

On Pan-Africanism, Feminism, and Psychotherapy: The Perspectives of Three Black Scholar-Practitioners from the U.S., Uganda, and St. Kitts/U.S.

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Abstract

Three African-descended psychologists discuss the case of a psychotherapy dyad in which the first author, a U.S. national, and a Caribbean student who had immigrated to the U.S. served respectively as therapist and client. We discuss the relevance of Helms' racial identity development theory to the cultivation of psychological health among African-descended women, proposing that this form of health is intimately tied to our association with other African-descended people. With particular focus on the client's disclosures about certain groups of Black people in stereotypical ways, what we term "othering by the other," we offer a conceptualization that knits together issues of personal vulnerability, the reproduction of structural violence, and racial identity development. We conclude by presenting our views on the process and outcome of the therapeutic case and the significance of the theory to addressing the violence that continues to disrupt the lives of Black men and women around the world.

Keywords: pan-Africanism, African-descended women, racial identity development theory, psychotherapy, feminism

On Pan-Africanism, Feminism and Psychotherapy: The Perspectives of Three Black Scholar-Practitioners from the U.S., Uganda, and St. Kitts/U.S.

Transnational feminist educators, practitioners, researchers, and activists seek to understand, inform others about, and disrupt the oppressive forces that affect women across regions around the globe (Bahl, 1997; Desai, 2007; Mohanty, 2003; Yakushko et al., 2011). Pan-African feminists (or womanists) refer to African-descended people who engage in this praxis with other African-descended people from around the world. Pan-Africanist feminists can differ from their collaborators in a number of ways—by ethnicity, language, religion, and/or living conditions as examples. Yet, what they share in common is an African cultural heritage as well as a history of European totalitarianism and sustaining global oppression that has spanned the generations.ⁱ

This history of European totalitarianism refers to the *Maafa*, or Great Disaster, in which Europeans brutally abducted, raped, tortured, and killed Africans during the transatlantic slave trade of the 1400s through 1800s. White people committed heinous acts of violence on African-descended people throughout this time span and long after slavery ended in the Americas and in the Caribbean. The Great Disaster also refers to European colonialism, which started in 1877 with the Berlin Conference, and its economic, political, psychological, and social impacts on the African continent (Bulhan, 2015; Daniels, 2015). In all spheres of daily life, the violence borne of the Great Disaster is reproduced across the Diaspora and has taken on physical, structural, and culture manifestations. For example, intractable conflicts between African people of different ethnic groups have been linked to colonial domination and violence (see Thompson, 2019). Political and corporate leaders from the Global North have monopolized and extorted resources that have jeopardized the economic growth of impoverished Black nations like Haiti, South

Africa, and the Democratic Republic of Congo (e.g., Nicolas & Thompson, 2019; Shefer, 2013; Snow, 2018). These historical and macro-level expressions are linked to micro-level impacts on the psychological and physical African-descended people in general (e.g., Carter, 2017; D.R. Williams et al., 2003; Pascoe & Smart Richman, 2009; Pieterse et al., 2012), and when combined with similarly varied forms of violence that target women, these expressions have impact on the lives of Black women throughout the Diaspora (e.g., Bryant-Davis et al., 2011; Davis, 1990; Materson, 2009).

Goals of Article and Introduction to Authors

In this article, our goal is specifically to address what it means to us to practice psychotherapy as pan-Africanist feminists. A corollary objective is to demonstrate the utility of Helms' (1995) racial identity development theory in pan-Africanist feminist practice. We propose that practitioners who use the theory as a guide for practice can optimally attune to intersecting forces that shape their clients. These forces include racism and culture, as well as sexism, gender socialization, and class exploitation. The first author presents a case study between a psychotherapy dyad consisting of an African American therapist and a Caribbean client, both women, and the second and third authors share their different perspectives on the process and outcome of the therapy relationship.

