

The Necessity of an Emic Paradigm in Psychology

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Abstract

This article provides an overview of developments in the field of Black/Africana/Pan African psychology over the past 50 years. It has evolved toward production of psychological knowledge grounded in an emic cultural paradigm consistent with the understandings emerging from classical African civilization and across the Diaspora. The historical context for the development of a Black/Africana cultural paradigm is discussed, including an analysis of the failure of Eurowestern psychology to effectively address the mental health needs of people of African ancestry, particularly as exemplified in the experience of Non-immigrant Africans in the Americas (NIAAs). Readers are introduced to the rise of African-centered cultural frames of reference, values, and psychological models, practices, and strategies. The development of Optimal Psychology or Optimal Conceptual Theory (OCT) is highlighted. OCT is a comprehensive theory successfully implemented, utilized, and researched for more than 40 years. The production of psychological knowledge built upon a cultural paradigm rooted in the wisdom tradition of African deep thought traceable to the birthplace of all humankind is essential to a comprehensive understanding of humanity and will be described.

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There is something wrong with a psychology and psychological analysis that leaves African descent people strangers to themselves, aliens to their culture, oblivious to their condition, and less than human to their oppressor.

—Hilliard (1997, p. xiii)

The Historical Context and People of African Ancestry

There are many cultural realities that have been experienced over the history of humankind, and no cultural group is monolithic. However, mainstream Western psychology as a discipline emerging from its particular cultural frame of reference has functioned as though the only reality of value is its own monocultural hegemonic frame of reference and mindset, often to the detriment of the rest of humanity and the planet. As descendants of those non-immigrant Africans captured, kidnapped, enslaved, and trafficked to the Americas to build their captors' personal and national wealth, ours has been a unique experience in human history. It is worth noting that while this article focuses on Non-immigrant Africans in America (NIAAs), African descendant immigrants face many of the same challenges as NIAAs in contemporary times due to White supremacy, as do other People of Color (POC).

History demonstrates the need for psychological knowledge capable of examining, understanding, and explaining human development beyond the bounds of mainstream Western psychology. Our ancestors' Eurowestern captors, their progeny, and their cultural frame of reference had to be called into question given the nature of their historic and ongoing behavior and the psychological functioning that produced it. In 1968, the Association of Black Psychologists (ABPsi) was formed to address this critical need for psychological analyses and conceptualizations capable of explaining horrific historical and cultural realities, as well as the true nature of mental health and how to achieve it. Thus, the field of Black/Africana/Pan African, also known as African psychology, emerged.

To illustrate, NIAAs endured over 250 years of caste enslavement as chattel without any human rights whatsoever and continued over the next 150 years to experience unprecedented systems of dehumanization legalized

through Jim Crow laws and the savagery of White supremacy generally socially sanctioned. These non-immigrant Americans of African ancestry fought against the domestic terrorism of lynchings and other socially endorsed atrocities. Despite serving as the moral and spiritual leaders of the fight for civil rights for all, the most recent past 56 years have required the struggle for social justice and equity to continue in the face of unrelenting economic and educational disenfranchisement, redlining, mass incarceration, no accountability for blatant police brutality and killings, rampant disparities in health care, the ecological imbalance of environmental racism, and higher mortality rates. What has been the psychological impact of enduring centuries, multiple generations, of anti-Black racism and terrorism? What role has mainstream Eurowestern psychology played in fostering, sanctioning, and/or promoting these heinous practices and processes? The psychological knowledge produced from the mainstream Eurowestern cultural frame of reference has proven inadequate to address a psychological expansiveness capable of meeting the needs of humanity in general. Even less capacity has been demonstrated to fully explore the unique experience, health, growth, resilience, and development of people that cultural mindset enslaved, colonized, and continues to subjugate and exploit, like NIAAs. Psychological knowledge grounded in more holistic and integrative cultural frames of reference is essential to the sustainability of humankind.

Emergence and Articulation of Culturally Congruent Paradigms

The importance of pursuing and developing psychological knowledge relevant to all cultural groups has been known and acknowledged for well over a century (Blyden, 1890). One of the primary goals of the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests (CNPAAEMI), created in the early 1990s, was to promote research and understanding using alternative cultural paradigms. In 2016, CNPAAEMI presented a symposium at the American Psychological Association (APA) Convention toward the fulfillment of that goal. Criteria used to identify psychological knowledge production fitting within the category of an “alternative cultural paradigm” were developed and articulated by Linda James Myers (2016) who presented at APA on behalf of the ABPsi. She outlined the following: a culturally congruent paradigm (a) utilizes ontological, epistemological, and axiological assumptions consistent with the particular cultural frame of reference which likely differs from those commonly propagated in mainstream Western psychology; (b) provides an understanding of and appreciation for the lived experience and strengths of the cultural group not

identified or captured in mainstream cultural analyses, for example, the development of a nosology that speaks to healthy and/or pathological markers of oppressed, disenfranchised, and/or dehumanized people; (c) is not reliant on a Western worldview or perspective, but rather pushes psychological knowledge production toward a broader, inclusive, more expansive understanding of humankind, for example, it engages ancient and sacred texts that predate Western civilization; and (d) has the capacity to identify, acknowledge, and appreciate the heights of knowledge across cultural groups, for example, seeks to examine the convergence of knowledge across cultures in an inclusive, comprehensive, cohesive, and coherent manner.

These criteria were identified in the development of the theory of Optimal Psychology (Myers, 1988/1993) rooted in understandings comprehensive enough to include humanity's earliest historical records from classical African civilization. Premised on the awareness that knowledge is infinite, these parameters are offered as a solid base to be built upon as the field develops and additional work is done in the area. This four-tiered outline provides a model and strategy for future and further development. The use of the term "alternative cultural paradigm" is meant to acknowledge that the Eurowestern paradigm is insufficient and other cultural paradigms are needed to more effectively address the human condition and advance human welfare individually and collectively. This need reflects the hegemony of the Eurowestern paradigm which itself emanates from its own particular cultural perspective, although typically presented as if it were universal from an etic perspective. Eurowestern approaches are actually indigenous to Eurowestern populations. As Africa is the birthplace of all humankind, according to the most current biogenetic, linguistic, archeological, and anthropological evidence, African-centered psychology can be reasonably considered universally applicable. African-centered psychology is an indigenous, emic source of knowledge grounded in the wisdom tradition of African deep thought and is culturally congruent for NIAAs. Such cultural "carry overs" can be identified throughout the globe, not just among people currently acknowledging African ancestry (Bynum, 1999). Consequently, an African-centered paradigm would be the most logical default position from which to understand people of African descent.

