

## Colonial continuities in psychology - a critical look at power relations in psychosocial care

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### 1 What is the problem / the gap?

Psychology and psychotherapy are characterised by a Eurocentric world view. In their diagnosis and treatment of mental disorders, they exclusively include Western realities of life and world views (Mills, 2014). Western beliefs, i.e. those from the global North, are seen as universally valid, while non-Western knowledge systems and healing practices, i.e. those from the global South, are suppressed or subordinated.

This view is based on a colonial notion of normality and deviance. It is based on the understanding that colonialism encompasses not only the regional and material exploitation of territories, but also the creation of a hegemony of knowledge, values and belief systems. Western psychology thus provides a universal explanation of normality and health, while non-Western expressions of mental health and healing are seen as deviant, different, if not harmful.

This process is described by Edward Said (1978) in his book "Orientalism" as "othering". It reinforces the dichotomy of racist stereotypes of the colonial era of the "rational, modern, progressive" global North and the "traditional, backward, irrational" global South. The global North thus assumes a superior position and constructs a supposedly "other", "foreign" culture in order to consolidate its own identity and power (Said, 1978). Consequently, so-called "traditional" healing methods are only given a place in the global North when they are categorised as scientifically sound from a Western perspective - often through cultural appropriation.

The hegemonic power relations described above can be reflected, for example, in the implementation of so-called MHPSS (Mental Health and Psychosocial Support) projects in the Global South by international NGOs. They are based on the belief that people in the Global South do not have a "scientific" understanding of mental health and treatment, but are dependent on it. Psychologists are predominantly sent from the Global North to impart their supposed expertise in the Global South. In doing so, they often unconsciously spread Eurocentric knowledge about mental health and reproduce structural inequalities. The use of the language of the colonial powers alone unintentionally promotes the subordination of a colonial language system and reproduces a hierarchy in the use of language. It is not only the dissemination of Western languages, theories and practices that reinforces an ongoing system of ideological oppression. The recommendation of psychotropic drugs can also lead to a dependence on external resources and pharmaceutical companies, suppressing, if not suppressing, local healing methods (Mills, 2014).

On the other hand, relationships on an interpersonal level are not exempt from hegemonic power relations. This is particularly visible when, for example, psychologists or psychotherapists from Western countries work with people from former colonies. According to Frantz Fanon in "Black Skin, White Masks" (1952), the colonial oppression of Black people has an impact on the psyche in the form of internalised self-rejection and identity crises. As a result, their own identity and culture is denied and subjected to the norms, values and prejudices of white people. BIPOC (Black, Indigenous and People of Colour, hereafter abbreviated to BIPOC) can therefore lose themselves in such a therapy or counselling space and become the narratives that define white people for them. Since resistance by indigenous peoples during colonialism is often excluded from historiography (Trouillot, 1995), these are often colonial narratives of passive victims. It is important to question whether these often unconscious, violent relationship dynamics can be overcome on an interpersonal level in such a therapy space.

Particularly in view of globalisation and migration worldwide, psychology in German-speaking countries has increasingly responded to this criticism. In response to the Eurocentric theories and concepts of psychology, transcultural psychotherapy and ethnopsychology, for example, have become increasingly important. Both aim to develop culturally sensitive psychotherapy, while ethnopsychiatry in particular attempts to integrate explanations and healing practices from the respective culture into the treatment. Even though both fields of research provide important theories and practices for a critical examination of Eurocentric psychology, they unfortunately also often have a hierarchical or exoticising view by contrasting the "own" culture with a "foreign" one.

## 2. What needs to change?

Recognising cultural differences alone is not enough to eliminate colonial continuities and do justice to the psychological care of BIPOC. Power relations and hierarchies must be taken into account at all times, whether in research, humanitarian aid, psychotherapy or counselling. This means that it is essential to take historical and political contexts into account and to continuously scrutinise one's own role. It should be universally recognised that there are no universal, objective assumptions about mental health. Behaviours or beliefs of people from the Global South must not be further pathologised or exoticised.

