Dismantling the ‘Master’s’ House’:

A Critical Examination on the Effect of a Racialised Identity on the Mental Health of People of African Descent in 21st Century Britain

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Abstract

This thesis introduces a transdisciplinary framework to unveil the impact of racialised identity on the mental health of individuals of African descent, challenging the dominance of Eurocentric methodologies in conventional psychological approaches. Established methods, including Cognitive Behavioural Therapy and related psychotherapeutic approaches, disproportionately reflect Eurocentric paradigms and knowledge systems, often neglecting the pervasive influence of structural racism and its profound psychological consequences. This Eurocentric bias poses clinical risks and hinders equality in access, treatment, and outcomes. Eurocentric approaches tend to oversimplify the experiences of individuals of African descent, characterising them as 'abnormal' and 'irrational' compared to white European standards. Practitioners guided by these approaches may overlook critical situational, spatial, and relational factors contributing to mental health disorders among African-descended populations, resulting in misinterpretations and misdiagnoses, obscuring the determinants of mental ill health among those racialised as 'Black.'

Recognising the inadequacy of the mental health system for individuals of African descent, this thesis critically examines Eurocentric biases in scholarship concerning their thoughts and behaviours. Focused on twenty-first-century Britain, the research explores how these ideologies have permeated societal structures and institutions, fostering the normalisation of anti-Black/African sentiments within health and social care.

To comprehensively assess the clinical and psychological implications of anti-Black/African racism, this thesis amplifies the voices of mental health professionals providing psychosocial therapeutic interventions to African-descended individuals. Adopting an intersectional approach, the research combines insights from participants with cultural studies, critical race and decolonial theories, history, and social psychology, proposing a more inclusive framework to supplement existing scholarship on the complex interplay between the human mind, behaviour, and anti-Black/African racism.

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Chapter 1: Introducing the Research

1.1. The Journey So Far

Following the completion of my undergraduate degree, a BSc (Hons) in Psychology, I embarked on a full-time career in mental health as a Forensic Mental Health Clinical Assistant (FMHCA), where I dedicated approximately five years of service. In this capacity, I functioned as an integral part of a multi-disciplinary team, working closely with service users diagnosed with severe and enduring mental illnesses, such as Schizophrenia, Psychosis, Personality Disorder, and Bipolar Disorder. My responsibilities encompassed observing the psychological presentation of service users and assessing associated risks. Additionally, I facilitated weekly therapeutic group sessions, supervised by a Clinical Psychologist, aimed at supporting service users in developing social skills, building confidence, and fostering engagement with peers and the broader clinical team.

Throughout my time as an FMHCA, I directly observed the disparities in the treatment of 'Black' service users compared to their white counterparts, contributing to the ongoing overrepresentation of 'Black' individuals in these environments. Particularly on the male-only units, 'Black' service users were often labelled with derogatory terms such as 'aggressive' and 'hostile' during multi-disciplinary team meetings. Discussions surrounding their behaviour predominantly revolved around managing it through increased medication, with psychological input often considered as an afterthought. Working on the frontline during twelve-hour shifts allowed me to establish a rapport with service users, humanising them beyond clinical records and team discussions.

Participating in multi-disciplinary team meetings, I observed that my psychology colleagues primarily focused on internal factors influencing behavioural presentations, while social work colleagues often took a more holistic and humanistic approach. The latter advocated for the inclusion of family members and the service users' support network in their care plans. They also promoted least restrictive and recovery-oriented methods of treatment, opposing seclusion, isolation, and high dosages of anti-psychotic medications. While acknowledging the importance of anti-psychotic medications in some cases, I observed a tendency to present them as the sole viable option for 'Black' service users. I was also struck

by the homogenisation of the 'Black' identity, the failure to account for the impact of ethnicity, culture, and individual nuances on behavioural presentations and mental health. In addition to the limited voice granted to each service user regarding their treatment plans and care.

Whilst in the role of an FMHCA, I dedicated extensive efforts to use my professional position to instigate change. Despite offering to conduct service evaluations outside of my work hours, there was often resistance, with a prevailing sentiment that while I could assist in collecting data, I was not deemed qualified to lead or suggest aspects for evaluation. Motivated by the observed disparities and inequalities within the organisation, I conducted after-hours research to explore whether similar issues existed in other healthcare institutions. This self-directed research led me to discover the ‘300 Voices’ project.

Launched in January 2013, the 300 Voices project was a partnership involving Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT), the West Midlands Police, Birmingham City Council, and ‘young African and Caribbean men’ with mental health system experience. The project also collaborated with voluntary and community organisations, universities, schools, family members, friends, and carers, recognising the importance of diverse perspectives in fostering improvement. Initially piloted in the West Midlands, the 300 Voices project aimed to enhance the experiences of ‘young African and Caribbean men’ utilising mental health services.

Experiencing disempowerment due to recurrent rejections of my change initiatives, I endeavoured to connect with BD, the project lead (BSMHFT). My aim was to explore the potential for a partnership between the '300 Voices' project and the mental health institution where I worked. Proactively, I reached out to BD via email, introducing myself, outlining my role, and expressing my interest in the project. BD responded positively, expressing readiness to collaborate and facilitate the project within the forensic secure environment of my workplace.

With BD's interest and support, I attended workshops held by the '300 Voices' project in my personal time. Subsequently, I developed a pitch proposal for the clinical leads at the secure hospital, elucidating the project, its purpose, and the potential benefits for our service users. The proposal for the '300 Voices' project to conduct workshops at the hospital was accepted, marking the first instance of allowing an external initiative of this nature to deliver an intervention at within this particular forensic secure service. The project was well-received by the men at the secure hospital,

providing them with a platform to be heard, validating their perspectives, and integrating them into the broader project.

To date, a continued collaboration exists between myself, BD, and BSMHFT, as we engage in a joint project with the community organisation I co-founded, the Cultural Connection, along with other community entities. The Cultural Connection operates with a commitment to a collaborative approach in delivering evidence-based interventions, with a primary focus on enhancing the health and wellbeing of individuals and communities encountering systemic barriers across various sectors such as health, social care, employment, education, and the criminal justice system.

As part of this consortium with BD and BSMHFT, the Cultural Connection is actively engaged in providing tailored activities to service users of African descent within secure mental health hospitals. These initiatives aim to address challenges like boredom, lengthy stays, and support these service users during their transition and discharge from secure care environments. The overarching goal is to enhance the service user experience, decrease the reliance on physical restraint, minimise the use of Intensive Care Units, consequently lowering the likelihood of absconding, creating a better work environment for staff, and improving the living conditions for the service users.

The implementation of this program is crucial, as it contributes to dismantling harsh care environments that foster isolation, boredom, prolonged stays, and dependency among service users, ultimately reducing the probability of readmission.

Following my engagement with the 300 Voices project, it became evident that my professional development and capacity to instigate change were being restricted by the institution that I worked within. Originally, when I assumed this position as an FMHCA, my intention was to gain enough experience to apply for the Assistant Psychologist role and subsequently enrol in the Clinical Psychology doctorate program. However, despite possessing an accredited degree in Psychology and having hands-on experience delivering clinical support, participating in multidisciplinary team discussions, and conducting therapeutic interventions under the supervision of a Clinical Psychologist, my applications for internal Assistant Psychologist posts were consistently overlooked without even being shortlisted for an interview.

Upon further investigation, I discovered that the selection process for these roles seemed to be somewhat insular, often favouring individuals with familial connections or personal relationships within the field. Faced with

the prospect of spending additional years as an overqualified but low-paid FHCA, I recognised the need to reassess my career path to acquire the necessary qualifications for instigating systemic change within the mental health care landscape.

Consequently, in 2017, I enrolled in the social work Master's degree program, from which I graduated with distinction. Recognising that obtaining a Master's degree would fulfil the criteria for pursuing a doctorate in psychology, allowing for research opportunities during the program, and enabling professional practice as a Mental Health Practitioner at a higher pay grade, this plan presented a mutually beneficial outcome for my career trajectory.

As part of the social work programme, I conducted an original dissertation titled *Mental Health and the Black British Community: What is and What is Not Being Said.* The dissertation aimed to argue that categorising 'Black' individuals under a collective and homogeneous identity could lead to the denial of access to mental health services that genuinely promote equality, inclusion, and diversity. I sought to emphasise that while westernised treatment/service methods might be effective for some 'Black' individuals, alternative forms of therapy could be more beneficial, contingent on one's sense of security in their 'Black' identity and their willingness to engage with UK mental health services.

Additionally, I aimed to challenge prevailing rhetoric in literature, research, and mental health policy portraying 'Black' individuals as a 'hard to reach group,' only engaging with mental health services in crises. I argued that discourse was taking place among 'Black' individuals experiencing mental health issues at a 'low level,' such as anxiety and depression. Consequently, I advocated for investment at a primary healthcare level to reduce the number of 'Black' individuals detained in secondary mental health services, which exacerbates the fear of seeking help.

The dissertation delved into migration histories, the development of the ‘African-Caribbean’ identity, and its connection to the Pan-Africanism movement. Narratives from ‘African British’ and ‘Caribbean British’ individuals on social media platforms were coded, themed, and analysed using Critical Discourse Analysis to reveal the role of power dynamics in their interactions. I emphasised that the division of identities in the research aimed neither to displace 'Black' individuals from their African identity nor to minimise the pain and oppression experienced by their ancestors. Instead, the goal was to explore potential cultural differences within the

'Black' community to enhance the experiences of 'Black' individuals in Mental Health Services.

The findings revealed that while there were commonalities in the mental health experiences of ‘African British’ and ‘Caribbean British’ individuals, those of African heritage primarily faced challenges within their microsystem due to stigma and a lack of understanding from parents and the community. In contrast, individuals of Caribbean heritage noted that their mental health difficulties were largely aggravated by societal and structural inequalities. This prompted a recognition of the need for further research to determine the generalizability of these findings to the broader community. Additionally, I aimed to investigate my hypothesis that alternative non-western therapeutic methods might be more beneficial for 'Black' individuals less secure in their 'Black' identity due to negative experiences at societal and structural levels.

Upon achieving a Distinction in my Master's Degree in social work, I commenced practice as a mental health social work practitioner within a specialist mental health team. Despite being acknowledged for my enthusiasm to drive change and subsequently being assigned a role within the 'mental health innovation team,' I continued to sense limitations in my ability to instigate substantial change within the system. As a response, in 2019, I co-founded the aforementioned community organisation and engaged in bid-writing for funding to collaboratively design and deliver therapeutic interventions for individuals and communities on the societal fringes.

During this period, I encountered a job advertisement for 'Lay Hospital Managers,' and upon application, I was successfully appointed to the role. I take pride in remaining the youngest Lay Hospital Manager in this position to date.

As a Lay Hospital Manager, it is my duty to see that the requirements of the Mental Health Act are followed. Ensuring that service users are detained only as the Act allows, their treatment and care are in full accordance with its provisions and that they are fully informed of their statutory rights; these responsibilities also extend to service users who are on Community Treatment Orders. To do so, I assess evidence presented by service users, multi-disciplinary teams and support networks to establish whether the service user is still suffering from a mental disorder, if the disorder is of a nature or degree that warrants continued detention in hospital or extension of a community treatment order and whether the continuation of a legal framework is necessary in the best interests of the service user’s health and safety and/or the protection of others.

Before assuming the role of a 'Hospital Lay Manager,' I had expressed my interest in enrolling in the Black Studies PhD program at the University of Nottingham. Subsequently, I commenced my PhD journey in October 2019. Upon the successful completion and conferment of this doctoral research, I will become eligible to upgrade my membership with the British Psychological Society to Chartered status. According to the BPS, obtaining the title of Chartered Psychologist is legally recognised and signifies the ‘highest standard of psychological knowledge and expertise.’

What adds a unique dimension to my journey is the unconventional route I took, driven by the barriers I faced. This journey ensures that my knowledge and expertise are not confined to Eurocentric perspectives on understanding the human mind and behaviour. This experience provides me with the freedom to ground my practice in alternative ways of knowing. Additionally, it positions me to contribute to the development of anti-racist institutions through my role as an independent organisational development practitioner. As my family often says, 'Everything happens for a reason, so walk by faith and not by sight.'

1.2. The Development of this Research

Upon commencing my PhD journey, while maintaining an active role in practice, my primary focus was to investigate lived theory and its intrinsic connection to migration history as pivotal elements influencing the mental health experiences of targeted populations. I deemed it crucial to scrutinise the impact of discrimination and injustice on the mental wellbeing of individuals linked to this history. The research specifically targeted 'Black' individuals whose formative years were spent in Britain, and whose parents or grandparents were part of the Windrush generation. My intention was to explore how 'Black' British Caribbean individuals perceived the influence of their ethnic identity on their mental health, and whether this sense of identity varied across generations. The approach involved drawing insights from direct lived experiences, literature and archival material.

However, in 2020, shortly after embarking on my PhD, the Covid-19 pandemic emerged, casting a veil of uncertainty across the globe. The UK implemented 'lockdown' measures to contain the virus, leading to closures of many places and public advisories to stay at home and avoid social interactions. This prompted a realisation that my original plan to conduct community-based sessions with 'Black’ British individuals of Caribbean

heritage might not be safe or feasible. The pandemic also hindered my access to archival material and ephemera, resulting in their minimal representation in this thesis. The uncertainties and restrictions imposed by the Covid-19 pandemic persisted throughout my thesis duration, compelling me to adapt my project and maximise the available resources.

Consequently, the original research design had to be reconsidered due to the uncertainties and restrictions posed by Covid-19. As a result, the empirical primary research only involves a single focus group. However, this focus group was instrumental in revealing thematic resonances with issues raised in the secondary literature in Chapters 2 and 3. This demonstration underscores the continued real-life challenges faced by people of African descent in contemporary Britain, especially those seeking mental health support and those endeavouring to effect change within the mental health sector.

The emergence of the Covid-19 pandemic marked a broader reckoning with institutional racism, triggered by the tragic murder of George Floyd. This event sparked a global wave of support for the ‘UK Black Lives Matter’ movement, leading to nationwide protests and the removal of statues commemorating slave traders and colonialists by both protestors and various authorities. Simultaneously, the ‘UK Black Lives Matter’ movement shed light on the lack of justice for the bereaved and survivors of the Grenfell Tower disaster, which had occurred three years earlier and also, those affected by the ‘Windrush scandal’. Additionally, the conclusion of Brexit in January 2020, making Britain the only sovereign country to leave the EU, added another layer to the socio-political landscape.

These events collectively revealed a common thread—the dehumanisation of racially marginalised individuals and the pervasive embedding of anti-Black/Africanness within British institutions, resulting in the disposability of ‘Black’ lives. Recognising this pattern alongside the sensationalism of 'Black' trauma across media platforms, it became evident that a nuanced exploration of the interlinkages between the racialised 'British' identity and mental health institutions was necessary to truly comprehend the mental health experiences of 'Black British' individuals. Furthermore, an understanding of the dehumanising legacy of colonialism and imperialism required a broader analysis, extending beyond the 'Windrush' era to scrutinise the institution of slavery and its connections with contemporary mental health care.

In addition to these complexities, the prominent discourse in public forums indicated that many 'Black British' individuals were grappling with

questions about their sense of identity and belonging. This observation highlighted another crucial issue that warranted exploration in understanding the multifaceted mental health experiences of 'Black British' individuals.

1.3. Mental Health Disparities: A Multifaceted Global Challenge

Within the contemporary global health landscape, mental health disparities have emerged as a multifaceted and pressing challenge, resonating profoundly across diverse populations. These disparities constitute a wide spectrum of issues, ranging from inequitable access to mental health services to variances in the quality of care received, ultimately leading to divergent mental health outcomes among heterogeneous demographic groups. The recognition of these disparities as a complex societal concern has elicited a resounding call to action (see World Health Organization 2013; Patel et al. 2018 and Purtle 2018).

This thesis asserts that the effective mitigation of these disparities demands a comprehensive and transdisciplinary approach, both in the realms of research and intervention. The subsequent chapters of this thesis will navigate the intricate terrain of racialisation and mental health inequalities, underscoring the pivotal role played by a transdisciplinary scholar-practitioner approach.

1.4. Mental Health Inequalities: An Urgent Imperative

Mental health inequalities represent a pressing and formidable concern within the field of global health, with distinct relevance to individuals of African descent in the United Kingdom. These disparities are neither isolated nor uniform; rather, they intersect with a multitude of factors, amplifying their complexity and impact. Among the factors that interplay with mental health inequalities are age, disability, gender, geographical location, ethnicity, race, religion, socioeconomic status, and sexual orientation.

For individuals of African descent residing in the United Kingdom, these intersecting factors create a unique landscape of mental health challenges. The repercussions of mental health inequalities extend beyond individual experiences, permeating entire communities and exerting a profound influence on the health outcomes, life trajectories, and overall societal wellbeing of these populations.

The urgency of addressing mental health inequalities is underscored by their pervasive and enduring nature, as well as their capacity to exacerbate social disparities. For individuals of African descent, the intersectionality of these factors often results in compounded inequalities. Historical legacies of racism, discrimination, and colonialism have left lasting imprints on the mental health of African-descended communities in Britain, magnifying the imperative of comprehending the origins, mechanisms, and consequences of these disparities (see Fernando 2018 and Devonport et al 2023).

Understanding the multifaceted challenges presented by mental health inequalities is paramount. This comprehension serves as a prerequisite for developing effective interventions, policies, and strategies that are sensitive to the unique needs and experiences of individuals of African descent in the United Kingdom. It is within this intricate context that the scholar-practitioner and transdisciplinary approach assumes critical importance, providing a holistic framework for both research and practical efforts aimed at ameliorating mental health disparities among African-descended populations.

1.5. The Scholar-Practitioner and Transdisciplinary Synergy: A Crucial Nexus

As a scholar-practitioner, it is important to assert that this unique approach adopted in this thesis represents a transformative approach to research and intervention, underlining the seamless integration of rigorous academic inquiry with pragmatic, real-world engagement (see Kram, Wasserman and Yip 2012 and Suarez-Balcazar and Hammel 2015). Simultaneously, the transdisciplinary approach transcends the constraints of traditional academic silos, advocating for the amalgamation of diverse knowledge domains to holistically address intricate issues (see Yeager et al. 2013 and Ragin 2015). In the context of mental health inequalities, these paradigms converge to formulate a robust methodological framework, thereby enhancing the depth of comprehension and the potential for consequential impact.

For individuals of African descent in Britain, the scholar-practitioner and transdisciplinary synergy carries profound significance in addressing the pervasive mental health disparities they encounter. These disparities are rooted in complex social, historical, and cultural factors that demand multifaceted solutions. The scholar-practitioner approach empowers mental health practitioners and scholars to actively engage in bridging the gap between research and practical intervention (see Edge et al 2018).

Such engagement fosters a deeper understanding of the unique challenges faced by this population, ensuring that interventions are contextually relevant and cognisant of diverse experiences.

Moreover, the transdisciplinary approach proves indispensable in unravelling the intricate web of factors contributing to mental health inequalities among people of African descent Britain. By integrating insights from disciplines such as cultural studies, critical race theory, decolonial perspectives, psychology and sociology, this thesis asserts that researchers and practitioners can more comprehensively explore the multifaceted nature of these disparities. This approach facilitates a nuanced understanding of the intersectionality of ethnicity, disability, gender, race, socioeconomic status, and access to healthcare, offering a holistic perspective on the challenges faced by people of African descent.

In essence, the scholar-practitioner and transdisciplinary synergy serve as powerful tools in comprehending the impacts of anti-Black/African racism on dismantling the barriers to mental health equity experienced by individuals of African descent in Britain. Through the fusion of rigorous scholarly inquiry and drawing on diverse knowledge domains, this approach holds the potential to drive meaningful change in addressing mental health disparities within this population.

1.6. Objective of the Doctoral Thesis

The primary objective of this doctoral thesis is to undertake a comprehensive and critical examination of the impact of a racialised identity on the mental health of individuals of African descent, in the context of twenty-first century Britain. It aims to elucidate the intricate interconnections among various determinants that contribute to racial disparities, encompassing dimensions such as culture, economics, society, and structural factors. Through rigorous research and engagement with mental health practitioners, this thesis aspires to make a substantial contribution to the development of a nuanced understanding of the complexities inherent in the racialisation of identity and mental health. Additionally, it seeks to propose evidence-based strategies for effectively addressing and mitigating these issues.

1.7. Thesis Structure

This thesis is structured into three core parts, with the first part involving a comprehensive critical examination of history. Chapter 2 specifically delves into two pivotal periods in European history—the 'Enlightenment' era and the Victorian era. These periods were profoundly detrimental for individuals of African descent, marked by the atrocities of slavery and colonialism. The chapter explores how these historical epochs witnessed a deliberate misalignment of medical developments, perpetuating the dehumanisation and subjugation of African people. The medical discourse during these eras served to justify enslavement and exploitation through the lens of capitalism.

Chapter 2.4 serves as a departure point, laying the groundwork for the integration of more history and theory with practical insights. This deliberate construction aims to foreground the methodology employed in the final part of the thesis, which amplifies the voices of practitioners traditionally marginalised in contributing their perspectives to knowledge-building processes within the mental healthcare realm. This approach aligns with the broader mission of the study—to challenge existing power dynamics and advocate for a more equitable and inclusive mental health system. Subsequently, the research introduces a theoretical argument highlighting the distinct power dynamics of race and mental health within the British state. The thesis concludes with focus group discussions involving mental health practitioners, contributing to addressing gaps in knowledge and making sense of shared meanings and experiences. These discussions unveil commonalities in the discourse surrounding identity-related mental health issues among individuals of African descent. Additionally, this thesis defines the specific knowledge-power dynamics arising from British and European thinking.

The inclusive design, encompassing history, cultural studies, and the theorisation of Britain's antiblackness through case studies, seeks to bridge the knowledge gap in understanding the effect of a racialised identity on the mental health of people of African descent in 21st century Britain.

1.8. The Research’s Contribution to Psychology Scholarship

This thesis is a theoretically rich contribution that adopted a bespoke transdisciplinary methodological approach, which intends to address shortcomings in current research models pertaining to the mind and

behaviour of people of African descent. The primary concern addressed in this thesis was the lack of historically documented voice on the topic.

1.9. Terminology

Throughout this thesis, the terms 'of African descent' and 'African-descended' are employed interchangeably in lieu of 'Black.' This deliberate choice of terminology reflects a commitment to inclusivity, encompassing all individuals who identify with African ancestry. When the term 'Black/Blackness' is utilised in this chapter, it is presented in uppercase, while 'white' is rendered in lowercase. This orthographic distinction is intentionally designed to disrupt prevailing epistemic ‘norms’, as both lowercase and uppercase representations have historically been employed selectively for these terms. This practice extends to quotations, further reinforcing the deliberate epistemic disruption intended by this choice of typography.

1.10. Conclusion

In conclusion, this introductory chapter establishes the framework for a thesis that underscores the paramount importance of recognising the profound ramifications of racialisation and the resultant inequalities on the health and wellbeing of individuals of African descent. It emphasises the pressing imperative for a transdisciplinary scholar-practitioner approach to achieve a comprehensive understanding and resolution of these disparities. The subsequent chapters of this thesis will delve into the intricate facets of this subject matter, offering invaluable insights and evidence-based recommendations to facilitate a nuanced comprehension of the complex interplay between identity, anti-Black racism, and mental health for people of African descent in twenty-first century Britain.

Chapter 2: The ‘Master's House:’ Traditional Eurocentric Approaches to Understanding the Human Mind and Behaviour

2.1. Introduction

This chapter critically explores Eurocentric conceptualisations and understandings regarding the mind and behaviour of individuals of African descent. It seeks to unveil the pervasive influence of Eurocentrism on various domains of knowledge, practice, and expertise, all of which converge in shaping substantial judgments about the mental health, cognitive abilities, social functionality, and personality of people of African descent. For the purpose of this thesis, the term 'the 'psy' disciplines' is employed to highlight the profound interconnection of these fields with a history marked by colonialism and imperialism. Thus, underscoring their collective impact on the categorisation and labelling of individuals of African descent in terms of their social functioning, capacity for responsible behaviour, personality, and mental states (Fernando 2017; see also Thomas and Sillen 1972; Fernando 2010 and Moodley, Mujtaba and Kleiman 2017). Specifically, this chapter investigates the ways in which the African-descended identity is pathologized as ‘different,’ ‘inferior’ and the ‘other.’

For the purpose of this thesis, reference to the 'psy' disciplines encompasses a broad spectrum of fields, including psychiatry, psychology, psychoanalysis, psychotherapies, and various applied areas such as developmental, educational, and occupational psychologies, which span both academic and practitioner domains (see Mc Avoy 2014). The Eurocentric underpinnings of these disciplines have far-reaching implications, particularly when applied to individuals of African descent. This chapter lays the foundation for a deeper exploration of these implications, which will be further elucidated in Chapters 3 and 5.

2.2. An ‘Enlightened’ Psychologising of Morality and the Pseudoscientific Premise of ‘Race’ and Racial Hierarchy

The 'Age of Enlightenment' marked a pivotal period in European intellectual and philosophical history during the seventeenth and eighteenth centuries. While there is no consensus among scholars regarding the precise commencement of this era, it is widely acknowledged that Enlightenment ideas proliferated across England, France, and, eventually, Russia. This movement introduced a novel approach to comprehending concepts of 'morality' and mental illness. Immanuel Kant, a preeminent Enlightenment thinker, articulated Enlightenment as a process through which individuals employed their

intellect to comprehend their worldly experiences and thereby achieved liberation from 'the inability to use one's understanding without the guidance of another' (Kant 1784, p.1). According to Kant, the fundamental tenet of Enlightenment was encapsulated in the phrase 'have the courage to use your own understanding!' (Kant 1784, p.1; see also Todorov 2010 and Outram 2019).

In the period preceding the 'Age of Enlightenment,' the conception of 'morality' in the Western world was predominantly shaped and constrained by Christian biblical scripture. This religious doctrine, which held intellectual authority over all other forms of knowledge, as noted by Dugandzic (2015), exerted a profound influence on the moral and ethical framework of society. However, it is essential to consider a contrasting argument regarding the intellectual authority of society during this period. While the Christian biblical scripture indeed played a central role in shaping moral thought, the intellectual authority of society was not solely derived from religious doctrine. Instead, it can be posited that intellectual authority during this period was a multifaceted construct, comprising not only religious teachings but also the influence of classical philosophy, legal systems, and social customs. Notably, the works of philosophers such as Aristotle and Plato, alongside the Roman legal tradition, contributed significantly to the development of moral and ethical thought, thereby challenging the exclusive dominance of Christian doctrine in shaping societal values (see Williams 2022).

In the context of Biblical authority, the understanding of mental illness was rudimentary, and any inexplicable or supernatural behaviours were often attributed to demonic possession. Theological doctrines propagated the notion that, in the absence of the divine grace of God, individuals would remain ensnared in a state of moral depravity and be unable to cleanse themselves of the stain of original sin (see Love 2008). This theological stance essentially categorised so-called immoral individuals as beings disconnected from God's creation, rendering them sub-human. According to biblical scripture, such individuals were deemed devoid of the virtuous and benevolent attributes typically bestowed by God.

Consequently, individuals demonstrating behaviours classified as 'moral depravity,' 'deviance,' or 'irrationality' encountered a prevailing narrative that likened them to savages and perceived them as a potential threat to the broader society due to their labelled 'barbaric' conduct. This characterisation led to a strategy of managing this perceived threat through institutional incarceration, wherein punitive measures were employed as a means of containment (see Tuke 1813; Foucault 1961 and Smith 2014). These punitive measures frequently entailed brutal acts of violence against

those categorised as 'deviant,' reflecting a pervasive lack of understanding regarding mental health issues during this period and an absence of empathetic and humane responses to those who exhibited behaviours that defied so-called conventional norms. It is crucial to discern here that the evaluation of rationality was intrinsically linked to the concept of 'normalcy' within this framework, with deviations from established moral and religious norms being equated with moral degradation (see Johnson 2008 and Taylor 2019). Thus, the intricate interplay between morality, religiosity, and societal norms not only perpetuated the stigmatisation of non-conforming individuals but also exacerbated their mistreatment, emphasising the profound influence of perceptions of ‘godliness’ and ‘normalcy’ on the treatment of marginalised individuals.

Enlightenment ideologies presented a notable contrast to the doctrines of the Christian church, placing a pronounced emphasis on science and 'reason' as superior to faith-based knowledge and spirituality (see Kent 2002 and Love 2008). Concurrently, within this intellectual milieu, a substantial contingent of 'Enlightened' intellectuals advocated for a fundamental departure from the utilisation of 'cruel' and coercive methods of treatment. This perspective is discernible in the writings of influential thinkers such as John Locke (1689), who emphasised the importance of protecting the natural rights of all individuals, including those who may be mentally unwell or deemed immoral. Jean-Jacques Rousseau (1755) contributed to this dialogue by advocating for proportionality in punishments, asserting that even for those considered immoral, excessive cruelty should be eschewed.

Furthermore, the writings of Adam Smith (1759) underscored the role of empathy and sympathy in understanding human behaviour, which in turn fuelled the call for more humane treatment of individuals, including those suffering from mental illness. Immanuel Kant (1793) reinforced this perspective by arguing for the moral obligation to treat all individuals with respect, irrespective of their mental health or perceived morality. Consequently, these Enlightenment philosophers collectively advanced the imperative of a legal framework that rejected cruelty and recognised the intrinsic dignity of all individuals, regardless of their mental state or moral standing, serving as foundational principles in contemporary discussions surrounding the prohibition of cruel and unusual punishments, especially for those who may be mentally unwell or deemed immoral.

Within the Enlightenment milieu, philosopher David Hume's contention (1739) assumed a significant role, asserting that the comprehension of human thoughts, emotions, and behaviours necessitated the guidance of universal principles. Hume's perspective posited that without universal

principles, understanding pertaining to human nature would remain fragmented and disjointed, lacking a systematic framework. This fragmentation would result in a lack of 'order' in the comprehension of human thoughts and behaviours, leaving interpretations to chance and imagination. Therefore, Hume's argument emphasised the necessity of 'order' in organising and making sense of the diverse aspects of human existence.

In the Enlightenment paradigm, universal principles not only provide 'order' to the understanding of human nature but also serve as a foundational basis for concepts such as 'humanity,' 'normalcy,' 'rationality,' and 'reason.' In line with the Enlightenment perspective, these principles offer a structured framework that enables the evaluation and assessment of individuals in society. For instance, the assessment of an individual lacking 'reason' derives its legitimacy within the framework of agreed-upon principles, thereby establishing 'order' in the determination of rationality and 'normalcy' (see Kant, 1785).

The concept of 'order' within the Enlightenment context is therefore closely intertwined with the reliance on universal principles, as advocated by philosophers such as David Hume (1739). From the vantage point of Enlightenment ideology, these principles transcend their foundational role to not only confer structure and coherence upon the comprehension of human cognition and conduct but also to serve as the foundation upon which central tenets of Enlightenment discourse are predicated. 'Order,' in this context, therefore, emerges as an essential component of Enlightenment thought, facilitating the systematic inquiry into the intricacies of human nature and societal norms.

Consequently, Enlightenment scholars, informed by their investigations into human nature, postulated that the decline of 'reason' could be ascribed to sociocultural factors arising from the intricate challenges and pressures characteristic of advanced societies (see Kant 1789 and Weckowicz & Liebel-Weckowicz 1990). Furthermore, Kant (1798) acknowledged the categorisation of mental disorders into distinct types based on severity and causal factors. Nevertheless, he upheld the assertion that all manifestations of mental illness shared a universal characteristic: the loss of common sense. Kant argued that:

> The only universal characteristic of madness is the loss of common sense (sensus communis) and its replacement with logical private sense (sensus privatus); for example, a human being in broad daylight sees a light burning on his table which, however, another person standing nearby does not see or hears a voice that no one else hears.

> For it is a subjectively necessary touchstone of the correctness of our judgments generally, and consequently also of the soundness of our understanding, that we also restrain our understanding by the understanding of others, instead of isolating ourselves with our own understanding and judging publicly with our private representations, so to speak (Kant 1798, p. 324).

Kant's assertion regarding the universal characteristic of ‘madness’ and its relationship to the concept of common sense has profound implications for the contested definitions of mental illness and sanity. Kant's argument is situated within the philosophical and psychological discourse of his era, reflecting the Enlightenment ideals of ‘reason’ and ‘rationality.’ While Enlightenment thinkers often sought 'rational' or empirical explanations for mental ill health, it is essential to acknowledge that their pursuit of ‘rationality’ did not render them immune to biases and preconceptions.

Kant's differentiation between common sense (sensus communis) and private sense (sensus privatus) aligns harmoniously with the broader Enlightenment endeavour to establish ‘reason’ as the basis of societal order (see Beiser 2018). His emphasis on communal, shared understanding resonates with Enlightenment thinkers' overarching mission of promoting ‘reason’ and ‘rationality’ as indispensable elements of a well-structured society (see Harrison 2001).

However, the contentious nature of Kant's definitions emerges from the inherent subjectivity embedded in his illustrative examples and the very concept of common sense itself. Common sense is inherently subjective, contingent on the consensus within a specific community or society (see Smith 2016). What may constitute common sense in one cultural or historical context might be deemed ‘madness’ in another, thus highlighting the relative and context-dependent nature of these definitions (see Porter 2002).

Kant's focus on sensory perception as a determinant of ‘madness’ further complicates the issue by blurring the boundaries between mental illness and variations in individual perception, which can be significantly influenced by culture and context (see Barker 2018). Furthermore, Kant's proposition of the isolated individual experiencing 'madness’ prompts a critical re-evaluation of the role of society in defining and identifying mental illness. It challenges the conventional view that mental illness is solely an individual affliction and encourages contemplation of how societal norms and expectations shape judgments of sanity (see Ghaemi 2003).

What is more, Kant's quote underscores the contentious and complex nature of defining mental illness within the Enlightenment context. It illuminates the intricate interplay between subjectivity, societal standards, and the Enlightenment's emphasis on ‘reason’ and common sense. Kant's insights into the multifaceted nature of ‘madness’ and ‘sanity,’ therefore, encourage the re-examining of traditional definitions within the broader Enlightenment context. In doing so, Kant’s perspective can encourage a more nuanced approach to the study of mental health, acknowledging the complexities inherent in defining and identifying mental illness.

Enlightenment philosophy, as a foundational intellectual movement, espoused the restoration of an individual's 'morality' through psychological and social therapeutic interventions. This philosophy placed a significant emphasis on fostering active engagement and dialogue between clinicians and patients as a means of facilitating moral recovery. In stark contrast to this 'moral management' approach to address mental disorders or 'immorality,' there existed concurrent medical models that attributed such disorders to brain illness (see Battie 1758; Monro 1758; Porter 1987 and Morris 2008). These medical paradigms framed mental illnesses as disorders of the brain, seeking physiological explanations for aberrant behaviours and experiences.

The medical model that attributes mental disorders to diseases of the brain has held a prominent place in the fields of psychiatry and psychology. However, it is essential to critically examine the limitations inherent in this paradigm, considering both historical perspectives and contemporary insights.

Firstly, one of the fundamental limitations of the medical model is its reductionist nature. By construing mental disorders solely as brain diseases, this approach tends to oversimplify the intricate and multifaceted nature of mental health conditions. It reduces complex psychological and social phenomena to mere neurobiological abnormalities, potentially neglecting the critical role of psychosocial and environmental factors (see Beaulieu 2002). This reductionism can hinder a comprehensive understanding of mental illnesses, as it fails to account for the interplay between genetic, neurobiological, psychological, and sociocultural determinants.

Moreover, the medical model's exclusive focus on biological determinants can lead to a neglect of the broader context in which mental illnesses manifest. This narrow perspective may overlook the impact of adverse life events, trauma, social inequalities, and cultural factors on the development and course of mental health conditions (see Kirmayer, Gomez-Carillo and

Veissière 2011). In doing so, it fails to address the holistic needs of individuals experiencing mental distress and limits the effectiveness of treatment approaches that encompass these broader dimensions.

Additionally, the medical model's overemphasis on pharmacological interventions, such as psychiatric medications, may overshadow the potential benefits of psychological and social therapies (see Smith 2014). While medications can be valuable tools in managing symptoms, they often address the physiological aspects of mental disorders while neglecting the psychological and social aspects that contribute to individuals' wellbeing. This one-sided approach may not fully meet the diverse and individualised needs of patients, especially considering the variation in treatment response among individuals.

In paradox to medical models, the Enlightenment approach that evolved into the concept of 'moral treatment,' aimed to offer therapeutic interventions prioritising individual autonomy and human dignity. This approach advocated for mental health treatments to adopt a recovery-oriented stance rather than a punitive or deficit-based one (see Tuke 1813).

The recovery-oriented perspective, as advocated by the Enlightenment and subsequent proponents of ‘moral treatment,’ prioritises the individual's autonomy, dignity, and capacity for personal growth and healing. In this paradigm, mental health interventions aim not only to alleviate symptoms but also to support individuals in their journey towards holistic recovery. Recovery is perceived as an ongoing and individualised process, emphasising the restoration of wellbeing, social inclusion, and the pursuit of meaningful life goals (see Slade et al. 2012; Francis 2014 and Flückiger et al. 2023). This perspective acknowledges that individuals with mental health challenges possess inherent strengths and resources that can be harnessed in their recovery journey.

Conversely, the deficit-based approach, often associated with traditional medical models, tends to focus primarily on identifying and addressing deficits or abnormalities within individuals (see Jacob 2015). It views mental health issues through a lens of pathology, emphasising the diagnosis and management of symptoms rather than holistic recovery. This paradigm can sometimes overlook the individual's agency and potential for growth, instead framing them primarily as passive recipients of treatment (see Farkas 2007).

The contested nature of these paradigms arises from ongoing debates within the mental health field regarding the most appropriate framework for

understanding and addressing mental health challenges. Proponents of the recovery-oriented approach argue that it offers a more human-centred, empowering, and inclusive perspective on mental health (see Anthony 1993 and Xie 2013). They contend that it aligns with principles of social justice and human rights, emphasising the importance of autonomy, choice, and community integration.

Critics, however, raise concerns about the feasibility and applicability of a recovery-oriented approach in all clinical contexts (see Jacob 2015). They argue that some individuals with severe and persistent mental illnesses may require ongoing support and treatment that aligns with a deficit-based model to manage their symptoms effectively.

Subsequently, the terms ‘recovery-oriented’ and ‘deficit-based’ represent two contrasting paradigms in the understanding and treatment of mental health challenges. These paradigms are characterised by their contested nature within contemporary mental health discourse, with ongoing debates about their applicability, ethical implications, and effectiveness in various contexts.

The Enlightened 'moral treatment' approach was not extended to non-European populations. The consensus that 'primitive' societies, particularly in parts of Africa, Asia, and the Americas, did not exhibit mental illness due to their perceived simplistic lifestyles was a prevalent belief during the Enlightenment era, primarily in European intellectual circles. This perspective was rooted in the Enlightenment's emphasis on ‘reason,’ ‘rationality’, and the notion of a racial and cultural hierarchy.

One of the key figures who contributed to this consensus was prominent Enlightenment philosopher, Hume. In his essay titled ‘On National Characters,’ published in 1758, Hume expressed racially biased views, asserting the inferiority of non-European populations, including Africans. In a footnote to his essay, Hume made explicit statements that reflected the prevailing Eurocentric and racist ideologies of his time. He stated:

> I am apt to suspect the negroes[1], and in general, all the other species of men (for there are four or five different kinds) to be naturally inferior to the whites (Hume 1758, p.125).

[1] This term is historically used to denote people of African descent who are racialised as ‘Black.’ It derives from the Spanish and Portuguese word for the colour ‘Black’ and was subsequently introduced into the English language (see Agyemang, Bhopal and Bruijnzeels 2005).

Hume's remarks in this footnote reinforced the belief in a racial hierarchy, with Europeans considered superior in terms of intellectual capacity, ‘civilisation,’ and cultural achievements. He argued that there had never been a ‘civilised’ nation of any other complexion than white, and he dismissed the potential for ingenuity, arts, sciences, or intellectual accomplishments among non-white populations, particularly Africans (see Hume 1758).

These views were reflective of broader Enlightenment perspectives on race, culture, and ‘rationality,’ where European cultures were often placed at the pinnacle of ‘rationality’ and ‘civilisation’, while non-European societies were often deemed as less ‘rational’ and more ‘primitive’ (see Yancy 2018). This hierarchical perspective led to the assumption that 'primitive' societies did not experience mental illness because they were viewed as inherently inferior in terms of their capacity for 'reason' and 'normalcy'.

It is essential to note that these views were products of their time and have been widely criticised and challenged in contemporary scholarship for their ethnocentrism, racism, and lack of empirical basis (see Fernando 2010). Modern research has provided ample evidence of mental health challenges and variations in symptom expression across cultures and societies, debunking the notion that certain groups are immune to mental illness due to their perceived simplicity of lifestyle (see Kirmayer 2001).

Conversely, mental illness has been recognised in non-European societies. For instance, there is global recognition of the McNaughton principles' defence of 'insanity' in many non-European countries . These rules, established by the UK House of Lords in 1843, have had a profound impact on the assessment of criminal responsibility in numerous legal systems worldwide (see Bennett 2009). The essence of the McNaughton rules lies in the presumption of an individual's sanity and their capacity to be held responsible for their actions unless it can be convincingly demonstrated otherwise. Specifically, these rules require clear proof that, at the time of committing a criminal act, the accused was suffering from a mental defect due to a disease of the mind, rendering them either unaware of the nature and quality of their actions or, if aware, incapable of discerning the wrongfulness of their conduct (see UK House of Lords 1843).

The McNaughton rules were formulated with the intention of establishing a standardised 'insanity defence' that could be applied ‘universally’ across diverse legal systems. They aimed to provide protection for individuals who, due to mental illness, committed criminal acts without full awareness

or understanding of their actions, implications and moral wrongfulness (see Singh 2022). These principles reflected a commitment to justice and the recognition of the significance of mental health in the legal context.

Furthermore, the influence of the McNaughton rules extended far beyond the shores of Britain. As part of the British Empire, these principles were incorporated into the legal systems of many colonies and dominions. The British Empire's legal regimes, which spanned across various continents and cultures, often adopted the McNaughton rules as a foundational element of their criminal jurisprudence (see Bennett 2009). This influence significantly shaped the development of legal regimes in these regions.

Moreover, the McNaughton rules left an indelible mark on international legal discourse. Their establishment of a standardised approach to assessing criminal responsibility based on mental capacity contributed to the evolution of international human rights law. Concepts related to mental health, legal capacity, and the protection of vulnerable individuals have become integral components of international legal instruments and conventions (see Singh 2022).

Therefore, the McNaughton principles, with their emphasis on assessing criminal responsibility in cases involving mental illness, hold great significance in the context of both British and international legal systems. Their adoption within the British Empire and influence on international legal developments, underscores their enduring impact on legal regimes around the world. A more detailed analysis of these rules and their limitations is beyond the scope of this chapter (see Boyle 2002; Green 2005; Gostin and Shaw 2008; Stone 2009 and Slobogin 2017). However, its inclusion at this juncture was to demonstrate the fact that because of pseudoscientific ideologies pertaining to the biological makeup of non-European individuals, the principles were not applied when considering the ‘reason’ in regard to people of African descent.