Emergence of Black/African/Africana Psychology

Even a cursory examination of NIAAs' long arduous history demonstrates how the development of psychological knowledge capable of explaining their unprecedented resilience and triumph, as well as the behavior of their captors and their progeny, is warranted. Black/Africana psychology emerges

as a production of knowledge built from cultural realities nondominant in this society. Contemporary pursuit of far-reaching culturally relevant and appropriate examinations of the experiences of Black people across time and geography was begun by ABPsi and continues.

ABPsi's mission is "the liberation of the African Mind, empowerment of the African Character, and enlivenment and illumination of the African Spirit" (Obasi et al., 2012, p. 660). Black/African psychology offers culturally relevant theories from which to understand the behavior of people acknowledging African descent based upon an African-centered approach grounded in African spirituality, philosophy, and history (Akbar, 2004; Jones, 1991, 1999; Obasi et al., 2012; Parham, 2002). With the emergence of Optimal Psychology (Myers, 1988/1993), also referred to as Optimal Conceptual Theory (OCT), we find the production of psychological knowledge built upon a cultural paradigm specifically rooted in the wisdom tradition of African deep thought from classical African civilization positing tenets applicable to all of humanity. Through comprehensive analysis traceable to the earliest historical records of our African ancestors, proliferation of this cultural orientation throughout the world has been well documented (Bynum, 1999).

Race is a social construct which was created and propagated most strongly by the European enslavers of African people and their progeny, including the "founding fathers" of the United States of America. The socially sanctioned and legalized systems of dehumanization and atrocities carried out against hundreds of millions of African people, kidnapped and trafficked to the Americas to build personal and national wealth, were supported and normalized by Eurowestern psychology. As a field of study, Eurowestern psychology endorsed the heinous nature of the materialistic mindset underpinning race/racism/White supremacy. Reinforcing and propagating the narrative of Black inferiority, Eurowestern psychology furthered this socially sanctioned idea providing a rationale for institutional racism. Numerous researchers have documented the history of anti-Black racism in Eurowestern psychology, describing how it has fostered racist views of Blacks/African Americans (Guthrie, 1998; Kambon, 1998; Sue et al., 2020). Mainstream Western psychology has played a key role in propagating the belief that healthy, efficacious behaviors of Black people are insane, while self-destructive, pathological behaviors are perceived as sane and normal. For example, drapetomania, described as the "flight from home madness" during slavery, was the mental illness diagnosed by the Western-trained mental health professionals of the day in enslaved Africans who tried to escape their captors. Yet another diagnosis, dysaesthesia aethiopica, was assigned to enslaved Africans who were believed not to be working hard enough, which justified the

captors' beatings and brutal treatment (Guthrie, 1998). In contemporary times, during the civil unrest of the Civil Rights Movement, the definition of schizophrenia morphed to include aggression and hostility. Metzel (2010) documented that psychiatry perceived these protests as representing psychotic illness. So, the nonviolent protests of African Americans seeking civil rights and the elimination of legal disenfranchisement were seen as abnormal and indicative of mental illness. The diagnosis of schizophrenia was overwhelmingly applied to African American protestors, thereby reinforcing the racist status quo where sane behaviors were seen as aberrant.

A number of resultant mental health challenges have been identified among the descendants of NIAAs, of those who endured severe multigenerational abuse and trauma, including identification with the aggressor, alien-self disorder, anti-self disorder, and post-traumatic slave syndrome, among others (Akbar, 1996; DeGruy, 2005). These psychological concerns were identified by scholars and mental health practitioners whose culturally syntonetic view gave birth to Black/Africana psychology. A seminal leader in the field of Black Studies, Maulana Karenga (1992), described three schools of thought in Black Psychology: traditionalist, reformist, and radical. The Traditionalist school takes a defensive or reactive posture aiming to alter overtly racist aspects of mainstream psychology and attempts to change White attitudes through assimilation. The Traditionalist perspective is invested in the mainstream theory and approach. On the contrary, the Reformist school assumes that African Americans do not have a culture of their own and sees development within the context of mainstream Western theory. Nonetheless, it is critical of an overemphasis on deficits and assimilation. The Reformist perspective seeks to modify or adjust Eurowestern psychology to "fit" the experience of African Americans. The Radical school emphasizes the analysis, healing, treatment, and transformation of Black people going well beyond mainstream Western psychology. Liberation psychology of the Radical school promotes an African cultural frame of reference, promoting change through research/scholarship, activism, and praxis.

Writings, Approaches, and Practices of Black/African/Africana Psychology

Black/Africana psychology, particularly within the Radical school, builds upon classical African civilizations to present day. According to Nobles (2013, p. 292), African-centered psychology is a synthesis of African principles, values, and traditions. There is a "self-consciously 'centering' of psychological analyses and applications in African realities, cultures, and epistemologies." Moreover, Black/African psychology consisting of

African-centered theoretical frames of reference and research emerges in different ways (Azibo, 1989; Baldwin, 1984, 1986; Myers, 1985; Nobles, 1974, 2006). Although there are unifying principles and values that are considered African-centered, there are multiple African-centered therapeutic practices within African philosophy and the African-centered framework. There is, however, one African-centered theory of human development, OCT, that is grounded specifically in the wisdom tradition of African deep thought traceable from classical African civilization in the Nile Valley through West Africa to America (Myers & Anderson, 2013; Myers et al., 2018; Myers & Speight, 2010). African-centered theories carry a few common principles including the prominence of spirituality, interconnectedness, collectivism, and self-knowledge (Ebede-Ndi, 2016; Myers, 1985).