It is to be welcomed that more and more psychologists are emphasising training in racism and culturally sensitive psychology. This is an important first step towards addressing the criticism described above. However, in order to be able to raise awareness in these trainings, it is also important that they critically address colonial continuities and give more space to the voices of people from marginalised groups. But can increased sensitisation of white psychologists really break down the privileged position? Even if this is not the case and unequal power relations continue to exist, knowledge about one's own postcolonial entanglements is still indispensable. This is the only way to prevent psychologists from unconsciously perceiving themselves as omniscient people, even if this knowledge is attributed to them by people from the Global South.

It should also be borne in mind that confronting one's own privileges and power relations can go hand in hand with a feeling of guilt. The need may arise to free people from the Global South from the colonial continuities and identity crises described above. This attitude can in turn lead to disenfranchisement. People in the Global South are certainly capable of critically analysing colonial

continuities themselves. Fanon therefore calls for society as a whole to change. It must be possible for BIPOC to fully accept and live out their own identity and culture without having to submit to values, norms and narratives.

### 3. How can things change?

In order to decolonise psychology and psychotherapy, individuals, organisations, research and teaching must first become aware of the colonial past. Postcolonial theories need a firm place in psychology.

The effects of social power and domination relations must be analysed more intensively in psychological research. To this end, more people from the global South must be given the space and recognition to apply non-Western healing and explanatory approaches. There needs to be collaboration between Western psychologists and non-Western healers and an integration of both approaches. The examination of theories and practices from the global South should take place free from the valorisation and exoticisation of the "other" culture. In order to avoid hegemony in the explanatory approaches, it is essential to reflect on the researcher's own colonial involvement.

The resulting realisation that there is no universally valid definition of mental health and disorder must also find its way into the teaching of psychology in the global North. Socialised in a society that does not speak comprehensively about its colonial heritage and in which racism is structurally, institutionally and everyday anchored, neither BIPOC nor white people can live free from hegemonic power relations. Psychologists and psychotherapists must therefore be taught critical postcolonial theories throughout their training. Teaching ethnopsychological and transcultural theories and participating in culturally and discrimination-sensitive training is a start, but is not enough.

The psychological work of international NGOs should also ensure that people from the respective country are involved in deciding what constitutes psychological suffering and healing, instead of being subordinated to Eurocentric world views in top-down interventions. Knowledge systems from the Global South should not only be "integrated", but also understood as expertise. It should not go unmentioned that many NGOs are already endeavouring to respond to the criticism of a lack of diversity in staffing, for example. The question arises as to how an organisation can free itself from colonial continuities if the leadership is primarily made up of predominantly white people from the Global North. The question of whether countries of the Global North can provide decolonial "aid" at all is fundamentally controversial. This also raises the question of whether countries of the global South are at all dependent on "aid" from the global North, which bears the main responsibility for current conditions. Should such interventions therefore be completely abolished in order to prevent ongoing colonisation? As controversial as this issue may be, the organisations are at least responsible for psychologists from the global North who are sent to the global South, and therefore also for the knowledge they disseminate. It should be ensured that not only culturally sensitive psychological interventions are taught. A critical examination of one's own racism, colonial continuities in society and a post-colonial understanding of psychology must also be taught in mandatory preparatory training courses and used as a selection criterion for employment.

The WHO defines mental health as a "state of well-being in which the individual is able to fulfil his or her potential, cope with the normal stresses of life, work productively and fruitfully and contribute to

his or her community" (WHO, 2001). This text should serve as a motivation to recognise that well-being, the ability to fulfil capabilities, life stresses and communities are all influenced by colonial continuities. Only when the global North takes responsibility for the colonial hegemony of belief and knowledge systems can psychology work towards creating a just place of healing.

#### Literature:

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