the result of environmental conditions and social structures to which individuals or groups are exposed. This helps people to understand how they position themselves in the power structure and how they participate in it.

Source:

- Toward a Psychological Framework of Radical Healing in Communities of Color, Bryana H. French et al, The Counseling Psychologist 2020: https://ir.stthomas.edu/cgi/viewcontent.cgi?article=1001&context=celc_gradpsych_pub

3. how can something change? - What is the "right" way?

I cannot claim to know the "right" way, as such an assumption would subject me to a socialisation shaped by power and dominance. Everything that has been shared serves as inspiration and points in directions that provide space for reflection and critical engagement with our privileges, history and the politics of the Global North.

Global health spaces should be deconstructed and designed with transformative tools created by indigenous, grassroots and majority world communities. The voices of the most exploited, oppressed, violent and marginalised people must be heard in the political, educational, health, economic and justice sectors. Tables must be built by and for them.

At which, among other things

- Are comfortable with diversity and fluidity: It is a colonial construction that everything is rigidly defined and must have only one definition. Everything is in a constant state of flux and change. We need flexibility in our thinking and actions in order to be able to constantly adapt to the circumstances. We achieve this by being willing to keep learning, to explore new ways of thinking and to challenge and critically scrutinise habits and patterns.

- The work and perspectives of majority world communities must be prioritised: The voices of indigenous and (neo)colonised decolonial and anti-colonial liberation movement scholars, thinkers, strategists and activists must be at the centre of all (decolonial) efforts, where the lived realities of BIPoC communities, LGBTQIA+ communities, people with disabilities/chronic illnesses and women are considered from the outset.

- Intersectionality and interdependence are placed at the centre: The health of communities around the world is influenced by social and structural determinants, such as neoliberal economic world trade policies, that create and reproduce national poverty, reinforce dependency and neocolonialism, and lead to poor health outcomes at home and abroad. These dynamics of exploitation and extraction are still perpetuated today within systems of capitalism, patriarchy, white supremacy, (post-)colonialism, racism, anti-Black racism, ableism, homophobia/transphobia and xenophobia. Thus, mutually reinforcing systems of oppression that underpin coloniality in global health and beyond must be dismantled. Therefore, demands for restitution of stolen lands to indigenous communities and compensation for the colonised, disenfranchised, racialised and oppressed people should be an integral part of global health. It should also be recognised that human health is dependent on animals, plants and (an intact) environment, which play an equally important role in health promotion/care.

Whichever path you choose, I feel the most important thing is to recognise complicity and eliminate harmful practices. All practices take place within a colonial framework, making it easy to think and act in service of these colonial practices and policies. Even though medical and psychotherapeutic professionals from the Global North may assume they are fighting colonial practices and policies with their work in the Global South, it is essential for all actors to be aware of their own role, to reflect on their actions, intentions and views, and to ask themselves how they contribute to maintaining, reinforcing or changing the existing colonial order. This reflection must not only take place on an individual level, but also on an institutional level. Institutions in the Global North must be able to critically rethink and deconstruct their practices and policies and establish new structures that enable intersectional and holistic perspectives in order to bring about the changes necessary for equitable and inclusive global health promotion and care. This requires first and foremost recognising the profound impact of colonialism and imperialism on the world and the global health system.

Source:

- Author: Dr Ijeoma Opara, Plos. (2023, 14 November). It's time to decolonize the decolonisation movement - speaking of medicine and health. Speaking of Medicine and Health. https://speakingofmedicine.plos.org/2021/07/29/its-time-to-decolonize-the-decolonization-movement/

Thank you for reading.

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