A few noteworthy African-centered models will briefly be covered here. Early on, Nobles (1976) discussed the scientific investigation of the “Negro self-concept” in terms of the scientific colonialism model, which comprises an external power base, rights of access and claim, and removal of wealth. According to Nobles, the Negro self-concept literature is a prime example of scientific colonialism where a Eurowestern framework makes African reality incomprehensible. Nobles argued that understanding the African self-concept comprises extended self-philosophy, being one with nature, and survival of the tribe. Nobles attributed psychological confusion of Africans in America to the domination, oppression, and subjugation by European peoples and their worldview. The African person who denies or is forced to deny the philosophical basis of their Africanity is caught between two opposing systems, resulting in confusion (Nobles, 2006). This confusion is created due to teaching the “Negro” that Euro-American culture is right and that they will or can be assimilated into it without being exploited by it.

Akbar (1985) developed an African-centered model called the community-of-self. According to Akbar, oppression is the essential cause of mental disorders within the African American community. Akbar argued that African Americans should create their own definitions of “normal” and “abnormal” grounded in an African worldview and culturally relevant to African Americans. Akbar (1991, 1996) identified four categories of mental illness among African Americans: Alien-Self Disorder, Anti-Self Disorder, Self-Destructive Disorder, and Organic Disorders. According to Akbar, the “alien-self” disorder is characterized by an individual who rejects their own natural dispositions, and thereby acts in detriment to their survival. This individual is materialistic and denies the social realities of their social and political oppression. The “anti-self” disorder is characterized by an individual who actively holds negative impressions and views of their own group. Individuals with this disorder desire to be part of the dominant group and they take on their

very views and dispositions to the detriment of the individual's group of origin. According to Akbar, victims of "self-destructive" disorders are actually victims of oppression. Individuals with self-destructive disorders try to survive in the hostile environment that oppression created, but ultimately fail and become self-defeating and resort to self-defeating coping such as addictions, crime, abuse, violence, and suicide. Individuals with "organic" disorders are severely mentally ill and may experience psychosis. Organic disorders are the result of physiological, neurological, or biochemical abnormalities. Akbar posits that organic disorders are also the result of a disordered and defective environment. He suggests it is the lack of balance between the different components of the self, including senses, emotional ego, memory, will, reason, and conscience, that results in mental illness. Akbar's intent for management of these imbalances is increasing self-knowledge and relying on the inner voice that connects an individual with their Creator as opposed to relying on external voices. The community-of-self facilitates self-acceptance, self-discovery, and self-preservation (Akbar, 1985).

Joseph Baldwin (1984, 1985, 1986), later known as Kobi Kambon (1998), developed the African Self-Consciousness Scale (ASCS), the Worldviews Scale (WVS), and the Cultural Misorientation Scale (CMS) in an effort to measure personality, mental health, and social variables that characterize the Black experience in the context of Western culture. Kambon suggested that oppression significantly affects African Americans' psychological functioning. Thus, he framed mental health concerns of African Americans as distortions of the African personality from its natural condition, coining the terms African self-extension orientation and African self-consciousness. The African self-extension orientation is the biogenetic basis for African personalities, which he argues to be innately distinct from European personalities. The ultimate expression of the African self-extension orientation is mediated by African self-consciousness, which is under conscious regulation and is, therefore, sensitive to environmental context. According to Kambon, the full expression of African personalities is contingent on the alignment of the African self-extension orientation with an appropriate African culture, or African cosmology. Kambon proposed that interventions should be aimed at reconciling African self-consciousness with African self-extension orientation. Such interventions would provide African social and institutional structures that serve to support and reinforce African self-consciousness, such as Africentric educational institutions, religious institutions, social activities, and rituals (Baldwin, 1985).

While Nobles, Akbar, and Kambon made monumental strides in their analyses, model development, and descriptions of the NIAAs' challenges inherent in the Eurowestern social context, still missing within the emic

cultural paradigm is the development of full theoretical frameworks inclusive of specific therapeutic approaches. Unfortunately, there have not been contemporary African-centered frameworks building upon and expanding the foundation laid by Nobles, Akbar, and Kambon. Myers's (1988/1993) OCT fills this gap by articulating a comprehensive approach for engaging therapeutic participants in the healing process as a means to individual and collective health, edification, and illumination. OCT includes strategies and processes for promoting growth and sustainable well-being and has been successfully implemented, utilized, and researched for more than 40 years.

More recently, Nobles (2015) and Nobles and Mkhize (2020) have affirmed the existence of the African Grand Narrative stemming from the voice of people of African ancestry, reflecting the subjective and collective ability to express the essential and authentic experience of life and living for African people. A Grand Narrative or cultural worldview reflects deep intrinsic beliefs as both descriptive and explanative discourse in which humans interpret and reinterpret their experiences. Historically, the Western Grand Narrative has been grounded in logical positivism, biological determination, social Darwinism, reductionism, and, more recently, postmodernism (Nobles, 2015). The Western Grand Narrative or cultural worldview has shaped what is seen as normal and supports a mindset that is grounded in ideations that privilege difference, aristocracy, elitism, classism, racism, sexism, genetic inferiority, caste attribution and value, empiricism, and rationalism as the only way to know and understand (Myers, 1988/1993; Nobles, 2015).

Much like the work introduced by Myers (1988) and collaborators (Myers et al., 2018) with the development of the theory of Optimal Psychology, Nobles and Mkhize (2020) discuss the African Grand Narrative based in "Kmt-Nubia/BaNtu-Kongo" thought grounded in the classical civilizations of Kmt (Egypt) and Nubia, and the ancient beliefs of the BaNtu and Kongo people. This African Grand Narrative supports the premise that reality is "Spirit" and that a particular process of knowing emerges from African genesis or creation myths, the meaning of being human, and the concept of life and death. According to Nobles, "Spiritness" pertains to the condition of being spirit as distinct from "spirituality" which pertains to having the quality of "being spiritual." One formulation of this African Grand Narrative being referred to has been demonstrated to provide a sense of personhood, synergy, interconnectedness, circularity, holism, and collectivism grounded in African epistemological reflections (Myers et al., 2018).