The Enlightenment era’s endorsement of hierarchical ideology was influenced by the formal system for the taxonomy of the human species proposed by botanist Carl Linnaeus (1758). This taxonomy can be succinctly described as a hierarchy of the human species that situated Europeans (white) people in a hierarchical pyramid with Africans (‘Black’) people at the bottom. Although Linnaeus (1758) did not explicitly use the term ‘race,’ his hierarchical framework laid the groundwork for subsequent conceptualisations of race within psychological anthropology and beyond (see Smedley 1999). This framework perpetuated a Eurocentric view of humanity, with profound implications for the understanding and diagnosis of mental health conditions among different racial and ethnic groups.

The influence of Linnaeus's taxonomic hierarchy on the field of psychology and the diagnosis of mental health disorders cannot be underestimated. The hierarchical racial categorisation embedded in this framework contributed to the development of racial biases and stereotypes, impacting the assessment, diagnosis, and treatment of mental health conditions across diverse racial and ethnic communities (see Williams and Williams-Morris 2000). These biases have, historically, resulted in the overdiagnosis of certain disorders among racial minorities and the underdiagnosis or misdiagnosis of others (see Whaley 2001). Furthermore, they have fuelled health disparities in access to mental health care and the quality of treatment received by individuals from marginalised racial backgrounds (see Hussain et al 2022).

In contemporary society, the legacy of Linnaeus's taxonomy continues to reverberate within the field of psychology, prompting ongoing efforts to address and rectify racial disparities in mental health diagnosis and treatment. This issue underscores the critical importance of acknowledging the historical role of hierarchical ideologies in shaping racial perceptions and their implications for mental health diagnosis and care.

Prior to the 'Age of Enlightenment,' the term 'race' often denoted a person's familial lineage or descent, grouping individuals based on a shared ancestor (see Ratcliffe 2004; Leroi 2005 and Nubia 2019). However, during the 'Enlightenment,' Kant introduced a redefined concept of 'race' as follows:

> Races are deviations that are constantly preserved over many generations and come about as a consequence of migration (dislocation to other regions) or through interbreeding with other deviations of the same line of descent, which always produces half-breed offspring (Kant 1777, cited in Bernasconi 2002, p. 146).

Kant's perspective suggests that the concept of race encompasses all those deviating from the established 'norm,' which, through a Kantian lens, is represented by the white European. Additionally, in his 1788 essay ‘On the Use of Teleological Principles in Philosophy,’ Kant (1788) asserted that the race of African people had, over generations, maintained a deficiency in mental capacity, rendering them incapable of exercising autonomy over their lives. Kant's controversial belief that Africans, as a race, were deficient in mental capacity implies that he viewed them as lacking the cognitive capabilities to exercise rational and autonomous decision-making, which is a fundamental aspect of personhood and moral agency (see also Griffith and Tengnah 2008).

Subsequently, Kant (1788) argued that individuals of African descent were only capable of 'morality' within the confines of enslavement or European dominion. This Kantian 'Enlightened' perspective positioned people of African descent as the most inferior among all human species, encompassing physical, intellectual, and psychological dimensions. In stark contrast to the 'Enlightened' advocacy for therapeutic 'moral management,' Kant contended that individuals of African descent required coercive methods of treatment and interaction to function as moral agents within society (see Kant 1788; Kleingeld 2007; Hund 2011; Boxill 2017). Therefore, akin to Hume (1758), Kant's conceptualisation of human psychology and behaviour drew heavily from Linnaeus's hierarchical notion of 'race.'

The interconnectedness of Hume, Kant, and Linnaeus within the intellectual landscape of the Enlightenment era highlights their shared influence on the development of racialised thought and its enduring impact on subsequent discussions of human diversity. Although each of these figures approached the concept of race and human difference from distinct angles, their collective contributions merged to shape the prevailing discourse of their time and laid the foundation for the persistence of racial hierarchies.

Collectively, these thinkers contributed to the formation of racialised thinking during the Enlightenment, a period marked by an increasing preoccupation with human diversity and difference. Their ideas, though varied in approach, converged to reinforce notions of racial hierarchy and inherent disparities among human groups. This shared influence extended beyond the Enlightenment, perpetuating racialised thought and influencing subsequent discourses on race and human diversity. As such, their intellectual contributions remain central to understanding the historical roots and enduring legacies of racial thinking in contemporary society.

In the context of the hierarchical discourse that denigrated people of African descent, it is noteworthy that the initial two lines of Hume's (1758) previously mentioned footnote underwent modification in the posthumous version of his essay ‘On National Characters,’ which he revised before his demise. This revision explicitly narrowed Hume's reference to the inferiority of only those of African descent. He asserted:

> I am apt to suspect the negroes, to be naturally inferior to the whites. There scarcely ever was a civilised nation of that complexion, nor even any individual eminent either in action or speculation (Hume 1777, p.213).

Hume's statement, particularly in its revised form, offers insight into the troubling dimension of Enlightenment-era racial thinking, which revolved around the concept of racial hierarchy and the perceived inferiority of individuals of African descent. In the broader context of the hierarchical discourse prevalent during the Enlightenment, Hume's statement holds significance for several key reasons.

First, Hume's assertion of the inherent inferiority of ‘negroes’ compared to ‘whites’ underscores the prevailing racial prejudices of the era. This viewpoint aligns with the overarching Eurocentric perspective that positioned Europeans as inherently superior to other racial groups. Hume's words serve as a stark illustration of how Enlightenment intellectuals often contributed to the reinforcement of racial hierarchies through their writings, thereby perpetuating the marginalisation and dehumanisation of non-European populations.

Secondly, the revision of Hume's original statement to explicitly target people of African descent reflects the racial essentialism that characterised the Enlightenment period. By singling out individuals of African descent as innately inferior, Hume reinforced and propagated harmful stereotypes and beliefs that served to justify discriminatory practices, including the institution of slavery and the imperialistic expansion of colonialism.

Furthermore, Hume's reference to the absence of ‘civilised nation[s] of that complexion’ and the lack of prominent individuals among them reveals a Eurocentric bias that equated notions of ‘civilisation’ and intellectual achievement with whiteness. This Eurocentrism further marginalised and devalued the contributions and accomplishments of non-European societies, thereby solidifying the existing racial hierarchies.

Hume's statement serves as a stark reminder of the deeply ingrained racial prejudices that permeated Enlightenment thought. It illustrates how influential figures of the era, despite their significant intellectual contributions, often propagated and endorsed discriminatory ideologies. To gain a comprehensive understanding of Enlightenment-era racial discourse and its enduring impact on contemporary discussions of race, it is essential to consider the historical context and implications of Hume's statement.

For individuals of African descent, 'Enlightened' philosophy is inherently injurious as it embodies 'a virulent and theoretically based [anti-Black/African] racism, at a time when scientific racism was still in its infancy' (Bernasconi 2002, p.145). During the Enlightenment era, the development and formalisation of racist ideologies based on

pseudoscientific concepts were in the preliminary stages. Thus, while racial prejudices existed, they had not yet fully evolved into the systematic and pseudoscientific justifications for racial hierarchies that would later become prevalent in the nineteenth and twentieth centuries.

In this context, 'Enlightened' philosophy, despite its emphasis on ‘reason’ and ‘rationality,’ harboured deeply ingrained racial biases that contributed to the perpetuation of harmful stereotypes and discriminatory practices against individuals of African descent. Consequently, the 'Enlightened' psycho-anthropological propagation of identity hierarchies erected 'boundaries within humanity more rigidly and explicitly than before,' fostering a discriminatory scientific culture of Eurocentrism that, in the twenty-first century, continues to pose challenges for individuals based on identity attributes such as gender, class, ability, ethnicity, and nationality (Bernasconi 2002, p.145; see also Stanovich 2005 and Rogers 2010).

Moreover, due to the influence of imperialism, colonialism, and a disregard for Indigenous practices, religious diversity, and cultural distinctions within non-European civilisations, 'Enlightened' perspectives on mental disorders and 'morality' were seemingly enforced globally to establish a universal 'civilisation.' This civilisation was expected to embrace European norms of behaviour and thought as the standard. Any deviation from this perceived 'normal' behaviour and cognition led to individuals being labelled as 'mentally unwell,' 'irrational,' or 'dangerous.' Under colonial governance, individuals who failed to conform to colonial norms faced being pathologized as 'mad' and were seen as threats to broader society.

The dissemination of 'Enlightened' perspectives on mental disorders and 'morality,' influenced by imperialism and colonialism, exemplified a disregard for indigenous practices, religious diversity, and cultural distinctions within non-European civilisations. This Eurocentric imposition sought to establish a universal 'civilisation,' prescribing European norms of behaviour and thought as the standard. Any deviation from this perceived 'normal' behaviour and cognition resulted in individuals being stigmatised as 'mentally unwell,' 'irrational,' or 'dangerous.' Under colonial governance, those failing to adhere to these imposed norms risked being pathologised as 'mad,' and viewed as threats to the wider society (see Halliday 1828; Ernst 1991; Sadowsky 1999; Mills 2000; Moran 2000; Yeong 2001; Jackson 2005; Parle 2007; Monk 2008 and Coleborne 2010).

However, it is crucial to acknowledge that African societies did not passively succumb to the impositions of pseudoscientific racism; instead, they mounted resilient responses and resistance. African-centred perspectives on health, illness, and wellbeing emerged as a counterforce

to challenge the dehumanising narratives propagated by European colonial powers. Grounded in cultural wisdom, spirituality, and community support, indigenous healing practices served as powerful alternatives to Eurocentric medical frameworks.

African traditional healers, often marginalised and denigrated by colonial authorities, played a pivotal role in preserving and revitalising traditional healing practices (see Somé 1999). These practices emphasised holistic approaches that considered the interconnectedness of physical, mental, and spiritual wellbeing. The resistance against Eurocentric medical narratives extended beyond traditional healing methods, as African intellectuals and activists contested the imposed labels of 'madness' or 'irrationality'.

Prominent figures such as psychiatrist and anti-colonial philosopher Frantz Fanon and author and politician Aimé Césaire, critically engaged with the psychological impact of colonialism on African communities. Fanon (1952), in his seminal work *Black Skin, White Masks,* examined the psychological consequences of colonial subjugation, unveiling the intricacies of identity formation under colonial rule. Césaire's *Discourse on Colonialism* provided a scathing critique of the dehumanising aspects of colonialism, emphasising the need for decolonisation in both the physical and mental realms.

In the realm of decolonial responses and resistance to pseudoscientific racism, the objective extended beyond challenging oppressive narratives; it encompassed the reclamation of agency, cultural autonomy, and the prerogative to define health and wellbeing based on indigenous terms. This intricate interplay between resilience, resistance, and cultural resurgence serves as a profound testament to the richness and diversity inherent in African perspectives. It actively counters the homogenising inclinations embedded within Eurocentric medical scientific racism, which seeks to erase alternative ways of knowing.

In contemporary Britain, organisations dedicated to therapeutic activism, exemplified by entities like The Cultural Connection, Pattigift Therapy, and Healing Justice London, are actively striving to integrate African traditional healing practices into mental health therapies for individuals experiencing racialisation and in need of therapeutic support. These initiatives signify deliberate efforts to reintegrate culturally grounded healing approaches into mental health care, thereby contributing to the development of a more inclusive and culturally sensitive therapeutic landscape.

Nevertheless, the 'Enlightened' era has played a pivotal role in the advancement of scientific methodologies for understanding the mind and human behaviour. A key emerging aspect was the positivist perspective, asserting that 'reality' is derived from empirical observations and logical analysis (see Weiberg 2013). In the subsequent sections of this chapter, critical attention will be directed towards elucidating how this specific epistemological framework culminates in the phenomenon of 'epistemicide.' This term denotes the systematic erasure of alternative knowledge systems that pose a challenge to intellectual imperialism, encompassing Eurocentric paradigms of human psychology and behaviour. As this thesis reveals, this erasure bears detrimental consequences for individuals who find themselves subjected to processes of racialisation, othering, and social exclusion (see Santos 2014; Oppong 2019 and Settles et al. 2021).

Johann Friedrich Blumenbach's (1795) critique of his 'Enlightened' intellectual contemporaries' assertions regarding the perceived incapacity of African-descended individuals to attain 'civilisation' marked a significant turning point in the discourse of that time. Blumenbach's work challenged the prevailing Eurocentric perspectives of his era, offering a critical perspective that set the stage for a more nuanced understanding of human diversity. He argued:

> There is no so-called savage nation known under the sun which has so much distinguished itself by such examples of perfectibility and original capacity for scientific culture, and thereby attached itself so closely to the most civilised nations of the earth, *as the Negro*. (Blumenbach 1795, p.312, emphasis in original).

Blumenbach's statement rejects the commonly held belief in the inherent inferiority of individuals of African descent, challenging the racial hierarchy that had been widely accepted. By highlighting the accomplishments and capacity for scientific culture among people of African descent, Blumenbach undermined the Eurocentric narrative that had been used to justify slavery, colonization, and discrimination.

Secondly, Blumenbach's assertion emphasises the interconnectedness of human societies and cultures. His recognition of the contributions made by Africans to the broader tapestry of human civilisation underscores the idea that no group or nation exists in isolation. This perspective challenges the isolationist and hierarchical views prevalent during the Enlightenment. What is more, Blumenbach's critique represents a significant departure from the racial prejudices of his time and provides a crucial foundation for

a more inclusive understanding of human diversity and the contributions of individuals of African descent to global civilisation.

While Blumenbach's critique challenged prevailing Eurocentric notions, it is essential to acknowledge that his work was not devoid of racial biases. Blumenbach, like many of his contemporaries, perpetuated a pseudoscientific discourse that posited the white European skull as the pinnacle of human refinement and relegated other races as derived from this supposed standard. This discourse propagated harmful beliefs that people of African descent were innately inferior, purportedly possessing 'lower mental faculties' in comparison to their European counterparts, who were ascribed with 'higher' qualities such as self-control, willpower, ethical and aesthetic senses, and ‘reason’ (see Bean, 1906, p. 412; see also Murray and Herrnstein 1994 and Peterson 2011).

The racialised ideologies of the Enlightenment era served to legitimise the subjugation and exploitation of African people through the slave trade. The notion of racial hierarchy, coupled with the dehumanisation of African peoples, provided a moral and intellectual framework for justifying their enslavement. The Eurocentric worldview of the Enlightenment thinkers contributed to the establishment of racialised hierarchies with lasting repercussions on the social, economic, and political standing of racially marginalised groups. As explored in Chapter 3, these consequences persist and continue to affect African-descended people to this day.

The Enlightenment's impact on the development of racism was not limited to philosophical circles. Scientific and anthropological discourses of the time, exemplified by figures like Blumenbach, further reinforced racial classifications. Blumenbach's attempt to categorise human races perpetuated the idea of a hierarchy, with whites considered the ‘superior’ race. Even when acknowledging the achievements of certain African civilisations, such as the ancient Egyptians, Blumenbach's work maintained a Eurocentric lens.

This intellectual environment during the Enlightenment laid the groundwork for subsequent racialised thinking and the justification of discriminatory practices. The scientific racism of the era, coupled with economic interests tied to slavery, fostered a climate in which racial prejudices became deeply ingrained in Western thought. The Enlightenment's legacy, marred by its role in racialised ideologies, underscores the importance of critically examining the historical roots of racism for a comprehensive understanding of contemporary challenges.

Amidst this historical context, the Victorian period emerged as a crucial juncture where racist ideology transitioned from mere intellectual speculation to institutionalisation. Charles Darwin's seminal work, *On the Origin of Species by Means of Natural Selection or the Preservation of Favoured Races in the Struggle for Life* (1859), stands as a testament to this transformation. During the Victorian era, Britain witnessed a significant shift from the dominance of the slave trade to the establishment of settler colonies and protectorates, consolidating imperial power and control.

Darwin's (1859) evolutionary theories, particularly the concept of 'natural selection,' played a central role in shaping the discourse around racial hierarchies. Drawing on Linnaeus's earlier taxonomy (1758), Darwin sought to categorise and delineate distinctions among human races, arguing that some races were inherently superior due to their favoured status in ‘natural selection’. This Victorian-era racism further propagated the notion that certain races were more advanced and destined for dominance, reinforcing imperialistic agendas.

Darwin's exposition extended the idea of 'the great chain of being,' a hierarchical concept rooted in the ancient Greek philosopher Aristotle's writings, particularly in his work *Historia Animalium* (350 BC). According to this theory, beings are ranked on a hierarchical scale based on attributes such as intellect and value. Accordingly, humans occupy a higher position than animals and plants, with mineral substances constituting the lowest tier, consisting solely of matter (Aristotle 350 BC; see also Tillyard 1982 and Lovejoy 2017).

In the context of understanding 'normalcy,' particularly concerning human diversity and the impact of racial hierarchies, ‘the great chain of being’ has significant implications. The notion of ‘normalcy,’ within this framework, is intricately linked to the position one occupies on the hierarchical scale. Humans, being positioned at the top of the chain, are deemed 'normal' or 'superior,' with attributes such as high intellect and value associated with this position. Conversely, racialised groups that are perceived as having fewer attributes or as being lower on the hierarchy are often labelled as 'abnormal' or 'inferior.' Therefore, the critical issue arises when this hierarchical framework is misapplied to human populations, particularly in the context of racist ideologies.

Such ideologies perpetuate the notion of a 'normal' white racial group that is considered superior to others based on the flawed assumptions associated with the ‘great chain of being.’ This misapplication has led to the categorisation of African-descended people as 'abnormal' or 'deviant'

merely due to their position on this artificial hierarchy, which has no basis in scientific or empirical reality.

Moreover, ‘the great chain of being’ suggests a static and normative concept of 'normalcy,' implying that attributes like intellect and value are fixed and universally applicable. This static perspective is fundamentally challenged by contemporary scientific understandings of human diversity, which emphasise the dynamic and context-dependent nature of these attributes. Research in fields such as anthropology, genetics, and psychology has demonstrated the richness and variability of human characteristics within and between populations, debunking the notion of a rigid 'normalcy' (see Lewontin 1972; Neel 1974 and Henrich, Heine and Norenzayan 2010).

Accordingly, the concept of ‘the great chain of being,’ while historically influential, presents significant challenges when applied to the notion of 'normalcy' in the context of human diversity and racist ideologies. Its hierarchical framework, when misapplied to human populations, has perpetuated harmful stereotypes and discriminatory practices. Furthermore, it relies on a static and normative view of 'normalcy,' which is incompatible with contemporary scientific understandings of human variation and adaptability. Recognising the limitations of the great chain of being is crucial for promoting a more inclusive and accurate understanding of human diversity and challenging harmful notions of 'normalcy' based on flawed hierarchies.

It is imperative to clarify that Darwin did not endorse the classification of races as distinct species. He argued that such categorisation was unfeasible due to the substantial diversity in physical characteristics observed among various racialised groups (see Darwin 1871). Nevertheless, he did endorse the Eurocentric notion of white ‘superiority,’ contending that the white 'race' was more civilised in comparison to individuals of African descent. According to Darwin (1859), people of African descent were deemed 'barbarians' (p. 283), who shared similarities with 'ape...baboon...[and] gorilla' (p. 201).

Darwin's (1859) categorisation of people of African descent as 'barbarians' who shared similarities with 'ape, baboon, [and] gorilla' reflects a deeply entrenched racial bias prevalent during the nineteenth century. This bias not only perpetuated harmful stereotypes but also had significant implications for the understanding and treatment of mental illness among individuals of African descent. The dehumanising language and associations made by Darwin and others has contributed to the stigmatisation of mental health issues within these communities, hindering

access to appropriate care and support (see Whaley 1997 and Sue, Capodilupo and Holder 2007).

Contemporary research underscores the importance of recognising the impact of historical racial biases on mental health disparities. Studies have shown that racial and ethnic minorities, including individuals of African descent, continue to face disparities in access to mental health services, misdiagnosis, and inadequate treatment (see Snowden 2003 and Williams, Neighbours and Jackson 2007). Understanding the historical roots of these disparities is essential for addressing current challenges and working towards more equitable and culturally sensitive approaches to mental health care (see Whaley 2001 and Gee et al. 2007).

In line with the perspectives of 'Enlightened' philosophers, Darwin contended that it was possible to substantiate through scientific inquiry the distinctiveness of the white 'race' when contrasted with African-descended individuals, whom he characterised as unattractive, animalistic, inferior, and deficient in emotion and morality (see also Jahoda 2007). This anti-Black/African narrative, which alleged the mental inferiority of African-descended individuals, subsequently became a prominent tenet in European anthropology.

Anthropology, as an academic discipline, is the systematic study of humans and human societies. It encompasses a holistic approach to understanding the diverse aspects of human existence, including culture, biology, language, history, and social organisation. Anthropologists seek to explore the complexities of human behaviour, beliefs, practices, and institutions across diverse cultures, societies, and historical periods. Anthropology provides a comprehensive framework for understanding the complexities of human diversity, cultural practices, social structures, and historical trajectories. It emphasises cultural relativism, which means viewing other cultures without judgment and recognising the value of diverse worldviews and practices. Additionally, anthropology often challenges stereotypes and biases, making it a valuable tool for promoting cross-cultural understanding and addressing contemporary social issues (see Ember and Ember 2013; Harris 2017 and Kottak 2018).

In his 1863 presidential address, James Hunt, a co-founder of the *Anthropological Society of London*, articulated a Eurocentric worldview that perpetuated racial hierarchies, particularly emphasising the alleged distinctiveness of the ‘Negro’ from the ‘European’. This perspective, prevalent during the Enlightenment era, established Europe and Europeans as the ‘norm’ against which all other human groups were measured, reinforcing racial biases and positioning the European race as

the standard of 'normalcy.' This Eurocentric 'normalcy' associated 'reason,' culture, and 'civilisation' with ‘whiteness’ while marginalising non-European societies as 'other' and ‘inferior’.

Hunt's deployment of scientific language in his argument exemplifies how science was often co-opted to legitimise discriminatory beliefs. The misuse of science to support prejudiced notions, including the concept of 'normalcy,' became a recurring theme in the history of racial discrimination, justifying social injustices such as slavery and colonialism.

Hunt's classification of people of African descent as a distinct species relied on pseudoscientific criteria, lacking empirical validity and reflecting a flawed understanding of human diversity and genetics. Contemporary anthropology and genetics have unequivocally demonstrated that all humans belong to a single species, challenging Hunt's assertions rooted in racial biases rather than scientific evidence (see Stocking 1995 and Yelvington 2001).

Expanding on his statement, Hunt argued that 'if, in classification, we take intelligence into consideration, there is a far greater difference between the Negro and the European than between the gorilla and chimpanzee' (Hunt 1863, p. 322). By aligning the intellectual capabilities of African-descended individuals more closely with gorillas and chimpanzees than with Europeans, Hunt, akin to Darwin, perpetuated the notion of racial hierarchy.

Hunt's comparison of African-descended individuals to non-human primates serves as a stark example of dehumanisation. By suggesting that people of African descent were intellectually closer to non-human primates than to Europeans, Hunt devalued their humanity, reinforcing racial hierarchies. This dehumanisation served as a common tactic to legitimise slavery, colonialism, and segregation, providing a justification for mistreatment and exploitation by labelling certain groups as less than human.

Hunt's assertion underscores the selective use of science to advance prejudiced ideologies. His claim lacks empirical validity and is founded on flawed notions of intelligence influenced by racial biases. Modern science has conclusively shown that there is no scientific basis for ranking human races by intelligence, discrediting such attempts (see Gould 1981 and Hannaford 1996). Moreover, Hunt's statement highlights the perils of permitting discriminatory beliefs to shape scientific discourse, emphasising the necessity for rigorous, unbiased research in anthropology and related fields.

Within the field of anthropology, another prominent figure, Francis Galton, an anthropologist, and eugenicist who was also Charles Darwin's cousin, endorsed this derogatory rhetoric regarding the supposed biological and mental inferiority of African-descended individuals. Galton (1865) contended that African and other non-European peoples were deemed savages who, in his view, appeared incapable of progressing beyond the mental stage of early childhood, thereby remaining perpetually childlike ‘in mind with passions of grown men’ (p.326).

Galton's assertions, like those of his contemporaries, are emblematic of the prevailing Eurocentric and pseudoscientific views that characterised the Enlightenment era. His characterisation of African-descended individuals as perpetual children in terms of mental capacity underscores crucial points in the context of 'normalcy.'

Firstly, Galton's perspective aligns with the Eurocentric worldview that positioned Europe as the epitome of intellectual and cultural development. By categorising Africans and non-Europeans as 'savages,' he not only reinforced racial hierarchies but also perpetuated the notion that European ‘norms’ and values represented the pinnacle of human achievement. This Eurocentric ‘normalcy,’ deeply rooted in Enlightenment thought, equated ‘reason’, culture, and ‘civilisation’ with whiteness, while other societies were deemed inferior.

Secondly, by portraying Africans as intellectually childlike, Galton implicitly justified their subjugation and exploitation, as it allowed Europeans to perceive themselves as superior and paternalistic figures responsible for guiding 'lesser' races. Furthermore, Galton's assertion highlights how the concept of 'normalcy' was selectively applied and manipulated to serve prejudiced ideologies. His claim, based on subjective judgements and racial biases rather than empirical evidence, exemplifies how pseudoscientific distinctions among racial groups were used to advance discriminatory practices.

Hunt's 1863 classification of people of African descent as a distinct species and Galton's subsequent assertions about their supposed intellectual inferiority, rooted in Eurocentric perspectives, laid the groundwork for eugenic ideologies. Emerging as a prominent movement in the late 19th and early 20th centuries, eugenics advocated for selective breeding to improve the human race's genetic quality. Galton, a key figure in the development of eugenics, perpetuated discriminatory views that contributed to the dehumanisation of African-descended individuals.

The intertwining of eugenic ideologies with polygenism, the belief in the separate origins of human races, further fuelled racial hierarchies. The pseudoscientific underpinnings of these ideologies were instrumental in justifying the ongoing subjugation and exploitation of people of African descent. The conceptualisation of Africans as 'savages' and intellectually inferior bolstered the Eurocentric worldview that served to rationalise colonial practices and economic exploitation.

The economic interests of the British during this period were inextricably linked to the exploitation of African individuals. Slavery, a cornerstone of British colonial economies, thrived on the dehumanisation and commodification of African-descended individuals. The pseudoscientific narratives propagated by scholars such as Hunt and Galton provided a moral justification for the brutal treatment and exploitation within these economic structures. The devaluation of African humanity facilitated the establishment of racial hierarchies essential for maintaining the profitability of capitalism.

Building upon this pseudoscientific perspective of 'civilisation,' and aligning with the Kantian 'Enlightened' perspective, psychiatrist, and medical superintendent Thomas Duncan Greenlees (1907) posited that, based on his observations of a small group of native South Africans, mental disorders were non-existent among African individuals who had not been exposed to the 'civilising' influence of Western ways. Subsequently, Greenlees (1907) argued that 'insanity' and supposed degenerative behaviours only manifested in African individuals when they attempted to adopt 'civilised' behaviours that were not inherently a part of their biological makeup.

Controversy pertaining to the scientific evidence for ‘race’ has raged unabated for over a century. Throughout this prolonged debate, various individuals, including Enlightenment-era thinkers like David Hume and James Hunt, have selectively interpreted and manipulated scientific discourse to perpetuate racial hierarchies and prejudices. These historical examples highlight the danger of allowing subjective beliefs about 'normalcy' to influence scientific inquiry. This ongoing controversy reminds us that our perceptions of 'normalcy' can be deeply influenced by societal biases and that critical examination of scientific evidence is essential in unravelling the complex relationship between race, 'normalcy,' and human diversity.

What is more, critics of the biological interpretation of race argue that it is an inadequately defined term primarily employed to reinforce a racial hierarchy that positions the white 'race' as biologically superior to all others

(see Smedley and Smedley 2005; Fernando 2017; Braveman and Parker-Dominguez 2021 and Bryant, Jordan, and Clark 2022). Similarly, this thesis asserts that 'race' is not a biological construct but a social one, utilised to establish divisions based on perceived differences. The underlying motive is the continuation of a power hierarchy that subjugates 'non-white' groups on the erroneous premise of their inferiority to white counterparts.

Many influential figures of the 'Age of Enlightenment,' including Kant and Hume, have played significant roles in shaping Europe's perception of racial superiority, thereby reinforcing a racist ideology that devalues non-European cultures, ‘norms,’ and epistemologies, particularly the white supremacist notion of ‘Black’ inferiority (see Eze 1997). This Eurocentric 'normalcy' was deeply rooted in Enlightenment thought, where ‘reason,’ culture, and ‘civilisation’ were synonymous with whiteness, while non-European cultures were often depicted as 'other' and inferior.

The perpetuation of this white supremacist notion of 'Black' inferiority further reinforced racial hierarchies, devaluing non-European ‘norms’ and epistemologies. However, these psycho-anthropological explanations fall short in fully comprehending the complexity of human behaviour and social experiences. They fail to consider the multitude of factors that influence an individual's responses and actions, highlighting the limitations of attempting to define 'normalcy' within rigid racial or cultural frameworks. This critical perspective emphasises the need for a more nuanced understanding of 'normalcy' that transcends racial biases and acknowledges the multifaceted nature of human experiences.

The Enlightenment era exerted a profound influence on the evolving understanding of human psychology and behaviour. It marked a significant departure from earlier conceptions by fostering a widespread acceptance that various social, cultural, and political stressors could significantly impact an individual's mental health. However, when examining these Enlightenment-informed perspectives, a stark realisation emerges – they tend to overlook and inadequately address the unique stressors associated with continuous encounters of anti-Black/African racism, alongside the systemic economic and social oppressions faced by people of African descent in Western societies.

The Enlightenment's emphasis on rationality and empirical inquiry laid the groundwork for a more comprehensive examination of the factors influencing mental health. Yet, within the context of anti-Black/African perspectives, it becomes evident that the complexities of racism and its enduring impacts on African-descended individuals' psychological well-being are sidelined. This omission raises critical questions about the extent

to which Enlightenment-informed theories and frameworks truly encapsulate the multifaceted nature of human experience, particularly for marginalised communities.

Scholars such as Balfour (2011), Frosh (2013), Carter, Kirkinis, and Johnson (2020), and Cénat (2023), have highlighted the inadequacies of traditional psychological paradigms in addressing the specific stressors faced by people of African descent in Western societies. These stressors encompass not only overt manifestations of racism but also the insidious effects of systemic inequalities in areas such as health, housing, and employment. The collective work of these scholars underscores the pressing need to reevaluate and expand upon the Enlightenment-era foundations of psychological understanding, ensuring that they account for the nuanced experiences of marginalised and racialised populations.

The Enlightenment era, characterised by intellectual and cultural transformations, solidified Western thought on morality, reason, and human rights. Despite its foundational significance, the exclusion of people of African descent from this era's principles remains a glaring oversight with enduring consequences. This omission has left an indelible impact on subsequent epochs, influencing policies, shaping societal attitudes, and contributing to persistent inadequacies in mental health services for individuals of African descent.

The limitations of the Enlightenment in addressing the unique challenges faced by individuals of African descent are evident, as the exclusion from Enlightenment-informed perspectives has resulted in a historical trajectory that marginalises and pathologizes this group in mental health contexts. Recognising these limitations is essential for dismantling entrenched disparities and biases that persist in mental health services for individuals of African descent.

By focusing on the Enlightenment as a foundational period, this thesis seeks to unravel the historical roots of systemic neglect in contemporary mental health services. It emphasises the imperative of acknowledging this historical oversight to construct a more equitable and culturally sensitive framework for addressing the mental health needs of individuals of African descent today.

The deliberate exclusion of African people from the consideration of humanity during the Enlightenment era constituted a coordinated effort by key thinkers to deny them full human status. This exclusionary mindset, with its dual purpose of facilitating the dehumanisation of African individuals and justifying powerful economic institutions, such as slavery

and colonialism, establishes a direct and intrinsic link between slavery and capitalism.

Enlightenment thinkers, within their Eurocentric worldview, constructed racialised hierarchies pivotal in shaping narratives portraying African people as inherently inferior and less deserving of humane treatment. Notably, thinkers like Kant and Hume, through discriminatory psycho-anthropological perspectives, laid the groundwork for the dehumanisation of African individuals, relegating them beyond the sphere of full humanity.

The practical implications of this dehumanisation were palpable, particularly within economic systems such as slavery and colonialism. The denial of full humanity to African people served as moral justification for their exploitation and brutal treatment within these economic structures. Slavery, as a prominent example, thrived on the dehumanisation of African individuals, reducing them to mere commodities to be bought and sold.

This historical connection between the denial of humanity, economic exploitation, and the perpetuation of racial hierarchies underscores the importance of recognising the limitations inherent in Enlightenment-informed perspectives. Understanding this history is indispensable for comprehending the persistent challenges faced by individuals of African descent, as these historical narratives continue to shape contemporary attitudes, policies, and structures that perpetuate inequality and marginalisation. This chapter now turns its attention to a more detailed examination of how this omission persisted within the domains of psychology and psychiatry. This phase marks an epoch wherein the pathologization of African individuals is accentuated through the mechanisms of infantilisation and the unfounded attribution of purportedly deficient self-control.

2.3. Eurocentric Pathological Constructs of the African Mind and Behaviour

In 1851, Samuel Cartwright, a physician renowned for his work on diseases among enslaved people, introduced the concept of 'drapetomania.' Cartwright (1851) postulated that 'drapetomania' represented a mental disorder characterised by enslaved African individuals who protested against their conditions of enslavement and attempted to escape captivity. However, as argued by Guillory (1968), the 'diseases' that Cartwright described were in fact a farcical attempt to rationalise maladies that opponents of slavery might have attributed to the hardships of slave labour. Nonetheless, Cartwright (1851) maintained the belief that enslavement conferred positive benefits upon the lives of African

individuals. Consequently, he strongly contended that anyone attempting to escape captivity must be afflicted by mental illnesses.

Cartwright's assertion that enslavement conferred positive benefits upon African individuals, coupled with his claim that those attempting to escape were afflicted by mental illnesses, underscores the deeply entrenched and dehumanising nature of racial prejudice during the Enlightenment era. It relates to earlier points made in this chapter, particularly the Eurocentric view of racial superiority and the construction of 'normalcy' that placed European culture and ‘norms’ as the benchmark against which all others were judged.

Cartwright's belief in the supposed benefits of enslavement aligns with the prevailing Eurocentric worldview of the time, where European culture and institutions were considered superior. This perspective not only devalued the cultures and lives of African individuals but also imposed an expectation that they should accept their inferior status and the institution of slavery. This expectation for African individuals to acquiesce to their subjugation was deeply embedded in Enlightenment thought, reflecting a disturbing normalisation of racial hierarchies.

What is more, Cartwright's diagnosis of mental illness as the reason for attempted escapes exemplifies the misuse of science to justify oppression. By pathologizing resistance to enslavement, he attempted to delegitimise any form of protest or rebellion, thereby reinforcing the oppressive system of slavery. This tactic of labelling those who sought freedom as mentally ill was a means of maintaining control and silencing dissent.

In addressing the perceived risks associated with so-called mentally unwell African individuals, Cartwright (1851), advocated for slave masters to employ not only punitive measures but also demonstrate ‘care, kindness, attention, and humanity' (p. 320). However, reflecting the anti-Black/African hierarchical and exclusionary psycho-anthropological discourse discussed earlier in this chapter, Cartwright went further to assert that these methods should persist 'until [the enslaved Africans] fall into their submissive state which it was intended for them to occupy' (p. 320).

Cartwright's advocacy for slave masters to exercise 'care, kindness, attention, and humanity' reflects a paternalistic approach rooted in the belief that those in positions of authority should act as benevolent guardians. This paternalism, however, is deeply entwined with racial prejudice, as it presupposes the inherent inferiority and dependency of African individuals. By promoting a paternalistic approach, Cartwright

reinforced the idea that Africans required the guidance and control of their white masters due to their perceived incapacity for self-governance. This paternalism, therefore, served as an additional means to legitimise the institution of slavery by portraying it as a form of 'benevolent' oversight.

Moreover, Cartwright's stipulation that these methods should persist 'until [the enslaved Africans] fall into their submissive state which it was intended for them to occupy' reveals the insidious nature of paternalism in perpetuating racial hierarchies. The ultimate objective of this paternalistic care, according to Cartwright, was not the genuine welfare or recovery of the enslaved individuals but rather their submission and compliance with the oppressive system. This highlights the underlying belief that Africans could never be considered equals to their white counterparts and should perpetually occupy a subordinate position within society.

In his examination of the mental and behavioural pathology of African individuals, Cartwright (1851) also introduced the concept of 'dysaesthesia aethiopis,' which he claimed affected both the mind and body, resulting in symptoms such as insensibility of the skin ‘and hebetude of intellectual faculties’(p.320). Furthermore, Cartwright argued that this condition was much more prevalent among African people living in clusters by themselves, free from enslavement, than among those enslaved ‘in our plantations' (p. 320).

By ascribing physical and intellectual symptoms exclusively to African individuals, Cartwright reinforced the prevailing Eurocentric view that positioned Europeans as the standard of ‘normalcy.’ This Eurocentric ‘normalcy’ was deeply entrenched in Enlightenment thought, where attributes like ‘reason’, intellect, and moral sensibility were synonymous with whiteness. Cartwright's concept perpetuated the idea that Africans deviated from this Eurocentric norm, framing their physical and mental characteristics as pathological rather than recognising them as part of the rich tapestry of human diversity.

Furthermore, Cartwright's assertion that 'dysaesthesia aethiopis' was more prevalent among Africans living free from enslavement than among enslaved individuals underscores the role of power dynamics in shaping notions of ‘normalcy’. The implication here is that enslavement, which was a profoundly oppressive and dehumanising institution, was somehow beneficial for African individuals. This perspective reveals the paternalistic and racist underpinnings of Cartwright's thinking, as he justified the brutality of slavery by framing it as a form of 'care' that corrected the supposed 'pathologies' of African individuals. This justification serves as a stark reminder of how those in positions of power can manipulate the

concept of ‘normalcy’ to maintain oppressive systems – a point examined further in Chapters 3 and 5.

Cartwright vehemently opposed abolitionist movements and used his writings to justify the continued enslavement of African individuals. He contended that the intentions of anti-slavery movements, such as the 'London Anti-Slavery Society,' were solely for their own benefit, aiming to undermine the competition posed by the agricultural products of the Southern United States (Cartwright 1837, cited in Guillory 1968, p. 212; see also Drescher 2002 and Midgley 2004). According to Cartwright, this was the only plausible explanation because British abolitionists:

> …Know that the white man and the African cannot live on the same soil, on equal terms. They know that emancipation in the Southern states . . . would bring wretchedness, and ultimately destruction upon millions of the coloured race which they hypocritically profess to befriend (Cartwright 1837, cited in Guillory 1968, p.212).

Cartwright's assertion reflects a deeply ingrained belief in white superiority as the ‘norm’. The idea that white and African individuals cannot live on the same soil as equals is rooted in the Eurocentric view that positioned whiteness as the standard of ‘normalcy’. This Eurocentric normalcy, with its associations of ‘civilisation’, intellect, and moral superiority, was used to justify racial hierarchies and discriminatory practices. Cartwright's statement serves to reinforce this belief by framing African Americans as incapable of coexisting with white individuals on equal terms, thereby portraying them as deviating from the Eurocentric norm.

Moreover, Cartwright's use of the term ‘hypocritically profess to befriend’ highlights the disingenuous nature of white paternalism. It suggests that those who claimed to befriend African Americans were, in reality, motivated by self-interest and a desire to maintain their power and privilege (see also Chapter 3.1). This cynical view of white benevolence further underscores the complex relationship between notions of ‘normalcy’ and the preservation of white supremacy.

Cartwright's ideas emerged during a period when the United States was gradually moving toward the abolition of African enslavement. Accordingly, his arguments, presented as ‘scientific’ justifications, contributed to the body of pro-slavery scholarship aimed at opposing the freedom of African individuals. Nevertheless, legal emancipation for all enslaved African people did eventually take place. Subsequently, the ‘Reconstruction era’ (1867 – 1877) materialised, with the primary goal of reintegrating African-descended people as full citizens into society, granting them equal rights.

Opponents of slavery abolition resisted this integration, contending that African individuals were incapable of assimilating into Western civilisation (see Dickerson 2003 and Zietlow 2022). However, critics argue that this resistance, characterised by physical, political, and systemic violence, was primarily motivated by the desire to maintain white supremacy rather than being rooted in factual evidence (see Butchart 2010; Brosnan 2016 and Byman 2021).

The opposition to the integration of African individuals into Western civilisation, characterised by a lack of empirical evidence and driven by the imperative to uphold racial hierarchies and associated privileges, underscores the instrumentalization of the concept of 'normalcy' as a mechanism of power and control. Within this historical context, 'normalcy' served as a potent tool that allowed those in positions of authority to legitimise and perpetuate discriminatory practices and violence against African individuals. This pattern of resistance to integration not only reflects the deep-seated racial prejudices of the era but also exemplifies how dominant ideologies, such as the belief in white supremacy, were upheld and reinforced through the strategic use of 'normalcy.' Any deviation from the established ‘norm’, especially one that challenged existing power structures, was met with hostility and violence, further entrenching racial hierarchies and social inequalities. Recognising this historical interplay between 'normalcy,' racial hierarchies, and power dynamics is imperative for a comprehensive understanding of the enduring impact of these ideologies on contemporary discussions of race, social justice, and equality.

What is more, the practical application of measures advocated by Cartwright exposes the inherent connection between his ideas and the continuation of British capitalism, where the exploitation of African individuals served as a means to augment British wealth. The strategies of control, dehumanisation, and exploitation were not merely ideological concepts but played a pivotal and operational role in sustaining the economic interests that formed the bedrock of British colonialism and slavery during this historical period.

Cartwright's endorsement of practices aimed at suppressing any form of resistance, coupled with his prescription for slave masters to demonstrate a façade of benevolence, highlights a calculated effort to maintain a labour force that was not only subjugated but also perceived as content and submissive. This orchestration of control and dehumanisation was intricately linked to economic motives, as the efficiency of the exploitative systems of British colonialism and slavery depended on the perceived inferiority and compliance of African individuals.

The exploitation of African people within this economic framework went beyond ideological justifications; it became a fundamental component of British capitalism. The wealth amassed through the brutal treatment and forced labour of African individuals directly contributed to the economic prosperity of Britain during this era. The extraction of labour, resources, and capital from African colonies fuelled the economic engine that sustained British imperial dominance.

In this context, the interconnectedness between Cartwright's ideas and the economic interests of British capitalism is unmistakable. The dehumanisation and exploitation of African individuals were not only morally rationalised but also functioned as indispensable tools for maintaining and enhancing British economic supremacy. The capital amassed through these exploitative practices significantly influenced the trajectory of British wealth and power, leaving an indelible mark on the historical landscape shaped by the brutality of colonialism and slavery.

Psychiatrist James Babcock also espoused pro-slavery arguments and advocated for the continued enslavement of African people globally. His observations of African-descended people in the US led him to make a sweeping assertion that ‘since emancipation [from enslavement], brain diseases have become more common in the negro as compared to whites,’ suggesting an increase in insanity among all people of African descent (Babcock 1895, pp. 423-424).

Babcock's claim, lacking empirical basis and founded on racial biases, perpetuated the idea that African individuals were inherently prone to mental illness, further stigmatising and marginalising this community. This utilisation of 'normalcy' to pathologize and justify oppressive practices aligns with the broader historical context in which notions of 'normalcy' were wielded as tools of power and control. It demonstrates how dominant ideologies, including pro-slavery arguments, were advanced by manipulating perceptions of what constituted 'normal' behaviour, mental health, and intelligence within a racialised framework.