We are three Black female scholar-practitioners who consider ourselves pan-Africanists and, to varying degrees, have studied and/or employed racial identity theory as a framework for examining ourselves and our work with fellow African-descended people. Chalmer Thompson is a descendant of enslaved Africans, indigenous people, and White Americans and grew up in the Washington, D.C. area of the U.S. Jane Namusoke is a native of Uganda in East Africa and currently is pursuing her doctorate at the University of Pretoria in South Africa. Khym Isaac De

Barros is from St. Kitts, an island in the Caribbean, and moved to the U.S. at the age of 20 to pursue her undergraduate and graduate degrees. The first two authors have worked together for 15 years as part of a U.S.-Uganda collaboration team comprised of the Kyambogo University (KYU) psychology department faculty in Uganda (of which Jane Namusoke is a member) and two U.S. professors from Indiana University (IU). The first and third authors were part of a doctoral chair-advisee relationship and have maintained their contact over the past several years. Although the 2nd and 3rd authors have not met in person, they share common perspectives on pan-Africanism, feminism, and psychotherapy. The case study presented in this article is based on Khym Isaac De Barros's dissertation (De Barros, 2003).

The following are the assumptions on which we agree: (1) racism is the outgrowth of physical violence that is continually reproduced in societies around the world and that emerges into new forms like structural violence; (2) it intersects with other structures of oppression like oppression based on gender, ethnicity, and socioeconomic status and can create divisions among and between Black people in the Diaspora; (3) psychologists can feed into to these structures when we fail to understand and address their impacts on the psychological functioning and liberation of Black people; and (4) Helms' (1995) racial identity theory can help practitioners facilitate Black clients' ability to resolve the problems that emerge from intersecting forms of oppression (Thompson, 2019).

Transnational feminists in psychology in general and pan-African womanists in particular have examined the challenges that women face when they form collaborations across regions in the world. One frequent concern is that women from the Global North may have a romanticized, universal view of sisterhood. In this view, Global North women who pursue opportunities to collaborate with Global South women may downplay or even dismiss the fact that their

association with a globally dominant hegemony and much greater access to financial and social capital can influence their world views (e.g., Desai, 2007; Sanchez-Hucles, 2016). A key point raised by these authors is that people are influenced by hegemonic structures that influence our interactions and identities, including our ideas about and approaches to collaboration. An examination of how these dynamics can arise from our differences *and* similarities as forged by these structures is important not only in collaborative practices, but also psychotherapy. Below we illustrate how Helms' (1995) conceptualization of racial identity presents a valuable tool for examining these transnational dynamics in psychotherapy between two African-descended women, one from the Global North and the other from the Global South. What we show is that key to working through problems in the interactions between the two women is dedicating attention to the power dynamics between the therapist and client as well as between the clients and others in her life.

Helms' Racial Identity Development Theory

The ability to view clients complexly and as informed by the myriad structures that shape them is at the crux of Helms' (1995) racial identity development theory. Racial identity theory is a conceptualization that explains how people respond to their socialization in racialized societies and how they can progressively resolve the inherent pathologies of the socialization (Thompson & Carter, 1997).

As a framework for psychotherapy practice, Helms (1995) proposed that practitioners who help their clients develop more advanced schemata also are able to help their clients progress toward greater psychological improvement. The advancement of schemata entails the individual's transcendence from rigid, black-and-white thinking to complex thinking about race *as well as* other intersecting influences on the person's psychological functioning. Oppressive

influences include racism, sexism, the experience of war or mass killings, class exploitation, and heterosexism.

Racial identity theory operates well as a template for explaining and helping psychotherapy clients work through the sustaining violence that has affected African-descended people over the generations. Physical violence can create intractable conflict within and between groups of people and morph into structural manifestations—such as land dispossession, food and water insecurity, and political corruption, which in turn, can erupt into further violence (e.g., Galtung, 1969). These conflicts can generate unfair power differences between African-descended people on the basis of ethnicity, political affiliation, level of wealth, and skin color—characteristics that are often associated with notions of hierarchies based on the fiction of human superiority and inferiority (see Thompson, 2019). Notably, these conflicts compromise the likelihood of social solidarity that can serve well in combating the structures of oppression that perpetually operate in our lives (see Nicolas & Thompson, 2019; Thompson, 2019).