Articulated as a firm part of the ABPsi mission, Nobles and Mkhize (2020) also support the imperative to courageously examine the idea of illuminating the Spirit to re-claim and re-insert the holistic metaphysical epistemology and ontology characteristic of the African paradigm. In the African-centered

paradigm, illumination of the human spirit, or spiritness, is the quintessential aspect of our being human. Achieving union with Spirit, the first and final Source of Being, known by many names in the English language, Supreme Being, Totality, Creative Life Force, Divine Consciousness, is in indigenous African thought the purpose of being, at which point the state of human perfection is believed to have been reached. Nobles and Mkhize (2020) recommend using terminology from the Kmt-Nubian/BaNtu-Kongo languages, such as Skh Djr, along with the ideas of Moya when speaking of the African science of the Spirit. Like OCT, Skh Djr would refer to a system of thought and action that utilizes the processes that allow for the illumination of the soul and liberation of the Spirit.

Nobles and Mkhize (2020) argue that use of the terms in an African language filters (or frees from Western contamination) the process of understanding and explicating the meaning, nature, and functioning of being human for African people. Their premise is that terms like Skh Djr require one to think more deeply and profoundly about African meanings and understandings of the nature of being human than would be the case in the process of explicating such meanings and understanding using the English language. For example, the idea that all reality, visible and invisible, is Spirit is captured by the Nguni concept of Moya which they say means “come Spirit come.” All African communities prior to invasion and colonization used their own intrinsic essence (Spiritness), epistemic reflections, cultural appreciations, and apperceptions about reality to inform their knowing framework and intellectual mindset. Due to the nature of that intrinsic essence as Spirit, OCT posits that the transmission of that knowing framework and intellectual mindset was not bound by time, geography, or generally accepted modes of cultural transmission to which we are limited in Western analyses. Nobles and Mkhize propose that Skh and Moya rescue “our way” un-refracted by the Euro-American prism. While Myers agrees to a certain extent, she also argues that it will be going to the deep structures of culture, shifting those assumptions comprising the conceptual system that will be most important in rescuing and liberating our Spirit minds from a dysfunctional, faulty prism of imprisonment. Bringing that same fractured prism to any language system and/or its translation will be potentially problematic, yielding improper, misguided understanding. However, having shifted to the holistic, integrative mindset of indigenous African science and system of thought can make accessible the intrinsic resonance and felt meaning of words from languages known by the listener and those not known. Both Myers and Nobles concede that healing, treatment, and therapeutic interventions should be thought of as strategies, techniques, and/or tools for the restoration of the Spirit,

fostering the creation of perceptions, ideas, feelings, behaviors, and experiences enhancing the ongoing implementation and refinement of an African cultural worldview of human development with a syntonistic episteme, paradigm, and grand narrative (Myers, 1988; Myers et al., 2018; Nobles & Mkhize, 2020).

Phillips (1990) and Washington (2010) introduced therapeutic approaches, Ntu therapy and Ubuntu psychology, respectively. Despite being rooted in African principles and culture, their approaches are not yet fully developed, culturally congruent theory. The goal of Ntu therapy is to restore harmony, balance, and interconnectedness to the body/mind to facilitate internal healing spirit-energy (Phillips, 1990). Ubuntu psychology, as defined by Washington (2010), emphasizes interconnectedness as the primary source for healing and focuses on communalism, rooted in the idea of interrelatedness of all humanity and indivisible wholeness. Developed to address cultural trauma, his approach involves addressing dramatic loss of identity and meaning, and a tear in the social fabric affecting a group of people that has achieved some degree of cohesion (Washington, 2010).

There are also group, community-based educational and preventive practices, and other research investigations grounded in African cultural values and principles. The Emotional Emancipation Circles (EECs) are one example. EECs were initiated by the Community Healing Network (CHN) and developed in collaboration with ABPsi. Of particular importance was the emphasis put forward by Myers at the initial 2013 joint planning meeting in Tuskegee, Alabama, to go beyond defying the lie of Black inferiority to embracing the truth of the Black ancestral history and cultural heritage. The community-defined, self-help support groups, which help heal the trauma caused by anti-Black racism, are ongoing. Evidence-informed and culturally grounded in principles of African psychology, EECs were created to ignite a global movement in which Black people work together in support groups to heal from the trauma of the lie of Black inferiority and embrace the truth of their cultural Black heritage. Engaging in African-centered practices and rituals, people in EECs share stories which help to deepen understanding of the impact of historical forces on one's sense of self-worth, relationships, and communities and learn skills for reducing Black racial stress and trauma. In addition, other healing circles have been developed through ABPsi that only require drop-in participation, those being the Sawubona and Ubuntu Healing Circles. Also, more emerging scholars are beginning to adopt emic approaches in their research. For example, Deterville (2020) utilized the reclamation of Africentric episteme, psychology, spiritness, and personhood in her dissertation which was a personal narrative of cultural retrieval, alignment, and actualization.

An Emic Cultural Paradigm

Building upon cultural evolution across time and geography from classical African civilization to present day is the work of one human development theory builder and scholar/practitioner/activist Linda James Myers. Through careful analysis and study over the past 40 years, Myers (1988/1993) has identified the assumptions and principles undergirding the cultural worldview and suboptimal mindset that would be racist, sexist, classist, ageist, and so on. She has also described and demonstrated how to utilize the tenets of the cultural worldview and optimal mindset capable of fostering development of a just, sacred, sustainable world. Myers sought to enhance the depth of our understanding of how the enslavers and colonizers and their progeny could be viewing the world such that they believed their behavior was acceptable, if not righteous. Furthermore, she sought to develop our understanding of how NIAAs endured nearly 246 years of caste chattel enslavement without any human rights, and another 150 years of legal, socially sanctioned domestic terrorism of Jim Crow. Remarkably, a little over 50 years ago, NIAAs emerged from unprecedented systems of dehumanization as the nation's moral and spiritual leaders for civil rights for all people.