Babcock (1895) further argued that this perceived rise in ‘insanity’ could be attributed to African-descended people lacking the inherent cognitive ability to live a life free from the constraints, imposed by white slave masters. Therefore, he contended that if people of African descent remained freed, the Western world, including Britain, should anticipate a widespread accumulation of mentally unwell African-descended individuals in the years to come. By framing African-descended individuals as inherently less capable of living independently, Babcock reinforced the notion that they were fundamentally different from white individuals and

required the oversight and control of white authorities. This argument reflects the Eurocentric worldview of the time, where 'normalcy' was defined by white European standards, and any deviation from this norm was pathologized. Babcock's perspective aligns with the wider historical context in which racial prejudices were woven into scientific and medical discourses, perpetuating harmful stereotypes and justifying systemic oppression.

Furthermore, Babcock's prediction of a widespread accumulation of mentally unwell African-descended individuals, in the absence of slavery, demonstrates how the concept of 'normalcy' was weaponised to propagate fears of social disruption and maintain the status quo of white supremacy. This historical context highlights the lasting impact of these ideologies on contemporary discussions of race, mental health disparities, and social justice.

Pro-slavery intellectuals and psychiatrists, including prominent figures like Babcock and Cartwright, continued to propagate and reinforce anti-Black/African notions long after the period of reconstruction in not only the United States but also in Britain, Canada, and other Western nations. Their ideas were instrumental in obstructing the social and economic development of African communities in the diaspora, effectively perpetuating harmful stereotypes and racial biases that persist to this day.

Pro-slavery scholarship, particularly within the domain of psychological anthropology, played a pivotal role in promoting a pseudoscientific discourse that asserted the alleged inferiority of individuals of African descent. At the core of this discourse was the unfounded belief that people of African descent possessed an innate inability to adapt to a 'civilised' Western culture without succumbing to mental illness (see Allen 2018). This deeply flawed perspective served as a rationalisation for justifying the imposition of physical restraints on their personhood, including enslavement and systemic discrimination.

During and after chattel enslavement ended, African mental health was still being administered through a prism of white supremacy. Africans faced continuous encounters of anti-Black/African racism alongside the economic and social oppressions of inadequate access to housing, labour and offerings of civilisation (see Douglass 1865; Du Bois 1903; Tischauser 2012; Lecocq and Hahonou 2015 and Darity Jr and Mullen 2022). Consequently, exposure to ‘race-based traumatic stress’ became and continues to be a frequent occurrence in the lives of African-descended people (see Carter, Kirkinis and Johnson 2004; Carter, Kirkinis and Johnson 2020 and Cénat 2023). The mental and emotional trauma

experienced by enslaved African people was often disregarded and invalidated by the prevailing anti-Black/African perspectives rooted in white supremacy. Despite the fact that behaviours and reactions exhibited by African-descended individuals, which were often labelled as ‘irrational’ or ‘immoral,’ may have been indicative of profound mental distress resulting from the brutalities of enslavement, these signs were routinely overlooked or misinterpreted.

The overarching point here is that the dehumanising and oppressive conditions of enslavement had severe and lasting psychological effects on African individuals. Their responses to these conditions, whether it was through acts that were deemed ‘irrational’ or ‘immoral,’ should therefore be understood within the context of the extreme trauma and suffering they endured. However, rather than acknowledging the trauma and seeking to address its root causes, the dominant white supremacist perspective chose to pathologize African-descended individuals, further perpetuating their dehumanisation.

This observation aligns with the earlier arguments that throughout history, particularly during and after enslavement, the experiences and mental health of African-descended individuals have been consistently marginalised and neglected. The anti-Black/African ideologies and biases prevalent in society not only justified their subjugation but also contributed to the erasure of their traumatic experiences. This thesis emphasises the importance of recognising the historical and ongoing impact of systemic racism on mental health disparities among African-descended populations and underscores the need for a more compassionate and inclusive approach to understanding and addressing their mental distress (see also Hall 2006 and Chapters 3 and 5).

Césaire (1950) provides a potent counterargument challenging assertions made by figures like Cartwright regarding the benevolence of colonial endeavours. Césaire confronts the prevailing notion that colonialism was a philanthropic enterprise, laying bare its inherently oppressive and exploitative nature. This critical perspective gains particular relevance in light of earlier discussions on Cartwright's endorsement of benevolent treatment within the institution of slavery. Césaire's work emerges as a necessary corrective, compelling a re-evaluation of historical narratives that have downplayed the oppressive realities of colonial exploitation. By doing so, Césaire's insights enrich the discourse, encouraging a more nuanced understanding of the true nature and consequences of colonial practices.

The work of neurologist and the founder of psychoanalytic theory, Sigmund Freud, in collaboration with Josef Breuer (1893), has significantly contributed to the European understanding of traumatic experiences and their psychological repercussions. Their clinical analyses of patients exhibiting 'irrational' behaviours and emotions illuminated a fundamental principle: 'any experience which calls up distressing affects—such as those of fright, anxiety, shame, or physical pain—may operate as a trauma' (p. 9). This observation implies that individuals of African descent may indeed be grappling with trauma. Unfortunately, the medical profession not only fails to adequately acknowledge, diagnose, or provide appropriate treatment for this trauma but also compounds the issue by reinterpreting it through the lens of scientific racism, attributing it to an assumed incapacity to adapt to the demands of modern civilisation. This troubling misinterpretation of the psychological distress experienced by African-descended individuals highlights the persistence of racial biases in medical and psychiatric contexts that still remain to date (see Chapter 5).

Freud and Breuer (1893) also noted that it is 'not until [patients] have been questioned under hypnosis do these memories emerge with the undiminished vividness of a recent event' (p. 86). This foundational concept forms a core tenet of Freudian psychoanalytic theory, and by extension, trauma scholarship. According to this framework, individuals employ unconscious defence mechanisms as a means of protecting themselves from the memories, thoughts, feelings, and behaviours associated with traumatic events (see Freud and Breuer 1893; Mohta, Namjoshi and Tyagi 2003; Cramer 2015; Wolf, Gerlach and Merkle 2018). In the context of African-descended individuals, this perspective suggests that many may carry repressed traumas related to historical and contemporary racial injustices. The invisibility or fragmentary nature of these memories could therefore manifest as mental distress, contributing to a range of psychological challenges.

Within the framework of Freudian psychoanalytic theory, the likelihood of a traumatic event evolving into a mental illness is contingent upon the susceptibility of the individual affected. From this perspective, the inability to effectively engage defence mechanisms against the psychological and material consequences of trauma can result in mental distress. Freud (1909) posited that the unconscious mind exerts a profound influence over the conscious mind, with the latter often remaining ignorant of the existence of unconscious memories and thoughts. Consequently, individuals may not be consciously aware of how these hidden elements influence their thoughts, emotions, and behaviours. Freud subsequently abandoned the use of hypnosis, replacing it with the method of 'free

association.' This method allowed patients to share uncensored thoughts during therapy sessions and was also applied to Freud's analysis of dreams (see Freud 1899; Kris 2013 and Schachter 2018).

For individuals of African descent, particularly those who have actively resisted the pervasive forces of racism, discrimination, and the enduring narratives of inferiority, the utilisation of the psychotherapeutic method of 'free association' presents a complex and potentially perilous endeavour. This therapeutic approach holds the potential to compel these individuals to confront not only their own deeply ingrained experiences of racial trauma but also the broader and persistent societal injustices they continue to grapple with. In delving into their unconscious thoughts and emotions, 'free association' may unearth repressed sentiments, anxieties, and memories intricately intertwined with systemic racism, violence, and inequality.

Furthermore, when examining this method in light of the historical pathologizing of resistance within the African-descended community, a disconcerting aspect emerges. Openly discussing and challenging the deep-seated roots of racial oppression through 'free association' could be perceived as an expression of psychological disturbance or a defiant act against the established ‘norm’. In this context, individuals of African descent may confront the unsettling possibility of being stigmatised as 'troubled' or 'rebellious' merely for addressing the profound and enduring psychological repercussions of racism on their mental and emotional wellbeing.

Consequently, while 'free association' undoubtedly remains a valuable psychotherapeutic tool for exploring the intricate recesses of the unconscious mind, its application to individuals of African descent necessitates the utmost sensitivity and an unwavering recognition of the multifaceted challenges they may encounter.

Building upon the ‘moral management’ approach of the Enlightenment era and the legacy of Greek physicians like Claudius Galenus, Freud introduced 'psychoanalysis' as a psychotherapeutic method designed to aid individuals in alleviating trauma-induced symptoms of mental distress. Psychoanalysis, in essence, is a clinical approach often described as a 'talking therapy' that assists individuals in understanding and navigating the influence of their unconscious processes on their behaviours. According to Freud's perspective, traumatic experiences lead to the repression of the associated memories into the unconscious mind. In cases of mental distress, these traumatic events may be 'completely absent from the patients' memory when they are in a normal psychical state or are only present in a highly summary form' (Freud and Breuer

1893, p.8). This apparent absence of memory is often interpreted as a defence mechanism employed to cope with or avoid potential psychological harm stemming from the distressing event. Freud therefore contended that many instances of mental distress could be attributed to the repression of traumatic memories within the unconscious mind.

In his influential work from 1909, Freud provided valuable insights into the development of mental illness, emphasizing that emotions transform into pathological conditions when they are:

> Prevented from escaping normally, and the essence of the sickness lies in the fact that these “imprisoned" emotions undergo a series of abnormal changes. In part they are preserved as a lasting charge and as a source of constant disturbance in psychical life; in part, they undergo a change into unusual bodily innervations and inhibitions, which present themselves as physical symptoms (Freud 1909, p.188).

Within the framework of Freudian psychoanalysis, it follows that the attempts made by enslaved African individuals to break free from captivity and protest their enslavement conditions imply a profound recognition of 'the affect of fright—the psychical trauma' associated with enslavement (Freud and Breuer, 1893, p.9). Consequently, these enslaved individuals sought to alleviate the distressing effects of their circumstances through various forms of resistance. Moreover, the daily experience of anti-Black/African racism and systemic inequalities in Western society suggests that this race-based trauma would persist in the conscious minds of people of African descent. From a Freudian perspective, it is therefore reasonable to assert that individuals of African descent had justifiable grounds for opposing these trauma-inducing experiences to safeguard their mental wellbeing.

Conversely, however, this logical explanation for certain behavioural responses of African individuals was pathologized, as previously discussed, necessitating coercive control. This pathology was rooted in the pseudoscientific belief that African people were subhuman and inherently incapable of acting with reason or rationality independent of European authority. Notably, as this chapter will come to consider, this anti-Black/African hierarchical belief also found endorsement within Freud's work, as he did not extend his theorisation of the interplay between the unconscious mind, trauma, and behavioural responses to non-European populations.

In alignment with the perspectives of Enlightenment scholars, Freud (1909) positioned himself in opposition to both medical and theological

approaches to understanding 'reason' and mental illness, contending that, 'in most cases [these expositions are] powerless' (p. 183). More specifically, he argued that when confronted with an individual experiencing a mental disorder not caused by physical injury or damage to the brain, a physician's extensive medical knowledge, encompassing anatomical, physiological, and pathological education, becomes inadequate. Consequently, from Freud's standpoint, a physician's comprehension of a person's presentation of emotional distress is no more advanced than that of a layperson. In this context, Freud (1909) asserted that individuals presenting with mental health difficulties:

> Tend to lose [the physician's] sympathy; [the physician] considers them persons who overstep the laws of science, [and in line with the scientific and theological approaches] ascribes to them all possible evils, blames them for exaggeration and intentional deceit, "simulation," and [the physician] punishes them by withdrawing [their] interest (p. 183).

Freud (1909) determined that the medical and theological approaches to mental illness were flawed, primarily because they lacked the theoretical foundations necessary to comprehend how emotions residing within the unconscious mind could manifest as behaviours characterised by irrational mental, physical, and emotional responses. It is worth noting, however, that Freud's criticism of these approaches was directed specifically at their limitations concerning European populations. When considering these arguments within the context of people of African descent, this lack of belief in the legitimacy of their experiences plays a detrimental role in denying the existence and impact of race-based trauma.

In his work *Totem and Taboo: Some Points of Agreement between the Mental Lives of Savages and Neurotics*, spanning the years 1912 to 1913, Freud made assertions about non-European populations that underscored their perceived inferiority. He characterised them as 'savages... who, as we believe, stand very near to primitive man, far nearer than we do, and whom we, therefore, regard as his direct heirs and representatives' (Freud 1912-1913, p.1). Freud further posited that these populations had 'no judgments of value: no good and evil, no morality' (Freud 1912-1913, p. 93). Strikingly, despite the centrality of behavioural defence mechanisms in Freudian psychoanalytic theory, as already stated, this framework did not extend to non-European populations. Thus, Freud's explanations of the behavioural processes involved in trauma-induced mental distress failed to account for race-based trauma or the distinct thought and behaviour patterns of non-European individuals in general.

Consequently, these theories may not adequately encompass the complex and multifaceted experiences of individuals of African descent who have endured the profound and enduring traumas of racism, discrimination, and racial violence. The psychoanalytic concepts elucidated by Freud might not sufficiently account for the intricate ways in which racial trauma intersects with an individual's psyche, emotions, and behaviour, particularly considering the historical and contemporary contexts of oppression, marginalisation, and resistance that people of African descent continue to navigate.

Moreover, Freud's theories do not fully recognise how systemic racism and the enduring legacies of slavery and colonialism have shaped the distinct thought and behaviour patterns of non-European individuals. The experiences of racialisation and the ongoing struggle for equity and justice have engendered unique coping mechanisms, identities, and communal support systems among individuals of African descent, which may not align neatly with Freudian psychoanalytic constructs.

Furthermore, Edward Said (1978) argued that while Freud's work aimed to uncover and acknowledge forgotten or suppressed elements, non-European peoples and cultures did not hold the same fascination for him. Nevertheless, in his exploration of the unconscious mind and its impact on individual behaviour, Freud (1912-1913) encouraged the examination of 'the psychology of those races that have remained at' an inferior level compared to their European counterparts (p. 99). This encompassed Australia and non-European populations in Africa, Asia, and the Americas, all of whom were under European colonial rule during that period.

Freud's influential phenomenological approach transposed the racial assumptions of his anthropological, eugenicist, and social Darwinist contemporaries onto understandings of the human mind and behaviour (see section 2.2). It endorsed Eurocentric hierarchical ideologies and pseudoscientific evidence bases positing that the minds of non-European populations had not progressed beyond a stage of childhood development. Stanley Hall, a pioneering psychologist and the founder of the *American Journal of Psychology*, supported these notions in 1904 when he argued that African-descended and other non-European populations 'live a life of feeling, emotion, and impulse' (p. 649). Accordingly, in accordance with the Freudian perspective, it was Hall’s contention that non-European individuals lacked the innate capacity to independently control 'irrational' behaviours because their minds were seen as akin to those of immature European children.

This recurring theme of likening the unconscious mind of individuals of African descent to that of a child is a perilous motif within scholarship concerning human cognition and behaviour. It reinforced a racial hierarchy wherein Europeans were ascribed superior rational faculties, contrasting with the portrayal of non-European populations as being deficient in this regard. Such associations of emotional and impulsive attributes with non-European groups not only perpetuated harmful stereotypes but also provided a rationale for justifying discriminatory practices. This positioning of non-European populations as inherently less capable of self-governance and intellectual pursuits demonstrates how the constructs of 'rationality' and 'normalcy' were manipulated to legitimise racial hierarchies, thereby perpetuating social and systemic inequalities.

Moreover, Freud's assertions regarding non-European 'races' were not derived from direct observation, raising questions about the objectivity of his Freudian line of reasoning. Instead, his conclusions regarding the workings of the human mind and behaviour heavily relied on citations from 'armchair anthropologists' such as James Frazer, Andrew Lang, John McLennan, E.B. Tylor, and William Robertson-Smith (Zilcosky 2013, p. 465). These anthropologists had not personally interacted with the non-European societies upon which they based their research. Instead, they leaned on inaccurate assumptions about Africans in Europe and second-hand observations from travellers and missionaries who often faced language barriers in their interactions with the communities they studied (see Tylor 1871; Lang 1887; Smith 1889; McLennan 1896; Frazer 1900; Lang 1912 and Burton 1924).

The reliance on travellers and missionaries as primary sources for observations and research on non-European societies introduces several significant limitations. Firstly, the language barrier severely hindered effective communication between these observers and the communities they studied. This linguistic disconnect made it challenging for them to gain a comprehensive understanding of the cultures, beliefs, and practices of these societies. Misinterpretations and misunderstandings were common, leading to potential inaccuracies and misrepresentations in their accounts.

Secondly, the role and agenda of missionaries, in particular, must be critically examined. Missionaries often had religious and conversion-oriented goals, which could bias their observations and interpretations of Indigenous cultures. Their accounts may have emphasised aspects that supported their missionary work while downplaying or misrepresenting elements that did not align with their objectives. This introduces a significant source of bias into the anthropological research of the time.

Additionally, travellers and missionaries may not have spent extended periods within the communities they observed. Their interactions might have been brief and superficial, limiting their ability to delve into the complexities of these societies. This brevity may have resulted in oversimplified and one-dimensional characterisations.

Furthermore, the anthropologists who relied on the reports of these observers may not have adequately questioned or critically examined the biases and limitations of their sources. They often accepted these accounts at face value, incorporating them into their own research and theories without rigorous scrutiny.

Subsequently, these factors collectively compromised the accuracy and depth of understanding of the societies under study, shaping Eurocentric perspectives and perpetuating stereotypes about non-European cultures.

These erroneous anti-Black/African assumptions extended to the realm of fiction literature, with one of the most notable examples being Joseph Conrad's (1899) *Heart of Darkness*. In this novel, Conrad inaccurately depicted the African people of the Congo as 'savages,' articulating a white supremacist perspective by asserting that:

> We whites, from the point of development we had arrived at, must necessarily appear to them [savages] in the nature of supernatural beings - we approach them with the might as of a deity (Conrad 1899, p. 81).

Of particular concern is the fact that, as noted by eminent novelist Chinua Achebe (1988), the racist and colonialist views espoused in this fictional literature continue to be studied, evaluated, and even celebrated by academics, with some considering the novel 'among the half-dozen greatest short novels in the English language' (Achebe 1988, p. 252). This pervasive influence of Eurocentricity extends into the domains of psychiatry and psychology, where deeply ingrained historical biases have significantly moulded the foundational paradigms of these disciplines. In the specific context of psychiatry and psychology, Eurocentric perspectives have become entrenched, primarily through the prism of colonialism and imperialism.

The aftermath of colonialism introduced concepts of racial hierarchy, notions of superiority and inferiority, which subsequently exerted a substantial impact on the early theoretical frameworks within psychiatry and psychology. These early frameworks often pathologized non-European cultures and individuals, consequently upholding stereotypes

and biases that continue to shape contemporary understandings of mental health and behaviour within these disciplines.

Furthermore, the persistence of literature that espouses such prejudiced viewpoints signifies a remarkable absence of rigorous critical scrutiny and reinforces the existing academic status quo. It is therefore essential to acknowledge that academia, including the fields of psychiatry and psychology, has historically been dominated by Eurocentric paradigms, exerting substantial influence over the established body of knowledge, research endeavours, theoretical constructs, and professional practices. This enduring Eurocentricity often remains unchallenged, thereby perpetuating the persistence of prejudicial biases and a lack of diverse perspectives within these disciplines.

The diary entries of European travellers and missionaries documenting their observations of African societies often employed language that characterised African bodies as 'exotic' and 'utterly deficient,' describing them as 'suffering,' 'sickly,' 'horrid,' and 'negroid' (Bello-Kano 2005, p. 60). Moreover, the African mind was frequently depicted as 'different, timeless, primordial, libidinal, separated from consciousness, unmapped, dark, and without light' (Moodley, Mujtaba, and Kleiman 2017, p. 82). This narrative further implied that African people lacked the capacity to regulate their emotions, with claims that 'hysterical Africans are by no means rare in Africa' and that these 'disagreeable manifestations of the unconscious' were prevalent among primitive individuals of African descent who lacked 'reason' (Jung 1918, pp. 32-33).

Jung's assertion that African people exhibited ‘hysterical’ behaviour, along with his characterisation of this behaviour as ‘disagreeable manifestations of the unconscious,’ served to pathologize emotional responses within African populations. This pathology was rooted in the assumption that non-European individuals, particularly Africans, were inherently less capable of regulating their emotions and lacked the faculty of ‘reason’ compared to their European counterparts. This reinforced racial hierarchies by positioning Europeans as the normative standard of rationality and emotional control, while portraying non-European populations as deviating from this ‘norm.’ Such narratives not only reinforced stereotypes but also contributed to the stigmatisation of African individuals and their marginalisation within psychiatric and psychological discourses, highlighting the intersection of 'normalcy,' 'rationality,' and racial biases within these fields.

The dearth of African writings and perspectives in the discourse surrounding the mind and behaviour of African-descended individuals is a

critical issue that highlights the pervasive Eurocentricity in the field of psycho-anthropology and related disciplines. European psycho-anthropologists and clinicians, as noted, assumed a position of authority based on limited interactions and often biased observations of African societies. This Eurocentric lens allowed them to ‘other’ African people, portraying them as fundamentally different and inferior to European civilisation. This narrative of difference and inferiority has had a lasting impact on contemporary understandings of the mental and behavioural aspects of people of African descent.

The absence of African voices and perspectives in this discourse is indicative of a significant power imbalance in knowledge production. The dominance of European voices in shaping the narrative has perpetuated racial biases, stereotypes, and misrepresentations. African-descended individuals were seldom afforded the agency to define and articulate their own experiences, mental processes, and cultural norms within these discourses.

This lack of African representation raises concerns about the validity and authenticity of the conclusions drawn by Eurocentric scholars. It calls into question the extent to which their ideas and assumptions about the minds and behaviours of African-descended individuals accurately reflect reality. Without input from the very people being studied, the narratives produced by European psycho-anthropologists are inherently limited in their comprehensiveness and accuracy.

In contemporary academia and research, there is a growing recognition of the need to rectify this historical imbalance by centring African voices and perspectives in the study of African-descended populations. This shift toward decolonizing knowledge production is critical for a more nuanced, unbiased, and inclusive understanding of the mental and behavioural dimensions of individuals of African descent. It challenges the Eurocentric status quo and strives for a more equitable and authentic representation of diverse human experiences within the field of psycho-anthropology.

Fanon's seminal work, *Wretched of the Earth* (1961), emerges as a crucial source for unravelling the intricate complexities inherent in the colonial legacy and its profound impact on the mental health of colonised individuals. Fanon's analysis provides a nuanced lens through which to critically evaluate the repercussions of Eurocentric biases, a phenomenon exemplified in the writings of Jung. By exploring Fanon's insights, we gain a profound understanding of the entanglements between colonial legacies and psychological discourse, shedding light on the intricate dynamics that shape the mental health narratives of African individuals.

Fanon's exploration goes beyond a surface-level examination, delving into the profound psychological ramifications of colonialism on the colonized mind. He articulates the ways in which the colonial experience infiltrates the psyche, leaving lasting imprints on identity, self-perception, and mental wellbeing. This analysis offers a robust foundation for comprehending the intricacies of how Eurocentric biases, such as those expressed by Jung, contribute to the pathologization and stigmatisation of African individuals within psychological and psychiatric frameworks.

The insights derived from Fanon's writings serve as a crucial corrective to Eurocentric perspectives that permeate psychological discourse. His work challenges the reductionist and stereotypical views perpetuated by biased narratives, fostering a more nuanced and empathetic understanding of the psychological complexities experienced by individuals of African descent. By integrating Fanon's multidimensional exploration, this literature review contributes to a comprehensive analysis of both historical and contemporary challenges faced by individuals of African descent within the realms of psychology and psychiatry.

2.4. The Psychopathology of (Mis)Representation and ‘Othering’

In contrast to his contemporaries, the distinguished psychiatrist and founder of analytical psychology, Carl Jung, conducted direct observations of African-descended individuals. Drawing inspiration from Freud's work on the unconscious mind and dream analysis, Jung posited that the human unconscious contained significant information inherited from one's ancestors. This information, according to Jung, shapes a person's thought patterns, values, and beliefs. Jung's concept of the unconscious mind proposed the existence of universal ‘archetypes’ that served as the foundation of an individual's psychological constitution and collective consciousness (see Jung 1918).

Jung's assertion that archetypes were universally inherited characteristics led him to conduct direct observations of people of African descent to substantiate his claims. In his account of a 1912 visit to St. Elizabeths Hospital in Washington, D.C., Jung (1935) disclosed his intention to investigate whether these collective patterns were racially inherited or ‘a priori categories of imagination’ (p.38). The historical context surrounding Jung's visit to the southern United States during the era of Jim Crow laws is pivotal in understanding the social and racial dynamics of that time. Jim Crow laws, which were both statutory and local regulations, enforced racial segregation between white and African American citizens (see Tischauser 2012). These laws institutionalised a system of racial discrimination,

perpetuating an entire culture characterised by violence, racism, and fear that profoundly affected the lives of African Americans.

The prevalence of Jim Crow laws in the 'former Confederate States,' where approximately ninety percent of America's African-descended population resided, underscores the significance of racial segregation during this period (see Tischauser 2012). The laws had far-reaching consequences, creating a legal framework that justified and perpetuated discrimination. As noted by Fremon (2014), ‘anyone who was born Black, no matter how high the person’s education or abilities, had fewer rights than the poorest white’ (p. 20). This quote exemplifies the pervasive and deeply entrenched discrimination faced by African Americans under Jim Crow.

Furthermore, these laws had a profound impact on the social and political environment, systematically excluding people of African descent from various aspects of public life. ‘Whites only’ signs in public facilities epitomised the segregationist policies, enforcing social apartheid that relegated African Americans to second-class citizenship (see Chafe, Gavins and Korstad 2011). And people of African descent were regarded as subordinate to their white counterparts in all social contexts.

Beyond social segregation, African Americans in both the North and South also endured economic disadvantages that hindered their ability to participate fully in society. Systemic barriers restricted their access to economic opportunities, exacerbating their marginalisation.

The forms of racial segregation and disadvantage evident in the United States during the era of Jim Crow were not exclusive to that country; they also manifested in British society. In 1948, the *British Nationality Act* introduced a significant legal development by extending British citizenship to all residents of Commonwealth countries. Subsequently, the Act provided citizens of the Commonwealth with a legal process to obtain British nationality and citizenship. The Act attempted to define British citizenship, giving only some individuals the automatic right to abode. This selective approach to the right to abode underscored inherent complexities within the legal conception of citizenship, rendering it contingent upon factors beyond mere Commonwealth membership (see Fryer 1984; Gilroy 1987; Paul 2019 and Chapter 3.2).

People of African descent have been present in the Britain for thousands of years (see Fryer 1984 and Onyeka 2013). However, it has been argued by authors such as Phillips and Phillips (1998) that the 1948 *British Nationality Act* initiated an increased migration of people from Africa and the Caribbean. As these individuals arrived in Britain, they encountered a

complex landscape characterised by multifaceted challenges. This landscape encompassed not only the promise of new opportunities but also a disheartening reality marked by pervasive hostility, stark housing and employment disparities, instances of violence, and systemic segregation. What is more, discriminatory signs such as 'No Blacks, No Dogs, No Irish' also bore witness to the exclusionary practices that permeated British society.

These multifarious experiences underscore the intricate dynamics of migration, race, and social integration within the historical context of Britain, as discussed in the works of Phillips and Phillips (1998) and the broader academic discourse. The enduring impact of this historical legacy is a subject of in-depth examination in subsequent sections of this thesis, particularly in Chapter 3. This investigation seeks to shed light on the contemporary repercussions of this entrenched culture of racism and discrimination against people of African descent residing in the United Kingdom.

Jung’s visit to St Elizabeths Hospital was at the invitation of the hospital's superintendent, psychiatrist William Anson White, who was keen on integrating psychological anthropology and psychoanalysis to gain insights into the mental processes and behaviours of the hospital's patients (see White 1907; White 1913 and White 1916). White posited that uncivilised and socially unacceptable behaviours, including criminality and mental illness, were the outcomes of an individual's inability to adapt to their social environment. As a result, patients in mental health institutions were determined to be lacking in the psychological capacities necessary to function successfully outside such settings.

White's perspective reflects the deeply ingrained Eurocentric bias in the understanding of human behaviour and mental health. By attributing ‘uncivilised’ and ‘socially unacceptable’ behaviours to the individual's failure to adapt to their social environment, White pathologized non-conforming behaviours, criminality, and mental illness, framing them as deficiencies within the individual. This viewpoint implies that people of African descent are inherently inferior and unable to meet the standards of European society.

Furthermore, White's argument contributes to the broader narrative of control and regulation by reinforcing the idea that individuals who exhibited these behaviours needed to be confined in mental health institutions. This perspective was consistent with the broader colonial and imperialist agendas of the time, which sought to subjugate and control African-

descended populations by framing them as inherently ‘problematic’ or ‘dangerous.’

White’s viewpoint is a manifestation of the Eurocentric notions of ‘normalcy’ and ‘rationality’ discussed earlier, where European standards served as the benchmark against which all others were measured. This not only reinforced stereotypes but also justified oppressive practices and the marginalisation of non-European populations within the context of psychiatry and mental health.

In the realm of understanding human behaviour, it is imperative to acknowledge a pivotal turning point marked by the introduction of the 'broken windows theory' by Kelling and Wilson in 1982. This seminal theory introduced a paradigm shift, illuminating an alternative perspective that significantly broadened the discourse on human behaviour and its determinants. The 'broken windows theory' offers a fresh lens through which to examine the complex interplay of environmental and social factors in shaping individual behaviour and societal outcomes.

Kelling and Wilson's theory posits that visible signs of disorder and neglect within a community or environment create an environment conducive to further disorder, crime, and social unrest. Fundamentally, it contends that the physical and social conditions of a given environment exert a profound influence on the behaviours and choices of its inhabitants. This perspective diverges markedly from the prevailing Eurocentric view, exemplified by White's framework, which primarily focused on individual deficiencies as determinants of mental health and behaviour.

The introduction of the 'broken windows theory' challenges the reductionist approach that solely attributed mental health disparities to individual shortcomings, offering a more holistic understanding. By recognising the role of environmental and social factors in shaping behaviour and social outcomes, this theory underscores the need for a comprehensive and nuanced examination of mental health disparities. It signifies a departure from the narrow view of individual inadequacies and calls for a broader consideration of the contextual forces at play.

This paradigm shift is of paramount significance in the ongoing discourse surrounding mental health, as it encourages researchers, practitioners, and policymakers to explore the multifaceted interactions between individuals and their environments. By acknowledging the 'broken windows theory,' we move toward a more comprehensive and inclusive understanding of human behaviour and the complex web of influences that contribute to it (see also Herbert and Brown 2006).

In alignment with Sigmund Freud and Stanley Hall, White also characterised mental illness as emblematic of childlike and primitive cognitive patterns in response to societal challenges. He posited that mental illness ‘may reduce the individual first to a condition resembling [their] childhood and then to a condition of mind resembling a lower cultural level in the history of the race’ (White 1913, p.85; see also White 1925). At St. Elizabeths Hospital, clinical practices were influenced by racial hierarchies. Consequently, the implementation of White's ideas in clinical settings led physicians to believe that, as articulated by St. Elizabeth physician Arrah Evarts (1914), ‘we can understand why insanity should be on the increase in the coloured race, for of it is being demanded [a societal] adjustment much harder to make’ (p.394). For Evarts (1914), this was because:

> During its years of savagery, the [African] race had learned no lessons in emotional control, and what they attained during their few generations of slavery left them unstable. For this reason, we find deterioration in the emotional sphere (p.396).

Physicians at St. Elizabeths Hospital insisted that their conclusions were grounded in careful study and clinical experience, but an examination of the records maintained at the institution paints a more intricate picture of the African-descended patients and their interactions with the white medical staff. Beyond the strict racial segregation, the provision of materially inferior facilities, and the disproportionate emphasis on deference, African American patients were denied the recognition of their American nationality and were treated as though they were not rational, normal or human (see Gambino 2008). According to physician Arrah Evarts and colleagues, African American patients were viewed as 'strangers within our gates' (Evarts 1916, p. 287).

Accordingly, clinical perspectives and treatments at St. Elizabeths Hospital further entrenched the anti-Black/African biases prevailing in society. African American patients were characterised as 'atavistic and socially inadequate’ (Gambino 2008, p.403). Therefore, for Jung, the analysis of African American patients at St. Elizabeths served as an opportunity to substantiate his claims concerning his archetypal theory. In this context, Jung's visit to St Elizabeths Hospital becomes a lens through which to examine the psychological and sociocultural implications of racial segregation and discrimination. On the contrary, Jung failed to provide valuable insights into the psyche of individuals living in such a deeply divided and racially charged society, thus, failing to shed light on the psychological toll of Jim Crow laws on African Americans.

During his time at the hospital, Jung conducted analyses on fifteen African American male inpatients, with a particular focus on the examination of their dreams using the Freudian psychoanalytic methodology. Jung (1935) acknowledged that only one African American inpatient, whose name he did not disclose, provided evidence that supported his arguments regarding his archetypal theory (see also Brewster 2013). Nevertheless, he deemed this as sufficient to validate his assertions, stating in his Tavistock II lecture:

> For the moment, I have to content myself with the mere statement that there are mythological patterns in that layer of the unconscious, that it produces contents which cannot be ascribed to the individual and which may even be in strict contradiction to the personal psychology of the dreamer (Jung 1935, p.32).

Within the framework of Jung's exploration of his theory of archetypes, his visit to Africa holds significance as it aimed to provide further evidence for the universality of the 'archaic and universalistic collective unconscious' (Collins 2009, p. 70). Jung believed that a visit to Africa would offer valuable insights into this collective unconscious, unburdened by the influences and pressures of European civilisation. He saw Africa as a unique opportunity to establish a 'psychic observation post outside the sphere of the European,' where he could tap into the primal aspects of the human psyche that, to Jung, had become obscured in the advanced European context (Jung 1962, p. 270).

According to Jung, Africa represented 'a storehouse of atavistic memories, primordial images, and mythologies' that bound all human beings together, yet these had largely faded from European consciousness due to the complexities of modern civilisation (Collins 2009, p. 70).

In 1925, Jung embarked on a short trip to Africa, where he focused his observations on the Maasai people in Mombasa, East Africa, and the Kavirondo people in Nairobi, Kenya. Following these encounters, Jung continued to emphasise his belief that the so-called underdeveloped peoples of Africa possessed a collective unconsciousness that he perceived as inherently inferior to that of 'white' individuals (see Jung 1958). His reflections on this experience further revealed his sense of superiority, as he remarked, 'I could not help feeling superior, as I was reminded at every step of my European nature' (Jung 1962, p. 273). Jung's conviction was that the 'civilised European' had transcended what he viewed as the 'degenerate state of the Africans' and could thus observe them from a position of superiority (Collins 2009, p. 70).

While in East Africa, Carl Jung had a dream that left a significant impression on him. In his own words, he recounted this dream, highlighting its impact on his thinking:

> Only once during the entire expedition did I dream of a Negro. His face appeared curiously familiar to me, but I had to reflect a long time before I could determine where I had met him before. Finally, it came to me: he had been my barber in Chattanooga, Tennessee! An American Negro. In the dream, he was holding a tremendous, red-hot curling iron to my head, intending to make my hair kinky—that is, to give me Negro hair. I could already feel the painful heat and awoke with a sense of terror. I took this dream as a warning from the unconscious; it was saying that the primitive was a danger to me. At that time, I was obviously all too close to 'going Black'... In order to represent a Negro threatening me, my unconscious had invoked a twelve-year-old memory of my Negro barber in America, just to avoid any reminder of the present... Parallel to my involvement with this demanding African environment, an interior line was being successfully secured within my dreams. The dreams dealt with my personal problems. The only thing I could conclude from this was that my European personality must under all circumstances be preserved intact (Jung 1962, pp. 328-329).

Jung's analysis of his dream offers valuable insights into the profound anxieties and irrational fears that were deeply ingrained in European society during his time. At that historical juncture, 'the primitive,' often equated with people of African descent, was widely regarded as a menacing presence, seen as a threat to the established order of European dominance. Moreover, 'Blackness' carried connotations of ‘irrationality’ and ‘uncivilised’ behaviour, reinforcing stereotypes that had been systematically constructed to justify the subjugation of African peoples.

Jung's dream serves as a poignant illustration of the emotional and irrational dimensions of anti-Black/African sentiment that existed within the European psyche. The fact that a seemingly innocuous encounter with an African person in his dream could evoke such a visceral reaction underscores the deeply rooted nature of these anxieties. His fear of 'going Black' reflects a broader concern among some Europeans that exposure to African culture and influence might erode their European identity.

In this context, Jung's dream becomes a microcosm of the larger societal dynamics at play. It sheds light on the extent to which individuals were willing to go to preserve their European identity and the psychological toll that the encounter with African culture posed. By highlighting these

irrational and emotional aspects of anti-Black/African sentiment, Jung's dream serves as a compelling case study of the pervasive nature of anti-Black/African ideologies, which not only influenced individual psyches but also shaped broader social and cultural narratives.

As highlighted by Dalal (1988), Jung held a particular view regarding people of African descent, characterising them as follows:

> Steeped in emotion, cast…on a sea of psychic forces which they do not recognise nor understand, and as a consequence of which they have no control over themselves, unlike the European (p. 265; see also Jung 1962).

This characterisation led Jung to issue a warning to the white 'race,' cautioning them to keep their distance from individuals of African descent. Jung (1930) argued that close proximity to African-descended individuals might lead white Europeans to succumb to what he referred to as a 'racial infection.' In his view, such an infection would occur when African-descended individuals had the capacity to influence the psyche of 'white' people of European descent, potentially leading them to undergo a transformation he termed 'going Black.' According to Jung (1930):

> The inferior [African-descended] man exercises a tremendous pull upon civilised [European] beings who are forced to live with him because he fascinates the inferior layers of our psyche, which has lived through untold ages of similar conditions (p. 196).

In this perspective, Jung's stance aligned with evolutionary and biological determinist viewpoints, endorsing a hierarchical concept of 'race.' He contended that people of African descent had failed to adapt to the progressive trajectory of human civilisation, in contrast to white Europeans, who he believed had advanced beyond such primitive stages.

In a letter to his colleague William Mather, Jung continued to assert his mission of framing Africa as representative of the primordial unconscious mind and Europe as the civilised conscious mind. He conveyed his observations regarding the behaviours of white individuals who had voluntarily settled within African societies, suggesting that they were not in a sound mental state. Jung wrote that these individuals:

> Begin to get assimilated by [African] soil, and they [then] develop a curious mentality. It is just as if the unconscious part of their psyche was sinking down into the peculiar phenomenon 'going Black'(Jung 1945, p. 380).

He further elaborated that ‘you can observe how these people get lured away unconsciously from their civilised sphere’ when spending time around African people (Jung 1945, pp. 380-381).

Jung's statement reflects the deep-rooted prejudices and stereotypes that informed his understanding of African cultures and their influence on the psyche of European individuals. It reinforces the idea that, within the Eurocentric framework, African culture and society are seen as a threat to the stability and rationality of European individuals, perpetuating harmful stereotypes and maintaining the divisive narrative of European superiority.

Although Jung's claims were rooted in first-hand observations, he later admitted a lack of methodological objectivity in his work. Jung (1962) conceded that:

> In spite of my intellectual intention to study the European's reaction to primitive conditions, it became clear to me that this study had been not so much an objective scientific project as an intensely personal one, and that any attempt to go deeper into it touched every possible sore spot in my own psychology (p. 303).

Jung's acknowledgment of the lack of methodological objectivity in his work highlights the complexities and personal biases that can permeate even well-intentioned research endeavours. While he embarked on his study with the intellectual intention of examining African individuals in so-called primitive conditions, he candidly admitted that his research had evolved into a deeply personal undertaking. This shift in focus from an objective scientific project to a personal one underscores the profound impact that his research had on his own psyche.

Jung's recognition that his work touched on sensitive aspects of his own psychology emphasises the intricate relationship between the researcher and the subject matter. In the case of his study on African cultures, it became apparent that Jung's personal beliefs, anxieties, and preconceptions played a significant role in shaping his observations and interpretations. This admission of subjectivity is essential in understanding the limitations and potential biases inherent in research, particularly when it involves the study of diverse cultures and societies.

Furthermore, Jung's statement also points to the challenges of maintaining objectivity when studying cultures that are perceived as ‘other’ or ‘primitive.’ It highlights the need for self-reflection and awareness of one's own biases when conducting cross-cultural research, as these biases can influence the interpretation of data and the framing of conclusions. Jung's

honesty about the personal dimension of his work serves as a valuable reminder for researchers to critically examine their own perspectives and potential biases in the pursuit of more objective and culturally sensitive research.

Psychology is a scientific discipline that demands empirical evidence to support its ideas and theories concerning human cognition and behaviour. Jung's autobiographical admission reveals that his work lacked the required methodological objectivity. It becomes apparent that his arguments, disguised as factual and scientific, were in fact projections of his deeply internalised anti-Black/African beliefs. Consequently, from a scientific standpoint, his claims regarding the minds and behaviours of people of African descent remain unverifiable.

It is possible that Jung may not have fully appreciated the implications for people of African descent when he asserted that they posed a threat to 'white' Europeans who lived alongside a 'rather primitive people' (Jung 1930, p. 196). Freud, in discussing the consequences of pre-conceived mental representations, highlighted that Europeans 'misunderstand primitive men just as easily as we do children, and we are always apt to interpret their actions and feelings according to our own mental constellations' (Freud 1912-1913, p.103).

Freud's insight, which resonates with contemporary notions of cultural relativism, highlights the challenge of understanding and interpreting the actions and feelings of individuals from cultures that diverge from one's own mental frameworks. He suggests that Europeans, like individuals from any culture, tend to view the behaviours of ‘primitive’ or culturally distinct groups through the lens of their own mental constellations, which may lead to misunderstandings and misinterpretations.

In the context of Jung's statement, Freud's perspective raises important questions about the subjective nature of Jung's observations and interpretations regarding African cultures and individuals. It prompts critical reflection on whether Jung's assessment of Africans as a threat may have been influenced by his own Eurocentric mental constellations and preconceived notions.

Hence, Freud, was also cognisant of the limitations of providing a comprehensive explanation of the thoughts and behaviours of non-European societies when conclusions were drawn from second-hand observations, miscommunication, and assumptions of 'primitivity.' Nonetheless, Freud, Jung and many of their intellectual contemporaries maintained the view that the minds of non-European 'savage' societies

were biologically underdeveloped. This perspective played a pivotal role in reinforcing the deeply entrenched notion of the inherent inferiority of African minds, particularly concerning Africans in the Diaspora.

Their assertions that non-European ‘savage’ societies possessed biologically underdeveloped minds had far-reaching consequences. This perspective fostered the belief that individuals hailing from these backgrounds were fundamentally incapable of exercising ‘reason,’ thereby justifying their classification as ‘abnormal’ and ‘uncivilised.’ Consequently, such individuals were deemed unworthy of humane treatment. This pervasive narrative not only enabled racial prejudices but also sanctioned discriminatory practices, contributing to the maintenance of social and systemic inequalities.