Pan-Africanism and the Psychological Well-Being of African-Descended Women

Pan-Africanists form allegiances to confront the physical and structural violence that Black people face in their respective regions. Beginning as early as 1780 with the Sons of Africa, pan-Africanism has demonstrated the power of collective engagement against enslavement and colonialism. Pan-Africanism is often associated with the men who wrote about and actively waged war against this violence, including George Padmore, Walter Rodney, and Kwame Nkrumah, to name a few. Abbas and Mama (2014) pointed out that despite the typical associations of pan-Africanism throughout history with these aforementioned men, “an accurate historic record must include women like Mable Dove Danquah, Adelaide Caseley-Hayford, Bibi Titi Mohamed, Funmilayo Ransome Kuti” (p. 19), and others.

Helms' (1995) racial identity theory is an apt framework for explaining and overcoming the challenges of pan-Africanist collaborations when there is a tendency to disregard, downplay, or exaggerate the role of racism in achieving better health *and* fostering peace. In her tenets, Helms addresses how people at earlier statuses of the Black racial identity model may tend to think rigidly and inflexibly about themselves or others in terms of the influence of racism and often diminish (or inflate) the role of gender or social class in their view of self, others, and the world. With maturation, people recognize how sociopolitical forces fuse together to inform an understanding of themselves, others, and the world, and thus, the person's thinking gradually unfolds into more integrated, holistic perspectives of each of the three entities (Helms, 1995). We elaborate further on this integration below.

Racial Identity Development and the Abrupton of Racialized Violence

Thompson (2019) analyzed historical accounts to examine how the violence against Black people (by Whites and others) has helped sustain racism over time. She concluded that physical brute violence morphed into structural forms of violence to concretize a racial status quo. Moreover, this process of "racializing" violence continues to propagate physical violence by diminishing the worth of those whose lives are most imperiled, for example, poor Black U.S. people residing in urban areas and who are common targets for being stopped by law enforcement (Thompson, 2019). At times, it can mean not addressing the problems at all, but rather keeping silent for fear of awakening stereotypes—of being victims, perennially vulnerable, and to habitually avoid rather than confront the pathologies that breed further violence. This avoidance is illustrated in this passage from a poem by Aishah Simmons:

I am angry that when a Black woman says that she has been raped by a Black man that many Black people view it

The Black woman's charge

As an act of betrayal against the Black community.

As if the Black woman's rape ain't an act of betrayal against the Black community

(p. 221-222).

The trajectory of violence illustrated by Simmons is one manifestation of what Comas-Díaz (2000) refers to as *post-colonization stress disorder*, “a pervasive identity conflict, alienation, self-denial, assimilation, [and] strong ambivalence” that has affected historically violated populations throughout the world (p. 1320). Among people with post-colonization stress disorder, Comas-Díaz further noted that “the effects on cognitive schema include alternations in perceptions of self, others, and the world as a just place, as well as changes in the sense of trust, power, and safety” (p. 1320).

Helms (1995) refers to these schemas as information processing strategies (IPS), and they represent a key feature of racial identity development theory. The theory is a conceptual framework from which to analyze the manifestations of racialized violence in discourse, which is illustrated in the case study presented in the next section. In psychotherapy practice, therapists are in a position to address this violence constructively by engaging in two main ways. One way is to help the client recognize rather than deny, diminish, or exaggerate racial and other forms of oppression. What the therapist can do is listen out for language cues in which the client exhibits faulty IPSs, such as associating generalized qualities to poor Black women, seemingly with little to no acknowledgement of the breeding ground from which these generalizations emerge. Another way is to help build an environment in which the person can have an increased understanding of, association with, and caring *for* other Black people as part of the human

family. Both approaches are aimed at facilitating improved psychological health and are closely intertwined.

In using both approaches, therapists can confront their clients' tendencies toward "othering the other." When a client engages in othering the other, he or she propagates negative perceptions about people who belong to groups that historically have been targets for violence and have absorbed, to varying degrees, a sense of diminished worth. This othering is the outgrowth of a disparaging helix in which people can become enrapt in efforts to elevate their own (or their family's) status within configurations of race, gender, socioeconomic, sexuality, and/or nationality and, in doing so, see themselves as escaping the likelihood of violence in all its forms. The othering may serve as a protective response against the violence, but in fact, influences IPS, encourages avoidance and distancing in order to maintain these manufactured realities, and diminishes solidarity for the purpose of breaking from oppression, racial and otherwise.

