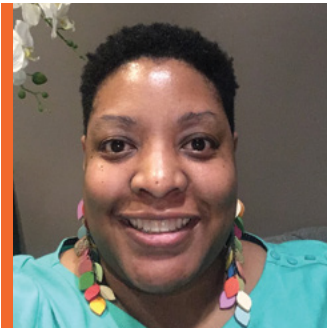


Widening
the Circle:

RACIAL & SOCIAL JUSTICE

Watching The Seasons Change Through an Anti-Colonial Lens

Aziza Belcher Platt, PhD



EDITOR’S NOTE: Aziza Belcher Platt, PhD, is a licensed psychologist, providing culturally responsive individual, group, and family psychotherapy. She works with clients of diverse backgrounds, specializing in racial-cultural issues, trauma, and grief. She was inspired to get into mental health to make therapy more acceptable, accessible, and affordable, particularly for marginalized communities. Social justice and liberation are an indelible part of her work. For patients, she aims to eliminate barriers, structural and otherwise, to seeking and receiving quality and culturally competent mental health care, especially for underrepresented and under-served communities. As a practitioner, she strives to help the field and practitioners become increasingly more culturally aware and responsive.

Perhaps you have heard the term/rallying cry to “decolonize” various aspects of thought and practice, including mental health. What exactly does this mean? Colonization is the process of assuming control of another group’s territory and exploiting its resources. The colonizing group installs its own systems as principal, diminishing and/or erasing the original inhabits and their systems and customs. As such, decolonizing is deconstructing any processes that derive from and/or exclusively value dominant, supremacist beliefs and behaviors. It is also about truth-telling regarding historical and current events and systems, as well as their oppression and inequities, and righting historical wrongs and trauma.

In recent months, the history of American Indian residential boarding schools throughout the United States and Canada has brought a spotlight to the practice of Native children being sent to residential boarding schools where they were separated from their families; prohibited from any cultural practices; physically, emotionally, and sexually abused; and buried by the hundreds in unmarked graves with no notification to their families (Yang, 2021). Moreover, in the United States and some other countries, the fall is hallmarked by several federally recognized holidays including Columbus Day and Thanksgiving. Columbus Day honors Christopher Columbus, often incorrectly credited with discovering America in 1492, which in fact was already and first inhabited by Native Americans. In the spirit of decolonization, it has been increasingly celebrated by cities, states, organizations, and institutions as Indigenous Peoples’ Day to honor the first inhabitants, as well as acknowledge the genocide, colonization, and forced displacement of the people indigenous to the land. Similarly, there is the celebration of Thanksgiving propagated by the Thanksgiving myth: “friendly Indians, unidentified by tribe, welcome the Pilgrims to America, teach them how to live in this new place, sit down to dinner with them, and then disappear. They hand off America to white people so they can create a great nation dedicated to liberty, opportunity and Christianity for the rest of the world to profit.” (Bugos, 2019, para. 5). This diminishes the historical trauma, depicts Indigenous Americans as conceding to being colonized, and erases the Wampanoag tribe and the actual occurrence. As part of decolonizing efforts, there are several counter-celebrations to the traditional American Thanksgiving. Since 1970, the United American Indians of New England (UAINE) have organized the National Day of Mourning to commemorate the historical genocide, honor the ancestors and living Native peoples, and educate and advocate about the actual history of North America and the challenges facing Native communities today. Since 1975, the International Indian Treaty Council (IITC) and American Indian Contemporary Arts has organized Unthanksgiving Day (also Un-Thanksgiving Day and The Indigenous Peoples Sunrise Ceremony) in California to acknowledge the Indigenous peoples, their history, struggles, and rights. Given that November is Indigenous American Heritage Month (formally National American Indian and Alaska Native

Heritage Month or National American Indian Heritage Month), it seems apropos to explore decolonizing mental health and more specifically decolonizing group therapy.