Contemporary approaches to psychoanalytic treatment exhibit diversity in their perspectives. However, a recurring theme across various modes of psychoanalysis is the foundational assertion made by Freud that a clinician's primary objective is to bring conscious awareness to the impact of unconscious forces on a client's thoughts, feelings, and behaviours (see Pick 2015, and Frosh 2016). Consequently, contemporary psychotherapeutic practices remain deeply rooted in the works of Freud. Psychoanalytic training, courses, and clinical practices continue to be centred on Freudian perspectives. As a result, there exists a significant risk of misdiagnosis when clients or patients of African descent are the focus, as these traditional frameworks may not adequately account for the diverse cultural and socio-historical factors that influence their psychological experiences.

Critiquing the colonial perspective on mental illness, historian Megan Vaughan (1991) offered a poignant observation:

> The madman and madwoman emerge in the colonial historical record not as standing for the 'other' but more often as being insufficiently 'other.' The madness of colonial subjects is to be feared, for it is indicative of 'deculturation' and the breaking of barriers of difference and silence (p.118).

Vaughan's insightful critique of the colonial perspective on mental illness sheds light on a nuanced aspect of colonial history. Vaughan's observation challenges the conventional notion that the ‘mad’ individuals within colonial contexts represent the epitome of the 'other,' or those vastly different from the colonizers. Instead, she emphasises that these individuals are often viewed as being insufficiently 'other,' implying that their ‘madness’ is perceived as a deviation from their cultural norms and traditions.

The colonialist assertion that the ‘madness’ of colonial subjects is to be feared holds significant implications. It suggests that the mental instability of colonial subjects is seen as a manifestation of 'deculturation,' signifying the erosion of their cultural identities and traditions. Moreover, it indicates that their ‘madness’ is perceived as the breaking of barriers of difference and silence, potentially challenging the colonial order and the power dynamics inherent in colonialism.

Vaughan’s statement highlights the complexities of mental illness within colonial contexts. It underscores how mental health issues were not merely medical or psychological concerns but were intricately intertwined with the broader colonial project, reflecting the anxieties and tensions arising from the collision of cultures and the disruption of traditional ways of life. Vaughan's perspective invites a critical re-evaluation of the colonial discourse surrounding mental illness, revealing the deeper layers of power, culture, and identity that underpin it.

What is more as Vaughan (1991) aptly points out, the colonial gaze constructed a framework in which concepts of morality, sanity, civilisation, and the privileging of scientism as the highest form of knowledge were intertwined. In this framework, African individuals who disrupted these established orders were pathologized as ‘uncivilised’, ‘criminal’, and perceived as a threat to wider society (see Bogues 2015).

This pathology of African individuals and their behaviours was rooted in the colonial theoretical foundations of the 'psy' disciplines, which rejected non-European ways of existence as valid within any civilisation across the world. The rejection of non-European ways of existence as valid within any civilisation was a fundamental aspect of colonial ideology. This rejection was rooted in the belief that only European values, behaviours, and institutions were worthy of recognition and respect. Subsequently, African cultures and behaviours are often pathologized, dismissed as ‘primitive’, ‘irrational’, or 'uncivilised,' and subjected to the scrutiny of European 'psy' disciplines.

The 'psy' disciplines, including psychology and psychiatry, played a pivotal role in reinforcing this colonial narrative. These disciplines were used to pathologize African individuals and their behaviours, framing them as inherently 'abnormal' or 'uncivilised.' This not only justified colonial control but also perpetuated social hierarchies and systemic discrimination.

Furthermore, the colonial perspective often disregarded the rich diversity of African cultures and their unique systems of knowledge and understanding of the world. By imposing European notions of 'normalcy'

and 'rationality,' colonial powers disregarded the validity of Indigenous African knowledge systems and ways of life. Consequently, Eurocentric values, behaviours, and knowledge were expected to be regarded as normative by non-European civilisations.

According to Hall (1997), language plays a pivotal role in shaping how we express and understand meaning in our interactions with others and in our interpretations of the world around us. Language influences the way we interact with people, objects, and experiences, and it is through language that meaning takes form. Hall emphasised that meaning is constructed through various linguistic and communicative elements, including:

> The words we use about [people, objects and experiences], the stories we tell about them, the images of them we produce, the emotions we associate with them, the ways we classify and conceptualise them [and] the value we place on them (Hall 1997, p.3).

In order to make sense of the world, Hall argued that individuals rely on a system of representation that draws upon both similarities and differences. This system helps individuals create mental representations of the things they encounter in their daily lives. Importantly, while the meaning applied to people, objects, and things can vary, Hall suggested that shared mental representations are possible.

Hall (1997) further contended that this shared knowledge gives rise to a shared culture that is rooted in ideologies and commonalities in the way people attribute meaning to individuals, objects, and events. This perspective aligns with the ideas put forth by Bourdieu (2003).

Bourdieu (2003) emphasised the role of culture and ‘habitus’ in shaping individuals' perceptions and behaviours within a given society. He argued that individuals are socialised into specific cultural frameworks that influence their ways of thinking, behaving, and attributing meaning to the world around them. These cultural frameworks are deeply rooted in the social structures and power dynamics of a society.

In the context of colonialism, European colonial powers imposed their cultural frameworks, including their notions of 'normalcy' and 'rationality,' on African societies. This imposition had a profound impact on how Africans were perceived and pathologized by the colonial 'psy' disciplines.

The shared culture within colonial societies, which was heavily influenced by European values and ideologies, played a pivotal role in pathologizing African individuals and behaviours. The colonial powers, through their control of educational institutions, media, and other social institutions,

disseminated Eurocentric ideas and ‘norms’. This cultural hegemony reinforced the belief that European ways of life were ‘superior’ and that any deviation from these ‘norms’ was 'abnormal' or 'uncivilised.'

In this context, the 'psy' disciplines became tools of cultural control and domination. They pathologized African cultures and behaviours that did not conform to European standards, perpetuating the narrative of African ‘inferiority’. African individuals were often subjected to psychological assessments and diagnoses that were based on Eurocentric criteria, further reinforcing the notion that they were inherently 'abnormal' or 'irrational.'

Therefore, Hall's perspective, in conjunction with Bourdieu's sociological framework, elucidates how shared knowledge and culture were instrumental in the construction of colonial narratives of African pathology. These narratives were deeply intertwined with Eurocentric notions of 'normalcy' and 'rationality,' which served as instruments of colonial power and control. The shared culture within colonial societies played a significant role in sustaining these narratives and justifying the oppression and discrimination faced by African individuals in the colonial era.

In contemporary society, the enduring legacy of historical enslavement, mistreatment, social exclusion, and abuse of African-descended people continues to manifest through the consequences of how individuals represent meaning. This representation of meaning can have detrimental effects, particularly when these representations uphold dominant and positively portrayed groups, such as white Europeans, while disadvantaging marginalised and subordinated groups, such as people of African descent who are racialised as 'Black' (see Kellner and Share 2005).

The fallacious belief that all African-descended people are inherently ‘inferior’, ‘irrational’, and incapable of regulating their emotions, thereby posing a threat to wider society, has become deeply ingrained in shared knowledge about the African-descended identity. This belief, rooted in colonial ideologies, has persisted over time and continues to influence contemporary perceptions and interactions with individuals of African descent.

From this stance, the representation of meaning plays a crucial role in propagating racial stereotypes and biases. The dominant group, influenced by historical narratives and cultural norms, tends to frame African-descended individuals as 'other' or 'abnormal,' reinforcing the Eurocentric standards of 'normalcy' and 'rationality.' These representations

often fail to acknowledge the diversity and richness of African cultures and identities, reducing individuals to simplistic and dehumanising stereotypes.

The consequences of these representations are far-reaching. They contribute to systemic racism, discrimination, and social inequalities faced by people of African descent. These individuals often encounter barriers to education, employment, healthcare, and justice due to the preconceived notions that they are inherently ‘inferior’ or prone to ‘irrational’ behaviour. This not only limits their opportunities for personal and professional growth but also perpetuates a cycle of disadvantage and marginalisation.

Furthermore, these representations affect the mental and emotional wellbeing of African-descended individuals. The constant exposure to negative stereotypes and the burden of disproving these stereotypes can lead to psychological distress, lower self-esteem, and a sense of alienation. It becomes a form of psychological violence that reinforces the legacy of trauma associated with the historical mistreatment of African-descended people.

Recognising the impact of these representations is essential for dismantling the deeply ingrained biases and prejudices that persist in society, thereby fostering a more inclusive and just future for all individuals, regardless of their racial or ethnic background.

In his exploration of the 'discourse of the other,' psychoanalyst and psychiatrist Jacques Lacan (1977) extended Freudian psychoanalytic theory by contending that social systems prioritise specific values, ideas, and notions. In alignment with the arguments presented earlier, Lacan asserted the existence of 'master signifiers' in language, which take precedence over other forms of knowledge. These 'master signifiers' can be described as knowledge that is generally undisputed, unchallenged, or unrefuted and ‘is that which represents a subject’ (Lacan 1979, p.198).

From a Lacanian perspective, language plays a significant role in forming the entire structure of the unconscious mind and gives rise to what Lacan termed the 'big Other.' The 'big Other' concept theorises how individual thoughts, feelings, and behaviours are directly influenced by ‘signifiers [that] organise human relations in a creative way, providing them with structures and shaping them’ (Lacan 1979, p.20). In simpler terms, individuals make sense of their existence through their association with what is familiar. This perspective stands in contrast to the Freudian and Jungian biological explanations of the unconscious mind. In Lacan's framework, the unconscious is conceptualised as existing externally rather than internally, and it is the discourse of the Other, which lacks inherent

meaning, which gives rise to subjective effects (Seshadri-Crooks 2000, p.24).

Within this framework, it is imperative to grasp that the very essence of the ‘other’ hinges on its classification as the ‘othered’ entity, standing in stark contrast to the established ‘norm’ or the ‘normal.’ This perspective places paramount importance on the idea that the ‘other’ obtains its significance exclusively by virtue of its existence beyond the confines of what society deems ‘normal.’ Consequently, it is within the discourse surrounding this ‘other’ that subjective effects and interpretations come into active play. This perspective, at its core, accentuates the pivotal role of alterity (see Chapter 3.2) in shaping the meaning and essence of the ‘other,’ as it is the divergence from established norms that bestows upon the other’ its unique connotations and profound significance.

In the historical context of the Western world, there was a steadfast resistance to providing education to enslaved individuals of African descent. This opposition to education formed a complex interplay between concepts of education, humanity, and power (see Fisher 2008 and Kelly and Moore-Robinson 2023). Ladson-Billings (1995) emphasises that education and literacy are deeply intertwined with notions of humanity and citizenship in Western society. Literacy is viewed as a fundamental prerequisite for being considered human and a citizen. Consequently, education was deliberately withheld from enslaved African people, as recognising their right to education would also necessitate acknowledging their humanity (see Fisher 2008).

Examining the contemporary repercussions of this historical denial of education in Western society, children of African descent frequently encounter challenges in achieving proficiency and excellence in reading. Additionally, a prevalent deficiency in strong verbal reasoning skills is observed among people of African descent in the Diaspora (see Rhamie and Hallam 2002; Reynolds 2010 and Wallace and Joseph-Salisbury 2022).

Furthermore, it is crucial to acknowledge that Western educational institutions are underpinned by ideologies and practices rooted in anti-Black/African racism (see Lynn and Parker 2006; Troyna 2012; Kinlock, Burkhard and Penn 2017 and Mahmud and Gagnon 2023). In light of Lacanian theory's assertion that the discourse of the Other is 'meaningless,' this framing becomes inevitable when considering the pervasive inequalities that obstruct the ability of individuals of African descent to attain educational 'normalcy.' However, within the framework of the anti-Black/African colonial gaze, difficulties in educational attainment

and literacy are wrongly attributed to supposed 'primitivity' and an alleged underdeveloped mind, rather than being recognised as outcomes of systemic inequalities and complex barriers that hinder the intellectual advancement of people of African descent.

Fanon offered a profound insight into the experiences of people of African descent, contending that they are 'overdetermined from the outside' and effectively become enslaved, not by the 'idea' that others hold of them, but by their physical appearance (Fanon 1952, p.95). He further asserted that this enslavement is perpetuated by the 'white gaze,' which is the only gaze considered valid. This 'white gaze' objectively dissects facets of the African-descended person's reality, resulting in the creation of a new type of being, one categorised as a 'negro' (Fanon 1952).

Fanon described how the racialisation of individuals as 'Black' is a construct manufactured by white supremacy to maintain power hierarchies based on perceived differences. Consequently, those of African descent are not seen as their true selves but are forced into a false Eurocentric reality aimed at convincing everyone that people of African descent are inherently and perpetually inferior in terms of mental, physical, spiritual, and cultural attributes when compared to other human 'races' (see Bonilla-Silva 2001 and Burell 2009).

This entrenched anti-Black/African racism, as argued by psychologist Amos Wilson (1993), goes so far as to avoid questioning the sanity of the racist European mindset, a perspective that aligns with the psychological observations made by Jung during his encounters with African culture and his own anxieties regarding the encounter with ‘the primitive’ and ‘Blackness.’ Wilson contends that the very notion of what is considered 'normal' is not questioned, despite its inherent insanity. This lack of questioning is because anti-Black/African racism has become deeply ingrained within the fabric of Western society, shaping its organisation, human relations, and economic systems (Wilson 1993; see also Andrews 2023).

Fanon's (1952) perspective highlights that the racialisation of individuals of African descent results in the distortion of knowledge, particularly concerning assumptions about their mental and behavioural characteristics. Racist ideologies perpetuate narratives that obscure any knowledge that contradicts this ideology. Consequently, European culture has shared narratives, histories, and the historicity of the perceived 'inferiority' of African-descended people, solidifying anti-Black/African racism as the norm.

The Eurocentric conceptualisation of the African-descended identity has become deeply entrenched, associated with negative attributes such as cannibalism, backwardness, fetishism, racial stigmas, slavery, and lacking reason (see Fanon 1952, Conrad 1899 and Achebe, 1988). As a result, Western institutions have internalised cultures of alleged inferiority, difference, and otherness. Consequently, when individuals of African descent experience mental distress, their symptoms are often misinterpreted by Eurocentric frameworks that assume a lack of 'reason' and 'primitiveness,' leading to inappropriate methods of intervention and misdiagnosis (see Fernando 2010a; Moodley and OCampo 2014 and Fernando 2017).

Returning to Lacanian phenomenology and the concept of the 'big Other,' this misinterpretation of the African-descended body occurs because when people of African descent enter the realm of language, they are immediately subjected to the signifier of ‘whiteness’ and therefore, ‘an economy of linguistic difference and meaning’ (Seshadri-Crooks 2000, p.24). Thus, while 'whiteness' serves as the standard for normality and humanity, it remains unattainable except for those exclusively labelled as 'white.' Consequently, within this framework of supposed normality, African people are inherently positioned as 'abnormal,' 'primitive,' and incapable of achieving 'reason.'

The process of racialisation is not limited to Europe but extends to non-Western cultures as well, influenced by the Western cultural narrative that positions the white European identity as superior to all non-white European peoples and cultures (see Said 1978). Accordingly, Said (1978) argued that this influence is evident even in regions where racialised populations constitute the majority, as contact with European colonizers often leads to the reinforcement of European superiority over non-European cultural values and practices.

Within the context of African societies, these actions can be traced back to European colonizers' deliberate erasure of African identity, cultural heritage, historical memories, and related practices (see Wilson 1993). Wilson (1993) contended that this erasure was a strategic move aimed at facilitating the social construction of a subordinate African identity. He argued:

> The eradication of Afrikan cultural/historical memories [is] undertaken so as to make possible the social manufacture or fashioning of an erstwhile Afrikan identity which can be reactively shaped and moulded to fit ongoing needs and interests of white supremacy. The subordinate Afrikan can only be what [they need] to be for dominant

> whites if [they have] no true knowledge of who [they are] and how [they] came to be who [they are] (Wilson, 1993, p. 121).

This deliberate erasure of cultural and historical roots served to create a vacuum in which a manipulated and distorted version of African identity could be imposed to further the objectives of white supremacy (see also Césaire 1950; Fanon 1952; Ani 1994; Wa Thiong'o 1998 and Cabral 2016). The lack of true knowledge about their heritage leaves African individuals vulnerable to accepting a manufactured identity imposed by dominant whites.

This deeply entrenched anti-Black/African racism, as meticulously argued by Wilson (1993) and further elucidated in the seminal work ‘The Cress Theory of Colour-Confrontation’ by psychiatrist Frances Welsing (1974), delves into the intricate psychology of racial dynamics. It ventures into a realm where the prevailing societal norms not only fail to challenge but actively avoid scrutinising the sanity of the racist European mindset. Wilson and Welsing cogently assert that this avoidance, in and of itself, serves as a manifestation of the enduring power dynamics that are rooted in white supremacy. This phenomenon underscores the profound extent to which these prejudices are interwoven within the cultural and psychological fabric of Western societies. Consequently, dismantling and confronting the distorted perceptions and narratives surrounding individuals of African descent becomes an exceedingly formidable task (see Welsing 1974 and Wilson 1993).

Subsequently, individuals of African descent find themselves ensnared in a cycle that perpetuates and refines the practice of white supremacy. Therefore, embodying what psychiatrists Frederick Hickling and Gerald Hutchinson (1999) have conceptualised as the 'roast breadfruit psychosis.' This condition is characterised by:

> The overwhelming desire for acceptance by European society, being ashamed of one’s Indigenous culture with an exaggerated rejection (in language and manners), and [sometimes making] attempts to alter skin colour to appear more white (Hickling and Hutchinson 1999, p.133).

The concept of ‘roast breadfruit psychosis,’ represents a complex and multifaceted psychological phenomenon among individuals of African descent. This term describes a deep-seated desire for acceptance within European society, often leading to feelings of shame associated with one's Indigenous culture. This shame can manifest in exaggerated attempts to distance oneself from one's cultural roots, including changes in language

and manners. Additionally, some individuals may go to great lengths, such as attempting to alter their skin colour, in pursuit of a ‘more white’ appearance.

This phenomenon is not isolated but exists within a broader historical and sociocultural context. It resonates with the ideas explored by scholars like Fanon (1952), Morrison (1970), Wilson (1993), Wright (1985) and Baruti (2016). These authors have delved into the complexities of identity, cultural assimilation, and the psychological impact of living in societies where one's African heritage is marginalised or stigmatised.

In essence, the ‘roast breadfruit psychosis’ reflects the profound influence of Eurocentric norms and ideals on individuals of African descent. It underscores the extent to which the pursuit of acceptance within mainstream society can lead to a rejection of one's African identity, as it is often seen as a deviation from the Eurocentric concept of ‘normalcy’ and ‘rationality.’ This rejection is a poignant reminder of the enduring power dynamics rooted in white supremacy and the pervasive influence of cultural and psychological factors on the identity and wellbeing of African-descended individuals. This phenomenon will be subjected to further analysis through the perspectives of this study’s research participants in Chapter 5.4.

Said (1978) posited a compelling argument regarding the construction of white supremacy, contending that it serves as a foundational element in maintaining a power dynamic characterised by domination and complex hegemony. This construction of racial categories ingrains a system of racial distinctions that are unconsciously absorbed by all individuals as a linguistic element, perceived as ‘natural.’

From a psychological standpoint, this absorption of racial distinctions can be likened to a linguistic element that becomes an integral part of an individual's mental framework. It influences how people perceive themselves and others, shaping their identities and social interactions. What is particularly insidious about this process is that it operates on an unconscious level, making it difficult for individuals to recognise the extent to which their thinking and behaviour are influenced by these racial categories.

Accordingly, Said's argument highlights the pervasive and dangerous nature of white supremacy, which extends beyond explicit acts of discrimination or prejudice. It underscores how deeply entrenched racial hierarchies are within societies, affecting not only individuals' perceptions but also their actions, institutions, and societal structures. This construction

of racial categories as 'natural' is a testament to the power and durability of white supremacy, making it a complex and deeply rooted phenomenon that requires critical examination and deconstruction.

This system materialises in the form of ‘epistemic violence’ that prioritises ‘discourses of the other’ (Hall 1989, p.446). Subsequently, regardless of geographic location, individuals of African descent continue to be subjected to implicit power dynamics that lead to ‘the internalisation of the self-as-other,’ resulting in continuous subordination (Hall 1989, p.446). Their perceived inferiority remains unquestioned, however, as it serves as the foundation upon which society is constructed.

The internalisation of experiences marked by anti-Black/African racism leads to the development of what can be termed an 'inferiority complex.' This psychological phenomenon involves African-descended individuals coming to believe in the fallacious white supremacist notion that all people of African descent are inherently subordinate and inferior to their white European counterparts. This belief system is compounded by the negative Eurocentric connotations associated with the African-descended identity (see Du Bois 1903; Fanon 1952 and Wilson 1998).

The phenomenon of an 'inferiority complex' arising from the internalisation of anti-Black/African racism is a critical issue that has been extensively examined within the cultural studies framework. Cultural studies scholars like Stuart Hall and Paul Gilroy provide insights into the complexities of identity and the ways in which African-descended individuals negotiate their sense of self within the context of racial oppression.

Cultural studies, as a multidisciplinary field, has long been concerned with understanding the intersection of culture, power, and identity. In this context, the concept of 'inferiority complex' reflects the psychological impact of systemic racism and white supremacy. Du Bois (1903), Fanon (1952), and Wilson (1998) have all delved into the ways in which racial hierarchies and Eurocentric ideals have contributed to the denigration of ‘Black’ identity, leading to feelings of inferiority among African-descended individuals (see also Chapter 3.2). This internalised sense of inferiority, often linked to the broader negative connotations associated with 'Blackness,' can be seen as a form of cultural trauma that affects how individuals perceive themselves.

Stuart Hall and Paul Gilroy offer a transformative approach within the cultural studies framework. They recognised the limitations of binary categorisations such as 'Black' or 'British' and advocated for a more inclusive and complex understanding of identity. The 'and' that they

proposed represents an acknowledgment of the multiplicity of identities held by people of African descent. It challenges the reductive binary thinking that oppresses marginalised groups. This approach aligns with the core tenets of cultural studies, which seek to unravel the complexities of identity, power, and representation.

In the context of identity-related oppression, Hall (1993) highlighted that even the 'Black and British,' 'Caribbean and British' or 'African and British' labels, for example, do not capture the full spectrum of identities amongst people of African descent. This perspective underscores the fluidity and diversity of identities, emphasising that individuals should not be confined to monolithic categories. It also acknowledges the agency of individuals in shaping their own identities and resisting the hegemonic narratives of racism.

The continent of Africa is a mosaic of diverse societies, each marked by a rich tapestry of cultures that exhibit considerable variation from country to region. Additionally, Africa is home to numerous ethno-linguistic groups, each with its own distinct language and cultural practices (see Rawley and Behrendt 2005). In fact, Africa stands out as the most ethnically and linguistically diverse continent globally, a testament to the complexity and richness of its cultural landscape.

Furthermore, individuals of the African diaspora constitute a highly heterogeneous group, characterised by a myriad of historical, cultural, national, ethnic, religious, and ancestral origins and influences (see Wright 2004). These populations can be found dispersed throughout the world, and their presence is the result of a variety of migrations, spanning ancient, medieval, early modern, and recent times. It is, therefore, important to note that the African diaspora cannot be solely attributed to the historical context of enslavement; rather, it encompasses a wider spectrum of migrations and historical experiences In light of this diversity and complexity, it becomes evident that there is no single historical moment or cultural template that can encapsulate the multifaceted experiences of individuals of African descent living in Western societies (see Lovejoy 2000 and Wright 2004).

Cultural studies, as an interdisciplinary field, has consistently emphasised the importance of acknowledging the multidimensionality of identity and the need to challenge oppressive categorisations. Within this framework and as already detailed, scholars like Hall and Gilroy advocate for a more inclusive and nuanced understanding of identity that goes beyond binary distinctions. They encourage a recognition of the intricate interplay of cultural, historical, and social factors that shape an individual's identity.

In summary, the cultural studies framework provides a vital perspective for comprehending the multifaceted nature of identity within the African diaspora and for exploring strategies to address the psychological impact of anti-Black/African racism. It underscores the significance of moving beyond simplistic categorisations and recognising the richness of human experiences shaped by culture, history, and society.

2.5. Conclusion

The disciplines of psychology and psychiatry often pathologize mental illness as a ‘disease of the brain.’ Notably, there is a prevalent emphasis in these disciplines on genetic inheritance as a causal factor for psychological pathologies and mental illnesses (see Fernando 2017). However, they differ in their approaches, with psychiatry adopting a medical paradigm focused on the illness of the mind and treating associated ‘abnormal’ behaviours through medication. Psychology, on the other hand, concentrates on the mind, emotions, and behaviour, using non-medical therapeutic interventions, such as the psychosocial approaches championed by ‘Enlightened’ thinkers.

Nevertheless, both disciplines have acquired scientific recognition due to their reliance on the observation of human behaviour and quantitative methods of analysis, upholding positivist approaches to understanding human experiences (see Richards 2012 and Fernando 2017). Consequently, professional practice in these fields often perpetuates the dominance of ‘whitestream psychology,’ failing to legitimise alternative epistemologies and reinforcing power imbalances that fuel racial oppression and inequalities in the health and social care sectors (see Dutta and Atallah 2023).

As a result, treatments and interventions are predominantly aimed at rectifying perceived internal dysfunctions to enable individuals to conform to the ‘norms’ of the Western world that surrounds them. Thus, the prevailing Eurocentric knowledge system, which dominates the realms of mental illness diagnosis, treatment, and comprehension, severely constrains the incorporation of alternative knowledge systems that could provide valuable insights into the experiences of individuals of African descent. This epistemological hegemony inflicts harm because Eurocentrism is deeply ingrained in white supremacist ideologies that scrutinise people of African descent through a deficit-oriented perspective. Consequently, this thesis argues that scholars and policymakers must embark on a transformative journey, forging new conceptual frameworks and innovative approaches to comprehending the psyche and behaviours of racialised individuals.

In the exploration of ‘normalcy’ within the 'psy' disciplines, particularly in psychiatry and law, the influential work of Michel Foucault, a renowned philosopher and social theorist, is crucial. His seminal works, such as *Madness and Civilization* (1961) and *The Birth of the Clinic* (1963), offer profound insights into how societies conceptualise and regulate ‘norms,’ particularly in the realm of mental health.

Foucault's analysis of the normal/abnormal dichotomy is rooted in his exploration of how societies construct and control ‘deviant’ behaviour, especially in the context of mental health. He argued that the classification of individuals as ‘normal’ or ‘abnormal’ is a socially constructed concept influenced by historical, cultural, and institutional factors, serving as a mechanism of social control to define and marginalise those diverging from established ‘norms.’

In *Madness and Civilization*, Foucault delves into the historical evolution of treating the ‘mentally ill’, tracing the shift from confinement-focused practices to psychiatric approaches. He scrutinised how psychiatry, as a discipline, played a pivotal role in shaping the definition and diagnosis of mental illnesses, often reinforcing societal norms and marginalising individuals deemed ‘mentally abnormal.’

Foucault's exploration extends to the intersection of law and psychiatry, highlighting the legal system's role as a tool for enforcing societal norms. He argued that the 'psy' disciplines, particularly psychiatry, collaborate with legal institutions to regulate and control individuals deviating from established ‘norms,’ evident in practices such as institutionalisation, involuntary commitment, and the utilisation of psychiatric diagnoses in legal contexts.

The concept of biopower and governmentality in Foucault's work is crucial to understanding ‘normalcy.’ He posited that modern societies employ normalisation practices as a form of power, regulating entire populations through the 'psy' disciplines, including psychiatry, as instruments through which governments manage and control the mental health and behaviour of their citizens.

While Foucault's contributions to critical theories of mental health are significant, this thesis opts not to adopt his approach. This decision is rooted in the recognition that his work does not explicitly address the influential role of imperialism and colonialism in shaping dichotomies of power and normalcy within mental health discourse.

As unveiled through the collective perspectives of the research participants in Chapter 5, the introduction of novel concepts and ideas is frequently impeded, with Eurocentric approaches consistently taking precedence. As this chapter has elucidated, the limitation of this is that Eurocentric assessments of psychological 'health' and 'sanity' have shifted away from endeavours aimed at enhancing the psychological wellbeing of individuals of African descent. Instead, they have become increasingly concerned with safeguarding white society from what is perceived as the contagion of 'Blackness.' This perspective views behaviours such as ‘maladjustment,’ ‘disobedience,’ and resistance to the inherent coloniality within the modern order as inherent traits of African-descended individuals (see Malherbe et al. 2021). These points are also echoed by the research participants' perspectives discussed in Chapter 5.

By pathologizing the actions and behaviours of African-descended individuals as manifestations of ‘maladjustment,’ Eurocentric discourses suggest that the psychological deterioration of such individuals within Western societies is both an unavoidable and rational outcome. More significantly, within the Eurocentric framework, any form of resistance against a position of ‘inferiority’ or racial injustice leads to the labelling of an individual of African descent as having a 'mentally ill' disposition, implying an incapacity to conform to social norms and behave in what is perceived as the 'normal' manner, i.e., in alignment with the 'white' European standard, which is upheld as the epitome of 'normalcy' and 'reason.'

The enduring practices within academic circles of marginalising epistemological perspectives that challenge hierarchical notions of the mind and behaviour result in the relegation of alternative ideologies, despite their equal viability (see Teo 2019). Consequently, the prevailing narratives that shape the comprehension of the mind and behaviours of individuals of African descent serve to legitimise colonialist beliefs depicting African people as subhuman. These hegemonic anti-Black/African narratives have effectively been ingrained as natural, given, timeless, true, and inevitable (see Hall 2005). Subsequently, they have fostered an epistemological culture marked by colonial categories of research and analysis that are falsely presented as truth. This supposed truth disregards the intricacies of this populations’ experiences of the world, simplifies identity, and imposes Eurocentric assumptions, wherein the experiences of one group, particularly those of European ancestry, are held as the ‘norm’, the standard, and the universal.

It is crucial to emphasise that the recognition of the limitations inherent in Eurocentric theories, research, and clinical practices should not be

construed as a complete rejection of their potential benefits in addressing psychological dysfunction and trauma among individuals of African descent. Instead, this thesis underscores the necessity of acknowledging anti-Black/African racism as a pivotal and often overlooked contributing factor to the experience of trauma and mental distress within this population.

In this chapter, key themes related to imperialism and colonialism have been intertwined with insights from cultural studies and history, establishing a foundation for the forthcoming exploration in Chapter 3. Employing cultural studies and historical perspectives, this chapter illuminates the historical context of anti-Black/African racism and its profound impact on the psyche and behaviour of individuals racialised as 'Black.' Through engagement with scholarly discourse that confronts the stark realities of anti-Black/African racism and systemic oppression, this thesis advocates for a paradigm shift within the realms of psychiatry and psychology.

The central argument posited by this thesis contends that practitioners and scholars in these fields should embrace a more inclusive and comprehensive approach to understand human psychology and behaviour. This necessitates an active recognition of the intricate interplay between individual experiences and broader socio-cultural structures, which encompass deeply ingrained systems of racial bias and discrimination. Proposing a more holistic and socially conscious perspective, this transdisciplinary approach aims to more effectively address the mental health and wellbeing of individuals of African descent, contributing to the establishment of a more equitable and just society. As such, this thesis calls for a re-evaluation of existing frameworks and a steadfast commitment to advancing a truly inclusive and equitable approach to the study and practice of psychology and psychiatry.

Chapter 3: The Embedded Nature of Anti-Black/African Ideologies in Contemporary Britain

3.1. Introduction

This chapter undertakes a thorough exploration of the pervasive entrenchment of anti-Black/African ideologies within the foundational knowledgebases shaping the understanding of human cognition and behaviour. It builds upon the groundwork established in Chapter 2, where the overarching theme of anti-Black/African racism was introduced as a structural phenomenon, often concealed beneath the surface of societal norms and practices (see Leach 2005). As elucidated by critical race

scholars, identifying and characterising this form of racism proves challenging due to its subtlety, standing in stark contrast to more overt instances such as racial slurs (see Delgado and Stefancic 2000).

Moreover, this chapter critically broadens its focus to elucidate how the historical legacies, particularly those of the British Empire, within the framework of capitalism, imperialism, and colonialism, persistently contribute to the challenges encountered by individuals of African descent in 21st-century Britain. Through a detailed exploration of the intricate intersections among these historical forces, the narrative endeavours to unravel the complex web of influences shaping the contemporary experiences of people of African descent. This examination sheds light on the enduring impacts of historical injustices within the present context, providing a nuanced understanding of the multifaceted challenges faced by African-descended individuals in contemporary Britain.

In line with Delgado and Stefancic's (2000) assertion, structural racism assumes a seemingly ordinary and natural appearance within cultural landscapes. This chapter explores the concept of ‘patronising’ racism, an insidious manifestation of structural racism wherein institutions ostensibly strive to assist individuals of African descent while covertly perpetuating the pseudoscientific notion of ‘Black’ inferiority (see Ikuenobe 2011). It is vital to recognise that these benevolent actions are not indicative of genuine social engagement or friendship with individuals of African descent but are instead intended to further marginalise and reinforce notions of white superiority (see Essed 2002 and Huber and Solorzano 2015). Such actions are a form of ‘Manipulation as Power’ (Wilson 1998). In his exposition of ‘Manipulation as Power,’ Wilson (1998) contended that this form of racism:

> Involves a more “efficient” exercise of power than force, coercion and influence because it is less likely to evoke resistance since the subject is unaware of the effort to influence [them] or may think that the manipulator is exercising [their] influence to achieve an end desired by both the manipulator and the subject [them]self, when in actuality the subject is being influenced toward an end which may be detrimental to [them]self and beneficial only to his manipulator. Thus, the manipulated subject may be led to perceive [their] own responses and behaviour as expressions of [their] own free will and choice (p.22).

However, according to Wright (1985), the exercise of implicit consent to ideologies that render African-descended people as inferior and subsequently, is in fact reflective of a ‘psychopathic racial personality’ (see

Chapter 2.4). Nevertheless, because Western society is rooted in white supremacist ideologies, it is the resistance against anti-Black/African racism that becomes pathologized.

This chapter constitutes a rigorous examination of the complex interplay between whiteness and the perpetuation of anti-Black/African racism within the context of British society. Its core proposition is that the normalisation of anti-Black/African sentiments, characterised by the notions of 'inferiority,' 'difference,' and 'otherness,' is sustained through the pathological expression of whiteness.

Challenging the conventional narrative that racism is solely a historical consequence of colonialism, this perspective underscores that racism is an intrinsic element of whiteness as a social construct. It invites readers to engage in profound introspection regarding how whiteness operates as a mechanism for upholding racial hierarchies and cultivating a culture of racial superiority and inferiority.

By adopting this analytical framework, the chapter strives to shed light on the enduring persistence of anti-Black/African racism and its profound repercussions for individuals of African descent. It emphasises the necessity of comprehensively grasping the role that whiteness plays in shaping the dynamics of race, thereby contributing to the broader discourse on racial justice and equity.

This chapter serves as an incisive exploration of the intersection between whiteness and anti-Black/African racism, unveiling the intricate intertwinement of these constructs and challenging established narratives regarding the origins and perpetuation of racial disparities. The chapter aims to deepen comprehension of the multifaceted dimensions of racism, paving the way for more enlightened discussions and actions geared towards rectifying racial injustice and fostering equality.

Rather than employing formal case studies, the chapter employs the 'Windrush scandal,' the Grenfell Tower disaster, BREXIT, and the COVID epidemic as illustrative examples of four pivotal events that elucidate the theoretical argument.

3.2. ‘Black’ and Brit(ish): The Residual Impact of Mass Migration to Britain

In the year 2012, a pivotal transformation unfolded within the realm of immigration control in Britain, signifying a profound policy shift. This transformative development was none other than the inception of what would later come to be widely acknowledged as the 'hostile environment'

policy. This policy overhaul represented a seminal moment in the government's approach to immigration regulation, marking a significant departure from established norms and practices that had prevailed until that juncture.

The 'hostile environment' policy was methodically crafted and meticulously put into effect with the explicit intent of creating a rigorous and inhospitable climate for individuals classified as undocumented immigrants and those identified as transgressors of immigration regulations. The architects behind the formulation and implementation of this policy were an assemblage of government officials, policymakers, and legislators who worked in concert to sculpt and enact the multifaceted measures that constituted the framework of the 'hostile environment.'

This policy restructuring would subsequently exert profound and far-reaching implications on immigration practices and the lives of individuals impacted by its stringent provisions. More specifically, this policy's ramifications were particularly significant for individuals of African and African-Caribbean heritage. Notably, it had a pronounced impact on members of the 'Windrush' generation, a cohort of Commonwealth citizens who had arrived in the United Kingdom during a substantial migration wave. The consequences of this policy, therefore, manifested with particular salience among this demographic group.

The mass migration of the 'Windrush' generation from the Caribbean to Britain during the mid-twentieth century can be comprehended through the interplay of diverse factors, involving both push and pull dynamics (see Fryer 1984). On one facet, the imperative need for labour in critical sectors such as healthcare, public services, and transportation, exacerbated by the depletion of Britain's workforce during World War II, served as a compelling push factor (see Smith 1998).

Conversely, the enduring colonial connections binding Britain to Caribbean nations like Barbados, Grenada, Jamaica, and Trinidad and Tobago facilitated the mobility of Commonwealth citizens to Britain (see Banton 2007). Furthermore, proactive measures by the British government to recruit workers from the Caribbean and other Commonwealth nations, exemplified by the *British Nationality Act* of 1948 granting Commonwealth citizens the right to reside and work in Britain, played a pivotal role in attracting migrants (see Miles and Phizacklea 1984).

Economic motivations, encompassing the promise of improved wages and employment prospects, further enticed individuals and families to embark on this transformative journey (see Fryer 1984). Additionally, the esteemed

education and healthcare systems of Britain, coupled with a collective yearning for change and new experiences in the post-war era, intensified the allure of life in Britain for numerous Caribbean citizens (see Fryer 1984). Cultural and familial ties, wherein some migrants had pre-existing connections in Britain, provided a valuable support network and facilitated the decision to migrate (see Banton 2007).

Crucially, these migrants arrived in Britain as British subjects, equipped with the legal entitlement to reside and work in the country, responding to the nation's call for assistance in its post-war reconstruction endeavours (see Fryer 1984). This historical context underscores the multifaceted nature of the 'Windrush' generation's migration experience and its significant contribution to the post-war recovery and development of Britain.

The 'hostile environment' policy was underpinned by a clear objective articulated by then-Conservative Home Secretary, Theresa May, who stated, ‘the aim is to create, here in Britain, a hostile environment for illegal immigrants,’ with the intent of encouraging voluntary departures of such individuals from the country (May 2012, cited in Kirkup and Winnett 2012, n.p).

The approach of the British government to immigration policy was characterised by its aspiration to establish a controlled border regime that would operationalise practices governing both the social and physical mobility of individuals, contingent upon specific eligibility criteria for British citizenship (see Anderson 2006 and Yuval-Davis, Wemyss and Cassidy 2018). The culmination of these policies materialised with the enactment of the 2014 *Immigration Act*, further bolstered by subsequent amendments in 2016, thereby solidifying the 'hostile' approach. These stringent measures disproportionately affect individuals of African descent, primarily due to their marginalised positions within society, characterised by fragmented communities and enduring economic, social, and political disenfranchisement (see Wilson 1998 and Andrews 2021).

In 2009, Britain’s Border Agency, operating under the Home Office, made a momentous decision to authorise the disposal of millions of paper documents. This critical juncture in immigration bureaucracy had profound implications for the treatment of individuals who had migrated to Britain. Notably, in October 2010, during the tenure of the Conservative-Liberal Democrat coalition government, the Home Office took an operational decision that reverberated through the 'Windrush' generation and beyond; the disposal of thousands of landing cards (see Boyd et al. 2018 and Lee 2018). The decision made by the Home Office in 2010 to dispose of landing

cards carries profound implications, both in its immediate repercussions and its broader resonance within the framework of immigration policy and racial justice.

These landing cards, which documented the arrival dates of individuals who had migrated to Britain prior to 1971, served as crucial documentary evidence substantiating the right of the 'Windrush' generation to remain in Britain, providing a tangible link to their lawful status as British subjects. However, as the 'hostile environment' policy gained momentum, the disposal of these disembarkation records had far-reaching consequences. It rendered British individuals of African-Caribbean heritage vulnerable to wrongful classification as 'illegal' immigrants, effectively stripping them of their legal rights and subjecting them to hostile measures. Consequently, their access to vital services such as bank accounts, employment, and housing was abruptly revoked, exacerbating the injustices they already faced.

Moreover, this vulnerability extended to the denial of urgent healthcare to British citizens of African-Caribbean heritage, resulting in severe physical and psychological harm (see Gentleman 2018a and Gentleman 2018b). The scandal also encompassed undisclosed fatalities attributed to the anguish induced by these injustices (see Brinkhurst-Cuff 2020; Goring, Beckford and Bowman 2020 and White 2020). This decision reflects the 'hostile environment' policy's objective of ‘making life difficult’ for undocumented ‘immigrants’ and individuals of African-Caribbean heritage. It underscores a disregard for their rights and experiences, perpetuating systemic racism within immigration policies - systemic racism refers to the pervasive and institutionalised practices, policies, and norms that perpetuate racial inequalities and privileges certain racial groups over others (see Feagin 2006 and Bonilla-Silva 2014). Furthermore, the absence of a comprehensive investigation into the circumstances surrounding the disposal of landing cards highlights a glaring lack of accountability and transparency within the immigration system, allowing these injustices to persist and the experiences of individuals of African-Caribbean heritage to be systematically overlooked (see Craggs 2018; Wardle and Obermuller 2019 and Slaven 2022).

This act of dispossession, stripping the 'Windrush' generation of their ability to prove legal citizenship, resulted in the unlawful denial of their inherent right to identify as British citizens, despite their British status upon their initial arrival in Britain. This act of bordering carried with it profound symbolic implications, signalling an act of 'othering.' Here, the 'master signifier' was embodied by the migration policies implemented by the British government, while the 'other' encompassed individuals of African

descent hailing from Caribbean heritage, who found themselves excluded from the national community (see Chapter 2.4; see also Anderson 2006; Mezzadra and Neilson 2012 and Yuval-Davis, Wemyss, and Cassidy 2018). It is noteworthy that the 'most common political project of belonging is that of state citizenship' (Yuval-Davis, Wemyss and Cassidy 2018, p. 230). Hence, the bordering practices inherent in the Home Office's migration policy transcended mere physical border controls; instead, they entailed the expulsion of individuals who had already been acknowledged as integral to the nation (see Stein and Shankley 2023).

In 2018, the Joint Committee on Human Rights released a report that shed a glaring spotlight on the devastating repercussions of the immigration policy on the citizenship status of the 'Windrush' generation and their families. This landmark report pointed to a troubling pattern of what it described as a 'misapplication of the law relating to immigration status,' coupled with a seemingly unlawful and inappropriate utilisation of detention powers, all within a culture that failed to uphold the basic principles of treating individuals with respect and dignity (Joint Committee on Human Rights 2018, paragraph 18).

Moreover, in their conclusive remarks on the 'Windrush' case studies, the Joint Committee on Human Rights (2018) contended that the standards of proof demanded by the Home Office from individuals of the 'Windrush' generation, 'went well beyond those required, even by its own guidance,' creating a nearly insurmountable burden of proof, which, in practical terms, was unattainable for those affected (paragraph 39). As a result, the operationalisation of the 'hostile environment' policy by the Home Office led to a distressing wave of false accusations against members of the 'Windrush' generation, and as already stated, branding them as 'illegal immigrants' within Britain.