For African-descended practitioners with African-descended clients, maturation in racial identity entails fostering more flexible thinking, encouraging that clients seek out knowledge deliberately to contribute to more holistic perspectives of the world and others, and developing psyches that embrace the humanity of African-descended people whose lives, in reality and symbolically, are viewed across the world as lacking in human worth. In fostering racial identity development, the Black therapist may do so by attuning to communalities in culture and sociopolitical experience and is attentive to the extent of complexity that defines her as well as the complexity that defines her client.

The Case of Gwendolyn W. from the Clinician and Case Supervisor Perspectives

The following case is from K. Isaac De Barros (2005), who analyzed the transcripts of the therapy sessions of a therapist, a role assumed by C. Thompson, and a volunteer client who responded to a research announcement at a U.S. Midwest public university. In the announcement, the researcher requested the assistance of a volunteer to agree to 12 weekly and consecutive sessions involving a Black American (U.S. nationality) therapist. The purpose of the study was to examine the process of therapy as the therapist helped the client address problems related to homesickness, racial discrimination, and/or racial identity. In addition to the 12 weekly, 50-minute counseling sessions, both the therapist and client were interviewed throughout the period of the study by two members of a “critical psychotherapy research” team. The therapist and client completed measures following every session concerning their satisfaction levels with the process.

Gwendolyn (a pseudo-name), a 34-year-old graduate student from a Caribbean nation, was the first to respond to the announcement and was selected for the study. At the time of the study, the therapist, C. Thompson, was 46 years old. During the screening, Gwendolyn reported that she wanted to participate in the study to help out the researcher because she also was from the Caribbean. She also shared that she had experienced stress as a graduate student who had high expectations of herself.

Gwendolyn spoke about several issues related to perceived discrimination, including her general impressions about being treated unfairly as a Black woman. She also spoke of her high expectations of herself as a student. She found herself feeling angry with others who did not share these high standards (with one fellow student asking her, “What’s wrong with wanting to get a B? to which the client bristled). During one semester of her program, she became extremely frustrated when she did not receive a grade she believed she deserved. As K. Isaac De Barros

(2006) observed, "Almost obsessively, she reported an extensive knowledge of what letter grades represented in her program. She explained her understanding of what the grades mean and how well she must perform" (p. 121). Gwendolyn also expressed feeling stressed when she failed to meet her high expectations and experienced disruptive sleep patterns. She indicated that her pursuit of high expectations as a student also related to her personal life and was a source of conflict at times between her and her husband whom she perceived to be not as ambitious as her.

Gwendolyn presented issues that pertained to racial discrimination, such as a dispute she had with a White faculty member for giving her a grade she believed was unfair. She also spoke more generally about race experiences, as in times when she felt uncomfortable fraternizing with White people and when new people she met were surprised by her accent.

In the Progressive Type of the Social Interaction Model, the therapist's ability to establish an environment for discussing race and racism is important because it allows the client to talk about these issues that pertain to her psychologically, what Helms and Talleyrand (1997) refer to as "psychoracial" issues. These discussions can also have a more sociological quality to them, what the authors term "socioracial" issues. The socioracial discussions may be more familiar to clients, as in the talks she has about racial incidents that they learn about from social media, news stories, or from others. Socioracial discussions can occur commonly with relatives, friends, and co-workers, as examples, or in study or academic circles.

On the other hand, psychoracial issues relate more directly with other identity issues. As mentioned earlier, the crux of the racial identity development theory is that as the person matures in his or her identity, her views on the self, on others, and on reality become more complex. This maturational process includes issues not merely on racism and its impacts, but also on sexism, class exploitation, and other structural oppression forces. Theoretically, the more the person is

able to understand the intersecting quality of these structural forces on her life, the more she sees herself and others more completely. At times, socioracial and psychoracial issues occur simultaneously as when the person experiences racial discrimination firsthand or comes to recognize the relevance of societal racism on their everyday life.

Actions of the Supervisor

I, C. Thompson, attempted to engage with Gwendolyn to help her advance in identity development by first attending to her experiences of isolation and confusion over her encounters with different people. Gwendolyn's isolation was often associated with her criticisms of people who had not met her high expectations. It also related to the grave sense of failure she felt when she believed that her personal ability to meet these expectations would circumvent the experience of racial discrimination from the White instructor.