Myers' (1988/1993) analysis revealed the pathogenic dimensions of a mindset and cultural worldview that would enslave other human beings as property without any human rights, claim ownership of lands clearly inhabited by other people, and wage wars against those people fighting to save their lands, relegating them to "reservations" and outlawing their cultural traditions and practices. The caste enslavement process had never been practiced in the history of humankind, yet it became the foundation for the laws, social policies, and practices of White supremacy. Colonization of the lands of indigenous peoples became normative and an accepted pattern of behavior of Western people wherever they went in the world.

Myers pursued and articulated parameters of the holistic, transcendent mindset and cultural worldview of the NIAAs who continue to endure heinous forms of abuse and trauma today, such as at the hands of "law enforcement" paid to serve and protect Black citizens. Her analysis and insights inform how NIAAs have survived decades of oppression with peace and love in their hearts as leaders of the nation, bringing forth their "soul" joining the sacred and secular so beautifully. Similarly, Myers informs how indigenous peoples around the globe tended to respond with a desire for peace and engaged in war for the most part as the defending non-aggressor.

Optimal Conceptual Theory

Myers' (1988/1993) theory of human development is grounded in the wisdom tradition of African deep thought emerging from Khepran philosophy, dating back to classical African civilization ancient Kmt (Egypt). OCT is a liberation psychology, as well as Pan African psychology, designed to inform and understand the psychology of both the oppressed and the oppressor. Most importantly, OCT, a comprehensive, inclusive theory, addresses the development and functioning of lower versus higher consciousness, from the structures of oppression at their deepest levels to the higher stages of human development and illumination of the soul. Due to differing ontological, epistemological, and axiological assumptions, OCT, as a culturally informed paradigm, yields new questions, definitions, methods of research and analyses, and systems of verification and confirmation in the production of psychological knowledge. Of priority are practical insights contributing to the sustainability of individual and collective health and well-being. The scope of OCT is universally culturally grounding and inclusive of all of humanity, as Africa is according to the most current linguistic, biogenetic, anthropological, and archeological evidence the birthplace of all human culture and civilization. In the *African Unconscious: Roots of Ancient Mysticism and Modern Psychology*, Edward Bruce Bynum (1999) traces this foundation across time, geography, and derivative cultures.

Myers (1988/1993) posits that the fractured, disintegrative nature of the prevailing Western worldview focuses on the material aspect of being to the exclusion of the spiritual fostering a false, fragile, externalized sense of identity and superiority, resulting in the need for manipulative control and power over other human beings for material gain. The resultant psychological outcomes include insecurity, anxiety, depression, addiction, violence, and other forms of disenfranchisement of individuals and groups based on human diversity markers (e.g., race, gender, class) while privileging certain individuals and groups. Devaluing and compartmentalizing the power of the spiritual aspects of being such as thoughts and emotions, health and sustainable well-being are diminished and become inaccessible. Spiritual alienation disrupts the moral compass stifling spiritual, moral, and higher levels of ego development. Consequently, adherents of this suboptimal worldview are left seeking peace, security, and well-being. Insecurity, fear, alienation, anger, denial, and projection are common outcomes and defense mechanisms, along with being susceptible to false information and ignoring of scientific data. Due to being highly proliferated and reinforced by Western cultural imperialism, a suboptimal worldview or conceptual system was the hegemonic imposition of toxic inhumanity and lower consciousness for all

adherents. Furthermore, Myers's conceptualization made evident that a true liberation psychology required acknowledging the deep psychological roots of oppression, understanding and escaping mental bondage, overcoming intellectual imperialism and conceptual incarceration, and elevating consciousness to transcend the false manipulative indoctrination and brainwashing. OCT is a theory of human development rooted in a culturally identified and acknowledged paradigm which has the capacity to embrace unity and diversity, allowing emphasis on the sustainability of one race, the human race. Myers's work informs how a just, sacred sustainable world can be achieved, which will support the health and well-being, individually and collectively, for all of humanity. The essential requirement is a shift in consciousness from the prevailing materialist ontological premise upon which mainstream Eurowestern psychology rests to the acknowledgment that all is Spirit, the invisible energy of consciousness, as confirmed by quantum physics and neuroscience, recognized thousands of years before by our African ancestors in their wisdom tradition with its lived corollary epistemological and axiological foundations.

Belief Systems Analysis

To heal and facilitate movement from a toxic suboptimal worldview to an optimal life-sustaining one, Myers (1988/1993, 2003, 2009, 2013) developed a psychoeducational, psychotherapeutic approach derived from OCT. Belief Systems Analysis (BSA) is the clinical application of OCT and is a psychospiritual cognitive therapy, healing modality, in which the client's current worldview or belief system (suboptimal) is explored and contrasted against an optimal worldview or belief system. The BSA process for shifting consciousness from the lower realms of human functioning to the higher stages of human development is accomplished by facilitating a critical self-reflection and transformation of an individual's cultural worldview. In other words, the philosophical assumptions and principles underpinning the conceptual system one uses to inform their perceptions, thoughts, feelings, behaviors, and subsequently experience are transformed from the fragmented, disintegrative suboptimal mindset dominant in this society and most Western cultures to a more holistic and integrative optimal mindset. This optimal worldview endorses love, peace, justice, truth, reciprocity, order, balance, harmony, and the pursuit of knowledge, wisdom, and understanding. Moreover, an optimal worldview is supported by the heights of knowledge across cultural groups (Myers, 2013b; Myers et al., 2018).

OCT asserts that psychological distress and most of the world's problems result from various forms of oppression and adherence to a suboptimal

worldview. BSA's holistic approach posits that the search for knowledge and understanding of self as a divine spirit being is a primary human motivating force. The goal of BSA is to facilitate movement from the lower consciousness of a suboptimal worldview to the higher consciousness of a more optimal one in which greater emphasis is placed on increased knowledge, wisdom, and understanding of self and others (Myers, 1999). According to Myers, an optimal worldview gives primacy to the implicit order of values for peace, truth, justice, righteousness, harmony, balance, and reciprocity which reduces the degree of external, superficial focus. In ancient times, these were referred to as the principles of Ma'at, the basis for Divine Order and the embodiment of truth, justice, and righteous (Myers, 2013a).