The British government eventually acknowledged the profound injustices faced by the 'Windrush' generation and their families, but this acknowledgment came only after an independent official report scrutinised the 'Windrush scandal.' The report concluded that the government had exhibited institutional ignorance and a lack of concern for issues related to race (see Williams 2020). Subsequently, Williams (2022a) conducted an independent review of the progress made in implementing the recommendations from the 2020 report.

Williams's review recognised that the Home Office had taken certain steps to address the grievances of some 'Windrush' generation individuals directly affected by the scandal. At the time of the review, the Home Office had issued apologies to some affected individuals and had initiated efforts

to provide the necessary documentation and compensation payments. This process imposes an unreasonably high burden of proof on claimants and many of these individuals lack the financial resources to access legal aid, leaving them vulnerable to arbitrary decision-making without the assistance of legal counsel. Consequently, it is exceedingly difficult for them to demonstrate the hardships they have endured due to the scandal (see Teferra, 2023, n.p). These issues raise critical questions about the fairness, accessibility, and equity of the compensation process within the wider context of social justice and reparative efforts for historical injustices and can be analysed through the lens of critical race theory (CRT).

CRT provides a deeper understanding of the systemic and structural dimensions of the challenges faced by claimants seeking redress for the 'Windrush scandal' within the larger framework of racial injustice and historical legacies (see Frankenburg 1993; Harris 1993; Bell 1995; Delgado and Stefancic 2000 and Kang 2012). As stated earlier, CRT posits that racism is not merely a product of individual prejudices but is deeply embedded in societal structures and institutions. In the context of the 'Windrush scandal,' the unreasonably high burden of proof and financial barriers disproportionately affect individuals of African-Caribbean heritage. This structural inequity highlights how the compensation process, while ostensibly neutral, perpetuates systemic racism by disproportionately burdening racialised communities. CRT underscores that this structural racism leads to unfairness, as it places racialised individuals at a systemic disadvantage.

The inability of many claimants to access legal aid due to financial constraints also demonstrates how socio-economic factors intersect with racial identity to create barriers to justice. CRT recognises that marginalised racial groups often face economic disparities that limit their access to legal resources, amplifying their vulnerability within the legal system. This intersects with the principle of intersectionality, which underscores how multiple aspects of identity (such as race and socio-economic status) interact to compound disadvantages (see Collins and Blige 2020 and Andrews 2021a).

When considering the aftermath of the 'Windrush scandal,' it becomes evident that this scandal has engendered unaddressed psychological needs among affected individuals. They find themselves contending with a profound sense of deprivation on various fronts, encompassing tangible losses in the realms of physical, financial, and material wellbeing. These losses have fundamentally affected their ability to cope, undermining their sense of identity and self-worth (see Williams 2022). Williams (2022) goes on to assert that the lack of progress in addressing these psychological

needs has been cited by many concerned parties, including those directly affected, as an indicator of the government's ‘lack of commitment’ to the physical and mental wellbeing of British people of African-Caribbean heritage (p.25).

This ongoing situation highlights the British government's failure to rectify the mistakes made and the harm caused by the 'Windrush scandal.' It underscores how the lack of power held by people of African descent leaves them marginalised within British society, rendering them susceptible to enduring maltreatment and the perpetuation of practices of 'othering.' This section will now turn its focus to the long-lasting implications of the 'Windrush scandal,' particularly focusing on the psychological, social, and political dimensions and its implications for the inclusion and wellbeing of individuals of African-Caribbean heritage in contemporary British society.

Bordering, as an act, encapsulates the exercise of institutional power, serving as a symbol of efforts to facilitate the voluntary assimilation of certain groups while concurrently marginalising others, rendering them ‘semi-aliens’ within the societal framework (Van Houtum and Van Naerssen 2002, p.126). This phenomenon, intricately interwoven with concepts of belonging and exclusion, manifests through the delineation of a distinct 'us' who are considered part of the societal fabric and an 'other' who are deemed outsiders (Chapters 2.4 and 5.2 delve into this in greater detail).

In conjunction with this bordering process, a narrative emerged that framed the presence of these individuals and their families as a perceived threat to the welfare system and the wider social economy of Britain. This narrative is not isolated but rather embedded within a broader policy agenda that targets individuals of African descent. This manifestation of anti-Black/African racism exists in tandem with overt forms of racism and is expressed through political actions, institutional practices, and language that not only fuels racism but also exacerbates the challenges faced by African-descended individuals, intensifying the hardships they endure (see Sivanandan 1998 and Manzoor 2008).

A pertinent psychological consequence arising from the British government's practice of bordering is the profound sense of being 'home' yet not truly 'at home.' 'Home' is not merely a physical space; it also constitutes ‘a material and an *affective [safe] space*, shaped by everyday practices, lived experiences, social relations, memories and emotions,’ (Blunt 2005, p.506 [emphasis my own]; see also Gilroy 2004 and Hua 2013). The 'Windrush scandal' has left many British African-Caribbean

individuals not only houseless due to systemic injustices but also emotionally homeless.

Home and a sense of belonging extend beyond physical locales and social environments; they constitute a psychological and emotional reality. Consequently, while the British government perceived the presence of British individuals of African-Caribbean heritage as a threat to the social and economic fabric, it becomes apparent that the true and significant threat lay towards the 'Windrush generation' and their families, who are a vulnerable population. This vulnerability extends to encompass various forms of peril, including physical, economic, psychological, and material dangers (see Keller 2007).

The heightened vulnerability of British individuals of African descent, particularly the 'Windrush' generation and their families, within the context of the British government's policies can be critically understood through the lens of systemic racism and the construct of whiteness. Whiteness, as a social construct, plays a central role in upholding and normalising systemic racism by positioning white European individuals and culture as the standard against which all others are measured (see Frankenberg 1993 and Lipsitz 1998).

Whiteness, within Western societies, has historically been associated with notions of superiority, dominance, and entitlement, while 'Blackness' has been constructed as 'inferior' and 'threatening' (see hooks 1992 and Frankenberg 1993; see also Chapter 2). This construction of racial hierarchies is a fundamental aspect of systemic racism. Systemic racism, as a manifestation of this racial hierarchy, operates by marginalising, discriminating against, and oppressing individuals of African descent (see Feagin 2006 and Bonilla-Silva 2014).

In the specific context of the British government's policies, systemic racism is evident in the disproportionate targeting and harm inflicted upon the 'Windrush' generation and their descendants. These policies systematically subject them to injustices such as detention, deportation, denial of essential services, and economic marginalisation, reflecting the broader systemic racism within the immigration and societal frameworks (see Alexander 2012 and Eddo-Lodge 2020). These actions reinforce the idea that whiteness is the norm and ‘Blackness’ is the 'other,' perpetuating racial inequalities and injustices.

Up to this point, the focus has centred on individuals commonly referred to as the 'Windrush generation,' many of whom had established their lives in Britain since their post-World War II migration from the Caribbean. What

the 'Windrush scandal' emphasises is how Britain's migration policy is deeply entrenched within an anti-Black/African paradigm that portrays people of African descent as a threat. This paradigm seeks to legitimise political practices that involve elimination or the removal of the racialised 'other' within a white supremacist nation (see Van Houtum and Van Naerssen 2002).

Thus, this analysis highlights the profound psychological and socio-cultural implications of the 'Windrush scandal' within the broader context of migration policy, systemic racism, and the construction of 'home' and 'belonging.' It underscores the need for a nuanced examination of the impact of policies and practices on the wellbeing and identity of affected individuals and communities.

Within this context, bordering operates as a tool of 'othering,' dissuading continent-based Africans from viewing Britain as a potential 'Home.' The intentional development of policies within the 'hostile environment' communicates a clear message that people of African descent, particularly from the Commonwealth, are unwelcome and undeserving of equal treatment. This message is perpetuated through strict immigration policies, discriminatory practices, and the systematic creation of barriers hindering a sense of belonging for these individuals.

The intentional nature of these psychological messages is rooted in a historical and systemic bias that portrays people of African descent as 'other,' placing them outside the normative framework of belonging in Britain. The 'Windrush scandal' exemplifies how state powers intentionally foster an environment challenging the legitimacy of African individuals claiming Britain as their 'Home.' This deliberate messaging transcends the sphere of individuals of African descent residing Britain, exerting a substantial influence on continent-based Africans. It fosters sentiments of exclusion, alienation, and diminished self-worth, particularly when contemplating the prospect of migrating to Britain.

In his seminal work *The Souls of Black Folk*, sociologist William Edward Burghardt Du Bois (1903) introduced the concept of ‘double consciousness’ to describe the unique identity consciousness experienced by African-descended people in the context of political agendas related to citizenship and belonging. This concept, unlike the Freudian notion of consciousness which delves into the depths of the unconscious mind, repressed trauma, and internal drives (as discussed in Chapter 2.3), shifts the focus toward external forces, particularly anti-Black/African racism, and its impact on the identity consciousness of African-descended individuals.

Interestingly, one of the earliest articulations of 'double consciousness' in the context of self and society comes from the eminent transcendentalist and philosopher Ralph Waldo Emerson. In his essay 'Fate' (Emerson 1860), Emerson proposed that 'double consciousness' emerges when individuals attempt to adopt a public persona that contradicts their personal beliefs and values, all for the sake of conforming to societal norms and being perceived as socially acceptable by the wider community.

However, it is essential to note a crucial distinction between Du Bois's concept of 'double consciousness' and Emerson's perspective. Emerson's stance presents 'double consciousness' as a positive experience, akin to conscious awareness of the adverse effects of conforming to societal norms on one's self-concept. This awareness arises particularly when societal norms are incongruent with an individual's subjective understanding of their true self and core values (Emerson 1860; see also Bruce 1992 and Sommer 2000).

Conversely, for Du Bois (1903), 'double consciousness' is primarily shaped by the dominant-subordinate power dynamics imposed on African-descended people by the 'white-majority' society they live within. This power imbalance results in the ‘othering’ of African-descended individuals, driven by society's emphasis on difference and the perpetuation of anti-Black/African racism.

Thus, while Emerson's perspective views ‘double consciousness’ as a conscious awareness of the consequences of conforming to societal norms incongruent with personal beliefs, Du Bois's 'double consciousness' centres on the impact of external forces and power imbalances. Therefore, highlighting the experience of identity consciousness within the context of African-descended people's interactions with societal norms and values (Du Bois 1903; Emerson 1860; Bruce 1992; Sommer 2000).

Although Du Bois's theory of 'double consciousness' primarily revolves around individuals of African descent, Gilroy (1993) highlights the influence of German philosophy, particularly Hegel and neo-Hegelian thought, in refining Du Bois's ideas. Gilroy points out that Du Bois engaged with Hegel's concepts, including the notion of ‘alterity’, which this thesis has previously detailed in the context of ‘othering’ (see Chapter 2.4; see also Adell 1994; Siemerling 2001; Shaw 2013).

Hegel's concept of alterity, rooted in his exploration of recognition and self-consciousness (see Hegel 1869; 1910), provides a theoretical framework for understanding how individuals perceive themselves and others. According to Hegel, self-consciousness exists in two forms: one's self-

relation and the positive recognition received from others. Hegel posits that recognition and self-consciousness are intricately linked in a reciprocal relationship, which is shaped by an individual's interactions with others.

In Hegel's view, ‘self-consciousness [is a social construct in that it] exists in itself and for itself’ through acknowledgment or recognition by another (Hegel 1910, p.176). He introduced the idea of the ‘master and slave dialectic,’ where the absence of positive recognition in an interaction leads to the development of what he termed ‘the unhappy consciousness’ (see Hegel 1869). This ‘unhappy consciousness’ represents an internalised conflict that, contrary to the positivist Enlightenment perspective, Hegel suggested can be mitigated through introspection, communion with a higher power, or isolation from others.

Hegel's contention was that the ultimate aim of this inward focus is to safeguard one's sense of self from the negative effects of lacking validation during social interactions. From a Hegelian perspective, this can only be achieved in a society characterised by mutual recognition (see also Aboulafia 2008). However, for individuals of African descent, this presents an additional layer of hierarchy to overcome, given their existence in a society where recognition is often distorted by pseudoscientific notions of inferiority and difference.

For individuals of African descent residing in an inherently anti-Black/African society, the process of attaining consciousness becomes notably intricate and formidable. This complexity arises from the distortion of recognition inherent in such a society, where deeply ingrained pseudoscientific notions of racial inferiority and difference prevail, relegating individuals of African descent to the status of 'the other,' as articulated by Fanon (1952). Within this milieu, consciousness is profoundly influenced by the pervasive racial prejudices and biases that permeate society. The act of 'othering' African-descended individuals results in their systematic dehumanisation, exclusion, and marginalisation, all of which exert a profound impact on their self-concept and consciousness. They are compelled to navigate a social landscape in which their identity is persistently subjected to stereotypes, prejudice, and discrimination, rendering the development of a positive and authentic self-concept an arduous endeavour, as underscored by hooks (1992).

In his critical analysis of Du Bois’s work (1903), Zamir (1995) identifies three key similarities between Du Boisian and Hegelian theorisations of identity consciousness. Firstly, Du Bois's use of the 'veil' is conceptually aligned with Hegel's notion of 'lifting the curtain or veil' to describe the development of self-consciousness (Zamir 1995, p.114). Du Bois (1903)

asserted that African-descended individuals in the Western world were ‘born with a veil’ and lacked true self-consciousness (p.8).

Secondly, both Du Bois and Hegel touched upon introspection in the context of experiencing societal oppression. Du Bois's concept of 'double consciousness' and the resulting sense of isolation resonate with Hegel's exploration of the 'unhappy consciousness’, and the inward focus required to overcome the ‘master and slave dialectic’ (Zamir 1995).

However, despite these parallels, it is important to note that Hegel's theorisation of identity consciousness does not account for the experiences of individuals subjected to imbalanced and non-reciprocal acts of positive recognition within a society steeped in racial inequalities (see Henry 2005). This omission highlights the unique insights and contributions that Du Bois's work brings to the understanding of identity consciousness, particularly in the context of racialised experiences and societal disparities.

While Zamir's arguments are compelling, it is, therefore, essential to recognise the nuanced differences in how Du Bois and Hegel approached identity consciousness, shaped by their respective historical and social contexts.

The Hegelian perspective on identity consciousness posits that individuals should engage in spiritual practices to liberate themselves from the potential threats posed by their societal interactions to their self-concept. However, it is crucial to consider whether adopting Hegel's method of introspection, as a means to escape traumatic experiences rather than actively addressing their root causes, might inadvertently lead to more harm. This is because methods that offer relief without addressing the root causes of trauma can provide only a temporary respite from its effects. And as argued by Wilson (1993):

> One of the most profound things that we’ve learned in psychology is that the most powerful forces that shape human behaviour are those factors that are consciously *not* remembered by human beings, that are unknown by the person, are those experiences the individual can swear [they] never had. That is one of the paradoxes of human behaviour, that the very things that shape us and make us behave the way we do, see the world the way we see it and relate to people the way we relate to them, are those things that occurred in our lives at points we cannot remember or recall (p.34, emphasis in original).

Within the context of coping with trauma and seeking avenues for escapism, individuals often turn to various methods that provide temporary relief without necessarily addressing the underlying root causes. This phenomenon can be critically understood through the examination of methods such as organised religion and substance use, which individuals may employ as mechanisms of escape. It is important to note that while these methods can offer temporary respite, they may not comprehensively address the deep-seated trauma, potentially leading to ongoing challenges and complexities in the individual's life.

Organised religion has historically played a significant role as a coping mechanism for individuals dealing with trauma or distress. The structure and community support provided by religious institutions can offer solace and a sense of belonging (see Pargament et al. 1998). However, it is essential to critically examine the limitations of this approach. While religious practices and beliefs may provide comfort, they might not necessarily encourage individuals to confront the root causes of their trauma. Instead, they may foster a reliance on faith and spirituality as a means of escape without addressing the need for psychological healing or social change (see Dilley 2004).

Substance use, including drugs and alcohol, is another method that individuals may turn to in their quest for escapism from trauma (see Marlatt and Witkiewitz 2010). Substance use can temporarily alleviate emotional distress and provide a sense of euphoria or numbness. However, it is crucial to emphasise that this approach carries significant risks and limitations. Substance use often masks the pain associated with trauma rather than resolving it. It can lead to addiction, exacerbate mental health issues, and create a cycle of dependency that further complicates an individual's life (see Hien et al. 2009).

In light of these considerations, it becomes evident that while methods of escapism, such as organised religion or substance use, can provide a semblance of comfort or distraction they may inadvertently perpetuate a cycle of avoidance and hinder genuine healing or social change. Therefore, a comprehensive and holistic approach to trauma recovery should encompass not only coping mechanisms but also therapeutic interventions, social support, and efforts to address the structural and systemic factors contributing to trauma.

African-descended individuals are consistently being mischaracterised as ‘abnormal,’ incapable of progressing in society, lacking in ‘rationality,’ not human and subordinate, owing to colonial and pseudoscientific rhetoric regarding their supposed inability to attain a state of ‘civilisation’ in the

Western world. Consequently, when examining contemporary approaches to mental health treatment, in the context of people of African descent, it becomes evident that unless the systemic racism deeply rooted in societal structures and institutions is addressed, interventions for individuals grappling with race-based trauma can offer only temporary relief (see also Chapter 5).

Furthermore, within the Hegelian philosophical framework, there exists a stark dichotomy between the African and European, as expounded by Gordon (1997). In the Hegelian system of thought:

> The African stands as Europe’s contrary. The divide between the worlds is therefore not one of Being and less-Being, but one of Being and *no-Being*. Its divide is absolute. It is a divide between Being and Nothingness (Gordon 1997, p. 35, emphasis in original).

Gordon (1997) asserts that Hegel's philosophy calls for an inclusive culture that counters power imbalances by recognising the psychological turmoil arising from the absence of positive recognition. However, a critical limitation in Hegel's philosophy becomes evident when applied to the social reality of people of African descent. It suggests that Hegel did not consider individuals of African descent as worthy of his philosophical contemplation. Consequently, the Hegelian epistemological framework falls short in providing a comprehensive understanding of the intricate relationship between society and the cognitive and behavioural aspects of African-descended individuals. Therefore, while Hegel's methodology may offer valuable insights, it requires intersectional development to accommodate and elucidate the nuanced experiences of African-descended people within the context of their socio-cultural milieu.

The Du Boisian concept of 'double consciousness' serves to counter the Eurocentric tendency of intellectual generalisation regarding the implications of 'othering' on an individual's construction of identity. Unlike Hegel, Du Bois's primary concern in his work, *The Souls of Black Folk* (1903), was to address the detrimental psychological consequences of racism specifically affecting African-descended people. Du Bois's conceptualisation is pioneering in that it offers insights into how Eurocentric ideologies and acts of white supremacy profoundly impact the psyche of individuals of African descent.

Furthermore, Du Bois's theory of 'double consciousness' represents a departure from the rhetoric of race derived from nineteenth-century social Darwinism (see Chapter 2.2). Du Bois's work presents an alternative intellectual framework that deconstructs the notion of ‘race' as a social

construct. He demonstrates how this construct, in its contemporary form, has been engineered by a white supremacist society to uphold power systems founded on the false belief that one ethnic group is inherently inferior while another is inherently superior (see also Benedict 1942).

Although Du Bois initially centred his work on African-descended individuals in America, his ideas evolved over time to encompass a more global perspective. He redefined the relationship between race and colonial oppression within a nationalist framework, emphasising the role of race as a means to engage with the issue of global oppression experienced by people of African descent worldwide (see Kendhammer 2007).

Du Bois argued that the significance of the 'badge of colour' was relatively minor, serving primarily as a symbolic marker. He believed that people of African descent should shift their focus towards the broader 'social heritage of slavery,' recognising the discrimination and insults that this legacy encompassed (Du Bois 1940, p.117). In his view, this shared heritage served to unite individuals of African descent worldwide.

Du Bois's emphasis on the shared heritage of individuals of African descent served as a pivotal strategy in his pursuit of uniting this global community in a collective struggle for civil rights, equality and social justice. His belief was firmly grounded in the idea that by acknowledging and actively addressing the systemic injustices deeply rooted in the legacy of slavery, people of African descent could forge a powerful alliance. This alliance, in Du Bois's vision, would work collaboratively to dismantle the structures of white supremacy and, in doing so, attain the full spectrum of civil rights and human rights that had long been denied. His overarching goal was the establishment of a society characterised by greater equity and justice, where the entrenched disparities and discrimination based on race would be eradicated, and all individuals, regardless of their racial background, could enjoy the full rights and privileges of citizenship.

This approach represented Du Bois's profound commitment to the broader struggle for racial and social equality. By highlighting the shared experiences and historical injustices faced by individuals of African descent, he sought to foster a sense of unity and collective purpose. He recognised that confronting the systemic inequities tied to the legacy of slavery required a concerted effort that transcended geographical and cultural boundaries. Du Bois's vision, therefore, extended beyond the mere acknowledgment of racial identity; it encompassed a comprehensive and global movement for transformative change.

When viewed through the lens of Du Boisian consciousness, bordering practices, as detailed earlier, give rise to a unique awareness of being simultaneously at ‘home’ whilst not at ‘home’. This complex experience is frequently encountered by British African-Caribbean individuals who continually grapple with the challenge of asserting their identity as British citizens and individuals connected to Africa and/or the Caribbean. These challenges are a result of systemic barriers related to their cultural, political, emotional, racialised legal status as British citizens (see Gilroy 1987 and Yuval-Davis, Wemyss and Cassidy 2018a). And their collective failure to build powerful institutions to protect their status.

The powerlessness leads to oppressive experiences which trigger the profound psychological phenomenon of 'double consciousness.' African-descended individuals find themselves excluded from fully identifying as citizens of the society they live in, even if they were born there. Consequently, they face an internal conflict, questioning, ‘Am I British or am I Caribbean? Am I British or am I Black? Am I African? Can I be all or both?’ (see Du Bois 1897 and Gilroy 1987; see also Chapter 2.4).

However, this thesis argues that due to the deeply ingrained anti-Black/African culture within Britain, identifying as 'Black British,' 'African British,' 'Caribbean British,' or 'British African Caribbean,' for instance, seems paradoxical for individuals of African descent. Furthermore, the empirical data presented in Chapter 5 of this thesis reinforces these historical perspectives by revealing the ongoing struggle with identity experienced by research participants. Their uncertainties regarding identity underscore the enduring relevance of these historical perspectives, shedding light on the persistent and conflicting nature of identity for people of African descent in contemporary Britain (see also Hirsch 2018).

At this juncture, it is imperative to acknowledge the intricate intersectional dynamics that shape identity consciousness. For individuals of African descent, the quest for a sense of belonging in Britain is a multifaceted and nuanced process, which warrants comprehensive examination in the forthcoming discussion.

However, it is important to acknowledge the inherent limitation within Du Bois's phenomenology. Much like Eurocentric paradigms, Du Bois's approach tends to adopt a universal perspective when understanding individuals of African descent and their experiences of identity consciousness. In doing so, it may inadvertently overlook the intricate nuances that can significantly impact how an African-descended individual experiences and constructs their identity.

Therefore, this doctoral inquiry takes a firm stance that Du Boisian theory, while invaluable, cannot operate in isolation to provide a comprehensive understanding of the role of identity in the mental health experiences of racially marginalised individuals. To truly comprehend the complexities of identity within the context of racialisation and mental health, it is essential to adopt an intersectional lens that considers the myriad factors shaping an individual's sense of self and belonging.

However, while the Du Boisian phenomenology of identity consciousness carries certain limitations, it undeniably holds significant utility in reshaping the prevailing white sociological canon that dominates mainstream US and European sociology. This canonical perspective ‘weakens the [intellectual] field as a whole, not only for those to whom it offers a racially unequal place at the table of ideas’ (Meer 2019, p. 48).

Meer's (2019) insightful observation highlights a critical aspect of the sociological field that warrants careful consideration. The dominance of a sociological canon that consistently marginalises and excludes voices from historically disadvantaged and underrepresented communities has far-reaching consequences beyond mere representation. Indeed, it fundamentally undermines the integrity and robustness of the entire intellectual discipline.

The exclusion of marginalised voices and perspectives in sociology is not a superficial issue; it strikes at the very heart of the discipline's validity and comprehensiveness. Sociology, as an academic pursuit, aspires to provide a comprehensive understanding of human societies and their myriad complexities. However, when it perpetuates exclusionary practices that silence voices from marginalised communities, it falls short of fulfilling its core mission.

Du Bois's approach, with its emphasis on identity consciousness and the acknowledgment of shared heritage and systemic injustices, serves as a powerful corrective to the deficiencies within mainstream sociological thought. It challenges the field to confront its inherent biases and limitations, particularly concerning people of African descent and other marginalised groups. By centring the experiences and perspectives of these communities, Du Boisian phenomenology emphasises the necessity to engage in a critical re-evaluation of sociology's nature and scope.

Eurocentric interpretations of human cognition, society, and behaviour routinely fail to account for the profound influence of African heritage on the lived experiences of individuals of African descent within inherently anti-Black/African societies (Lovejoy 2000; see also Chapter 2). This

denial of the African background's impact perpetuates and reinforces damaging aspects of white supremacist culture, normalising racial discrimination and exclusion. As a result, the experiences of people of African descent are consistently misunderstood and misinterpreted (see Wilson 1993; see also Chapter 5).

In response, this thesis contends that Du Boisian phenomenology offers a valuable framework through which to comprehend the intricate interplay between societal oppression, the human psyche, and behaviour. Moreover, it provides a decolonial and anti-racist lens through which to explore these complex relationships, shedding light on the lived experiences of those who have long been marginalised by dominant sociological narratives.

3.3. The Interrelation of Mind, Society, and Identity Consciousness

The examination of identity consciousness as a societal phenomenon also finds its roots in the philosophical and psychological works of William James (1890), a significant figure in the intellectual mentorship of Du Bois. This association suggests that James, akin to Hegel, may have exerted an influential impact on Du Bois's (1903) formulation of the concept of 'double consciousness.' In 1890, James presented a comprehensive elucidation of psychology in his two-volume magnum opus, *Principles of Psychology*. Diverging from the Freudian and Jungian perspectives on the human psyche, James (1890) bifurcated the human mind into two distinct elements: the 'Me' and the 'I.' The term 'Me' was employed to denote the component of the self, capable of arousing emotions and conveying emotional significance (James 1890, p.319). James's analysis of the 'Me' posited that it represented the facet of the mind consciously cognisant of an individual's physical encounters, while the 'I' signified the subjective dimension of the psyche, symbolising one's subjective apprehension of their experiences. James (1890) postulated that the 'Me' and 'I' operated in tandem to constitute a unified conscious mind that guided an individual's external actions and interactions.

Expanding upon James's theory, the philosopher and social theorist George Herbert Mead (1934) further delineated the distinctions between the 'Me' and the 'I,' incorporating the role of social processes in shaping these two facets of the human psyche. According to Mead (1934), the 'I' represented an individual's impulses and behaviours, with the 'Me' assuming the responsibility of discerning appropriate conduct based on prior experiences and knowledge gained from social interactions. Mead (1934) contended that the continual internal interplay between the 'Me' and the 'I' profoundly influenced a person's self-perception and their

interactions within the broader society. Moreover, Mead (1934) argued that for individuals to exhibit socially acceptable thoughts, emotions, and behaviours, they must first embrace the attitudes and perspectives attributed to them by others.

Furthermore, Mead's (1934) assertion that his conceptualisation of the 'Me' and the 'I' possessed universal applicability across diverse nations is open to scrutiny, considering that his empirical investigations were primarily confined to the United States. Nevertheless, Mead's (1934) elucidation of the 'Me' and the 'I,' also known as 'social behaviourism,' remains one of the most influential theories of identity development in the twentieth century.

In the context of the wider landscape of psychological theories, encompassing Freudian, Jungian, and pseudoscientific Eurocentric paradigms within the 'psy' disciplines, it is essential to critically scrutinise the applicability and generalisability of Mead's seminal work (1934) when addressing individuals of African descent. The contention arises from the potential implication that Mead's framework, if universally applicable, may inadvertently impose an expectation on individuals of African descent to conform to the hegemonic white supremacist perspective that characterises African-descended identity as inherently inferior to white European-descended communities. Such an implication would dismiss any recognition of adverse psychological consequences that may manifest as a result of African-descended individuals accepting and internalising anti-Black/African ideologies. It is crucial to emphasise that this study's research participants, as elucidated throughout Chapter 5, articulate this very point, shedding light on the complex interplay between identity, racism, and psychological wellbeing.

Erik Erikson, a prominent developmental psychologist and psychoanalyst, employed his psychosocial model of ‘identity development’ to dissect the intricate interplay between the human mind, society, and behaviour. In his seminal work, Erikson (1950) delved into the intricate psychological processes that transpire as individuals navigate their social experiences, with a specific focus on their acquisition of the essential skills requisite for integration into the wider societal framework. He contended that individuals must develop a repertoire of 'civilised' behaviours that do not pose undue burdens on others to avert the perils of social isolation and exclusion. Thus, Erikson's model of 'identity development' sought to illustrate how the dynamic interrelationship between an individual and society significantly influences one's self-perception and mental wellbeing. Erikson's psychosocial framework represented a transformative departure from the biogenetic underpinnings of the 'psy' disciplines, emphasizing a

paradigm shift toward acknowledging the profound impact of social factors on an individual's psyche and, consequently, their behavioural patterns and experiential reality.

Furthermore, Erikson (1950) concurred that an individual's capacity to manage 'irrational' impulses hinged upon their successful progression through the stages of childhood development. This developmental trajectory, according to Erikson (1950), determined the extent to which a person's mind functioned optimally. Erikson posited two plausible outcomes concerning the relationship between the human mind and behaviour in response to 'uncomfortable' social interactions. On one hand, individuals might grapple with mounting tension and unease, lacking the autonomous means to alleviate these internal pressures independently. Conversely, another scenario emerges wherein individuals, equipped with the requisite psychological competencies, navigate social encounters without experiencing debilitating distress. Erikson's perspective contended that internal tension and conflict constituted foundational elements in the evolution of an individual's psyche. Devoid of these internal challenges, the mind would remain stymied in its developmental journey, impeding the acquisition of novel competencies essential for the 'rationalisation' of one's lived experiences. Consequently, such limitations would undermine one's capacity to effectively navigate and resolve the social encounters that inevitably impact their psychological well-being (Erikson 1950).

Erikson's (1950) scholarship bore conspicuous traces of Freudian influence, particularly stemming from Freud's ‘psychosexual development theory’ (see Freud 1905). Given Freud's assertion that individuals of African descent had not progressed beyond the early childhood stage in terms of mental development, it is reasonable to infer that Erikson's work might have harboured analogous beliefs, implying a genetic predisposition among people of African descent toward 'uncivilised' and 'irrational' behaviours. This supposition, however, stands in stark contrast to the empirical findings of psychologists Kenneth Clark and Mamie Clark, whose seminal research delved into racial perceptions and the resulting psychological implications for self-concept. Their work effectively debunked this pseudoscientific line of reasoning.

Clark and Clark's landmark study in 1947 featured a comparative investigation in which young African-descended children were presented with a choice between a white doll and a 'Black' doll for play. After making their selection, the children were then prompted to identify the doll that most closely resembled themselves. Subsequently, Clark and Clark (1947) discerned that the majority of the African-descended children involved in the experiment associated unfavourable characteristics with the 'Black'

dolls, while concurrently displaying a marked preference for the white dolls, to which they ascribed positive attributes. Moreover, Clark and Clark (1947) documented that many of the children exhibited signs of emotional distress when compelled to choose the doll they had previously rejected, a manifestation of their internalised perception that the 'Black' doll bore negative identity characteristics.

In a study closely resembling the renowned 'doll test' conducted by Clark and Clark (1947), social psychologist David Milner conducted a replication of this experiment in the context of Britain, focusing on children of African-Caribbean and Asian heritage. Echoing the findings of Clark and Clark (1947), Milner's study in 1983 revealed that a substantial number of these children exhibited a preference for the white experimental stimuli over their non-white counterparts. Consequently, both these studies played a pivotal role in hypothesising a significant association between adverse racial perceptions and a negative self-concept among individuals subjected to racialisation and oppressive societal environments.

These seminal investigations not only provided empirical evidence substantiating the profound impact of societal racism on the self-concept and psychological development of racialised individuals from early childhood, but also ignited discussions and further research on this critical subject (see also Troyna and Williams 2012 and Rollo 2018).

It is essential to acknowledge that Erikson's (1950) examination of non-European populations revolved around the impact of social, historical, and political structures on their psyche. He specifically focused on two Native American nations, referred to as the 'Sioux' and 'Yurok' people. It was not until 1968 that Erikson directed his scholarly gaze toward individuals of African descent. The catalyst for this shift in focus was the burgeoning ‘Civil Rights’ and ‘Black Power’ movements of the 1960s, which prompted Erikson to delve into the intricacies of the mental processes and behaviours of people of African descent. It is worth noting that during the 1960s, critical discourse on the interplay of structural racism, identity, and mental health was a relatively novel concept within the 'psy' disciplines, and as argued earlier, continues to remain relatively underexplored within the broader field (see Hammack 2008; Fernando 2010; Mclean and Syed 2015 and Syed, Azmitia and Phinney 2018).

In his 1968 work, *Identity: Youth and Crisis*, Erikson (1968) dedicated a chapter to the examination of race and identity. Within this chapter, he specifically delved into the enduring repercussions of colonialism and enslavement on the formation of a positive self-concept for individuals of African descent. Erikson's perspective (1968) posited that the existence of

African-descended individuals revolved around a continuous quest for 'emancipation from the remnants of colonial patterns of thought' (p.295). He contended that colonialism had deeply entrenched itself within societal structures, implying that a 'racial crisis' frequently emerged, compelling individuals to undergo a profound awakening of awareness (Erikson 1968, p.296). Consequently, Erikson(1968) asserted that it was virtually inevitable for an 'individual belonging to an oppressed and exploited minority' (p.303), to encounter difficulties in integrating into society, especially considering the necessity of a 'fully' developed unconscious mind as a protective mechanism against personal and societal challenges that might challenge one's understanding of their cognitive, emotional, and behavioural dimensions. Erikson (1968), in accordance with Eurocentrism, appeared to suggest that individuals of African descent lacked the inherent capacity to shield their minds from the impact of social oppressions.

Erikson's (1968) work did, however, present the argument that individuals of African descent were prone to conflating the negative images perpetuated by the dominant majority with the adverse identities fostered within their own racial or ethnic groups. Notably, while he acknowledged the psychological implications stemming from the legacy of colonialism for people of African descent, Erikson (1968) contended that the onus of resolving these issues rested squarely on the shoulders of African-descended individuals, rather than the societal power brokers. In his view, individuals of African descent should actively strive to cultivate a positive self-concept. Erikson (1968) viewed a positive self-concept as something that had been 'surrendered' and should be regarded as 'something to be recovered' (p.297). He emphasised that latent potential could transform into a tangible reality, thereby bridging the divide between the past and the future. However, it is evident that Erikson (1968) oversimplified the complexities involved in developing a positive self-concept, particularly within a profoundly anti-Black/African societal context (see Wilson 1993).

Nevertheless, Erikson's (1968) ideas regarding the cultivation of a positive self-concept resonated with the ideology espoused by scholar-activist, educator, diplomat, and politician Edward Blyden. Blyden is often regarded as 'the spiritual father of the reassertion of Black pride' due to his commitment to challenging simplistic and unjust conceptions of people of African descent held by both whites and some individuals within the African diaspora (Henriksen 1975, p.281). While acknowledging racial differences, Blyden (1878) rejected the notion of inherent racial superiority or inferiority. He argued that ‘there is no absolute or essential superiority on the one side, nor absolute or essential inferiority on the other side; they are not identical, they are distinct but equal’ (Blyden 1878, p.191). Blyden did not

only work to challenge negative stereotypes associated with people of African descent; he also posited that individuals from this group had adopted Eurocentric values and norms out of shame for their African heritage (see Khadiagala 2021; see also Chapter 5.4). Consequently, Blyden made it his mission to empower individuals of African descent to cultivate pride in Africa and the African diaspora, even advocating for emigration to Africa to contribute to the continent's development. In this regard, it can be asserted that 'Blyden was a principal precursor of much of the awakened [positive] African [identity] consciousness in America' (Henriksen 1975, p.284).

Subsequent to Edward Blyden's campaign, Marcus Mosiah Garvey, a political activist and the leader of the Universal Negro Improvement Association (UNIA), embarked on a mission to instil a profound sense of self-help and self-reliance among individuals of African descent. Garvey's (1922) vision was to empower people of African descent to recognise their intrinsic importance in society and to cultivate a deep pride in their African heritage. He urged them to embrace this pride so fervently that they would willingly identify with Africa as a source of inspiration and cultural identity. Moreover, Garvey contended that the psychological tension inherent in the concept of 'double consciousness' could be ameliorated if African-descended individuals rejected the dichotomous choice between, identifying as 'Black' of African descent or as members of Western nations such as American, British, French, or German. Instead, he implored them to proudly proclaim their African identity.

In a poignant piece published in *The Negro World* magazine on April 22nd, 1922, Garvey (1922) emphatically underscored the shared lineage of individuals of African descent worldwide, declaring that ‘there is absolutely no difference between the native African and the American and West Indian negroes, in that we are descendants from one common family stock’ (p.72). For Garvey (1922), it was imperative that individuals of African descent acknowledged that their division and separation for over three centuries were purely a consequence of historical ‘accidents’. Garvey's mission was to galvanise people of African descent globally to nurture a robust 'Black [identity] consciousness,' one that could propel them toward political, economic, and cultural independence. In doing so, they could shed the shackles of inferiority and subhuman status thrust upon them (see also Dagnini 2008). To Garvey, the respect accorded to any individual of African descent, whether American, European, West Indian, or African, could only be authentic when the entire race had emancipated itself through self-achievement and progress, liberating themselves from pervasive prejudice (see Garvey 1922).

To realise this vision, Garvey advocated for a form of separatism. He encouraged individuals of African descent to disengage entirely from the white Western social system, a move designed to shield their psyche from internal conflicts arising from their self-concept and sense of belonging in a society that systematically excluded and devalued their existence.

The Garveyite notion of 'separate but equal' found resonance in the beliefs of political activist Dusé Mohamed Ali. Ali was a vocal opponent of racial subjugation and oppression against people of African descent in Britain and globally. He decried the heinous acts of violence perpetrated against African-descended individuals, including the lynching and burning of their bodies by white supremacists in the United States, and contested various manifestations of white supremacy worldwide. Ali championed the concept of 'African nationalism' and was among the early African scholars to recognise the imperative of an economic approach to the liberation of Africa and its people (see Adi and Sherwood 2003). African nationalism posits that through self-determination, individuals of African descent can collectively collaborate to decolonise the entire African continent. Despite the diversity in their approaches, Ali, Blyden, Du Bois, and Garvey all shared a commitment to resisting the persistent invalidation of the experiences of African-descended individuals facing systemic and structural anti-Black/African racism. They contended that such racism lacked the necessary condemnation to address the profound racial disparities endemic to Western societies (see also Carmichael 1968).

A significant limitation of the normalisation of anti-Black/African racism is the pathologizing of any attempts to address race-related violence, whether it be legal, economic, political, psychological, or physical. Within the context of contemporary mental healthcare, then, this normalisation of anti-Black/African racism has contributed to the pervasive racial disparities observed within mental health institutions (see Sharpley et al. 2001; Morgan et al. 2006; Fernando 2014; Bhui et al. 2018 and Medlock, Shtasel and Williams 2018). Contemporary Eurocentric thought has postulated that African-descended individuals who actively challenge racism require 'psychiatric treatment because their symptoms threatened not only their own sanity but the social order of white [society]' (Metzl 2010, p.xiv). This pathology is often officially characterised as 'paranoia' and 'delusion,' as explored in greater detail through the perspectives of the research participants in Chapter 5.4. However, this thesis contends that to accept anti-Black/African ideologies as the norm is to place oneself at risk of acquiescence and this in itself, as argued by Wilson (1998), represents a form of ‘psychosis’ (see also Chapter 2.4).

Building upon this assertion that accepting anti-Black/African ideologies as the norm can lead to acquiescence, the subsequent section of this chapter will critically scrutinise another pivotal event. This event serves as a stark illustration of the British government's explicit disregard for the lives and wellbeing of people of African descent – the 2017 Grenfell Tower fire in the borough of Kensington and Chelsea, West London. In the aftermath of the 'Windrush scandal', this catastrophic incident serves as a poignant event, shedding light on systemic inequalities, structural racism, and the far-reaching consequences of government policies that disproportionately impact marginalised communities.

3.4. 'Ghosts of Grenfell': A Brief Intersectional Analysis of Systemic Inequalities

The Royal Borough of Kensington and Chelsea conducted a consultation with Grenfell Tower residents in 2012, aimed at ascertaining their stance on the proposed cladding of the building's exterior. Within this consultation document, residents expressed a clear preference for fire-retardant zinc cladding as their cladding choice, a preference that regrettably received no consideration from their management organisation (see The Royal Borough of Kensington 2021; see also Apps 2017 and Mostrous, O'Neill and Joiner 2017). Instead, the Kensington and Chelsea Tenant Management Organisation (KCTMO) made the decision to install aluminium composite cladding with a polyethylene core.

Significantly, the British government had commissioned the Building Research Establishment (BRE) to conduct fire safety tests on the aluminium composite material a full sixteen years prior to its application in the Grenfell Tower. These tests revealed alarming results, as the material exhibited a rapid escalation of fire within just five minutes of testing, information that was duly communicated to the government. Subsequently, this led to a revision of building regulations in 2006, imposing restrictions on the use of this combustible aluminium composite material (see Lowe 2022 and Opus 2 2022).

However, it is imperative to note that while the choice of aluminium composite cladding compromised the safety of Grenfell Tower, it was presented to the residents as an aesthetic enhancement, offering the tower a 'fresher, modern look' (MacLeod 2018, p.468). This aesthetic improvement had the effect of appeasing the residents, particularly those residing in the affluent neighbourhoods surrounding the tower.

Nonetheless, the internal conditions of the building were far from ideal, with nests of rats and mice cohabiting the premises. The coexistence of these

pests with their faeces, bodies and nests creating highly combustible materials, created a perilous environment, ultimately leading to the rapid and devastating spread of the fire that consumed the twenty-four-story social housing block in a mere thirty minutes (see Renwick 2019 and Essex, Markowski and Miller 2022).

While various sources have attempted to quantify the tragic consequences of the Grenfell Tower fire, discrepancies persist in the recorded death toll. Some reports confirm that the fire resulted in ‘seventy-two casualties and seventy physically injured’ (Macleod 2018, p.460; see also Rice-Oxley 2018). In contrast, an alternative account suggests that approximately seventy-nine individuals lost their lives or were reported missing in connection with the incident (see Hastie 2017). In the immediate aftermath of the fire, the police initially reported seventeen deaths, a figure that later escalated to a death toll of thirty. However, it is essential to acknowledge that ‘the photographs of the missing stuck to the walls and fences surrounding the building, in addition to local knowledge, suggested the real number was much higher’ than the official state-released figures (Gentleman 2017, n.p).

The disparities surrounding the Grenfell fire death toll can be traced back to the state's reluctance to disclose precise numbers to the public. These inconsistencies mirror patterns observed in other historical and contemporary contexts concerning the deaths of African-descended individuals in the West, such as the undisclosed number of casualties in the 'Windrush scandal' and migrant crossings.