Decolonizing mental health calls for the same deconstruction of dominant, supremacist beliefs and behaviors, historical and current sociopolitical accuracy, and addressing historical harm and lingering trauma. Yehuda & Lehrner (2018) suggested that trauma is epigenetic and is intergenerationally transmitted by changing the expression of DNA, thus causing an enduring impact on the individual and their descendants. Yet, “research into Indigenous health has been largely focused on non-Indigenous, rather than Indigenous, notions of health” (King, Smith & Gracey, 2009, p. 76). Our field has focused on and propagated research and clinical practices based on white people and applied them to non-white people possibly further perpetuating trauma and failing to address their concerns and needs. Moreover, contributions of communities of color (e.g., mindfulness) are often heralded but uncredited. Robert Guthrie’s *Even the Rat was White: A Historical View of Psychology* (2004) delineated not only psychology’s trajectory as a field that largely excluded communities of color in the development of clinical practices except to legitimize the narrative of Black inferiority and justify the oppression of Black people. In this work, he chronicles the otherwise uncredited contributions of early African American psychologists. This pattern of exclusion, except for pathologization, and failing to credit contributions is also true of other communities of color including our First Nations siblings. For instance, Abraham Maslow’s (1943) Hierarchy of Needs theory and accompanying graphic are renowned in psychology and beyond. Research by numerous scholars who are members of the Blackfoot Nation have demonstrated that Maslow lived with the Siksika (Blackfoot) people on their reservation, which heavily influenced his theory. Addressing the hierarchy’s origin at a 2014 conference, Professor Cathy Blackstock (2014) explained, “First of all, the triangle is not a triangle. It’s a tipi...And the tipis in the Blackfoot (tradition) always went up and reached up to the skies.” As clinicians and scholars, we must know how colonization has impacted the DNA of our members and the DNA of our field. Toward this end, Ocampo (2010) suggests “psychology must designate historical, inter-generational and racist incident-based trauma symptoms as legitimate trauma sequelae” (para. 5); address the cultural mistrust toward government-involved services; close the gap on evidence-based practices related to First Nations people, as well as cultural-specific health and healing practices; recruit and retain more global Indigenous peoples into the field of psychology and empower them as full-participants and representatives; advocate politically for Indigenous communities; and resist continued and current colonization.

As group therapists, given the collective nature of our groups, we have a unique opportunity to facilitate decolonization. Ocampo (2010) summarized several important themes that have emerged in response to the colonization, genocide, bondage, dispossession, and

alienation of First Nations peoples globally. These include historical trauma, cultural mistrust, identity and self, culture-specific health care practices, empowerment, and political action. Using therapeutic factors, we can address a number of these themes. For example, interpersonal learning and imparting information can help us and members explore our selves and identities in depth and in community. We can create space in group for long-stifled and often-silenced intergenerational trauma to be expressed and processed allowing for overdue cathartic release and instilling hope and creating a corrective recapitulation of the systemic alienation of Indigenous members. 🌍

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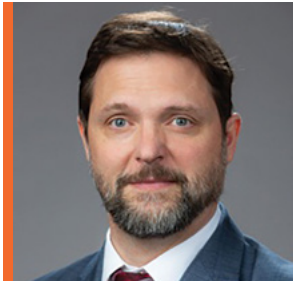
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Congratulations New Fellow



Seamus Bhatt-Mackin, MD, CGP, FAPA, FAGPA, an AGPA member since 2007, is a psychiatrist from Durham, North Carolina, who has leadership roles at the Durham VA Medical Center and at Duke University Medical Center. He is also the Founding Director

of the Clinical Group Work Program at the Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) under the Department of Veteran Affairs. Dr. Bhatt-Mackin has been active in the Carolinas Group Psychotherapy Society (CGPS), serving as President in 2010-2011 and continuing to regularly lead workshops

and small groups for CGPS. He also served on the Affiliate Societies Assembly and chaired its Awards Committee.

Dr. Bhatt-Mackin completed his undergraduate degree in neuroscience at Brown University, from which he graduated Magna Cum Laude and Phi Beta Kappa, and his MD from the Feinberg School of Medicine at Northwestern University. He went on to complete his psychiatry residency at Duke University Medical Center and served as Chief Resident for the Duke Psychiatry Residency Program at the VA Hospital. Since 2013, he has been the Associate Program Director of that program and serves as the Director of Psychotherapy Training.

Dr. Bhatt-Mackin’s chosen area of expertise is “Teaching and Training.” At Duke University, where he serves as faculty in the Psychiatry Department, he has been

nominated three different times for an Honored Professor Award. There and at the VA Medical Center in Durham, he has taught workshops and courses entitled “Groups which Work for Patients (and Clinicians),” “Leading Psychotherapy Groups: Common Pitfalls and Remedies,” and “Inpatient Group Psychotherapy” among others. In 2016, he co-authored a chapter on group dynamics in *The Practical Playbook: Public Health and Primary Care Together*, as well as being co-author of two journal articles.

For AGPA, Dr. Bhatt-Mackin has been a faculty presenter at five AGPA Connects, serving as a panelist with colleagues in workshops and open sessions. A sampling of those titles includes *Professional Training Groups: The Good, the Bad and the Ugly and Dual Relationships in Process Groups during Training*. 🌍