Among Gwendolyn's many strengths was that she regularly took part in learning about and confronting racism. She was relatively well-developed in the first project of racial identity development. She talked of the hierarchies and, at one point, spoke firmly of how she opposed them. She had witnessed hierarchies based on social class and skin color in her country and described specific practices in which people in positions of power made hiring decisions based on these factors. For example, she spoke with disdain about her employer in the Caribbean who hired her and other light complexioned women, but failed to hire darker-complexioned women or men.

These expressions of her desire for fairness and, in other instances, her more sociological discussions on racism were substantively important to her identity development. Gwendolyn was able to engage openly about the strains that racism created to divide Black people across ethnic groups, such as between her and me. I invited this dialogue in anticipation of some of the strain

that might occur over the course of the therapy, that is, between African Americans and Caribbean/Caribbean American people in general. The intersection between the socioracial and psychoracial aspects of the discourse helped me identify certain contradictions in the client's thinking about certain groups of people relative to herself. It was within these contradictions that I could achieve a better understanding of how sociological issues like racism and nationalism—the issues that are “out there”—had relevance to Gwendolyn's everyday life and the challenges she reported experiencing.

For example, although Gwendolyn expressed a dislike about hiring practices that reinforced stereotypes, she would later state, "Everyone stereotypes." Although the statement is not problematic (nor untrue), it was followed by another statement that presented an opportunity for (further) rapport-building on the one hand and a potential conflict between us. Gwendolyn stated: “All African men are aggressive” (p. 127). She followed this statement by talking about the passes African men made toward her, which she did not welcome.

This statement had as much to do with her expressed view of African men as it did with the relationship between her and me as her therapist. In regard to African men, it was important that the therapist determine the nature of the aggression; had she experienced harm by one or more African men? She had not. Instead, she spoke, in a lilting voice as though the therapist would recognize the statement from experience as true, that African men would pursue her for dates and that she had no interest in them whatsoever. The reasons for her lack of interest did not seem to relate to her marital status, but rather to the fact that their behaviors were pushy and therefore, that they, African men, were categorically repulsive as potential dating prospects.

This overgeneralization invoked memories for the therapist of other non-African women, like her, who made similar statements with the assumption that there was something “primitive”

about African men that other men outside of Africa did not possess. The inference also was that the women being pursued by African men, the desired conquests, would share the perspective of this aggressive behavior. The implication was that this primitivism stood in opposition of those, like Gwendolyn or by implication, the therapist, who were the ones who they sought. The client's statement of her personal experiences with African men turned into an indictment on an entire population of people.

If I as the therapist had agreed with the statement, then it could have set up an environment in which the client was "allowed" to put down African men as we, two Black women, would share a quasi-assent. In other words, an agreement would invoke the us-them paradigm first by reinforcing the idea that our identities as African-descended women from countries outside of Africa (the "us") can be shaped by how we see ourselves in relation to other groups of African-descended people, in this case, African men (the "them"). The levity in how the statement was conveyed sparked in the therapist a sense that the client may have been using the disclosure as an opportunity for further rapport-building. In other words, the statement seemed like one that was already "known;" indeed, I had heard the statement many times before expressed by both Black Americans of U.S. nationality) as well as Caribbean-American women.

The statement also invokes more remotely the paradigm of us-them within the more global context in which the therapist may permit an unwarranted fracturing to occur among African-descended people. The "us" in this case would be two educated African-descended women who were non-African and who may see ourselves as superior relative to African men. Rather than focusing our attention on piercing the helix of cultural racism which feeds into a hierarchy of power differentials and which fuels self-doubt, fears, and troubled interpersonal relationships, we could succumb to reproducing racialized violence by depriving another group

of people of their humanity as we sought to affirm our own. In reproducing a key feature of societal racism, we also distract ourselves from the most important objectives: that of cultivating an identity based on the knowledge of our own and other people's complexity and stemming a sense of social activism to combat the common "enemy." This multifaceted and interlocking enemy is comprised of structures of power that produce and maintain racist, patriarchal, and imperialist power bases regionally and across the globe. These objectives constitute the final status of racial identity theory.