The patterns of inconsistency and opacity surrounding the deaths of African-descended individuals, as seen in cases like the 'Windrush scandal' and migrant crossings, reveal disturbing parallels in how society grapples with and responds to the loss of these lives. These instances are deeply intertwined with broader issues of racial injustice, systemic discrimination, and the devaluation of certain lives within Western societies.

As argued earlier, the 'Windrush scandal' is emblematic of a systemic failure to acknowledge the humanity and rights of individuals of African descent. The undisclosed number of casualties in this scandal reflects a disturbing disregard for the wellbeing and dignity of those affected. The lack of transparency and accountability in investigating and addressing these deaths is indicative of a broader pattern of institutional indifference to the suffering of marginalised communities.

Similarly, the loss of lives in migrant crossings highlights a profound humanitarian crisis. These tragedies disproportionately impact African and African-Caribbean migrants, among others, who are forced to undertake perilous journeys due to the lack of safe and legal avenues for migration. The inconsistent and inadequate responses to these deaths underscore the systemic racism and xenophobia inherent in immigration policies and public discourse.

In both cases, African-descended individuals are subjected to a form of dehumanisation that devalues their lives and perpetuates a culture of impunity regarding their deaths. These incidents serve as painful reminders of the enduring legacy of colonialism, inequality and racism within Western societies.

This indifference to African life is also reminiscent of the discrepancies in the number of deaths during the trans-Saharan, transatlantic, pacific and Mediterranean enslavement. Thus, demonstrating the collateral nature of the deaths of African-descended people in the West.

Subsequently, the parallels between these cases illustrate the interconnectedness of racial injustices across different contexts and time periods. The struggles faced by individuals of African descent in the West, whether in the form of state-sanctioned discrimination, immigration policies, or the lack of accountability for their deaths, are part of a broader continuum of racial oppression.

Furthermore, the relentless circulation of distressing images of the burned Tower through mass media channels left loved ones, survivors, and the wider public with no respite from the grim reality they confronted. Exposure to such traumatic imagery often triggers a psychological response akin to that experienced by first-hand witnesses of the tragic event, even in cases where individuals have not directly witnessed the event. These responses can manifest in various forms, including panic attacks, insomnia, reduced motivation, flashbacks, or social withdrawal (see Feinstein, Audet and Waknine 2014; Hopwood, Schutte and Loi, 2019 and Tynes et al. 2019). Consequently, the ambiguity surrounding the true death toll undoubtedly contributed to psychological distress and anguish for survivors, local residents, affected families, and members of the public who empathised with the tragedy. Subsequently, the question of the actual death toll became a central and pervasive topic of discussion across mass media, public forums, and within the local community (see also Cornish and Long 2022).

A poignant illustration of this psychological distress is evident in the witness impact statement provided by Karim Mussilhy during the 'Grenfell Inquiry.' He stated:

> When I got to the Westway Centre I saw it was rammed with people…It was absolute chaos with so many people trying to get inside…If you were not a resident then you weren't getting inside, so I wasn't allowed in to see if uncle [name omitted] was there. I gave uncle [name omitted]'s name at the entrance door to a police officer and I explained he was missing, and I wanted to come inside the Centre to see if he was there. An officer left the entrance and came back and said to me that he had been inside and checked for uncle [name omitted] and he wasn't there, but I didn't get the sense that he had actually done this. The officer gave me no assurance that there was any kind of list of residents accounted for that they were making there, and that there was a list for those that were missing. There was no information being given out to people who weren't allowed into the Westway Centre. I wasn't given the number of a helpline to call, or a police contact to speak to who could tell me what I should be doing. I couldn't see any officials around. To me, there was no leadership from them or any organisation. Things were chaotic and it was on me to try and find out what had happened to uncle [name omitted]. No one was helping me when I really needed it…I felt lost…Using the media was an act of desperation but I felt that it was the best way to find uncle [name omitted]…During this time my brother and my uncle were visiting the hospitals in London that we had heard from others that survivors had been taken to. They told me on the phone that they had difficulties in getting into the A&E (Accident and Emergency) departments to speak with hospital staff about uncle [name omitted]…I was constantly walking around the area, and I was talking to anyone I recognised to try and piece information together…I…watched the news because this was where the information was coming from about the number of fatalities. It was really frustrating that this is how I was learning about the facts, rather than from a police officer or a person in authority. The news were reporting that there was a dedicated helpline you could call. I rang this number several times but I wasn't put through to an operator. We were all glued to the television watching the news and desperate for information and updates (Mussilhy 2020, pp.7-9).

This example underscores the psychological toll of the ambiguity surrounding the Grenfell Tower fire's death toll, highlighting the significant psychological and emotional burdens endured by those directly affected

and the broader community. The uncertainty and subsequent anguish serve as a stark reminder of the far-reaching and deeply personal consequences of such disasters and the imperative of addressing both their immediate and long-term impact on individuals and communities.

What is more, analysing the complex issue of the ambiguity surrounding the Grenfell Tower fire death toll through the lenses of CRT and decolonial theory reveals the profound implications of systemic racism, state power, and the perpetuation of colonial legacies.

From a CRT perspective, the presence of ambiguity in disclosing the death toll highlights the enduring patterns of racialised dehumanisation and systemic neglect within state institutions. In this context, the state's apparent lack of urgency in determining the exact number of casualties can be seen as part of a marked pattern of systemic racism. Racialised individuals, particularly those from marginalised communities, are often subjected to dehumanisation, and their lives deemed less valuable. The state's indifference to ascertaining the true extent of the tragedy reflects the government's complicity in perpetuating racial hierarchies.

Decolonial theory adds a global and historical dimension to this analysis. It underscores how colonialism, and its associated ideologies continue to shape contemporary structures and policies. The government's ambivalence towards principles of equality and human dignity, as highlighted by Danny Friedman QC (see Opus 2022a), reflects a colonial mentality that positions racialised communities as inferior and unworthy of full recognition of their humanity. The design of the civil contingency system, which exacerbates suffering for racialised communities, can be viewed as a continuation of colonial legacies that deny these communities their basic rights.

Alison Munroe QC's (see Opus 2022a) defence of the ambiguity as a form of ‘safeguarding’ the public takes on a different dimension when viewed through CRT and decolonial theory. Munroe contended that there was an expectation that the death toll from the fire could significantly rise, and with the cause of the fire still unknown, any premature disclosure could potentially fuel community tensions. While her argument seeks to justify the state's lack of transparency, it can be seen as a way of maintaining control and power over marginalised communities. This explanation reinforces the Eurocentric narrative that portrays non-European individuals as incapable of ‘rationality’ and emotional regulation, necessitating external control and order; but most of all that social control and order is more important than the lives of racialised individuals who, within the

framework of white supremacy are expendable and collateral (see also Chapter 2.3).

The acknowledgment of the disregard for the lives of Grenfell Tower residents comes to the forefront in the closing remarks delivered by Martin Moore-Bick, the chair of the 'Grenfell Tower Inquiry.' On July 21st, 2022, Moore-Bick concluded, after considering the presented evidence:

> It has become apparent that many mistakes were made, and many witnesses have acknowledged that they or the organisations they represented failed in one way or another to meet the standards to be expected of them (Moore-Bick 2022, cited in Grenfell Tower Inquiry 2022, n.p).

This recognition aligns with the central argument reiterated throughout this thesis, namely, that systemic practices are deeply entrenched within white supremacist frameworks that perpetuate racial injustices, relegating non-white lives to collateral, disposability, and subhuman status (see also Chapter 2.3). Moreover, as an immediate consequence of the British government's 'hostile environment' policy, certain Grenfell residents with 'undocumented' migrant status faced the potential risk of detention and deportation should they have sought support from statutory services, including urgent healthcare or housing assistance. Additionally, the government's actions reflected a distinct lack of concern for the wellbeing of Grenfell Tower survivors and their support networks. The government prevented an undisclosed number of overseas loved ones from obtaining emergency visas to visit family members in the hospital, offer support to those affected by the fire, and attend the funerals of deceased family members. Even years after the fire, family members residing in Britain had restrictions placed on their right to remain in the country, affecting their ability to contribute to the inquiry (see El-Enany 2017; Marsh 2017; Quinn 2017).

While Britain’s Home Office did implement policy guidance to address immigration issues for Grenfell tragedy survivors, the process of attaining the 'right to remain,' similar to the compensation process of the 'Windrush scandal,' proved to be complex, with stringent conditions and criteria that may have posed difficulties for some individuals (see Home Office 2017). Nevertheless, these systemic injustices persist, largely due to the prevailing expectation that acts of malpractice and injustice will go unaccounted for.

The prevailing expectation that acts of malpractice and injustice will go unaccounted for within the context of systemic injustices against people of

African descent can be critically understood through the lens of psychological manipulation as a form of power (see Wilson 1998). This expectation is not merely a passive outcome but is actively shaped and maintained by those in positions of power who benefit from the perpetuation of systemic inequalities.

Psychological manipulation as a power dynamic operates by creating a sense of powerlessness and helplessness among marginalised communities. Over time, through historical and contemporary experiences of discrimination, marginalisation, and structural inequalities, individuals of African descent have been systematically disempowered. This disempowerment manifests as a belief that their voices and experiences will not be heard or acknowledged, leading to a sense of futility in seeking justice.

In this context, those who hold power can manipulate this psychological weakness to their advantage. By perpetuating a system where accountability for systemic wrongs is rare, they reinforce the belief that pursuing justice is futile, further disempowering the affected community. This psychological manipulation serves to maintain the status quo, where systemic injustices persist without consequence.

The parallels between the challenges faced by survivors of the Grenfell tragedy and the 'Windrush scandal' underscore the far-reaching impact of this psychological manipulation. It highlights how a sense of powerlessness, and the expectation of unaccountability can persist and be reinforced over time, creating a cycle of injustice.

Ultimately, addressing these systemic weaknesses requires a fundamental shift in power dynamics, where marginalised communities, including people of African descent, are empowered to have their voices heard and experiences acknowledged. It necessitates reforms in immigration policies, a commitment to dismantling discrimination, and a renewed focus on accountability to ensure a more equitable and just society for all.

The state's apparent lack of concern regarding the tragic Grenfell Tower disaster conveys a troubling narrative, suggesting it was a severe manifestation of social cleansing in the affluent North Kensington Borough. This campaign, seemingly sanctioned by the state, was characterised by a violent displacement of so-called undesirable social housing tenants, a move orchestrated to pave the way for urban regeneration and housing privatisation initiatives (see Lees and White 2020 and Rozena 2022). Despite Kensington and Chelsea's status as one of the wealthiest boroughs in the country, the borough's landscape starkly illustrates the

profound disparities between the affluent and the marginalised. Grenfell Tower, located at the north end of St Ann's Road, exists within a predominantly overcrowded social housing neighbourhood. In stark contrast, the south end of the same road boasts homes with million-pound valuations (see Addley 2017; Rightmove 2023 and Zoopla 2023). Grenfell Tower itself 'had significantly higher levels of deprivation and twice the proportion of [individuals] from the Caribbean and Africa than surrounding areas' (Essex, Markowski and Miller 2022, p.3).

The phenomenon of hyper-segregation in this area can be partially attributed to the gentrification of Notting Hill, which led to what can be termed as a form of 'social and racial cleansing,' essentially pushing marginalised communities, often racially diverse and economically disadvantaged, into the remaining bastion of social housing, the wards of North Kensington (Bulley and Brassett 2021, p.557). What is more, these disparities in residents' quality of life in Kensington and Chelsea eerily mirror the colonial-era practices of legalised racial segregation, deeply rooted in white supremacist ideologies of racial hierarchy and difference (see El-Enany 2017 and Chapter 2.3). This racialisation of identity, reminiscent of past discriminatory regimes, carries profound psychological implications, particularly for individuals of African descent and marginalised communities.

When individuals from marginalised racial groups, as exemplified by Du Bois (1903) and Fanon (1952), are subjected to disparities and discrimination, their sense of identity can be profoundly threatened. This threat emanates from the racialisation of identity, a process that imposes racial categories, stereotypes, and hierarchies upon individuals based on perceived racial backgrounds (see Major and O'Brien 2005). The psychological impact of this racialisation is multifaceted and includes identity threat, wherein individuals grapple with questions of self-worth and belonging. Furthermore, it leads to stigmatisation and the internalisation of negative stereotypes, challenging self-esteem and wellbeing (see Helms 1990 and Major and O'Brien 2005).

The racialisation of identity also plays a pivotal role in shaping one's racial identity development (see Helms 1990). Individuals may navigate stages of identity exploration, contending with questions of self-acceptance and how they are perceived by others. These processes carry significant implications for self-esteem and mental wellbeing, mirroring the sentiments expressed by Du Bois (1903) in his exploration of 'double consciousness.'

Moreover, the enduring racial disparities observed in Kensington and Chelsea, reminiscent of historical racial segregation, evoke a range of psychological distress responses (see Williams and Mohammed 2009). These responses include anxiety, depression, anger, and feelings of powerlessness, all fuelled by the persistent presence of systemic racism.

The collective experience of racial disparities and segregation can result in community-level trauma (see Bryant-Davis and Ocampo 2005). Entire communities may share in this trauma, experiencing collective grief, anger, and vulnerability, echoing the historical trauma endured by marginalised communities over generations. However, it is essential to acknowledge that individuals and communities also demonstrate resilience and empowerment in response to the racialisation of identity (see Godsay and Brodsky 2018). Many engage in activism, cultural preservation, and community-building efforts as mechanisms to counteract the psychological impact of racial disparities and to challenge the systemic racism that perpetuates them.

This unfortunate parallel finds empirical support across Britain, where racialised individuals facing economic hardship are statistically seventy-five percent more likely to experience housing deprivation and find themselves displaced into substandard, overcrowded housing compared to their white counterparts (see Danewid 2020 and Clare et al. 2022). These findings are further substantiated by the Health Foundation's (2023) research into housing inequalities, revealing that households led by racialised individuals are more than three times as likely to encounter at least two housing-related issues, including affordability, compared to households led by their white counterparts.

Moreover, the systemic disparities faced by African-descended communities in Britain are evident in recent government statistics on housing overcrowding. These statistics reveal a stark contrast, with overcrowding affecting sixteen-point three percent of African-descended households compared to just one point seven percent of white British households, the lowest rate of overcrowding among all ethnic groups (see Department for Levelling Up 2023). These structural inequalities persist regardless of the political party in power and extend into critical domains like healthcare, where African-descended individuals experience suboptimal access, treatment, and outcomes for both mental and physical health conditions compared to other ethnic groups (see Hayanga, Stafford and Bécares 2021 and Bansal et al. 2022). Consequently, this thesis underscores how patterns of structural injustices and inequities reinforce anti-Black/African racism and contribute to more severe repercussions, including catastrophic events, loss of life, and human rights violations

rooted in unfounded claims of racial inferiority (see Powers and Faden 2019 and Essex, Markowski and Miller 2022).

In the context of Kensington, these inequalities also extend to the amenities available to borough residents. For instance, in an interview with journalist Esther Addley from *The Guardian*, Soran Karimi, a Kensington resident, highlighted this issue:

> Many of the clubs where children used to play [and] the clubs for the elderly; have all been shut down. If you go to different areas in Kensington, you can see a lot of money being invested in that area, but whatever we have here, they cut it. And everything they build here is private. If you go further down [St Ann's Road], it feels like you have gone into a different world (Karimi 2017, cited in Addley 2017, n.p).

From a CRT perspective, the privatisation of community assets represents a manifestation of structural racism. It perpetuates and exacerbates existing disparities, particularly impacting marginalised communities, including racialised individuals who are more likely to experience economic hardships. As with the 'Windrush scandal' and the discrepancies pertaining to the Grenfell disaster's death toll, the trend of privatisation yet again reflects an overarching trend of exclusion and unequal access, aligning with the central tenets of CRT. This ongoing exclusion, rooted in systemic racism, has a profound impact on the mental health of people of African descent, as it reinforces their experiences of discrimination, disenfranchisement, and social and economic inequality.

Moreover, when examining privatisation through the lens of decolonial theory, it highlights the historical colonial tactics that constrained access to resources and essential services for colonized communities. In today's context, the privatisation of community assets can be interpreted as a perpetuation of these historical colonial practices, albeit in a modified form. Instead of explicit colonial domination, contemporary privatisation operates through economic disparities and market-driven forces. This perspective underscores the enduring influence of colonialism on contemporary socio-economic frameworks, revealing how power imbalances and historical injustices persist, affecting the mental health of marginalised communities.

For people of African descent, this ongoing legacy of colonialism perpetuates a sense of marginalisation, historical injustice, and disempowerment. The recognition that historical systems of oppression and discrimination continue to shape their present-day experiences can lead to feelings of frustration and hopelessness. Moreover, the persistent

economic disparities resulting from these historical legacies further compound the mental health challenges faced by individuals and communities.

The austerity-induced cuts to council budgets further compound these issues. They disproportionately affect marginalised communities, as seen in the reduction of funding for primary school sports and the termination of free swimming programs for vulnerable groups like children and pensioners. These budget cuts exacerbate disparities in physical and mental health, reinforcing the patterns of inequality highlighted by both critical race and decolonial theories (see Barr, Kinderman and Whitehead 2015, Cooper and Whyte 2017 and Cummins 2018).

One of the prominent criticisms emerging in the aftermath of the Grenfell Tower disaster, as articulated by local councillor Father Robert Thompson, revolves around the notion that:

> The whole issue of the cladding and the lack of sprinklers may well highlight that some people in our society have simply become excess and debris in our neoliberal, unregulated, individualistic, capitalist, and consumerist society (Thompson 2017, cited in Fraser 2017, n.p).

Thompson's assertion delves into the idea that Britain functions as a society ingrained with inherently global-colonial characteristics, characterised by hierarchical and violent systemic structures that set the stage for the Grenfell tragedy (see also Danewid 2020 and Bulley and Brassett 2021).

At the heart of this assertion is the recognition that within British society, racially marginalised individuals are relegated to the status of collateral 'others.' This term, 'collateral others,' encapsulates the idea that individuals of African descent are treated as secondary, peripheral, or expendable within the broader social framework. It signifies their marginalisation and the systemic disregard for their wellbeing and rights. This perspective challenges the notion of equal citizenship and reveals the deeply entrenched structures of inequality and discrimination that persist in British society.

Thompson's assertion and the accompanying scholarly research underscore the importance of critically examining the systemic underpinnings of events like the Grenfell tragedy. They call attention to the need for a comprehensive understanding of how historical legacies, global-colonial characteristics, and structural hierarchies intersect to shape the experiences and vulnerabilities of people of African descent in

contemporary Britain. By acknowledging and addressing these systemic issues, there is an opportunity to work toward a more just and equitable society that respects the dignity and rights of all its members.

In alignment with Thompson's perspective, Wilson (1998) further expounded on the inequalities within the social system. He argued that:

> Inequality of power in social systems is correlated with inequality of the distribution of power resources within them. The distribution of power resources is rarely, if ever, randomly distributed among the individual and group constituents of a society (p.29).

Consequently, these inequalities of power embedded within the social system are contingent upon the maintenance of hierarchical and exclusionary practices by the state.

The confluence of race, gender, and class operates as a multifaceted and interconnected web of inequalities, a perspective well-recognised within the framework of intersectionality. Intersectionality acknowledges that individuals with marginalised identity characteristics often experience the compounding effects of multiple hierarchies of power. This intricate interplay of social identities is particularly evident in the context of the Grenfell Tower tragedy, where the victims' experiences were deeply influenced by intersecting factors such as race, disability, and socioeconomic status.

One poignant illustration of this intersectionality is the fact that a substantial portion of the victims, approximately forty percent, were individuals with disabilities (see Renwick 2019; Tekin and Drury 2021 and Disability Rights UK 2022). This statistic underscores the unique vulnerabilities faced by individuals who occupy marginalised positions within society. In this case, those with disabilities faced not only the immediate physical dangers of the fire but also the structural and systemic barriers that limited their ability to escape or receive timely assistance.

The intersectional lens reveals how these intersecting inequalities can profoundly affect the mental health and identity of people of African descent. For individuals who belong to multiple marginalised groups, such as being both of African descent and having a disability, the experience of discrimination, exclusion, and marginalisation is compounded. This complex web of inequalities can lead to a heightened sense of vulnerability and powerlessness.

Moreover, the Grenfell tragedy and its intersectional dimensions highlight the inadequacy of existing support systems and social structures in

addressing the needs of individuals with intersecting identities. This systemic failure not only exacerbates the immediate consequences of the tragedy but also perpetuates a sense of marginalisation and injustice that can have long-lasting effects on mental health and identity.

The adverse impact of the tragedy on individuals with disabilities was examined in detail by Disability Rights UK (2022). Their investigation unveiled alarming revelations, including the absence of evacuation plans tailored for individuals with mobility challenges. Moreover, it came to light that individuals who faced mobility issues were placed on levels eighteen and above in the Tower, effectively isolating them without lift access.

This highlights a critical aspect of the Grenfell Tower tragedy, which is the adverse impact it had on individuals with disabilities, as extensively examined by Disability Rights UK (2022). This investigation sheds light on several alarming revelations that underscore the systemic failures and injustices faced by individuals with disabilities in the context of the tragedy.

Firstly, the absence of evacuation plans tailored for individuals with mobility challenges is a glaring example of how systemic shortcomings failed to account for the specific needs and vulnerabilities of this community. In emergencies such as fires, having personalised evacuation plans is crucial for ensuring the safety and wellbeing of individuals with disabilities. The lack of such plans not only put their lives at risk but also reflects a broader pattern of neglect and oversight in emergency preparedness and response.

Secondly, the revelation that individuals with mobility issues were placed on levels eighteen and above in the Tower, isolating them without lift access, is deeply concerning. This decision effectively trapped these individuals in a highly dangerous situation with limited means of escape. It highlights a fundamental failure to consider the accessibility and safety needs of residents with disabilities when designing and allocating housing in high-rise buildings.

From a critical perspective, these findings underscore the intersectionality of vulnerabilities within the Grenfell Tower tragedy. Individuals with disabilities who were also part of marginalised racial or ethnic groups faced compounded challenges. This intersectionality reflects the deep-seated structural inequalities present in society, where certain groups are disproportionately disadvantaged.

Perhaps even more distressing is the fact that, to date, the British government has vehemently rejected the recommendation to impose a

legal obligation on building owners to furnish disabled residents with personal emergency evacuation plans—a rejection that appears to contravene the legal rights of disabled residents under the Equality Act 2010 (see Coxshall 2020 and Disability Rights UK 2022). Efforts to change this situation and appeal this act have been made, as evidenced by the advocacy and research conducted by organisations like Disability Rights UK (2022) and the work of individuals like Coxshall (2020). These efforts aim to hold the government accountable for its responsibilities under the Equality Act and to push for policy changes that prioritise the safety and wellbeing of disabled residents in emergency situations.

The government's refusal to establish evacuation plans as a legal obligation and its alignment with ableism has profound implications for the mental health of individuals with disabilities, particularly those from marginalised backgrounds, such as people of African descent. This refusal not only affects physical safety but also perpetuates a deeply entrenched system of discrimination and exclusion that can have severe mental health consequences.

Within the context of psychiatry and mental health, the ableist framework exacerbates the challenges faced by individuals with disabilities. The pseudoscientific notion that an idealised, species-typical body is superior reinforces stigmatisation and marginalisation (see Campbell 2001). This stigmatisation can lead to internalised ableism, where individuals with disabilities may come to view themselves as ‘inferior’ or less valuable due to their disabilities. For individuals from marginalised ethnic backgrounds, such as people of African descent, this internalised ableism may intersect with experiences of racial discrimination, compounding its negative effects on mental health (see Dirth and Branscombe 2019).

Furthermore, the ableist perspective perpetuates the belief that bodily variations should be corrected or eliminated, framing disability as a problem to be solved or prevented in future generations (see Wolbring 2008). This viewpoint directly contradicts the principles of diversity, inclusion, and acceptance, contributing to a hostile social environment for individuals with disabilities.

In the case of individuals with disabilities from African-descended backgrounds, they may face multiple layers of discrimination and ‘othering,’ which can be particularly damaging to their mental health (see Branco, Ramos, and Hewstone 2019). The refusal to establish evacuation plans as a legal obligation not only denies them physical safety but also reinforces their position as ‘others’ within society.

The mental health consequences of this systemic ableism are significant. Individuals with disabilities may experience higher rates of anxiety, depression, and feelings of powerlessness due to the ongoing discrimination and exclusion they face (see Kattari 2020). For people of African descent with disabilities, this may intersect with the broader experiences of racism and marginalisation, compounding their mental health challenges.

Aligned with the scientific paradigms of medical approaches to human physiology, ableism perpetuates the belief that any form of bodily variation necessitates correction and intervention to prevent the occurrence of such ‘abnormal’ variations in future generations (see Wolbring 2008). Within this ableist framework, identity hierarchies are established, systematically subordinating individuals with disabilities, thereby relegating them to a position of inferiority, marked difference, and ‘otherness.’

In contrast to the ableist perspective outlined earlier, disability activists and scholars vehemently contest the notion of ‘ability’ as an objective and universal trait. They assert that 'ability' is, in fact, a socially constructed ideology wielded to marginalise and socially exclude individuals who are arbitrarily labelled as ‘disabled’ (see Siebers 2001; Smart 2004 and Liachowitz 2010). This perspective reframes the discourse around disability, emphasising that the concept of 'normalcy' is itself a social construct contingent upon societal values, expectations, and power structures.

The concept of 'normalcy,' often perpetuated by psychiatric and medical models of disability, has historically served to pathologize deviations from a perceived ‘norm.’ Psychiatry, as a discipline, has played a significant role in defining and diagnosing mental and physical conditions, often rooted in Eurocentric and Western-centric paradigms (see Kirmayer 2001). These paradigms have, at times, overlooked the intersections of ethnicity and disability, failing to acknowledge the diverse and culturally specific experiences of disability within marginalised communities.

In the context of individuals of African descent, the intersection of ethnicity and disability presents unique challenges. It is essential to recognise that disability does not exist in isolation from other aspects of identity, such as race and ethnicity. The experiences of disability within African-descended communities are shaped by historical, cultural, and social factors that intersect with the broader framework of ableism (see Alston 2012). These factors include the historical legacies of colonialism, racial discrimination, and socio-economic disparities, all of which contribute to the complex and multifaceted experiences of individuals with disabilities.

The Grenfell Tower tragedy exemplifies the consequences of this intersectionality, as individuals with disabilities from African-descended backgrounds faced not only the physical dangers of the fire but also the systemic neglect rooted in ableism and racial discrimination. Their identities as both disabled and African-descended rendered them doubly marginalised within a society that often prioritises an idealised concept of 'normalcy' and fails to recognise the intricate interplay of ethnicity and disability.

African-descended individuals who also live with disabilities face a myriad of challenges and barriers that extend beyond the confines of disability itself. These challenges are compounded by the historical pseudoscientific categorisation of their ‘race,’ positioning them as inherently ‘inferior’ and ‘subhuman’ and are further complicated by the intersecting dynamics of additional social divisions. These divisions encompass various dimensions, including class, ethnicity, gender, immigration status, nationality, religious beliefs, and sexuality. Such social divisions are not discrete entities but rather overlapping and interlocking systems that permeate daily interactions and significantly shape an individual's experiences in society.

The concept of social divisions is rooted in the understanding that society is stratified into various categories and groups based on characteristics and attributes that carry social significance (see Yuval-Davies 2006). These divisions influence an individual's access to resources, opportunities, and privileges, as well as their experiences of exclusion, discrimination, and disadvantage. Moreover, social divisions play a pivotal role in the construction of individual aspirations and identities. They influence how people perceive themselves and others, contributing to the formation of communal identities and the development of attitudes and prejudices towards different social groups (see Hall 1997).

The intersection of these social divisions with the experiences of African-descended individuals with disabilities holds profound implications for mental health and wellbeing. It is within this intersection that individuals navigate the complexities of multiple marginalised identities, each layer adding unique challenges and stressors. The historical racialisation of African-descended individuals has perpetuated stereotypes and biases that intersect with ableism, compounding the discrimination and exclusion they face. The experiences of discrimination, microaggressions, and social exclusion linked to both race and disability contribute to heightened levels of psychological distress (see Jones, Jones and Perry 2019).

Furthermore, social divisions intersect with mental health disparities, as individuals from marginalised backgrounds often encounter barriers in accessing appropriate mental health care and support. These barriers are not only structural, such as limited access to healthcare services, but also societal, including stigma and cultural insensitivity within mental health systems (see Williams and Mohammed 2009).

Mainstream discourses surrounding social categories often exhibit a tendency for oversimplification and the imposition of generalised narratives upon individuals who are encompassed within designated social categories. Consequently, these discourses tend to fall short in their capacity to acknowledge the intricate and nuanced intersections of marginalised social identities. These intersections are intricately interwoven into a multifaceted framework described as a 'matrix of domination.' This framework encompasses various dimensions of power, including structural, hegemonic, and interpersonal aspects, all of which are instrumental in shaping the experiences of individuals (Collins 1990co).

The concept of a 'matrix of domination' underscores the inherent complexity of lived experiences within intersecting marginalised social identities. It was first prominently articulated by Patricia Hill Collins (1990) and elucidates the dynamic interactions and power differentials that exist within and between various axes of identity. These axes may encompass, class, disability, ethnicity, gender, race, sexual orientation, and more. The matrix recognises that individuals' lives are profoundly influenced by an intricate interplay of oppressive structures embedded within society, overarching ideologies of power, and the everyday microaggressions and biases they encounter.

Central to this framework is the understanding that social categories are not isolated or static; rather, they interact and intersect in ways that shape an individual's experiences and opportunities. For example, an individual who belongs to multiple marginalised categories, such as a woman racialised as ‘Black’ or a disabled person from a low-income background, may face a unique set of challenges and discrimination that cannot be adequately captured by examining each category in isolation.

Yuval-Davies (2006) and Anthias (2013) further contribute to this perspective by highlighting the importance of recognising the dynamic interplay between different social divisions and identities. Their work emphasises that the experiences of individuals cannot be reduced to a single category but are instead shaped by the confluence of multiple social identities and the power structures associated with each.

Collins (2015) builds upon her earlier work by stressing the need to move beyond simplistic and one-dimensional understandings of social categories. She argues for a more nuanced and intersectional approach that considers the complex ways in which power operates in society. This approach recognises that individuals occupy unique positions within the ‘matrix of domination’, and their experiences are shaped by the intersections of various forms of privilege and oppression.

While this thesis does not delve into the distinct historical and ontological foundations of each social division, it is crucial to acknowledge that these social categories and divisions construct boundaries, delineating who is included and excluded, what is considered ‘normal’ or ‘abnormal,’ and who is entitled to societal privileges (see Anthias 2001 and Payne 2020).

The exclusion of knowledge contributions from individuals with direct lived experience on the Grenfell estate serves a significant purpose in the perpetuation of narratives that safeguard the existing status quo from being challenged. This selective inclusion of perspectives and voices serves to shield the state from taking responsibility for its failures, as elucidated by Ohana (2021). Consequently, it raises concerns about the effectiveness of the 'Grenfell Tower Inquiry' in providing recommendations capable of preventing the recurrence of similar tragedies. The regulation of perspectives that appear to challenge systemic inequalities and the resultant endorsement of knowledge hierarchies cast doubts on the authenticity of 'master signifiers,' reflecting the dehumanisation experienced by individuals positioned at the societal margins. This dehumanisation becomes particularly evident when examining the experiences of Grenfell Tower residents and those residing in the surrounding estate (see Santos 2014 and Buchanan et al. 2021; see also Chapter 2.4).

These instances exemplify merely a fraction of the intricate ways in which British society is organised around hierarchies firmly rooted in socially constructed identity divisions and knowledge systems that perpetuate 'othering' and foster social exclusion. These hierarchies, frequently underpinned by pseudoscientific principles, dictate who is deemed desirable and worthy of humane treatment. The actions taken by the state materialise as 'hierarchies of differential access to a variety of resources – economic, political, and cultural,' as articulated by Yuval-Davies (2006, p.199). These hierarchies are instrumental in upholding the framework of white supremacy and sustaining structural injustices against individuals situated on the margins of society.

The role of medical practitioners within this complex web of systemic inequalities and social hierarchies is multifaceted and demands rigorous examination. Medical practitioners wield significant influence within the broader healthcare system, and their actions and decisions can wield profound impacts on the wellbeing and lived experiences of individuals, particularly those hailing from marginalised backgrounds.

Medical practitioners, as agents within the healthcare system, interface directly with patients and thus play a pivotal role in the diagnosis, treatment, and overall care provided to individuals. Their influence extends beyond clinical encounters; it encompasses the power to shape health policies, research priorities, and the distribution of healthcare resources. Consequently, their actions can either challenge or inadvertently perpetuate structural injustices and health disparities rooted in societal hierarchies (see Metzl and Hansen 2014).

Medical practice itself is not immune to the influence of these hierarchical structures. Historically, the field of medicine has grappled with issues of racial bias, discrimination, and inequitable access to healthcare services. These systemic problems persist, as studies have revealed racial disparities in healthcare outcomes and access to quality care (see Smedley, Stith and Nelson 2003 and Williams, Lawrence and Davis 2019).

Furthermore, medical knowledge and education have often been shaped by Eurocentric perspectives and paradigms, which can inadvertently perpetuate biases and reinforce inequities in diagnosis and treatment (see Whitla et al. 2003 and Nkansah et al. 2012). This Eurocentric bias can result in the underdiagnosis or misdiagnosis of conditions among individuals from diverse ethnic backgrounds, leading to suboptimal care and poorer health outcomes (see Shavers et al. 2002).

However, it is essential to recognise that medical practitioners are not monolithic in their beliefs and actions. Many within the medical community actively work to challenge and rectify these disparities. They engage in efforts to promote health equity, cultural competence, and anti-racist practices within healthcare settings. Their advocacy for policies addressing social determinants of health and disparities in healthcare access underscores their potential as agents of change (see Beck 2013 and Chapman, Kaatz and Carnes 2013).

The discourse surrounding Grenfell reveals a profound internal 'othering' perpetuated by state power against people of African descent in the UK. This form of 'othering' operates in tandem with the 'hostile environment' policy, functioning to dissuade settlement and instil discomfort both

internally and externally. This emphasis on internal 'othering' underscores the critical importance of understanding the historical narrative that underscores the dehumanising legacy of mental health practices. This legacy continues to be a pervasive force shaping the lives of individuals of African descent.

The UK Government's 'Sewell report', officially titled the *Commission on Race and Ethnic Disparities,* released in March 2021, has sparked controversy for its outright dismissal of systemic racism and its impact on people of African descent in the UK. This dismissal stands in stark contrast to analyses presented in Public Health England's report on *Disparities in the Risk and Outcomes of COVID-19* and the work of organisations such as the Runnymede Trust.

Public Health England's report, published in 2020, acknowledges and highlights racial disparities in health outcomes during the COVID-19 pandemic, specifically emphasising the disproportionate impact on Black, Asian, and Minority Ethnic (BAME) communities, including individuals of African descent (Public Health England 2020; see also Chapter 3.6). The report presents a contrasting perspective to the Sewell report, providing empirical evidence of the systemic challenges faced by communities of African descent.

The Runnymede Trust, a UK-based race equality think tank, has consistently engaged with issues related to racism and inequality. Their work offers critical insights into the enduring impact of anti-Black/African racism on the lives of individuals in the UK (Runnymede Trust, n.d.). By dismissing the existence of institutional racism, the Sewell report contradicts not only the findings of Public Health England but also the extensive body of literature that affirms the lasting impact of anti-Black/African racism on the lives of people of African descent in the UK.

The disparity in perspectives, exemplified by the UK Government's Sewell report, which dismisses systemic racism, stands in stark contrast to analyses from entities like Public Health England and the Runnymede Trust. The government's acknowledgment of systemic racism becomes pivotal in understanding and addressing entrenched practices. Without this recognition, efforts to dismantle and enhance the experiences of people of African descent risk remaining superficial. A sincere commitment to acknowledging and dismantling systemic racism is indispensable for realising substantive advancements in the accessibility, experiences, and outcomes of mental health support for people of African descent who are in need.

3.5. Brexit: Britain’s Exit from the EU

In 1968, Enoch Powell delivered his renowned 'Rivers of Blood' speech in Birmingham, Britain, wherein he articulated the following, and it is pertinent to quote it extensively for the forthcoming argument that will be elucidated:

> In this country in fifteen- or twenty- years time the Black man will have the whip hand over the white man…the natural and rational first question for a nation confronted by such a prospect is to ask: ‘How can its dimensions be reduced?’…the answers to the simple and rational question are equally simple and rational: by stopping, or virtually stopping, further inflow, and by promoting the maximum outflow… It almost passes belief that at this moment twenty or thirty additional immigrant children are arriving from overseas in Wolverhampton alone every week – and that means fifteen or twenty additional families a decade or two hence. Those whom the gods wish to destroy, they first make mad. We must be mad, literally mad, as a nation to be permitting the annual inflow of some fifty thousand dependents, who are for the most part the material of the future growth of the immigrant-descended population. It is like watching a nation busily engaged in heaping up its own funeral pyre (Powell 1968).

Research related to Powell's (1968) speech has traditionally centred on its political implications in the context of modern-day racism. However, these presentist approaches often fail to recognise the deep entrenchment of modern-day racism within colonial power dynamics and enduring materialistic structures that continue to shape the experiences of individuals of African descent in the twenty-first century. Consequently, this section will employ 'Brexit,' signifying Britain's exit from the European Union (EU), as a significant example that illustrates the persistent presence of anti-Black/African racism within the framework of Enoch Powell's colonial ideologies.

This exploration will critically dissect how Brexit, as both a political and social phenomenon, serves to perpetuate structural racism, with a specific focus on its impact on the wellbeing of individuals of African descent. It will deconstruct the underlying colonial ideologies and power dynamics that persist within the discourse surrounding Brexit, shedding light on how these factors contribute to the ongoing marginalisation and oppression experienced by African-descended individuals in contemporary British society. Through a rigorous examination of the connections between Powell's historical rhetoric and the context of Brexit, this section seeks to

unveil the enduring legacy of colonialism and racism in shaping the lived experiences of African-descended individuals in present-day Britain.

In 2016, a significant majority of the British electorate made a momentous decision in favour of Britain's departure from the EU. Nigel Farage, a former member of the European Parliament and conservative party, articulated a fundamental premise of Britain's pro-Brexit campaign in an op-ed published in the *Express* on June 21, 2016. Farage contended that a pivotal aspect of this campaign centred on the belief that 'open-door migration has suppressed wages in the unskilled labour market, mean[ing] that living standards have fallen, and that life has become a lot tougher for so many in our country' (Farage 2016, n.p).

In consonance with Farage's perspective, former Prime Minister Boris Johnson weighed in on the issue, emphasizing the need to confront the ramifications of 'uncontrolled immigration by low-skilled, low-wage workers – and…the consequent suppression of wages and failure to invest properly in the skills of indigenous young people' (Johnson 2018, n.p). Within Johnson's rhetoric, one key element stands out conspicuously – the use of the term 'indigenous.' Thus, it is imperative to subject the concept of 'indigenous' to rigorous critical analysis within this context. While this term may appear innocuous on the surface, it serves as a potent example of 'dog whistle politics,' a strategy characterised by the use of coded language to convey racist sentiments without explicit articulation. In this instance, the term 'indigenous' echoes historical notions of a normative, 'idealised' racial category rooted in pseudoscientific racism. It insinuates that those labelled as 'indigenous' are the legitimate, rightful inhabitants of a nation, subtly implying that others are not.

This use of the term 'indigenous' intersects with the broader discourse surrounding 'normalcy.' In this case, 'indigenous' becomes synonymous with 'normal,' effectively positioning non-white individuals and communities as 'abnormal' or 'deviant' in comparison. This framing perpetuates and reinforces structural racism, further contributing to the marginalisation of non-white individuals, particularly those of African descent.

Furthermore, the then-Prime Minister, Theresa May, directed attention to the challenges faced by 'ordinary' working-class families. She asserted that:

> [Their] everyday injustices are too often overlooked…[working class families] put in long hours – working to live and living to work – but [their] wages have stagnated, and there is little left over at the end of the month (May 2017, n.p).

This narrative constructed white working-class families as devalued and socially oppressed, ostensibly due to non-white individuals occupying spaces that were not rightfully theirs. It propagated a divisive 'them' versus 'us' rhetoric deeply entrenched in ethnic and national distinctions, invoking notions of 'normalcy' and 'otherness' within the intricate fabric of society. The conflation of working-class families as 'indigenous' and the associated implications of 'normalcy' served to further solidify the structural racism deeply embedded in the discourse surrounding Brexit and its far-reaching implications for individuals of African descent.

Britain is emblematic of 'superdiversity,' a term denoting a complex interplay of factors among a burgeoning population characterised by its historical, new, diminutive, scattered, multi-origin, transnational, socio-economic, and legal diversity (see Vertovec 2006). However, critics argue that attributing the nation's economic decline and national challenges to non-indigenous individuals, as was evident in the 'Vote to Leave' campaign, reflects Britain's evasion of responsibility for the egregious aspects of its racist imperial history—a ‘corrosive legacy of colonialism legitimised in the name of racism’ that played a pivotal role in engendering this very 'superdiversity' (Virdee and McGeever 2018, p. 1806; see also Mandelbaum 2016 and Gough 2017).

The conflation of economic decline and national challenges with so-called non-indigenous individuals inherently hinges on a conception of 'normalcy.' Such a perspective serves to obscure the historical context that contributed to the nation's 'superdiversity,' deflecting responsibility away from Britain's role in perpetuating structural racism during its colonial past. Thus, the discourse surrounding 'superdiversity' within the Brexit context becomes a manifestation of how notions of 'normalcy' are wielded to deflect blame and reinforce structural racism.

The government's portrayal of so-called non-indigenous citizens as 'outsiders' and 'un-British' is emblematic of a political strategy that provided tacit endorsement to a racist rhetoric. Within this rhetoric, those who were visibly distinct from the ‘norm’ bore the brunt of frustrations stemming from persistent class inequalities (see Jefferys 2022). Consequently, in the aftermath of Brexit, the nation witnessed the emergence of overt racism and xenophobia, with open discourse on the purported 'whiteness' of indigenous 'Englishness' even within academic circles (see Favell 2020).

Paradoxically, it was marginalised individuals of African descent who bore the greatest brunt of Britain's economic strains compared to their white British counterparts, as implied by the rhetoric of the 'Vote to Leave' campaign (see Haynes 2020 and Nazroo and Bécares 2021). This

paradox underscores the insidious nature of the racialised narrative perpetuated during the Brexit campaign. Despite being disproportionately affected by economic challenges, individuals of African descent were positioned as the 'other,' alienated from the narrative of 'indigenous' Britishness. This exclusionary discourse, intertwined with notions of 'normalcy' and 'otherness,' reinforced structural racism and entrenched the marginalisation of individuals of African descent within contemporary British society.

The government's rhetoric contributed to the normalisation of racist narratives and further entrenched structural racism within the Brexit discourse. This normalisation had tangible consequences, as it not only perpetuated harmful stereotypes but also exacerbated the challenges faced by marginalised communities, particularly those of African descent, in their pursuit of social and economic equity.