BSA was created as a broad-based therapeutic strategy for healing, restoring health and balance to people whose health in all interrelated aspects (spiritual, emotional, mental, physical) has been impaired by the psychological oppression of a suboptimal worldview (Myers, 1999). This approach explores and increases understanding of the history of people of African ancestry and the impact that oppression has on health and wellness. BSA's holistic nature attends to early experiences and socialization, cognitions, and feelings aiming to foster self-awareness and acceptance (Speight et al., 1991). In addition, BSA places emphasis on multiple African-centered principles and practices including spiritual development, intrinsic self-worth, extended multidimensional self-identity, diunital logic (i.e., both/and reasoning and conclusions versus dichotomous either/or), self-knowledge, and a holistic perspective capable of seeing the interrelatedness and interdependence of all life. The BSA process is geared toward helping clients see the relationship between the assumptions in their current belief system and their perceptions, thoughts, feelings, behaviors, and experiences. The developmental process of shifting from a suboptimal to optimal conceptual systems helps participants to see the power they have in shaping their reality and dictating the nature and quality of their experiences (Myers, 1999).

Accordingly, BSA encourages the transformation of consciousness toward the higher stages of human development. To effectively implement this psychotherapeutic strategy, it is important to not only experience and understand the optimal conceptual system but also live by it. Myers (1988/1993) identifies the following prerequisites before doing this type of work: (a) belief in the conceptual system one is promoting; (b) ability to engage in the belief system of the client and ability to point out the benefits of altering systems; (c) ability to continue to evolve with the client; (d) understanding that the client and therapist share a common context, also part of an universal connectedness; and (e) awareness of the difficulties and challenges inherent in making the transition from the conceptual system of

dominant socialization to a psychologically liberating one. According to Myers, the therapeutic process is working when (a) the client's identity and self-esteem are based on intrinsic worth, (b) clients are empowered to define reality for themselves (self-determination), and (c) clients develop a spiritual foundation manifested by peace, love, trust, wielding their power, gratitude, and patience. In addition to the theory (BSA) and therapeutic approach (OCT), Myers has also developed other strategies and interventions to promote healing, including the Optimization Process, a self-perpetuating, self-correcting process for ensuring optimal human development; the HeartFeather™ curriculum, an educational strategy and model for improving moral decision-making and spiritual acumen; and Cultural Insight for the Soul, a social media platform for sharing cultural insights from the ancient AfRaKan (African) wisdom tradition with relevance for the soul and applicable to present-day issues and concerns.

Clinical Application of OCT With BSA

For translation purposes for a broader audience, here we will use the terminologies most often associated with professional licensure, such as clinician and client. Lodge (2015, 2019) developed application steps to enhance fidelity to OCT/BSA due to inherent challenges in clinical practice moving from Eurowestern theories to an African-centered theory. Lodge proposed the application of five steps for clinicians to consider when attempting to address psychological distress from a holistic and integrative versus fractured and disintegrative cultural framework. When attempting to apply an African-centered cultural framework, we must first understand that it requires a process of unlearning and relearning. A necessary component of this process is the deconstruction of one's beliefs informed by traditional Eurowestern social engineering, academic training, and socialization. As the Nganga or healer/practitioner becomes more deeply immersed in the advanced levels of training for the praxis, a developmental enhancement manifesting in terms of increased spiritual acumen and higher stages of human development within the aspirations of indigenous African science and spiritual systems will be experienced, nurtured, and supported.

Applying an African-centered cultural framework, such as OCT, requires critical reflection upon and unlearning the Eurowestern suboptimal perspective and then (re)learning an African-centered optimal perspective. To develop an understanding of an African-centered orientation and treatment approach, it is imperative that clinicians have a commitment to their own journey toward an optimal worldview and developing a higher level of consciousness themselves. Discounting this self-exploration process will likely

result in clinicians relying on their clinical and academic training grounded in Eurowestern ideologies and philosophy. Predominantly White academic institutions and training programs emphasize Eurowestern theories and therapeutic practices as universal with little consideration of the limitations for various racial and ethnic groups. Thus, a clinician should demonstrate a level of intentionality to critically examine and evaluate how their prior academic training may influence their openness and adherence to the principles of OCT and the application of BSA.

A clinician must be open to a critique and examination of their worldview, assumptions, beliefs, and values. This critique is an important psychological construct that determines what one perceives, thinks, feels, and experiences about the world via their conceptual system, or philosophical assumptions and principles underpinning their belief system. Without introspection, many people are not aware of their worldview and philosophical principles that shape their thoughts and perceptions. Clinicians are socialized into mainstream Eurowestern psychological approaches without acknowledgment of its Eurowestern cultural background as though it is universal, relegating other cultural backgrounds to the margins. The hegemony of Eurowestern psychology reinforces its credibility as ubiquitous and the derogation of other cultural perspectives. To those who have unconsciously assimilated and have uncritically become acculturated into the Eurowestern or suboptimal cultural worldview, comprehending and embracing a fully developed, alternate paradigm of an African-centered optimal theoretical and therapeutic perspective is often challenging.

Clinicians must be exposed to and understand the cultural experiences of NIAAs and all people they hope to treat. An examination of intergenerational, historical injuries and the impact of various contemporary forms of oppression must be undertaken prior to engaging in the first session with a client. Moreover, clinicians must examine their own positionality within systems of oppression. How has oppression impacted their own growth and development? The clinician has an opportunity to consider the social context of the clients' presenting concerns and experiences, as well as their own. Clinicians should understand the social context and impact of the mental health delivery system that primarily ignores anti-Black racism/White supremacy relying on evidence-based practices filled with implicit or unconscious bias grounded in Eurocentric values and principles which are likely not relevant to the health and healing of the NIAA client. Understanding that people of African descent are overpathologized, receive less preferred treatment and diagnoses, and terminate services prematurely (Morris, 2001; Whaley & Davis, 2007) allows the clinician an opportunity to rely on a more culturally syntonetic framework. OCT provides a culturally congruent framework from which to understand

the clients and their experiences while, more importantly, giving the clinician the opportunity to increase their own self-knowledge and develop an optimal worldview themselves.