The goal of establishing a working alliance based on healthy racial identity development is to forge a relationship based on a healthy "we-ness." For Gwendolyn and the therapist, it is to engage in discourse about the potential barriers to this relationship, as in the conflicts that can emerge between African Americans and Caribbean or Caribbean-American people. It also is to understand that our sisterhood need not be based on blanket generalizations about men that pits us against men to establish or affirm our connections with one another as women. Important to this objective is that this connection is forged *not* on the basis of "them" or any group of people we consider to be below us. In other words, just as the individual traverses the statuses toward the resolution of identity dilemmas, the relationship between the therapist and client must mirror this progression. The therapist should listen for any indication that the client seeks to establish the rapport on the basis of a sinister hierarchy which imposes ranks among people on the basis of race, gender, socioeconomic status, and the intersection of these and other qualities. The goal is to draw on the positive qualities of we-ness, such as the qualities we have in common, and to remain on guard against forces that can potentially disrupt the relationship. We need to ensure that our sisterhood as African-descended women is not constructed on stereotypes about Black American (of U.S. nationality) and/or Caribbean men, or about any group we may not see as

worthy as we are. Stated another way, our view of ourselves—individually and as a pair—needs to be based on healthy ways of being. In regards to our therapeutic relationship, an unhealthy way of being is to co-construct an elite status of ourselves relative to others.

I wanted to respond to the statement in a way that would help the client examine her implicit appraisals of African men within the context of her presenting problems. She expressed feelings of isolation and of the anxiety and distress that came with pushing herself to performing perfectly in a program that proved not merely difficult, but suspiciously unfair. She wanted to feel less unsure of herself and to be able to find a voice that was strong, but did not necessarily elicit the sort of punishing responses that can come when people are outspoken about unfairness. With women, this outspokenness is met with accusations of being “bitchy” and, for Black women, of being aggressive or “manly.”

I did not immediately react to the statement about African men because I sensed that to react right away could seem punishing or scolding. It was expressed near the end of the session and would not have allowed much time for processing. I repeated what she stated and mentioned that I wanted to talk further about that idea at our next session. When we met again and after checking for other pressing issues she wanted to talk about, I asked that we reflect again on her experience of direct discrimination by White people. I asked her to recall the experience itself and to identify the feelings she had in the moment. I listened as she spoke of the hurt and rage and of feeling belittled and powerless, responding with concern about what she went through and my sadness and rage about these experiences.

Later, I recounted the statement she made about African men. Although we clarified that the two situations were not similar—the level of power accorded Whites is not parallel to that made by marginalized groups—I reminded her of an earlier discussions we had in which we

agreed that certain beliefs and the actions that follow (distancing, exclusions when in positions of power, language we continue to use to invoke the paradigms, etc.) contribute to overarching oppression. She made the association quickly and agreed that she had indeed succumbed to expressing her experiences as a generalized indictment on all African men and that it was unfair. The client and I went on to discuss the issue of stereotyping and of its impacts on her life.

Discussion of the Case of Gwendolyn W.

Collectively, we see our work as supervisors and psychotherapists/counselors as one in which we need to encourage our supervisees or clients to examine the external messages the client has absorbed and how the messages create problems in living life. Rather than focusing solely on eliminating symptoms, we see our goal in supervision and therapy as helping people embrace themselves more fully as human, as deserving of liberation and life, and as capable of bearing the brunt of life's inevitable despairs with the strength of different sorts of support. Still, we also view the case through different lenses, which we share below.

From my standpoint (J. Namusoke), it would be important to describe what *could* have been stated to help stimulate conversation about the sense of collectivism and social agency that is inherent in the theory. In other words, what can Gwendolyn take from this experience besides knowing that her statement was suggestive of othering? Knowing that men *can* be aggressive and inappropriate irrespective of where they come from, how do therapists engage with a dialogue in which their women clients can express themselves about unwanted, aggressive attention? To me, the dialogue could have continued in ways to help the client identify the ways she already has and/or could respond to what might be a barrage of unwanted and inappropriate attention. She surely could have stated her concerns differently: "The African men I have encountered have tended to be aggressive," or "I have come to experience African men, within

certain settings like social events, as more aggressive in their approach to seeking my attention than men from the Caribbean, the U.S., and so forth.” But, what would have been particularly empowering, and in line with the first project of confronting the oppressor, would be to explain how it would make her feel to do something differently about her experiences with these men.