The government's perpetuation of ‘othering’ and its portrayal of racialised individuals as obstacles to the social advancement of white citizens fomented social and political upheaval, instrumentalised as a means to 'purify' and ‘rehomogenise’ the nation (see Gilroy 2005). This process involved heightened border controls and investments aimed at improving the socio-economic status and quality of life of 'indigenous' white British families who were purportedly adversely affected by the existence of so-called non-indigenous populations.

In retrospective analyses following the Brexit vote, it became evident that one of the central driving factors behind the decision to exit the EU was the issue of 'immigration' (see Virdee and McGeever 2018). This signalled a resonance with the core message of the 'Vote to Leave' campaign, encapsulated in the slogan 'let’s take back control,' which aimed to reinstate national sovereignty. Within this framework, 'taking back control' was framed as a means to return to a state of 'normalcy,' where Britain would once again assert its full autonomy.

However, this perspective raises important questions about what constitutes this 'normalcy.' The implication is that 'normalcy' is synonymous with a time when Britain had greater control over its affairs, and its identity was not influenced by external factors. This concept of 'normalcy' is inherently tied to notions of a homogeneous, independent, and self-determined nation, free from external influences. It presupposes a specific understanding of what is 'normal' for Britain.

The issue lies in the exclusionary nature of this notion of 'normalcy.' By framing it as a return to a state where Britain exerts full control over its

affairs, the implication is that external influences, particularly those related to immigration and globalisation, are deviations from this 'normal' state. This framing positions those who do not conform to this perceived 'normalcy' as 'others' or 'outsiders.' Individuals of African descent, among others, who have diverse backgrounds and experiences, are consequently cast as 'abnormal' or 'deviant' in this context.

The call to 'take back control,' when dissected, reveals a complex web of ideas related to sovereignty, identity, and 'normalcy.' These ideas intersect and contribute to the perpetuation of exclusionary narratives that reinforce structural racism and marginalise individuals of African descent by positioning them as 'other' within the context of Brexit and British society.

It is crucial to note that this notion of sovereignty is deeply intertwined with the historical legacies of imperialism and colonialism. However, it is also imperative to critically assess how Brexit has impacted Britain's economic growth prospects through the implementation of stricter border controls. In essence, this has led to elevated import costs and increased expenses for consumers, thereby exacerbating the prevailing cost of living crisis in Britain, which in turn has heightened levels of poverty and inequalities across various domains (see Limb 2022 and Lygdopoulos 2023).

In countering assertions that Brexit is rooted in a culture of racism deeply embedded in Britain, analysts of a Brexit report argued that there was minimal evidence to suggest that the desire to control immigration was primarily driven by racism or xenophobia (see Newman, Booth and Shankar 2017). However, an intriguing aspect emerges when examining poll data from the report, revealing that seventy-four percent of those who voted to leave expressed a desire to limit migrants' access to social welfare, a sentiment shared by sixty-three percent of those who voted to remain.

The inclination to limit migrants' access to social welfare, as signified by a substantial segment of voters, reflects apprehensions related to resource allocation and perceived competition. This discourse has the potential to foster a ‘hostile environment’ for individuals from African descent who are already navigating intersecting layers of racial and socio-economic disparities. The sense of being unwelcome or excluded from the vision of 'normalcy' espoused by British society can intensify feelings of alienation and marginalisation, leading to adverse consequences for mental health (see Jones et al. 2019).

Furthermore, the Brexit discussion has heightened concerns regarding resource allocation, with a particular focus on public services. Racialised

communities, including individuals of African descent, frequently encounter disparities in accessing vital services such as healthcare, education, and social support. The desire to curtail migrants' access to social welfare further exacerbates the marginalisation experienced by ‘othered’ communities, thereby compounding pre-existing inequalities.

The Grenfell Tower disaster serves as a poignant illustration of the structural inequities and discrimination entrenched within British society. As detailed earlier, the majority of Grenfell Tower residents hailed from diverse and marginalised backgrounds. The government's inadequate response to the catastrophe, including the insufficient provision of support and suitable housing for survivors, underscored the systemic neglect that these communities endure. Racialised victims of the Grenfell Tower fire not only grappled with the immediate trauma of the disaster but also confronted the enduring effects of systemic disregard and inequality, resulting in significant challenges to their mental wellbeing.

Similarly, the ‘Windrush scandal’, discussed in section 3.2, laid bare the injustices faced by the Windrush generation and their descendants, who were unjustly targeted by immigration policies despite their lawful status. This episode starkly demonstrated how racialised individuals, even those with deep-rooted ties to Britain, could be denied access to essential services, encompassing healthcare and housing. The resultant trauma and pervasive uncertainty stemming from the ‘Windrush scandal’ have exacted a heavy toll on the mental health of the affected individuals.

Subsequently, the Brexit discourse's focus on limiting migrants' access to social welfare, its repercussions on the mental health of racialised individuals, and its connection to the broader issues of service access and historical events underscore the critical need for a comprehensive examination of the impact of political discourse on marginalised communities, particularly those of African descent.

This postcolonial sentiment of Brexit, akin to what Gilroy (2004) termed 'postcolonial melancholia,' alludes to Britain's inability to come to terms with the loss of its empire and grapple with the enduring consequences thereof. This sentiment further fuelled the fallacy that Brexit would signify an uprising against perceived threats to the independence of the nation, echoing Enoch Powell's (1968) infamous 'Rivers of Blood' speech. In this narrative, so-called non-indigenous British citizens were constructed as menacing to the welfare, economy, and security of Britain, with figures like Nigel Farage suggesting that the EU's open borders rendered Britain 'less safe' (Farage 2016, n.p).

The sentiment of reclaiming sovereignty and safeguarding national resources, championed by the 'Vote to Leave' campaign, engendered a climate of uncertainty and apprehension within racialised communities. As already stated, a significant portion of voters expressed the desire to limit migrants' access to social welfare, reflecting concerns about resource allocation and competition. This discourse, centred on immigration and resource distribution, had multifaceted implications for the mental health of individuals of African descent.

Firstly, it exacerbated feelings of anxiety and stress within these communities. The Brexit debate, with its explicit emphasis on immigration and resource control, heightened levels of anxiety and insecurity among racialised individuals, including those of African descent. The perception of being unwelcome or excluded from British society's notion of 'normalcy,' coupled with apprehensions about resource allocation, intensified sentiments of alienation and marginalisation. Such emotional experiences can have detrimental effects on mental health (see Jones et al. 2019).

Secondly, the Brexit discourse amplified concerns about resource allocation, particularly within the realm of public services. Racialised communities, encompassing individuals of African descent, have a historical backdrop of grappling with disparities in accessing essential resources and services, spanning healthcare, education, and social support. The desire to curtail migrants' access to social welfare further marginalised these communities, exacerbating existing resource inequalities. This unequal distribution of resources and opportunities contributes to feelings of injustice, powerlessness, and discrimination, all of which can profoundly affect mental health. What is more, discussions related to Brexit, including debates on resource allocation and immigration, intersected with broader structural inequalities and discrimination, exemplified by the Grenfell Tower disaster and the Windrush scandal (see Bhui et al. 2018 and Hemmings 2020).

Within the trajectory of successive governments, a recurring theme has been the expectation that nationality should be confined within neatly delineated territorial boundaries, fostering the establishment of an authentic culture under the surveillance of uncompromising governance with undertones of eugenics. This framework perpetuates a culture marked by discrimination, exclusion, and the oppression of those perceived as different or ‘other’ (see Gilroy, 2000 and Anderson 2006). The discourse surrounding who has the legitimate claim to British identity reflects a historical and economic process that defines the distinct manifest destiny of specific social groups (see Gilroy 1997). Consequently, in a society where colonial perspectives override alternative viewpoints, racialised

citizens often find themselves labelled as 'immigrants' or not ‘indigenous’ and are portrayed as potential threats to the country's economy and security.

One adverse consequence of this hegemonic ideology is the perpetuation and reinforcement of exclusionary mechanisms. The Brexit discourse, marked by its emphasis on reclaiming sovereignty and safeguarding national resources, has contributed to the construction of a particular vision of 'normalcy.' In this vision, 'normal' is equated with a narrow definition of Britishness that excludes racialised individuals, particularly those of African descent, from the core narrative of the nation. This ideology not only marginalises racialised communities but also underscores their perceived 'otherness' and incompatibility with the constructed 'normal' British identity.

Furthermore, the ideological validation of nationalism within this context mobilises anti-racist resistance against racialised individuals who are, in fact, significant contributors to the British economy and hold equal entitlement to identify as British citizens. By framing Brexit as an act of reclaiming agency and returning to a vision of Britain's 'glory days of economic, political, and cultural superiority,' proponents of this ideology create a false dichotomy between 'us' (the purportedly 'normal' British citizens) and 'them' (racialised individuals and immigrants). This false dichotomy is rooted in the racialised construction of 'normalcy,' which positions non-white individuals as 'abnormal' or 'deviant' in comparison. Consequently, racialised individuals who contribute substantially to the British economy and society find themselves resisting an exclusionary discourse that questions their very right to be recognised as British citizens.

This construction of 'normalcy' and the subsequent mobilisation of anti-racist resistance present a paradox within British society. On one hand, racialised individuals, including those of African descent, are marginalised and excluded from the 'normal' British identity. On the other hand, they engage in acts of resistance to assert their rightful place within the nation, challenging the exclusionary mechanisms perpetuated by hegemonic nationalism. This resistance underscores the need to deconstruct and redefine 'normalcy' within a diverse and multicultural society, recognising the contributions and identities of all its members, regardless of their racial or ethnic backgrounds.

In his seminal work, *The Location of Culture,* critical theorist Homi Bhabha melded psychoanalysis and poststructuralism to expand upon Du Bois's (1903) ideas concerning the identity negotiations of ‘othered’ individuals

residing in Western contexts. Bhabha (1994) critiqued the concept of linear binary relationships such as colonized-colonizer, powerful-powerless, and self-other. For Bhabha (1994), it is imperative to understand identity as fluid rather than fixed. Consequently, he challenged the essentialist tendency to homogenise racialised groups into the category of 'other,' denouncing it as a colonialist exercise rooted in pseudoscientific reasoning that neglects the influence of a person's social and cultural milieu on the formation of their identity. Consequently, Bhabha (1994) introduced the notion of 'hybridity' as a means of comprehending the inherent differences among people, regardless of whether they are of the same ethnicity, race, or nationality etc.

Bhabha's (1994) profound argument posits that identity constitutes a multifaceted amalgamation of various cultures, values, and beliefs that individuals encounter throughout their lifetimes (see also Bhabha 2015). As such, he embarked on a mission to deconstruct the rigid confines of identity often propagated through Eurocentric perspectives, asserting that the notion of a singular, omnipotent identity is fundamentally flawed. According to Bhabha (1994), this stems from the inherent impossibility of ‘pure’ identities in societies permeated by the historical legacies of colonialism, imperialism, and migration. In this context, Britain's aspiration for national homogeneity, exemplified by the virulent racism and marginalisation of racialised individuals, stands as an unattainable ideal within a society characterised by 'superdiversity'.

Bhabha's central assertion revolves around the recognition that identity is not a monolithic or singular construct but rather a multifaceted amalgamation of various cultures, values, and beliefs that individuals encounter throughout their lifetimes. This perspective stands in stark contrast to the notion of 'normalcy,' which often implies a singular, dominant identity that is considered the benchmark against which all others are measured. By deconstructing the concept of identity, Bhabha disrupts the conventional understanding of 'normal' as synonymous with a homogenous, dominant identity.

Furthermore, Bhabha's argument underscores the inherent impossibility of achieving 'pure' identities in societies marked by historical legacies of colonialism, imperialism, and migration. This insight has direct relevance to the notion of 'so-called indigenous.' In the context of Brexit and discussions around reclaiming sovereignty and protecting national resources, the term 'indigenous' is often employed to signify a particular, narrowly defined British identity. This construction of 'indigenous' as the 'normal' or 'idealised' identity perpetuates exclusionary mechanisms, positioning racialised individuals as 'abnormal' or 'deviant' in comparison.

However, Bhabha's perspective challenges this construction by highlighting the dynamic and evolving nature of identity. The notion of 'so-called indigenous' becomes problematic when viewed through his lens, as it implies a fixed and pure identity that is unattainable in multicultural societies. The very idea of 'so-called indigenous' is rendered obsolete when identity is understood as a complex interplay of diverse cultural influences and experiences.

In this context, Bhabha's work invites the critical examination and deconstructing of the concept of 'normalcy' as it relates to identity and the idea of 'so-called indigenous.' Recognising the fluidity and multiplicity of identity, poses a challenge to exclusionary narratives and embrace a more inclusive and equitable understanding of citizenship and belonging.

Moreover, Bhabha (1994) posited that there exists no such entity as a culture of origin; instead, he introduced the concept of the 'third space.' This 'third space' constitutes a locus of contention and collaboration, arising from the ongoing renegotiation of an individual's identity.

Bhabha's concept of the 'third space' offers a compelling perspective on the interplay between normalcy, identity, and mental health, particularly within the context of racialised individuals. Unlike Du Bois's notion of 'double consciousness,' which emphasises the internal conflict experienced by marginalised individuals, Bhabha's 'third space' introduces a more dynamic and empowering framework for understanding how ‘othered’ people negotiate their identities and mental wellbeing.

In the context of mental health, Bhabha's 'third space' challenges the conventional understanding of how racialised individuals navigate the complexities of identity within societies marked by colonial legacies and racial hierarchies. The 'third space' represents a space of contestation and collaboration where individuals of African descent, for instance, can resist the colonial narratives that depict them as ‘inferior’ or ‘subhuman’.

This resistance, facilitated by the 'third space,' has significant implications for mental health. It suggests that racialised individuals possess agency in challenging and transcending negative self-conceptions imposed by dominant norms of 'normalcy.' Unlike Du Bois's concept, which focuses on the psychological burden of dual identity, Bhabha's framework offers a more optimistic perspective. It implies that individuals can engage in identity negotiation without necessarily experiencing detrimental psychological repercussions.

From a mental health standpoint, this perspective is noteworthy. It suggests that empowerment and resistance against racialised stereotypes can contribute to positive mental health outcomes. Racialised individuals who engage in the ongoing renegotiation of their identity within the 'third space' may experience increased self-esteem, self-acceptance, and resilience. They can challenge the damaging effects of racial stigma and discrimination on mental wellbeing by actively shaping their self-conception.

However, it is essential to acknowledge the complex reality of this process. While Bhabha's 'third space' offers a more empowering framework, it does not negate the challenges and mental health disparities that racialised individuals may still face due to systemic racism and discrimination. The 'third space' may provide agency, but it does not eliminate the structural barriers that contribute to mental health inequalities.

Furthermore, it is crucial to acknowledge a second limitation in Bhabha's theory, namely, its tendency to overlook the material circumstances that underlie colonial constructs of identity. Bhabha (1994) appears to suggest that racialisation and its attendant consequences can be easily superseded by asserting a robust sense of 'hybrid self.' Yet, as this thesis has illuminated, this is an arduous endeavour for racialised populations.

Expanding upon the foundational works of Du Bois and Bhabha, Hall, in his seminal essay Cultural Identity and Diaspora (1996), introduced a nuanced understanding of identity that confronted prevailing dichotomies. Hall presented two contrasting perspectives on identity. The first aligns with an essentialist viewpoint, characterising identity as stable and unchanging. In contrast, the second perspective, according to Hall (1996), recognises identity as emblematic of hybridisation and reinvention, a result of the intricate web of social, political, economic, racial, and cultural interactions within a given population (see also Plaza 2006 and McLeod 2020).

Hall's (1996) central contention revolves around the acknowledgment that British individuals of African descent encompass a diverse array of experiences and differences that collectively shape their identity. In his view, these individuals must embrace the hybrid nature of their identity, reflecting both British societal norms, values, and behaviours and their ancestral heritage from Africa. For Hall (1996), this acceptance of a hybrid identity serves to debunk the notion of a singular prototype defining 'Blackness.' From Hall's perspective, this is the foundational stance from which African-descended individuals can challenge the negative hegemonic stereotypes imposed upon them by broader British society.

Throughout his career, Hall demonstrated unwavering commitment to reshaping the image of African-descended people in Britain, seeking to transcend stereotypes and foster positive change. However, as Chapter 5 will delve into, anti-Black/African attitudes and stereotypes persist, perpetuating societal exclusion and oppression within the British context. Importantly, Hall's phenomenology, while instrumental in redefining identity, does not fully address the profound psychological implications associated with these persistent issues.

Nonetheless, Hall's framework provides a robust intellectual foundation for countering reductionist theories that have historically sought to marginalise and stereotype African-descended identities. These reductionist theories, deeply rooted in Eurocentric perspectives, often oversimplify and distort the rich complexities of African-descended experiences. In contrast, Hall's work challenges reductionism by emphasizing the need for a more nuanced and context-specific understanding of identity.

One of the key areas where reductionist theories have their roots is in the history of colonialism and imperialism. Eurocentric ideologies of racial superiority and cultural dominance played a central role in justifying the exploitation and subjugation of colonized peoples, including those of African descent. These reductionist ideologies framed African identities as ‘inferior’, ‘primitive’, and in need of European intervention and control. This reductionist view has profound consequences, not only in terms of material exploitation but also in shaping how African-descended individuals are perceived and treated, both within and outside Africa.

Reductionist theories also find their roots in the broader context of racialisation and racism. Throughout history, African-descended individuals have been subjected to dehumanising stereotypes and discriminatory practices based on their race. These stereotypes reduce complex and diverse identities to simplistic caricatures, reinforcing harmful notions of ‘difference’ and ‘inferiority’. Such reductionism perpetuates racial hierarchies and social inequalities, denying African-descended individuals their full humanity and equal rights.

Hall's framework challenges these reductionist narratives by highlighting the fluid and multifaceted nature of identity. He argues that identities are not fixed or essential but are constructed and reconstructed within specific historical, cultural, and social contexts. This perspective disrupts reductionist theories that rely on fixed and static notions of identity, as it recognises that identities are inherently dynamic and subject to change.

Furthermore, Hall's emphasis on the importance of context and historical contingency counters reductionist theories that essentialise African-descended identities. Reductionism tends to generalise and homogenise diverse groups of people, erasing their individual and collective histories. Hall's approach encourages a more nuanced examination of how identities are shaped by historical processes, power dynamics, and cultural influences.

The insights offered by both Bhabha and Hall on the concept of identity are undeniably valuable, as they advocate for the recognition of hybridity and the confrontation of monolithic stereotypes. However, it is paramount to delve deeper into the intricate intersection between their theoretical frameworks and the enduring and demanding challenges confronting individuals of African descent in the British context. Specifically, there is a pressing need to scrutinise the profound psychological ramifications arising from persistent racial biases and stereotypes that afflict these individuals. In pursuit of this nuanced understanding, this thesis posits that an integrative approach, weaving together insights from CRT, decolonial theories and psychological theories, is indispensable.

As the forthcoming empirical chapter will substantiate, the amalgamation of CRT, cultural studies, decolonial theories, and insights from psychological scholarship presents a formidable analytical framework poised to shed light on the intricate dynamics involving identity, racial biases, and the psychological wellbeing of individuals of African descent in the British context. This thesis conceptualises this transdisciplinary approach as a potent methodological tool for probing and comprehending the multifaceted challenges and prospects entangled in people of African descent’s pursuit of a positive self-concept and the realisation of social justice within the complex milieu of an anti-Black/African society.

3.6. The COVID Epidemic

An additional illustrative instance demonstrating the persisting prevalence of anti-Black/African racism within Western society manifests in the context of the Covid-19 pandemic. In 2019, the World Health Organization (WHO) initiated an investigation into a novel infection characterised by a spectrum of symptoms, including shortness of breath and muscle aches. Subsequent to this inquiry, the WHO officially identified this emerging infection as Covid-19. The rapid global dissemination of the Covid-19 virus prompted the WHO to declare a pandemic on March 11th, 2020, marking a critical turning point in the trajectory of this public health crisis (see Boldog et al. 2020 and Hua and Shaw 2020).

Notably, a salient risk factor in the incidence and exacerbation of the Covid-19 infection was the presence of multiple intersecting forms of inequalities, encompassing racial disparities, economic disparities, inadequate housing conditions, and pre-existing health inequities (see Office for National Statistics 2020 and Rogers et al. 2020). On a global scale, individuals of African descent encounter significant barriers in accessing timely, appropriate, and high-quality healthcare services. Moreover, they exhibit a higher likelihood than their white counterparts of presenting at medical facilities with complications arising from pre-existing health conditions, often at a more advanced stage of illness. In the context of the Covid-19 crisis, these disparities translated into a greater need for critical care to preserve the lives of affected individuals (see Williams, Cooper and Boulware 2020).

Disparities in accessing timely and appropriate mental health services represent a pervasive challenge, with significant implications for individuals of African descent. These disparities can be ascribed to multiple factors, including a lack of referrals from appropriate healthcare professionals and the apprehension of experiencing discrimination, physical restraint, or seclusion when seeking assistance (see Keating and Robertson 2004 and Patel and Hanif 2022). Consequently, individuals of African descent often find themselves compelled to grapple with their experiences of mental distress in isolation, subsequently engaging with mental health services during periods of acute crisis. What is more, encounters with these services frequently results in the application of restrictive and punitive treatment approaches (see Bhui et al. 2003; Keating and Robertson 2004; Thornicroft 2008; National Collaborating Centre for Mental Health 2011 and Nazroo, Bhui and Rhodes 2020).

Racial inequalities, compounded by social disenfranchisement and poverty, culminate in a notably reduced life expectancy for individuals of African descent when compared to their white counterparts (see Wohland et al. 2015; Li and Heath 2020 and Parolin and Lee 2022). Moreover, within the context of Britain, pre-existing health conditions and pervasive inequalities, exacerbated by the impact of the Covid-19 virus, have translated into mortality rates among African-descended men that are four times higher and among African-descended women, three times higher than those of white British ethnicity (see Meer et al. 2020; Hancock 2020; Patel et al. 2020 and Racial Equality Foundation 2020). While gender-based disparities in mortality rates are observed globally, the underlying reasons for this gender gap remain intricate and not entirely elucidated (see Pinkhasov et al. 2010; Oksuzyan, Brønnum-Hansen and Jeune 2010 and Hossin, 2021).

Bond and Herman (2016) provide a perspective on the aetiology of gender inequalities, asserting that ‘the importance of men's health has only recently been acknowledged, and men are increasingly being welcomed as an essential part of the family unit structure’ (p.1167). Several studies indicate that, in general, men are less inclined to access preventative healthcare support and utilise primary healthcare services with less frequency compared to women (see Galdas, Cheater and Marshall 2005 and Baker, 2016).

When the complex interplay of gender and health intersects with being of African descent, additional contributing factors emerge, exacerbating disparities. These factors encompass diminished educational opportunities, elevated unemployment rates despite possessing qualifications equivalent to their white counterparts, heightened job insecurity, and substandard working conditions (see Griffith 2012; Williams 2015; Gilbert et al. 2016 and Office for National Statistics 2022). Furthermore, employed individuals of African descent were disproportionately concentrated in industries that shuttered during the Covid-19 pandemic in efforts to curb the virus's spread (see Meghji and Niang 2022). Consequently, the socioeconomic disparities were further magnified by the 2020 Covid-19 lockdown, as individuals of African descent experienced more significant disruptions to their employment, resulting in higher rates of income loss in comparison to their white counterparts (see Hu 2020 and Meer et al. 2020).

Shifting focus to African-descended individuals working within healthcare professions during the Covid-19 pandemic, it becomes evident that they were not immune to racial inequities. Nursing staff of African descent found themselves disproportionately assigned roles that exposed them to heightened risks of Covid-19 transmission. Moreover, they received inadequate Personal Protective Equipment (PPE) and were often tasked with the clinical management of infection-related duties (see Chaudhry et al. 2020 and Kapilashrami et al. 2022). Hierarchies of power deeply entrenched in the public health sector played a pivotal role in these disparities. As articulated in the 2020 Public Health England Report, ‘racism and poorer experiences at work may mean that [African-descended] staff are less likely to speak up when they have concerns about PPE or risk’ (Public Health England 2020, p. 5).

Furthermore, African-descended individuals are significantly underrepresented in senior management positions, which are more frequently occupied by their white counterparts (see Kalra, Abel, and Esmail 2009). Consequently, the allocation of authority remains skewed, with African-descended individuals predominantly relegated to lower

positions of authority, thereby limiting their influence (see Elliott and Smith 2004). This systematic pattern of social domination within employment settings perpetuates white domination and Black subordination (Wilson 1998), echoing the broader structural inequalities present in society.

The devaluation of African-descended individuals is often intertwined with traumatic experiences, such as the Covid-19 epidemic, the Grenfell Tower disaster and the 'Windrush scandal'. These traumatic events have lasting mental health consequences, and the cumulative effects of multiple traumas can be particularly detrimental (see Hemmings 2020). The normalisation of systemic devaluation can contribute to the perpetuation of trauma and its associated mental health challenges.

Despite facing systemic devaluation, many African-descended individuals demonstrate resilience and coping strategies. However, the burden of constantly navigating a society that devalues their lives and experiences can take a toll on mental health (see Nazroo, Bhui and Rhodes 2020). The struggle to maintain a sense of self-worth and dignity in the face of devaluation is an ongoing challenge and is a point that is further examined in Chapter 5.

In addressing the Covid-19 pandemic, the then Prime Minister, Boris Johnson, emphasised that Britain's approach would be guided by scientific evidence, with data collection spearheaded by England's Chief Medical Officer, Christopher Whitty (see Johnson, 2020). A similar stance was taken by the Health Secretary at the time, Matthew Hancock, who asserted that policies and actions related to the Covid-19 virus would be grounded in scientific findings and the expert recommendations of Britain Chief Medical Officers and the Scientific Advisory Group for Emergencies (see Hancock, 2020).

However, a significant development emerged on May 5th, 2023, when Whitty, in his witness statement to the independent public inquiry into the Covid-19 pandemic, indicated that the primary objective of scientific efforts in responding to the pandemic was to identify medical countermeasures such as drugs and vaccines that would reduce and ultimately eliminate the need for societal countermeasures (see Whitty, 2023). Accordingly, it became apparent that the role of scientists was not to provide guidance on societal interventions, but rather to ascertain the root causes of the virus and devise strategies for mitigating its spread.

This exclusive reliance on scientific expertise by the government therefore raises concerns, as it overlooks the intricate web of social and economic factors contributing to heightened Covid-19 risk among marginalised

communities. Furthermore, despite a substantial body of evidence establishing a direct link between systemic and structural racial inequalities and the risk and outcomes of Covid-19, little has been done on a structural level to address and mitigate these risks for people of African descent.

The Covid-19 pandemic lays bare the deeply ingrained issue of structural racism that permeates healthcare systems and broader societal structures. This systemic racism becomes evident through the operation of structural mechanisms that result in alarming racial disparities in Covid-19 outcomes. Moreover, the government's exclusive reliance on scientific expertise, while neglecting to consider the critical role of social determinants of health and structural racism, can be understood as a manifestation of 'colour-blindness.' In this context, the government professes neutrality and equal treatment for all, yet in reality, it perpetuates racially discriminatory practices (see Bell 1980; Ladson-Billings 1998; Bonilla-Silva 2003 and Delgado and Stefancic 2000). The disproportionate impact of Covid-19 on people of African descent can also be linked to historical injustices and inequalities rooted in the colonial past, perpetuating racialised hierarchies (see Chapter 2.2).

The absence of effective structural interventions to confront and alleviate the racial disparities observed in Covid-19 outcomes highlights the enduring presence of systemic racism and the enduring impact of colonial legacies and white supremacy within Britain.

3.7. Conclusion

This chapter has adeptly harnessed the tools of cultural studies, critical race theory, and decolonial perspectives to shed light on the enduring impact of policies and practices implemented by successive British governments. These policies have disproportionately affected individuals of African descent, thereby significantly shaping the development of their identity consciousness. Additionally, this chapter underscores the critical importance of recognising the intricate interplay between anti-Black/African racism and various intersecting identity characteristics, including class, disability, ethnicity, gender, and nationality.

Within the scope of this thesis, it is argued that racism, as a phenomenon, manifests itself in multifaceted ways across diverse contexts. It is imperative to acknowledge that the conventional characterisation of racism by scholars often falls short of providing a comprehensive understanding of its historical and contemporary manifestations. Typically, racism is narrowly construed as overtly hostile actions, such as stereotyping,

prejudice, or racial bias. However, this limited perspective inadequately captures the complex and systemic nature of racial inequality.

To address this conceptual gap, it is crucial to delve into the specific conditions that render racial distinctions socially salient. As astutely noted by Hall (1980), the focus should extend beyond individuals' mere capacity to perceive racial or ethnic differences and instead encompass the societal factors that render such distinctions socially relevant. In alignment with this perspective, racism is conceptualised within this thesis as a systemic mechanism that inherently positions individuals of African descent as ‘inferior’. This positioning results in unequal treatment across various societal domains, including but not limited to criminal justice, employment, healthcare, housing, and politics.

Consequently, it is asserted within this thesis that the transdisciplinary framework encompassing case studies, cultural studies, critical race theory and decolonial perspectives offers invaluable insights into the nuances, concealed expressions, and symbolic dimensions that underlie contemporary racial inequalities. By seamlessly integrating decolonial perspectives, this framework provides a comprehensive understanding of how enduring material and epistemic power structures, deeply rooted in colonial and imperialist legacies, continue to exert influence on present-day dynamics. This thesis posits that this analytical framework serves as a valuable complementary tool alongside scholarship focusing on the psyche and human behaviour. Its primary purpose is to unravel the intricate dynamics inherent in the mental health implications of racial disparities while also advancing the overarching goal of fostering a more equitable and just future.

Chapter 4: Research Methodology

4.1. Introduction

The central objective of this thesis is to comprehensively explore the clinical and psychological ramifications of a racialised identity for individuals of African descent. To accomplish this, the research engages with the insights and perspectives of mental health practitioners actively involved in delivering therapeutic interventions to this demographic within the context of Britain.

This chapter outlines the methodology employed to realise the overarching goal of this research: the construction of a robust theoretical framework that authentically captures the mental health experiences of African-

descended individuals in twenty-first century Britain. In doing so, this study consciously prioritises knowledge derived from sources that extend beyond the traditional confines of academic scholarship. It places particular emphasis on the narratives and lived experiences of individuals whose voices have historically been marginalised and overlooked within academic discourse.

The deliberate choice to foreground these narratives serves as a direct challenge to the deeply ingrained white supremacist ideologies that have long influenced perceptions of the cognitive and behavioural aspects of African-descended individuals. Additionally, it questions the unequal valuation of different forms of knowledge, as highlighted by Solórzano and Yosso (2002). Thus, this methodology boldly endeavours to disrupt conventional parameters that have historically delimited the boundaries of legitimate psychological practice and professionalisation. It does so by giving prominence to the voices of the study's participants, particularly within Chapter 5 of this thesis.

This chapter begins by elucidating the epistemological approach selected for this study, providing a rationale for the choice of this method as the most suitable for this doctoral inquiry. Subsequently, it delves into the rigorous process of selecting research participants, outlines the methodologies employed for data collection, and elucidates the chosen path of analysis. Throughout this chapter, unwavering attention is given to the intricate ethical considerations that come into play when facilitating conversations centred around the sensitive yet profoundly significant topics of anti-Black/African racism, identity, and mental health.

4.2. Research Design

In pursuit of a comprehensive understanding of the clinical and psychological implications of a racialised identity for individuals of African descent, this research adopts a qualitative approach. A qualitative research approach, as articulated by Hennink, Hutter and Bailey (2020), offers a robust method for identifying and presenting a range of perspectives. It enables researchers to explore issues from the viewpoint of research participants, delving into the meanings and interpretations they ascribe to behaviours, events, or objects. This approach intentionally disrupts the dominant academic discourses and paradigms that have historically exercised what can be aptly termed 'intellectual imperialism.' This intellectual imperialism is characterised by the marginalisation of knowledge that challenges the elitist and white supremacist nature of Eurocentrism.

One could assert that the methodological approach of this study aligns with the epistemological foundations of interpretivism. Interpretivism seeks to unravel the subjective lived experiences of individuals, prioritising a qualitative investigation into how research participants construct meaning within the context of their own subjective frame of reference (see Williams 2000). In alignment with the interpretivist school of thought, this research contends that individuals cannot be comprehended in isolation from their social contexts and the environments they inhabit (see Bleicher 2017).

A salient strand of interpretivism, namely 'symbolic interactionism,' challenges the objective scientific approaches by proposing a paradigm in which social interactions are viewed as an ongoing process of individuals identifying and interpreting their surrounding environment and the actions of others (see Mead 1934; Blumer 1969 and Clark et al. 2021). Symbolic interactionism emphasises the importance of understanding the intricate web of meanings woven by individuals in their social interactions and experiences.

The philosophical foundations of interpretivism and phenomenology offer valuable insights into the understanding of how individuals experience the social world, moving beyond a mere analysis of their responses to social encounters (see Munhall 2011). This epistemological approach is inherently concerned with critically examining an individual's external world and the communicative environment in which they are situated (see Smith 2011). At its core, interpretivism posits that meaning is intrinsically linked to social phenomena and emerges from the myriad daily encounters that individuals navigate.

Max Weber, the intellectual predecessor of the interpretivist school of thought, made significant contributions to the understanding of these dynamics. He believed that much of what was perceived as ‘Black’ inferiority could be attributed to the limitations imposed upon African-descended individuals by white racists (see Zimmerman 2006). Importantly, Weber (1920) vehemently rejected pseudoscientific notions of racial and ethnic categorisation. Instead, he argued that the maltreatment of African-descended people in Western society was less contingent on anthropological differences and more so on status differences, particularly rooted in socialisation and upbringing.

Weber's perspective, however, was not free from the prevailing prejudices of his era. He endorsed a hierarchical line of reasoning, albeit from a sociological rather than biological standpoint (see Weber 1920). In his view, African-descended individuals were often relegated to a status of

subordination and inferiority because they were incapable of conforming to the accepted norms and behaviours of the broader society.

It is important to note that Weber was influenced by the imperialistic, racist, and nationalist ideologies of his time (see Zimmerman 2006). He subscribed to the belief in the inherent inferiority of people of African descent and, in alignment with white supremacist and racial science ideologies, considered them part of an ‘abnormal,’ ‘inferior,’ and ‘subordinate’ group. This perspective further reinforced the dehumanisation of people of African descent and justified their oppressive experiences (see Boatcă 2013).

Furthermore, Weber asserted that African-descended individuals who were occasionally cited as examples of potential intellectual ability were, in reality, of mixed racial heritage, deriving their abilities from their white ancestry (see Weber 1920 and Zimmerman 2006). By perpetuating the idea that individuals of African descent could only achieve intellectual prowess if they possessed mixed ancestry, Weber reinforced a distorted conception of normalcy. This conception dictated that the ‘normal’ pathway to success and achievement was inherently tied to European ancestry and norms.

In this context, ‘normalcy’ became synonymous with whiteness, reinforcing the marginalisation of African-descended individuals and their exclusion from the definition of what was considered ‘normal’ in society. This exclusion has profound implications for how African-descended individuals are perceived and treated based on their racialised identity.

While both interpretivism and the methodological approach adopted in this doctoral inquiry grant primacy to understanding individuals' worldviews through their subjective interpretations, they diverge in a fundamental manner. Unlike interpretivism, this inquiry boldly confronts the entrenched use of anti-Black/African ideology, contending that these approaches inadequately address the psychological ramifications of anti-Black/African racism on those racialised as 'Black.' Moreover, they often unwittingly endorse practices that perpetuate racial hierarchy and white supremacy (see Carter and Fuller 2015 and Chapter 2).

Crucially, as elucidated earlier, interpretivism finds its intellectual roots in Max Weber's conceptual frameworks. Consequently, despite the resonance between interpretive philosophy and the qualitative nature of this study, the thesis's conceptual framework refuses to consign African-descended individuals to a subordinate status deserving of oppressive societal experiences. On the contrary, the methodological framework of

this inquiry is attuned to the profound psychological implications of inhabiting a society that incessantly racializes and positions individuals of African descent as inherently ‘abnormal’ and ‘inferior’.

In this light, the methodology embraced by this doctoral inquiry underscores the need to transcend preconceived anti-Black/African notions of people of African descent. It beckons scholars to approach research with open-mindedness, enabling a more profound comprehension of human consciousness and its intricate interplay with mental health and subjective interpretations of the social environment. Importantly, this thesis not only scrutinises these issues but also takes the audacious step of exploring avenues for emancipating African-descended individuals from the mental distress wrought by racial oppression.

4.2.1. Research Purpose and Objective

This research endeavours to make a significant intellectual contribution to the 'psy' disciplines, drawing upon an transdisciplinary framework rooted in the intellectual domains of cultural studies, critical race theory, and decolonial theories. Its overarching goal is to deepen understanding of the profound impact of a racialised identity on the mental health of individuals of African descent.

This research is driven by a fundamental and critical objective: to undertake an extensive and rigorous examination encompassing both secondary data analysis and empirical fieldwork. At its core, this exploration seeks to gain a deep understanding of the intricate psychological implications inherent in a racialised identity.

In parallel, this study is equally committed to the task of identifying and discerning strategies that can be employed to overcome these formidable obstacles. As it delves into the complexities of these challenges, it also uncovers and elucidates the intrinsic connections between these barriers and Eurocentric notions of 'inferiority' and 'normalcy.' By doing so, this research not only seeks to understand these issues but also to contribute to a broader discourse that can facilitate the dismantling of these impediments, ultimately fostering more equitable and just mental health outcomes for individuals of African descent.

4.2.2. Pre-Recruitment: The Preparatory Phase

The ethical foundation of this study adheres rigorously to the established protocols outlined in the University of Nottingham's ethical procedures, as delineated in the University of Nottingham Code of Research Conduct and Research Ethics (2019). Given the sensitive nature of the research and

the involvement of mental health practitioners, a stringent ethical framework was imperative. Consequently, this study operates within the ethical principles originating from the Declaration of Helsinki (1996), the tenets of Good Clinical Practice (GCP), and the comprehensive guidelines articulated in the UK (United Kingdom) Policy Framework for Health and Social Care Research (2020).

Moreover, recognising the potential ethical intricacies inherent in the subject matter under investigation, a meticulous consideration of the ethical dimensions was undertaken. Ethical approval, a pivotal milestone in the research process, was duly obtained from the University of Nottingham's Research Ethics Committee on October 27th, 2020 (see Appendix 1).

Subsequent to the receipt of ethical approval, the recruitment phase of this study was initiated, marking a crucial juncture in the research trajectory. The procedural processes of recruitment are expounded upon in detail below.

The recruitment process for this study was meticulously developed and refined in collaboration with this doctoral study’s supervisory team. Prior to the dissemination of any recruitment materials, a comprehensive consultation was undertaken to ensure the content's alignment with the study's objectives and ethical standards. This consultation involved seeking input and feedback from a diverse group of individuals, including a retired mental health social worker and associate lecturer, a head of mental health legislation, a trainee psychotherapist, a senior mental health nurse, an academic with neurodivergent attributes, a layperson without mental health expertise, and an English teacher and education consultant specialising in anti-racist practice. Given the sensitivity of the research topic, this collective feedback was invaluable in enhancing the content and format of the recruitment materials before their public circulation.

As elucidated in preceding chapters, the core focus of this thesis centres on exploring the profound influence of a racialised identity on the mental health of individuals of African descent in twenty-first century Britain. Furthermore, this doctoral inquiry critically examines the impediments to delivering therapeutic interventions to individuals of African descent, through the lens of mental health practitioners who provide essential support. To secure data rich in information, the criterion sampling approach was employed, a purposive sampling method that systematically identifies research participants based on predetermined criteria (see Patton 2002 and Creswell and Plano-Clark 2011). In the context of this study, the overarching criteria was for research participants to have experience in

delivering psychosocial therapeutic interventions to people of African descent.

It is imperative to acknowledge a notable limitation of this study, namely, the exclusive focus on mental health practitioners as research participants. This deliberate selection may inadvertently omit insights and perspectives from other groups who possess valuable knowledge and understanding of the intricate interplay between identity, mental health, and anti-African/Black racism. These potentially overlooked contributors include, but are not confined to, African-descended individuals diagnosed with an 'established mental illness' and their respective caregivers and support networks.

While studies incorporating the lived experiences of research participants hold immense potential for ensuring that research priorities and recommendations are attuned to the needs of the individuals the research aims to benefit (see Jensen et al. 2021; Keating 2021; Solanki, Wood and MacPherson 2023), it is vital to underscore the prevailing perspective of this thesis. Specifically, it contends that the examination of the mental health of individuals of African descent has historically been approached through deficit-based Eurocentric paradigms deeply entrenched in anti-Black/African pseudoscientific ideologies.

As such, the complexities involved in ethically and accurately conferring the legitimacy of the 'established diagnoses' for African-descended research participants fall beyond the scope of this thesis. This decision aligns with the overarching aim of this doctoral inquiry, which is to scrutinise and dismantle the barriers and challenges faced by individuals of African descent in the context of mental health interventions. By concentrating on mental health practitioners, this research seeks to address systemic issues within the mental health profession and, in turn, effect systemic change. Nonetheless, it is crucial to acknowledge the necessity of future studies that encompass a broader spectrum of perspectives to comprehensively illuminate this multifaceted issue.

4.2.3. Recruitment

The recruitment process for this study aimed to assemble a cohort of between six and eight participants for the focus group sessions. This specific participant range was selected based on established research findings and prior studies addressing the optimal number of participants for focus groups. Existing literature posits that a focus group ideally comprises a minimum of six to ten individuals. This size range is deemed advantageous as it fosters the generation of diverse ideas while ensuring

that all participants have ample opportunities to express their viewpoints (see Vaughn, Schumm and Sinagub 1996; Krueger and Casey 2002 and Clark et al. 2021).

The recruitment strategy also drew upon insights derived from the secondary analysis of data presented in Chapters 2 and 3. In accordance with the overarching objective of challenging colonial research methodologies, the initial step in this strategy was to design the recruitment poster (see Appendix 2) to prominently feature individuals representing a wide spectrum of physical identity characteristics. These images were strategically incorporated to underscore the study's commitment to recruiting mental health practitioners from diverse backgrounds, including but not limited to ethnic background, age, social class, disability, gender, nationality, sexual orientation, and religious beliefs.

Secondly, as elucidated in Chapter 3, the field of healthcare is rife with power imbalances and social hierarchies, especially within institutional settings. In light of these structural issues, this study made a deliberate effort to engage mental health practitioners operating within the public mental health sector. By doing so, it aimed to amplify the voices of practitioners who may not traditionally have the opportunity to contribute their perspectives to the knowledge-building processes within the realm of mental healthcare. This approach aligns with the study's broader mission to challenge existing power dynamics and advocate for a more equitable and inclusive mental health system.

The terminological nuances associated with the identity of are integral to this research and require careful ethical consideration. The manner in which this identity is framed and described is not merely a linguistic choice but holds significant implications for the hierarchical knowledge-power dynamics that underpin this thesis. Failing to address this complexity could inadvertently perpetuate the very issues that this study seeks to critique and deconstruct.

To navigate this terrain ethically and sensitively, particular attention was paid to the demographic questionnaire provided to research participants (see Appendix 3). Rather than imposing predetermined categories for participants to select from, this approach allowed individuals to articulate their identity in their own terms. This method respects and upholds the participants' agency in defining their identity, recognising that identity is a deeply personal and multifaceted concept that may not fit neatly into predefined categories.