Based on research of a sample of clinicians utilizing the OCT/BSA framework (Lodge, 2015), an application model was developed to facilitate the clinicians' development and ability to effectively conceptualize the experiences of their clients using the OCT framework and consistently apply the components of BSA. Applying the theoretical tenets of OCT specifically has been an inherent difficulty for practicing clinicians given the contradictions of their academic training and socialization experiences. Thus, the application of these steps is essential in gaining a deeper understanding of and adhering to OCT with fidelity.

The first step in applying OCT/BSA involves a critique and examination of the worldview that the clinician holds, including an evaluation of academic training and socialization experiences that conflict with an African-centered worldview. As worldview is an important psychological construct that determines the way one perceives, thinks, feels, and experiences the world, it also informs how clinicians work with clients. Prior to engaging in the first session with a client, it is imperative that the helping professional examines the historical injuries and the impact of various forms of oppression on themselves, including internalized oppression.

The second step is the assessment phase. While the first step is geared toward the clinician, the assessment phase is about the client. During this step, the clinician is interested in gaining more insight into the client's experiences. This is different from the traditional diagnostic and assessment phase that is typically driven by a psychosocial history and background. Step 2 focuses on the "what." What do you want to know and why is that important? How does the "what" inform or strengthen your understanding within a cultural context? Important questions in this stage are about "what happened, and what is your understanding of why this happened?" These questions will provide some insight into the client's level of consciousness and awareness, which is a critical component and skill in OCT/BSA. Moving clients from a lower level of consciousness of insecurity, fear, defeat, and an externalized sense of self to a higher level of consciousness of resilience, peace, confidence, intrinsic worth, and gratitude is the primary goal of OCT/BSA. Step 2 is geared toward exploring and examining the client's worldview and level of consciousness.

Step 3 is the conceptualization phase where clinicians piece together the puzzle of the client's presenting concerns, their family background, social context, and experiences of oppression. The conceptualization phase considers the direct impact that various forms of oppression has on the client's

worldview, view of self, view of self in connection with others, values, and beliefs. Questions related to identity, life's purpose, human nature, the role of consciousness, and responsibility must be explored thoroughly. According to Myers (1988/1993), psychological distress is the result of experiencing various forms of oppression, impact of historical injuries, and having a worldview that is suboptimal, grounded in Eurocentric values and ideals which keep them alienated from their spiritual power source. Step 3 consists of the clinician making a direct connection between the client's experiences of oppression and the nature of their worldview. A clinical summary detailing these two components is essential in increasing fidelity to the model and assisting the clinician to have a more sophisticated understanding of how pathology and distress are manifesting and presenting. This approach reduces the occurrence of overpathologizing and providing less preferred treatment approaches. To neglect or not consider the impact of oppression and worldview on overall functioning will result in a conceptualization process that is not consistent with the cultural experiences of clients and may result in an unfavorable therapeutic outcome.

Step 4 is the diagnostic phase. The diagnostic phase follows the culturally specific conceptualization phase and will promote a diagnosis that is consistent with the lived experiences of the client, thereby preventing and/or again reducing the risk of overpathologizing the cultural experiences of people of African descent. It is well documented throughout the literature that people of African ancestry are least likely to receive diagnoses of depression, anxiety, or Post traumatic stress disorder and are more likely to receive diagnoses of psychotic disorders and/or antisocial personality disorder (Bell et al., 2015). When diagnoses are necessary and required, following these steps increases the chance of more consistent and accurate diagnosis that will lead to more preferred and congruent treatment and interventions. Symptoms are recognized as manifestations of the pathology of the social environment. When cultural context is considered, specifically the impact of various forms of oppression and worldview, it is possible to see the prevalence and prominence of anxiety d, depressive disorders, and trauma-related disorders. This reality becomes particularly apparent as indigenous Black/African cultural safeguards and strengths (the mindset of the African wisdom tradition and cultural deep structure brought us through potentially dehumanizing captivity) are eroded with increased assimilation and acculturation into the dominant Eurowestern cultural worldview. These diseases can be seen as reasonable responses to unnatural and inhumane conditions within a system of dehumanization and oppression. Psychological symptoms of depression, anxiety, and trauma are consistent and capture the distressing experiences of NIAAs. Overlooking the impact of oppression

has led to a disproportionate rate of misdiagnosis of people of African ancestry (Schwartz & Blankenship, 2014).

Lodge describes Step 4 of applying OCT/BSA as the therapeutic/intervention phase. During this step, a natural and spirit-led process of relationship development manifests. This process is facilitated by the symbiotic dynamic that occurs between the client and clinician. A symbiotic relationship is one that is mutually influential. A relationship of reciprocal influence is manifested given the spirit, connection, collective experiences, and innate influence and abilities of people of African ancestry. The experiences, emotions, successes, and challenges that the client expresses and experiences are interconnected and interrelated with those of the clinician. For instance, when the client and therapist share similar backgrounds and experiences, when these experiences are discussed and processed in therapy, both the therapist and the client gain a deeper understanding of self that is driven by their collective experience, knowledge, and wisdom. Thus, they both benefit from the therapeutic session. In the context of OCT/BSA, the therapist also benefits from the processes unfolding by the client. This provides a healing environment driven by Spirit that promotes and strengthens the therapeutic relationship and the growth of both the clinician and the client.

An important focus of the therapeutic process is on increasing knowledge of self. Gaining knowledge of self is an essential ongoing developmental process. This indefinite process of increasing self-knowledge is necessary for both the client and the clinician. While clients are working toward gaining a deeper understanding of self, the clinician simultaneously gains a deeper understanding of self, thus increasing their self-knowledge.