We really do not know whether or not Gwendolyn felt good about how she responded to these aggressive moves. If she does not, then having her talk through how she would approach them without feeling horrible about herself, as many women do, then this would have been a good move. It would be an excellent way for many women to recognize and practice sternness and boundary-setting in places where such boundary-settings would prompt many men, as well as women, to see them as “manly” or otherwise “unlady-like.” In some respects, this therapy can be a way of creating a sisterhood based not merely on diminishing the invocation of ‘us-versus-them’, but also on facilitating new ways of being that reinforce and celebrate womanhood in view of some of the violent actions that women face all over the world.

I also could not help but be reminded of the work of Murithi (2008) who wisely points out that any efforts toward peace-building in Africa needs to attend to traditional cultural practices. How do we help Gwendolyn in a way that resurrects her connection with her culture and allows her to appreciate African men as an extension of her Diasporic affiliation? What Murithi wrote about is how cultural practices can be used as approaches to well-being and peace-making. He also acknowledges that these traditions in different parts of Africa have wrongly overlooked women’s equal participation; how do we extend this formulation in Gwendolyn’s case? What I can see as a possibility is Gwendolyn’s involvement as I have learned from conversations with the therapist. This case attends solely to Gwendolyn as an individual. However, I was pleased to learn that the client had already shared early in the therapy that she

had a solid network of people in her life, not only at the university, but also in locations to which she regularly travels where she has family. It is crucial to the case that we share that Gwendolyn is someone who was an active and regular participant in a Diasporic organization, and she has spoken mostly positively about her relationships in the group. This is one aspect that the therapist continued to positively reinforce throughout the therapy.

Finally, I also want to point out that Helms' (1995) theory pertains not only to individual change, but also to changes at larger ecological levels. Consequently, development occurs most optimally in environments in which the person can attend to reinforcing positive messages about their heritage. That she spoke negatively about one group, yet fairly quickly and willingly engaged in talk about the implications of such beliefs are signs that she not only has gained from this learning, but that she also is equipped to engage in her environment to foster the development in others and in how she confronts the myriad manifestations of cultural violence.

To me (K. Isaac De Barros), this case is unique in that both the client and therapist represent Caribbean and African American cultures of the African Diaspora. A pan-Africanist perspective empowers both in that we are able to understand the tenets at play as they engage in the therapeutic dyad, both recognizing the value of being African descended. Gwendolyn is a woman with a healthy dose of who she is as a Black, female student from the Caribbean studying in the U.S. Her excellent academic goals that she set for herself presented many issues. A liberation psychology approach that allows her to explore her race and incorporates a feminist perspective is important to reinforcing the wealth she brings to her family and community.

In particular, it was important to me that the therapist continued to explore and question each time the client used inclusive groupings. In other words, the client shared openly with the therapist on most occasions, but there also were times when she talked about her Caribbean

culture. In these cases, the therapist was excluded. Observing what the client shared and did not share was an inviting part of the dissertation analysis as there appeared to be patterns in what she wanted to reveal and not reveal (K. Isaac De Barros).

I also noticed resistance on her part as her process became more challenging for her and then came the revelation: “Everyone stereotypes.” It is here that I observed an interesting trend in which the client resisted the healing process and the healer. Attuning more closely to these trends can be important to therapy, especially if the therapist finds that she is struggling to make connections with the client. The “everyone stereotypes” statement seemed like a pivotal point in the therapy. This was not fully vetted in the therapy but to me, stands as an important dynamic to which others can be attuned in their own therapy encounters.

If I as a Caribbean therapist were working with Gwendolyn, I (K. Isaac De Barros) would attempt to bring awareness to her actions/her words that generalize and marginalize. I would have explored this with Gwendolyn to express to her that I think that she is aware, but in this instance it appears that she forfeits/risks the potential damage of dehumanizing comments with the hope of forging a connection with the therapist who, like her, is Black, female, and educated. I would definitely join with Gwendolyn on all those variables but take it a step further. I think that given her educational status, focused attention would help further stem her awareness about these dynamics that can occur between her and other African-descended women. For example, she can seek out *why* it is that the men she has encountered behaved aggressively with her, and not for the purpose of blaming her but instead, for seeing a more complete picture. For example, what are the perceptions these men have of women in general, or Caribbean (or other non-African women) in particular? It may sound strange, but maybe a short survey would be in order! She shared that she knows many people from the Diaspora. Why not encourage her to ask the