Finally, Step 5 is inclusive of specific interventions that are rooted in African-centered philosophy and conducive with the cultural background and experiences of the clients. Stemming from a conceptualization and diagnosis consistent with the lived cultural experiences, the interventions are consistent with addressing the identified stressors (i.e., poverty, racism). By relying on the OCT values of self-knowledge, spiritual development, extended self-identity, intrinsic self-worth, diunital logic, and a holistic, integrative worldview, the African-centered values of the *Nguzo Saba* developed by Maulana Karenga (1998) in 1966 and the virtues of *Ma'at* (i.e., truth, justice, righteousness) can be used by the clinician to promote development of an African-centered worldview and level of consciousness needed to resist the various forms of oppression. Interventions are meant to be creative and generate self-knowledge and critical thinking which can combat the damaging effects of internalized oppression. All interventions should have an explicit purpose including why it is important, what is being taught, what value is being instilled, and is the value consistent with African culture

and philosophy? Understanding that interventions are not value-free, it is essential that creativity is balanced with cultural grounding. Meditation, music, dancing, bibliotherapy, critically examining music videos, guided imagery, drumming, family genograms, African proverbs, and art therapy exercises are all viable interventions that could enhance clients' self-knowledge and cultural grounding.

New Aspirations, Definitions, Assumptions, and Questions

According to Myers, the purpose of any cultural paradigm that is appropriately identified culturally is to produce and enhance psychological knowledge capable of saving humanity from the brink of destruction and solving the problems of life through research, study, and wisdom. Wisdom is defined as reason illuminated by science or careful study, and observation. OCT is concerned with the illumination of the soul, having gone beyond limitations, which are the result of not acknowledging the primary and proactive role of consciousness in human experience. Knowledge of a multidimensional self, inclusive of ancestors, future generations, community, and nature, is believed to be the basis of all knowledge, versus knowledge as external in the Western paradigm. One knows through symbolic imagery (Spirit manifesting) and rhythm (vibration) within the optimal conceptual system versus counting, measuring, and analysis within suboptimal conceptual system. Thus, experiential knowledge gained through experience along with critical self-reflection is valued as much, if not more than responses artificially contrived in an experimental setting.

The signs and symbols represented and modeled as one learns to read nature and develop intuition become the basis for interdependent and community/collective affirmation. The first step in these developmental processes is to become mindful and critically self-reflective, letting go of and moving beyond individual ego and false sense of self, instead focusing on the totality of life energies and the creative life force. Another requirement is to learn to think for oneself, think critically and deeply, cultivating the *ib* of ancient Kmt or the heart-mind, the foundations for much of human functioning. In addition, one must learn to reason with diunital logic or the unity that contains and transcends oppositions, drawing both/and conclusions, rather than the either/or conclusions of the dichotomous logic characteristic of the Western cultural worldview. Power comes to be recognized as the ability to define reality and is not readily given up to external assignments of truth by those seeking to take one's power and defining the reality they choose. The clinician and the client must engage these lessons from OCT as

participants so that both can develop, maintain, and strengthen a more optimal worldview.

Within an optimal worldview based on and demonstrated in OCT, the critical identity question is no longer, “Who am I?” That question has been answered, with “I am Divine Spirit, one with the Creative Life Source, the Totality, Supreme Being, God/dess, Divine Consciousness, Infinite Energy expressing, or a Living Sun” as expressed in the BaNtu cultural tradition. Characteristics of each of these forces by whatever name they are known is the belief in the omnipotent, omniscient, omnipresent Source of all good, whose nature is love. New questions of identity arise, including “How am I Divine Spirit?” In this cultural paradigm, to be human is to be Spirit having an earthly experience for the purposes of growth, edification, and increased realization and understanding of one’s true self as Divine Spirit, not as a religious endeavor but a spiritual development endeavor for the collective good of the whole. Sense of self is not based just on individual form, but multidimensionally inclusive of all coming before (ancestors), future generations, nature, and community, each interrelated and interdependent.

In this paradigm of OCT, there is value and appreciation of all human diversity markers which provide various life lessons for individuals to fulfill their purpose in this particular lifetime. In this way, the key to cultural proficiency is knowing, accepting, respecting, and loving the self, such that the same acceptance, respect, and love can be extended to others. One cannot extend to others that which one does not have; only that which one has can be extended to others. Thus, differences are not perceived as deficits, nor need they be feared. Differences provide opportunities to learn more about the self and humankind.

Honoring the ancient sacred texts of our collective ancestors is essential. In Khepran philosophy, texts providing essential information such as the Definition of Wise and the Creation of Ra as Ptah can provide critical knowledge that is just now being “discovered” and confirmed in Western culture several thousand years after its origination. When the role and purpose of OCT were divined in the Yoruba sacred text, the *Odu Ifa*, the Irosu Wori 78:1Odu, came up where the people are asking Oludamare (Supreme Being) when they can rest in heaven. The answer given is when all of the good is found. This particular Odu developed as an extraordinarily significant affirmation of OCT from the African wisdom tradition. Self-knowledge, critical self-reflection, and introspection are required for full appreciation of this way of being, as one must be attuned with energies greater than oneself. The holistic and integrative mindset of an optimal conceptual system and worldview recognizes that all is energy, resulting in the interdependence and interrelatedness of all things. Highest value then shifts to positive relationships, rather

than acquisition of material objects. The first relationship to solidify, which will improve all others, is that between self and one's Higher Power. In this regard, it is imperative to understand that spirituality and religiosity are not the same, and one can be religious and not spiritual and vice versa. OCT emphasizes the spiritual aspects of being and is not concerned with religion. The ultimate intention is to create a just, sacred, sustainable world through our moral and spiritual development.

The OCT cultural paradigm rooted in the wisdom tradition of African deep thought has the ability to demonstrate the convergence of knowledge across cultural groups. Characteristics associated with the embodiment of compassion, peace, justice, truth, reciprocity, order, balance, and harmony are prioritized above material acquisition as the indicators of value and worth. With this perspective, OCT is able to provide a comprehensive, coherent, cohesive understanding of sustainable well-being, overcoming psychological distress and creating the pathway toward healing from the deleterious effects of oppression:

Endless our struggle must seem to those whose vision reaches only to the end of today. But those with ears connected to our soul will hear a message calling us to a better life, to a life closer to our ancient way, to a preparation for the best, the only living way. (Ayi Kwei Armah, 1979, p. 194)


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