African men she knows to get their perspectives on initiating dating relationships? Like J. Namusoke, I think following up her learning with new ways of behaving would be ideal. Maybe she could meet with other women who have had similar experiences with African men and who collectively could devise ways to communicate their displeasure about the men's behaviors with the African men in their community. In the therapy, C. Thompson went on to discuss other issues related to the client's distress, but perhaps given more time, this follow-up would be important to strengthening the therapeutic relationship and cultivating stronger future alliances with people across regional borders.

Gwendolyn already has shown courage from her involvement with the African organization. Her networking of African-descended people from the Caribbean and African was well-established. She also spoke very positively about others in her homeland and of others from her island who have traveled abroad to the U.S. She expressed some of the downsides of traveling abroad and leaving behind family; in other words, her expressions were not idealistic but rather, based on an understanding and love of the people with whom she identifies: Caribbean people specifically and African-descended people in general. These characteristics lend well to the likelihood that she will continue to expand her moral circle and not marginalize herself from others.

If I were in the therapist's role, I would likely have concentrated my efforts firstly on establishing rapport and reinforcing her positive qualities as she talked about her problems. She already possessed excellent coping skills and I would have placed greater emphasis on this skill base. I would have approached the similarities between us later, after this first goal was well-entrenched, and pointed out that the qualities between us serve as important to our common view of the world (that is, our similarity as African-descended, educated women who have learned a

great deal about societal racism). Finally, I would have later concentrated more intently on how she should move forward to ensure that she does not perpetuate marginalization or disempowerment among People of Color.

Conclusions

We have proposed that Helms' (1995) racial identity theory provides tools for practitioners to understand the complex interplay of forces that inform identities and help their clients resolve the issues that challenge their lives psychologically. C. Thompson presented the case of Gwendolyn to illustrate one facet of a therapy relationship in which an African American therapist and a Caribbean client addressed issues of the client's experiences with stress, racial discrimination, and feelings of personal isolation. In the process of therapy, the therapist and client guided the client on how the intersection of gender, nationality, race, and social class contributed to her lens of seeing the world, herself, and others. Particular attention was devoted to the phenomenon of othering and how it influenced the therapist-client alliance and the client's relationship with others outside of therapy. The two perspectives by other pan-Africanist feminists were included to provide more richness to the case study and add to the possibility of what else could have been accomplished in the therapy to serve the client's needs.

In focusing on two approaches—recognizing racism and other forms of oppression and building environments of understanding, associating with, and caring for other Black people as part of the human family, pan-Africanist therapists can help prevent their clients from succumbing to the reproduction of structural violence. One means for pan-African therapists to attend to both approaches is by listening intently to their clients' stories of how they are affected by intersecting oppression (see Thompson & Carter, 1997).

Achieving the hard work of creating authentic bonds can enrich when the similarities that therapists and clients share as African-descended people are based on the ability of therapists to encourage a recognition of the pathologies of oppression that arise in the counseling relationship. A practice of recognizing and working through the dynamics of these pathologies can clear a path for improved psychological functioning of Black clients. Within the historical frame of the *Maafa*, African-descended practitioners with African-descended clients can disrupt this reproduction by capitalizing on legacies, such as commonalities in culture and in resisting oppressive structure, that serve to strengthen the likelihood of sustained, collective social action.

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ⁱ In this chapter, the term “African-descended,” used interchangeably with “Black,” refers to people who have ancestors from the African continent and who are commonly identified by others within their respective societies as having associations with Africans or as Black people (e.g., African American or Afro-Peruvian). Having African ancestry is commonly associated with physical markers like dark skin color and curly hair as well as historical traditions, although the heterogeneity that exists among indigenous African people varies widely. In many cases, people of African descent have adopted descriptors to break from the oppressive posturing inherent in racial labeling. Consequently, Black people may create descriptors that affirm their association with others of African descent while create new descriptors, like AfroLatina, as a way to acknowledge their Africanness as they also resist the racial, reductionistic, origins of commonly held labels.