However, it is worth noting that the recruitment material itself used the terminology ‘African/African-Caribbean heritage’ instead of ‘African descent/African-descended.’ This deliberate choice aligns with the terminology commonly employed within the field of mental health literature and practice (see Secker and Harding 2002; Rose and Leiba 2020; Dare, Jidong and Premkumar 2023). By using this phrasing, the recruitment material aimed to provide mental health practitioners with a clear and familiar understanding of the specific demographic of individuals this study sought to explore. The reasons behind the mental health sector's preference for these terminologies, while relevant, fall beyond the scope of this thesis.

Despite this shift in terminology for the recruitment material, it is important to underscore that this thesis continues to interchangeably use the terms ‘African-descended’ and ‘African descent.’ This deliberate choice underscores the shared ancestral heritage rooted in Africa and, consequently, the shared experiences of anti-African/Black societal racism that individuals of this identity encounter.

The recruitment process commenced with the distribution of a recruitment poster to colleagues within the field of mental health, primarily through the Institute of Mental Health's (Nottingham) newsletter. Additionally, the poster was emailed to therapists enrolled in the 'Culturally adapted Family Intervention therapy' (CaFI) study. To widen the outreach, the recruitment poster was shared across various social media platforms, including Facebook, Instagram, LinkedIn, and Twitter (now known as ‘X’). It is worth noting that previous research has attested to the effectiveness and cost-efficiency of social media as a recruitment tool for mental health research (see Jones, Walters and Brown 2020 and Sanchez et al. 2020).

However, it is crucial to emphasise that while social media is a valuable recruitment tool, there are currently no established ethical guidelines governing its use for recruitment. Despite this gap, the recruitment process adhered unwaveringly to the ethical principles outlined earlier in this chapter.

In a bid to prevent any potential conflicts of interest, family members, friends, and close acquaintances within the researcher's immediate networks were not directly recruited for participation in this study. Instead, these individuals were requested to share information about the study within their own networks and communities. In subsequent inquiries, all participants confirmed that their awareness of the study stemmed from the circulation of the recruitment poster within the researcher's informal networks.

This ethical approach was adopted to ensure that the recruitment process maintained transparency, fairness, and impartiality, aligning with the overarching ethical framework that guides this research.

In designing the recruitment process for this study, careful consideration was given to the time and workload constraints faced by mental health practitioners (see Broyles et al. 2011). To accommodate their diverse working patterns, the pre-recruitment questionnaire (see Appendix 4) included an option for participants to select the most suitable time for their involvement on a predetermined date. This approach took into account the challenges posed by various working patterns, including night duty rotations common in nursing. Research has shown that insufficient restorative sleep and inadequate recovery time from nightwork can have detrimental effects on sleep quality and the ability to provide high-quality care (see Muecke 2005; Di Muzio et al. 2020; Chang and Peng 2021 and Qanash et al. 2021). To avoid contributing to sleep disruption and to ensure accessibility for participants with different work schedules, specific time options were offered. Interestingly, all research participants selected the latest option of 20:00 – 21:15, which allowed them to participate in the same group discussion.

Subsequently, an email was sent to these practitioners containing the information sheet and consent form. Remarkably, there was full attendance from all those who signed and returned the consent form, underscoring the pressing nature of the research topic, as demonstrated throughout this thesis.

4.2.4. Research Participants

The recruitment process for this study successfully yielded a diverse group of seven mental health practitioners who possessed significant experience in delivering psychotherapeutic interventions to individuals of African descent. Their years of professional practice ranged from five to thirty-seven years, which undoubtedly contributed to the depth of insights that could be gleaned from their participation. Nevertheless, it is crucial to acknowledge the inherent limitation of the small sample size, which is a characteristic of qualitative research (see Creswell and Creswell 2017). While this size may limit the generalisability of findings to a broader population of mental health practitioners, it is essential to emphasise that qualitative research aims for depth and richness of insights rather than statistical representativeness (see Guest, Namey and Mitchell 2013).

Geographically, the research participants hailed from various locations, including Birmingham, London, Maidstone, and Yorkshire. This

geographical diversity offered multifaceted perspectives and a comprehensive understanding of the subject matter. However, it is essential to note that these areas do not provide a nationally representative cross-section of mental health institutions across Britain. Consequently, the generalisability of findings to the entire mental health landscape, in Britain, may be constrained. To address this limitation, Chapter 5 situates the shared perspectives of the research participants within the broader context of inequalities present in mental health care on a national scale. By referencing existing studies, the chapter seeks to provide a more encompassing view of the issues at hand.

Regarding the professional sector of the participants, six of them were engaged in the public sector, primarily within the National Health Service (NHS) or educational institutions. Only one participant exclusively practiced in the private sector. This disproportionate representation was by design, aligning with the research's focus on public sector mental health practitioners, who often face unique challenges. However, it is important to recognise that this skewed representation may limit the applicability of findings to the private sector, which may have distinct dynamics and experiences. Chapter 5 undertakes a detailed exploration of the implications of this disproportion, particularly through the lens of the public-private sector divide, shedding light on the potential variations in experiences and perspectives.

Initially, the study aimed for a mixed-gendered sample; however, the composition of the focus group predominantly comprised women. This lack of gender diversity is a notable limitation, as it may impact the range of perspectives and experiences shared within the study. To mitigate this limitation, the study places a strong emphasis on thoroughly examining gender-related factors in Chapter 5.4, thereby addressing the potential bias arising from this gender skew.

Efforts to ensure a diverse sample of mental health practitioners led to a cohort representing various ethnicities of African descent (see Appendix 6). While this diversity may not have aligned precisely with the initial goal of achieving ethnic diversity, it is crucial to recognise that this representation enriches the study. The presence of individuals of African descent within the sample is an asset rather than a limitation, as it reflects the multifaceted experiences and perspectives within the broader community of African descent.

The study's focus on racism, racial inequalities, and power dynamics between 'minority' and 'majority' ethnic communities necessitates a participant group with diverse self-identifications to gain a comprehensive

understanding of these complex issues (see Sharpley et al. 2001; Bhui et al. 2003; Karlsen et al. 2005; Fernando 2014; Barnett et al. 2019 and Edge, Degnan and Rafiq 2020).

However, it is essential to acknowledge that discussions about racism can evoke strong emotional responses, especially among individuals racialised as 'Black.' These discussions may trigger 'post-traumatic stress symptoms, such as feelings of hopelessness, fear, increased depressive symptoms, and anxiety,' particularly in the presence of white individuals (McCluney et al. 2017, p. 768; see also Stewart and Shamdasini 2014). Conversely, for white individuals, engaging in conversations about racism, racial inequalities, and discrimination may become challenging and provoke defensive reactions (see Adetimole, Afuape and Vala 2005; DiAngelo 2011 and McInnis 2020).

Given the potential for emotive responses among research participants due to the sensitive nature of the research, careful consideration was given to addressing their wellbeing. To mitigate potential harm, an after-care plan was developed and communicated to participants through the information sheet (see Appendix 3). This plan aimed to provide support and resources for participants should they experience emotional distress as a result of their participation in the study. Prior to engaging in the focus group discussion, participants were reminded of the availability and details of this after-care plan.

4.3. Data Collection

The research methodology employed in this study encompassed the utilisation of two distinct methods of data collection: secondary data analysis and the facilitation of an online focus group.

4.3.1. Secondary Data Analysis

The methodology of secondary data analysis, succinctly defined as 'a systematic review of previously collected data on the topic of interest,' involves the application of theoretical knowledge and conceptual skills to leverage existing data for addressing the research questions at hand (Johnston 2014, p.620). This approach aligns with the perspectives presented by Clarke and Cossette (2000), Boslaugh (2007) and Creswell (2009).

In practice, this methodology has entailed conducting a comprehensive and in-depth literature review. The primary objective of this review was to scrutinise the works of intellectuals and researchers who have made significant contributions to these fields. By systematically analysing and

synthesising their findings and insights, secondary data analysis serves as a powerful tool for advancing understanding and knowledge in the chosen research area.

To effectively carry out secondary data analysis within the context of this study, several key steps were rigorously followed. The research question, ‘what effect does a racialised identity have on the mental health of people of African descent in twenty-first century Britain?’ served as a guiding beacon for the search for relevant data. In response to this question, existing data sources were meticulously identified and gathered across various fields, including anthropology, critical race theory, cultural studies, decolonial perspectives, history, psychiatry, psychology, and sociology. These sources encompassed academic journals, books, government reports, historical records and relevant databases. Once this wide array of data was amassed, it underwent a stringent evaluation process to assess its relevance in informing the understanding of the mental and behavioural aspects of people of African descent who are racialised as ‘Black’.

The data was then subjected to systematic analysis and synthesis, with a keen focus on identifying recurring themes, patterns, and trends related to racialisation and mental health. Subsequently, the synthesised data was situated within the broader context of the research topic. This involved a comprehensive consideration of cultural, historical, and sociopolitical factors that might influence the intricate relationship between racialisation and mental health. Drawing on insights from anthropology, critical race theory, cultural studies, decolonial perspectives, history and sociology, this contextualisation facilitated a deeper understanding of how racialisation intersects with other factors to impact mental health outcomes for people of African descent.

Secondary data analysis has empowered this study to access a diverse range of data sources, providing multifaceted perspectives on the research topic. However, it is imperative to acknowledge the inherent limitations of secondary data analysis. Researchers have limited control over the data collection processes, potentially resulting in gaps or inadequacies in the information. Moreover, secondary data analysis may lack the contextual information that is often accessible in primary data collection. Nonetheless, the meticulous analysis of secondary data offers a robust methodological approach for investigating how racialisation influences the mental health of individuals of African descent.

4.3.2. Conducting the Focus Group

The selection of a focus group was deemed the most effective method for eliciting empirical data from mental health practitioners across Britain, with the core purpose of enriching the data related to identity-related mental health experiences of individuals of African descent through the exchange of shared reflections and views (see Cyr 2016). However, due to the social distancing requirements mandated by the British government in response to the COVID-19 pandemic, the focus group was conducted online using video conferencing software, Zoom.

Zoom offers the advantage of securely recording sessions to the host's local device or to the Zoom cloud storage. Moreover, this platform does not automatically display an individual's email address or name on the screen, unless they have configured their settings to do so. Consequently, users of Zoom have the option to select a screen name of their choosing, including a pseudonym if they prefer. Researchers are ethically bound to safeguard each participant's identity, workplace, and any other identifying information that could potentially reveal their identity (see Wiles et al. 2008 and Ryen 2016). Therefore, providing research participants with the choice to remain anonymous throughout the research process was an integral aspect of adhering to ethical guidelines. Details on how participants could maintain anonymity were clearly outlined in the information sheet.

Notably, the research participants opted against anonymity, choosing to keep their cameras on during the discussion. They also decided to use their real names and shared details about their place of work, professional title and geographical location with the group. Furthermore, following the receipt of transcripts, which only anonymised the names of the research participants, none of the participants requested further anonymisation of their data. However, despite the participants' decision not to anonymise their identities during the online focus group, it was crucial to uphold ‘the autonomy of persons and their freedom to have and maintain privacy and secrecy to whatever extent they choose’ (Giordano et al. 2007, p.264), as long as this did not pose any risk of harm to themselves or others. This point was explicitly communicated in the information sheets. Consequently, even though the research participants chose not to anonymise their identities, the ethical decision was made to assign each person a pseudonym, derived from a combination of their first name and surname.

Engaging in remote collaboration has become the prevailing practice for numerous mental health practitioners in response to the COVID-19 pandemic's social distancing requirements in Britain. Various healthcare

organisations, including the NHS, issued directives to community-based mental health practitioners, emphasising the need to ‘limit face-to-face contacts to essential tasks such as the administration of injectable medication’ (Johnson, Karim and Allotey 2021, p.26). Consequently, many healthcare practitioners were provided with the requisite technology and resources to facilitate remote work when their roles did not necessitate physical presence (see Billings et al. 2021; Foye et al. 2021 and Liberati et al. 2021).

However, it is worth noting that certain mental health practitioners were based in inpatient settings, rendering them unable to perform their duties remotely. Consequently, these practitioners may not have been accustomed to engaging with digital communication platforms, which could potentially exclude individuals who lack access to or feel discomfort with digital methods of interaction.

The absence of access to virtual communication methods could be attributed to various factors, although this thesis acknowledges its limitations in addressing these issues comprehensively. Furthermore, during the period when the online focus group was conducted, the British government had issued guidelines under the title ‘Covid-19 Response: Living with Covid-19,' which recommended minimising physical interactions with others whenever possible to reduce the risk of Covid-19 transmission. Therefore, the decision to conduct the focus group online was not intended to exclude mental health practitioners without access to digital equipment but rather to align with the rules and regulations set forth by the government.

The online focus group was conducted in collaboration with GA (name omitted to preserve anonymity), an engagement specialist with extensive experience in facilitating both in-person and online group discussions. Prior to the focus group session, GA was provided with a comprehensive briefing on the study's aims and objectives. GA’s role as a co-facilitator encompassed several crucial responsibilities.

Foremost among these was ensuring the smooth operation of the technological infrastructure throughout the duration of the focus group session. This entailed overseeing the technical aspects, troubleshooting any issues that arose, and ensuring that all participants could effectively engage in the discussion without disruptions.

Additionally, GA played a pivotal role in documentation. He meticulously maintained detailed notes throughout the session, capturing key points, significant insights, and noteworthy contributions from the participants.

These notes were indispensable for cross-referencing and analysis after the session concluded.

GA's contributions as co-facilitator were instrumental in ensuring the success of the online focus group and the subsequent data analysis, ultimately enhancing the rigour and depth of the research conducted for this doctoral inquiry.

As articulated earlier and expounded upon in Chapters 2 and 3, this thesis subscribes to the viewpoint that an individual's perceptions and comprehension of others, objects, or situations can be significantly influenced by their interactions within society. During the focus group discussion, research participants encountered diverse perceptions, viewpoints, and interpretations of situations, consequently influencing the meaning ascribed to the topics under consideration. Consequently, the focus group environment affords research participants the opportunity to 'formulate their own point of view by confronting the other people invited. This helps them define their position more precisely and acquire a better knowledge of their own ideas' (Acocella 2012, p.1133).

Unsurprisingly, it became evident following the initial question that adopting a structured question-and-answer approach would not be conducive to this focus group's dynamics. Such an approach would impede the natural flow of discussion, particularly for individuals who typically lack opportunities to openly express their viewpoints on the subject matter. Allowing the conversation to progress organically enables researchers to gather more nuanced data than structured interviews typically yield. This is primarily attributable to the social interactions and exchanges that transpire among participants (see Clark et al. 2021).

Nonetheless, adopting an entirely unstructured approach was not feasible, considering time constraints and the thesis's scope. Consequently, guided by the questions (see Appendix 5), the discussion was facilitated to ensure that participants' contributions addressed the key inquiries. These questions were meticulously developed to align with the study's objectives, drawing from an exhaustive review of existing scholarship pertaining to human cognition, behaviour, and the dynamics of racialisation.

Meaning is inherently shaped by an individual's perception of the world and is subject to dynamic shifts across different environments (see McAdams 2001). Many individuals harbour multiple identities that can adapt according to context and their interactions. However, this research contends that an absolute truth does not exist; instead, there are only interpretations and performative aspects (see Denzin 2001). Accordingly,

even if the shared lived experiences of the research participants underwent transformations within the online focus group environment, individual narratives remain valid and indispensable for comprehending how the participants perceive the mental health implications of the oppressive societal experiences of people of African descent.

Moreover, exposure to diverse perspectives can empower individuals to share their own experiences, as the process of recounting one's story bestows validation upon that individual's narrative. Consequently, the act of sharing stories allows individual accounts to transcend their singular existence and take on a broader, collective significance (see Hunn, Guy and Manglitz 2006, p.245). This thesis has thus compiled these individual stories to foster the creation of knowledge by amplifying the voices of those who have been marginalised, silenced, and disempowered from an epistemological standpoint due to factors such as age, ethnicity, nationality, religion, sexuality, and the presence of classism, patriarchy, racism, and sexism within the global health and social care system (see Espinoza 1990; Williams 1991; Solórzano and Yosso 2002 and Hunn, Guy and Manglitz 2006).

In line with the study's objectives, the online focus group was in providing a platform for sharing knowledge from the perspectives of mental health practitioners who might otherwise be marginalised or overlooked in mainstream research.

4.3.3. Critical Reflections on the Focus Group

A well-managed focus group can yield valuable verbal data that offers both a broader and deeper understanding of a particular issue or topic. This is primarily because the interactions among group members stimulate memory recall, foster discussions, encourage debates, and promote disclosures in a manner that is less likely to occur in one-on-one interviews (see Millward 2012, p.418). Paradoxically, the very freedom enjoyed by focus group participants can create challenges for the facilitator, as it may result in contributions that are either too minimal or excessively dominating (see Puchta and Potter 2004, p.47). Furthermore, focus groups typically consist of individuals with diverse personalities. Some participants may seize the opportunity to vent their grievances, whether related to their institutions or personal lives, while others may choose to observe rather than actively engage in the discussion. Both types of contributions can significantly impact the overall group dynamics, underscoring the importance of facilitators possessing the necessary skills to regulate group behaviour.

In addition to managing the group dynamics, the role of the facilitator extends to ensuring that the discussion remains aligned with the research agenda and that the content is primarily driven by the collective input of the participants, rather than being directed by the facilitator (see Millward 2012 and Clark et al. 2021). Consequently, the quality of data generated within the focus group is heavily contingent on the effectiveness of the facilitator(s).

In my capacity as both the researcher of this study and an experienced mental health practitioner with a background in facilitating therapeutic group interventions for individuals facing mental health challenges, I brought a comprehensive set of essential skills and qualities to the role of the facilitator. These encompassed core attributes such as empathy, adeptness in managing group dynamics, effective communication proficiency, and expertise in directing and facilitating discussions, with a focus on collaborative rather than controlling approaches.

Throughout the duration of the focus group, I consistently maintained a heightened sense of self-awareness regarding my non-verbal body language and communication style while interacting with research participants. My approach emphasised a deliberate avoidance of unnecessary interjections, intervening solely when deemed essential to guide the conversation back to its intended path, particularly in cases where shared perspectives appeared to be veering off the predefined topic.

Additionally, it is imperative for a focus group moderator to possess a specialised skill set that includes both technological and language expertise, compensating for the absence of physical cues inherent in face-to-face interactions (see Chase and Alvarez, 2000). Given the circumstances imposed by the COVID-19 pandemic, I had the prior experience of facilitating group therapy and group supervision sessions online, which necessitated additional training in 2021 to effectively conduct these sessions via online video conferencing platforms. Consequently, I applied the skills acquired from this training and experience to the online focus group, ensuring the proficient use of interpersonal and technological skills required for a successful group discussion (see Millward 2012 and Sim and Waterfield 2019). These skills extended to addressing issues related to participants' comfort levels in an online environment, mitigating potential instances of 'toxic disinhibition,' characterised by the expression of anger, harsh criticisms, hatred, rude language and threats (see Suler 2004; Wu, Lin and Shih 2017 and Wachs, Wright and Vazsonyi 2019).

The online focus group, which lasted approximately two hours, provided ample time for all participants to contribute their reflections and insights throughout the discussion. This duration aligns with the typical time frame for a standard focus group, which typically ranges between one to two hours (see Longhurst 2003; Millward 2012 and Clark et al. 2021). It is noteworthy that the research participants appeared to have devoted time to contemplate the questions circulated before the focus group session. This was evident in the coherent and information-rich nature of their responses.

While one might argue that allowing participants to prepare answers could potentially diminish the authenticity of their responses, it is essential to emphasise that the primary goal of this approach was to provide participants with the opportunity to share comprehensive and reflective accounts of their subjective experiences. Consequently, the pre-focusing on their answers, prior to group engagement, served as a valuable means of enhancing the depth and quality of contributions to the discussion.

4.4. Analysis of the Focus Group Data

Following the conclusion of the focus group session, strict ethical procedures were adhered to in handling the data. The recording of the session was immediately transferred to multiple secure locations, including a password-protected USB stick, a password-protected laptop, and a password-protected university cloud storage. Access to these storage devices was restricted solely to the researcher, ensuring the confidentiality and security of the data. Subsequently, a verbatim typed transcript, comprising thirty-one pages, was meticulously created from the recording. To maintain accuracy and rigour in data representation, this transcript was shared with the research participants for their feedback and was subjected to discussion with the co-facilitator, GA, to cross-reference notes.

The final verbatim transcript served as the foundational material for the subsequent analysis of the focus group content. The data underwent a thorough examination for emerging themes, employing the method of thematic analysis. Thematic analysis is a valuable approach that enables the researcher to identify and make sense of shared meanings and experiences, unveiling commonalities in the discourse concerning identity-related mental health issues among people of African descent (see Braun and Clarke 2012).

Upon intensive scrutiny of the transcript, patterns of meaning and issues of potential significance began to surface. These emerging themes

resonated with the arguments and discussions presented throughout Chapters 2 and 3 of the thesis (Braun and Clarke 2006). The synthesised data was subsequently organised into overarching themes, as elucidated in Chapter 5.

It is essential to acknowledge that this thesis does not assert that the collected data represents an absolute or universal truth. As previously argued, the notion of a universal truth is contested. Consequently, it is plausible that the meaning derived from the data may have been influenced by the researcher's own biases and subjective interpretations. Nonetheless, the online focus group served as a valuable means of exploring how mental health practitioners construct individual and collective meanings and understandings through their interactions with others. This underscores the socially constructed nature of meaning and understanding influenced by interpersonal interactions (see Clark et al. 2021).

4.5. Conclusion

This chapter has provided a comprehensive overview of the methodology employed in this doctoral research. It commenced by elucidating the epistemological underpinnings that shape the philosophical foundation of this inquiry. Subsequently, it outlined the selected research method and delved into the intricate facets of the data collection process, encompassing the procedures for recruitment, sample selection, the facilitation of the online focus group and the approach adopted for data analysis.

The chapter has also addressed the ethical considerations associated with the sensitive nature of the research topic and the facilitation of an online focus group discussion. While this study remains mindful of its inherent limitations, notably the relatively small participant group, it is hoped that the transparent and reflective approach taken in this chapter lays a solid foundation for the subsequent presentation of empirical findings in Chapter 5.

Chapter 5 will delve into the substantive findings of this study, offering insights into the mutual relationship between mental health and the racialisation of people of African descent in twenty-first century Britain, as gleaned from the primary data collected through the described methodology. The chapter will contribute substantively to the collective

comprehension of this critical issue, casting light on its far-reaching implications for both mental health practice and policy.

Building upon the methodological framework established in this chapter, the forthcoming analysis and discussion in Chapter 5 are poised to make significant contributions to the extant body of knowledge pertaining to the mind and behaviour of people of African descent. The fervent aspiration is that this research will serve as a catalyst for a more profound understanding of the intricate dynamics underpinning the relationship between mental health and a racialised identity.

Chapter 5: Practitioners' Perspectives: A Psychosocial Exploration of Life Beyond the 'Veil'

5.1. Introduction

Eurocentric scholarship has long been a dominant force in shaping the discourse surrounding the mind and behaviour of individuals of African descent. This scholarship has frequently perpetuated racialised colonial ideologies that are deeply rooted in the unfounded notions of the alleged 'primitivity' and 'inferiority' of people of African descent. These ideologies have, in turn, fostered pseudoscientific beliefs that emphasise so-called biological differences and the existence of racial hierarchies (see Chapter 2.2 for an in-depth discussion). Consequently, hegemonic discourses concerning the human mind, society, and behaviour have become enmeshed within knowledge systems marked by racial bias, claiming epistemic authority over the domain of knowledge itself.

Throughout the preceding chapters, this thesis has critically examined the challenges faced by African-descended individuals who often find themselves grappling with the consequences of being situated outside the dominant group's descriptions, definitions, and prescriptions (see Du Bois 1903; Fanon 1952 and McGee and Stovall 2015). This critical analysis has provided contradictory arguments to the universal positivist approaches typically employed by Eurocentric methodologies. However, it is essential to acknowledge that the majority of the insights presented thus far have relied on the analysis of secondary data.

In this chapter, a significant shift occurs as the focus turns toward primary data obtained through an online focus group with seven mental health practitioners, each of whom has been assigned a pseudonym for confidentiality. Detailed information about the age range, ethnicity, gender, geographical location, and years of professional experience of these

research participants can be found in Appendix 6 and is referenced in this chapter as well (see Figure 1).

The seven mental health practitioners featured in this study possess a wealth of experience ranging from seven to thirty-seven years in delivering mental health interventions to individuals of African descent. Consequently, this chapter endeavours to harness the expertise of these practitioners to gain a deeper understanding of the clinical and psychological ramifications of anti-Black/African racism as experienced by individuals who are racialised as 'Black'.

The chapter commences by delving into the daily encounters of people of African descent, whether within their workplaces or local communities, which are often characterised by acts of racialisation. These experiences frequently lead to a homogenisation of individuals into an essentialised 'Black' identity, marred by inaccurate and sometimes harmful assumptions about their true selves. Subsequently, the chapter examines the psychological implications of bearing a racialised identity.

Finally, this chapter addresses how cultures of anti-Black/African racism manifest within mental health institutions and explores the clinical implications of such pervasive phenomena. By elevating the voices and experiences of these mental health practitioners, this research endeavours to contribute valuable insights into the complex interplay between racialisation, psychological wellbeing, and the provision of mental health services within the context of anti-Black/African racism.

Figure 1. Participant Sample:

Participant Pseudonym (Combination of letters from first and last name)	**Professional Role**	**Geographical Location**	**Years of clinical practice experience with people of African descent**	**Age range**	**Gender description** (Self-identified)	**Ethnicity description** (Self-identified)
Afisa	Clinical Psychologist – NHS	Yorkshire	7.5 years	31 -40	Woman	Black African
Anise	Social Worker and CBT Therapist - NHS and Private practice	Southeast London	11 years	31 - 40	Female	Black British Caribbean
Chevy	Senior Clinical Mental Health Nurse Practitioner- NHS	Birmingham	37 years	50+	Female	Black Caribbean British
Jevor	Clinical Nurse Specialist – NHS	London-Islington	20 years	41 -50	Heterosexual Male	Black African/British
Leyes	Intercultural Psychotherapist – Private practice	Southeast London	7 years	41 -50	Female	African-Caribbean
Persah	Integrative Counsellor - Educational institution (Public sector) and Private practice	Maidstone and London	8 years	31 -40	Female	Black British
Toenne	Clinical Psychologist – NHS and Private practice	London	10 years	31 -40	Female	Black British African

5.2. ‘Black Skin White Masks’: Becoming ‘Black’ Under Circumstances of Oppression

In consonance with Du Bois's enduring contention that 'to name ourselves rather than be named we must first see ourselves' (O’Grady 2003, p.176; see also Du Bois 1903), the profound significance of self-identification and self-perception in the context of racially marginalised individuals must be acknowledged. While Du Bois's assertion remains a foundational principle in the discourse on racial identity, the lived experience of Jevor offers a contemporary lens through which to explore the complexities of self-identification for racialised individuals within Western society. Jevor's personal narrative, drawn from his lived experience, serves as a poignant illustration of the challenges associated with self-identification in the context of racialisation.

Jevor underwent a profound cultural transition upon his arrival in the UK. He articulated this transition as a 'culture shock…having been born in Ghana’ and steeped in ‘grassroots and cultural values’ that shaped his identity (Jevor 2022). His relocation to 'a predominantly white neighbourhood' in the UK represented a stark departure from the cultural milieu he had known in Ghana. In this new environment, he confronted the racialised perception of being portrayed as a 'second-class citizen' (Jevor 2022). This characterisation, imposed upon him by external societal forces, profoundly challenged his self-concept and sense of belonging, causing him to have to navigate between ‘that internal dilemma and fighting it off’ (Jevor 2022). Jevor's experience underscores the dissonance that often emerges between an individual's self-perception, rooted in their cultural and grassroots values, and the external racialised identities thrust upon them within Western society.

One of the most poignant aspects of Jevor's (2022) narrative is his encounter with the racial slur, ‘the N-word[2],’ during his time in the UK. This encounter is particularly striking as it reveals a deep sense of alienation and disconnection that Jevor experienced in response to this derogatory term. His reaction, encapsulated in the statement, ‘I was thinking what the hell is that? it's not me, I can’t identify with that,’ poignantly highlights the jarring incongruity between external racialised labels and an individual's self-identity. Jevor's unequivocal rejection of the derogatory label reflects his profound struggle to reconcile the external racialised categorisations imposed upon him with his authentic sense of self.

[2] The ‘N-word’ is a euphemism for ‘nigger’ which is a highly offensive racial slur used against people of African descent.

Jevor's narrative offers critical insights into the intricate dynamics of self-identification for racialised individuals in Western society. Firstly, it underscores the enduring impact of colonial legacies and systemic racism on the lives of racialised individuals. The experience of being perceived as a ‘second-class citizen’ resonates with Du Bois's exploration of the enduring racial hierarchies present in Western societies (see Du Bois 1903). Jevor's narrative serves as a contemporary testament to the ongoing challenges faced by people of African descent in asserting their identity within structures that perpetuate racial inequality.

Persah's (2022) narrative serves as a compelling counterpart to Jevor's experience, shedding light on the multifaceted journey of self-identification and racial consciousness for individuals of mixed heritage within Western society. Raised in a predominantly white environment by adoptive parents of white ethnicity, Persah shared that her upbringing was characterised by affluence and educational privilege, attending private schools throughout her formative years. This background led to her revelation that ‘a lot of people would listen to me on the phone and assume I'm white’ (Persah 2022). However, it is essential to note that Persah, in her demographic questionnaire, self-identified as 'Black British,' reflecting her acknowledgment of her mixed heritage.

Persah's journey took a significant turn when she relocated to an ethnically diverse work environment in London. In this new setting, she confronted the pressing questions of identity and racial belonging. She described this period as a profound introspective exploration, stating, ‘I had to try and understand, what is Black? What is a Black woman? Because [I] hadn’t grown up with Black people.’ This internal struggle prompted her to seek therapy, recognising the need to navigate the complexities of her identity within the context of her racial background.

However, it is noteworthy that Persah's journey towards self-identification did not culminate in a fixed answer to her questions. She emphasised the diversity within the African-descended community, acknowledging that ‘we [African-descended individuals] are from all over the world.’ In her therapeutic journey, Persah arrived at a point where she embraced her identity as ‘Persah, a mixed heritage, Black woman’ (Persah 2022). She expressed her desire for her clients to similarly embrace their authentic selves, unapologetically and fully, regardless of their ethnic backgrounds. In her words, ‘I really love to try and empower these people to be themselves fully wherever they are. From whatever mix they are from’ (Persah 2022).

Persah's reflection on her own mixed heritage, encompassing a Gambian Irish mother and Jamaican father, underscores her acceptance of her identity without the need for exhaustive categorisations. Her statement, ‘but do I need to know more? I don't think so, I think I'm cool with that,’ encapsulates her journey towards self-acceptance and a commitment to empowering others to do the same.

Leyes's (2022) perspective adds another dimension to the discourse on identity and racial consciousness among individuals of mixed heritage, particularly in the context of psychotherapy. Her reflections on her experiences as an intercultural psychotherapist, working with ‘mixed-race clients’ (Leyes 2022), shed light on the complexities of navigating dual heritage and the challenges faced by those who are often compelled to choose between racial identities.

Leyes (2022) emphasised the significance of acknowledging and respecting the self-identifications of ‘mixed-race clients’, highlighting that many of them grapple with the pressure to ‘choose sides’, often between being 'Black' or white. This internal struggle is compounded by a ‘lack of support in understanding racial trauma and racialised experiences’ (Leyes 2022). Leyes's insights underscore the need for a nuanced and inclusive approach to mental health support that recognises the diverse experiences and identities within the African-descended community.

Moreover, Leyes's personal journey of self-discovery, rooted in her own ‘dual heritage,’ adds depth to her perspective as an intercultural psychotherapist (Leyes 2022). Her awareness of her mixed ancestry, including Indian and African roots, has been both enlightening and challenging. Her desire to trace her lineage and ‘find peace’ with her heritage reflects the deep impact of identity consciousness on an individual's psychological wellbeing (Leyes 2022).

As a temporary resolution to the internal conflict evoked by questions of identity, Leyes has found solace in identifying ‘spiritually as Ghanaian,’ even without detailed knowledge of her specific heritage (Leyes 2022). This spiritual identification speaks to the resilience and adaptability of individuals in the face of identity complexities.

In her therapeutic practice, Leyes places great importance on exploring the meaning of identity for her clients, how it influences their sense of self, and how they navigate the challenges posed by their racial environment (Leyes 2022). Her commitment to an ‘all-encompassing approach’ that considers ‘heritage, ethnicity, and identity’ underscores the necessity for mental

health practitioners to be attuned to the multifaceted dimensions of their clients' identities (Leyes 2022).

Furthermore, Leyes's (2022) assertion that individuals may belong to ‘alternative ethnic groups’ within the broader 'Black' or African-descended identity, highlights the need for a more nuanced understanding of identity in both clinical practice and societal discourse (Leyes 2022). This perspective aligns with the broader theme of this thesis, emphasizing the diversity and complexity inherent in the African-descended community's identities.

Leyes's insights highlight the importance of recognising and respecting the diverse self-identifications of individuals, particularly those of mixed heritage, in the context of mental health support. Her personal journey serves as a reminder of the profound impact of identity consciousness on an individual's wellbeing and the imperative for mental health practitioners to adopt an inclusive and holistic approach to therapy.

In contrast, Jevor's (2022) argument challenges prevailing practices within mental health institutions and society at large. He contends that individuals of African descent often find themselves compelled to conform to or ‘accept labels such as 'BAME' (Black, Asian, and Minority Ethnic) and 'POC' (People of Colour)’ (Jevor 2022). Jevor's critique highlights a pressing issue concerning the reductionist approach to identity for this demographic group. He questions the necessity of such overarching categorisations and raises concerns about self-identifying as part of a ‘complete minority’ when the fluidity and complexity of identity are acknowledged (Jevor 2022). This perspective invites a reconsideration of the implications of rigid labels on the mental health and self-perception of individuals of African descent.

His assertion that identity ‘doesn't have to be set in stone’ aligns with his global experiences, including living ‘in the United States and travelling’ extensively (Jevor 2022). Jevor's exposure to diverse cultures has led him to reject the notion that external perceptions or experiences should rigidly define one's identity. This perspective challenges the constraints imposed by conventional 'Black identity' and emphasises the need for more expansive and inclusive self-identifications.

Leyes's (2022) statement further underscores the challenge of moving beyond the monolithic 'Black identity,' even in private practice settings. Facilitating spaces for individuals to explore and embrace their multifaceted identities remains a complex task, primarily due to the prevailing ‘status quo of a [singular] 'Black' identity’ (Leyes 2022).

Toenne's reflection on identity highlights the intricate interplay between an individual's cultural background and their professional practice. Her recognition of the ‘great variability within a person's identity’ prompts her to inquire more deeply into questions of identity, a practice that she argues may differ from her white colleagues (Toenne 2022). She acknowledges that cultural nuances can influence the way practitioners perceive and interact with clients, stating:

> I gesticulate a lot when I talk. [Therefore], there are certain things that within therapy for example, that are just not activated in me, in the same way that they're activated in someone else in my team. And that's because my understanding of what I'm seeing is very different based on my culture (Toenne 2022).

Toenne's mention of her gesticulations as a form of communication highlights the cultural differences that can influence the therapeutic process. These differences may lead to varied interpretations of client behaviour and, consequently, impact ‘treatment outcomes and record-keeping’ (Toenne 2022).

Jevor's, Leyes's, and Toenne's perspectives collectively emphasise the need for mental health professionals to transcend the reductionist 'Black identity' and engage with the complexity and fluidity of individuals' self-identifications. Their insights underscore the importance of cultural competence and sensitivity in therapeutic practice, as well as the potential ramifications of stereotypical labelling within the field of mental health.

Afisa astutely observes that while there have been attempts to incorporate cultural differences into existing models and approaches, the fundamental issue persists. Even when a model is ‘culturally adapted or [deemed] culturally sensitive,’ it remains essentially ‘a Western intervention’ with minor adjustments, rather than a solution ‘developed by [individuals of African descent], for [individuals of African descent]’ (Afisa 2022).

Toenne (2022) sheds light on a critical aspect of this challenge, attributing the failure to develop appropriate treatment interventions for people of African descent to the predominantly white composition of the mental health workforce. Within such a context, Toenne (2022) argues that there exists a significant ‘variability in the comfortability that people have in having conversations about race and culture’. To Toenne (2022), this discomfort impedes genuine consideration ‘ of how things need to be changed or adapted’ to address the unique needs of this demographic.

Jevor (2022) further underscores this issue, noting that ‘a predominantly white managerial team’ often leads to defensiveness and reluctance to engage in discussions about racial matters. This defensive stance, states Jevor (2022) inhibits the meaningful exploration of ‘the impact [of racialisation] on’ people of African descent.

Anise's (2022) perspective aligns with these observations, she highlights that ‘experiences of racism [among people of African descent] are often minimised and denied’. She emphasises the importance of acknowledging racial trauma and the difficulty of ‘helping clients understand [that] their experiences are real. It is racial trauma’ (Anise 2022). Anise's practice has, therefore, become focused on supporting racialised ‘Black’ clients ‘to navigate through’ the enduring impact of anti-Black/African racism, recognising that these experiences are likely to persist ‘for the rest of their life in multiple different settings’ (Anise 2022).

What is more, Toenne’s (2022) observation that ‘organisations or services are trying to be anti-racist’ but fail to implement meaningful change ‘behind closed doors’ further emphasises the disjunction between intentions and actions in addressing the mental health needs of people of African descent.

Toenne's (2022) observation underscores a critical disconnection between intentions and actions in addressing the mental health needs of individuals of African descent. This disjunction is intrinsically linked to the pervasive concept of 'normalcy' within Western society and its profound impact on mental health.

In Western society, 'normalcy' is often defined through a Eurocentric lens, influenced by colonial ideologies that prioritise a particular set of values, beliefs, and identities (see Fanon 1952; Bonilla-Silva 2001 and Burrell 2009; see also Chapters 2 and 3). These ideologies not only shape societal norms but also permeate various aspects of life, including academic criteria, cultural patterns, and self-perception (see Maldonado-Torres 2007). Consequently, individuals of African descent are continually exposed to this 'coloniality of being,' which dictates that they must define themselves in relation to the dominant white culture.

This imposition of identity has significant consequences for the mental health of individuals of African descent. Their self-concept is often fragmented and disembodied as they grapple with the uncertainty of their identity within a society that consistently diminishes their beliefs and experiences. Moreover, when seeking mental health care services, their historical and contemporary encounters with anti-Black/African racism and

oppression are frequently minimised or ignored (see Whaley 2001 and Keating and Robertson 2004).

The persistence of colonial ideologies and their impact on individuals' self-identities extends beyond Western societies and permeates non-Western civilisations, leading to a global misrecognition of people of African descent. This phenomenon is a consequence of the historical infiltration of colonial cultures and the enduring effects of colonialism, even in regions that have gained independence from colonial rule (see Edu-Buandoh 2016).

Edu-Buandoh (2016) argues that colonial masters imposed their cultures on indigenous populations, effectively making them mentally subjugated and reconstructing the identity of colonial settlers as ‘superior’. This resulted in what Edu-Buandoh terms 'internal colonialism,' where individuals from formerly colonized regions adopt an identity constructed by colonizers as the epitome of civilisation, power, and wealth. This identity becomes synonymous with the 'self,' perpetuating the colonial legacy even after formal colonial rule has ended.

The consequences of this internalised colonial identity are profound, leading to the misrecognition of people of African descent on a global scale. They are often dehumanised and labelled as 'different,' ‘inferior,’ 'primitive’ and ‘subhuman.' These degrading stereotypes persist and contribute to the systemic devaluation and marginalisation of African-descended individuals in various societies.

One of the significant challenges associated with civilisations deeply permeated by colonial ideologies is the widespread acceptance of these dehumanising narratives. As a result, the dehumanising treatment of African-descended individuals often goes unacknowledged and unaddressed, perpetuating a cycle of marginalisation and oppression.

In light of this global misrecognition and its far-reaching consequences, there is an urgent need for societies, both Western and non-Western, to confront and dismantle the enduring legacies of colonialism. This includes recognising the harm caused by internalised colonial identities and working to create inclusive, equitable societies that respect and affirm the dignity and worth of all individuals, regardless of their racial or ethnic background.

The dehumanisation of people of African descent is exemplified and expressed, in many ways such as through verbal encounters which consist of derogatory comments like being called a ‘‘dirty nigger!’’ amongst

other degrading racial slurs whilst travelling on public transport (Fanon 1952, p. 89; see also Faulkner and Bliuc 2016; Wallace, Nazroo, and Bécares 2016); the ‘worldwide craze [of] coon songs [portraying] people of African descent in grossly stereotypical terms, as foolish, lazy, and thieving’ (Schroeder 2010, p.141); malpractice of police across the globe using coercive practices; and ‘treating Black victims as perpetrators, the medical negligence of detained subjects, the fabrication of evidence and the use of forced confessions’ (Palmer 2012, p. 26; see also Chapter 3 and McCarthy, Trinkner and Atiba-Goff 2021).

Furthermore, individuals of African descent are subject to significant misrepresentation through global media outlets. As bell hooks (1992) aptly articulates, when engaging with various forms of media, such as magazines, books, television, films, and public space imagery, the prevalent portrayal of Black individuals often serves to perpetuate and reinforce white supremacist narratives. This misrepresentation is a pervasive issue that contributes to the perpetuation of racial biases and stereotypes within society. The media's role in shaping public perception cannot be overstated, as it influences how individuals of African descent are perceived and how their identities are constructed within the broader cultural context.

The misrecognition of individuals of African descent in Western society encompasses a wide spectrum of manifestations, all of which play a role in reinforcing deeply ingrained racial biases and stereotypes. While this thesis does not aim to provide an exhaustive analysis, it sheds light on the extensive impact of misrecognition and its implications for comprehending human behaviour and mental health.

One notable consequence of the misrecognition of African-descended people is the development of racially biased approaches within various domains, including psychology and behavioural studies. Grills, Aird, and Rowe (2016) highlight the significant role played by pervasive narratives of ‘Black inferiority’ in distorting the perception of African-descended individuals. These narratives, deeply rooted in anti-Black/African racism, tend to pathologize behaviours and experiences that should ideally be examined with a more nuanced perspective. This pathology not only detracts from the authenticity of these individuals' experiences but also perpetuates racial stereotypes, thus exacerbating societal divisions.

Furthermore, misrecognition extends to the sphere of identity subjectivity for African-descended individuals, as discerningly observed by Fanon (1952). The pseudoscientific fallacy that characterises people of African descent as ‘abnormal,’ ‘inferior,’ ‘irrational’ and ‘uncivilised’ contributes to

the homogenisation of their identities. This homogenisation, in turn, stifles the rich diversity of experiences and perspectives within the African-descended community, relegating their identity subjectivity to the periphery.

As African-descended individuals navigate a society that imposes a white supremacist gaze upon their self-concept, they grapple with profound psychological conflict. This conflict arises from the stark disparity between their authentic self-identity and the external racialised identity that is thrust upon them. The realisation that they are perceived as having a 'different ontological makeup than that of the colonizer' (Khanna 2004, p.127) fosters a consciousness of self that is fraught with tension, self-doubt, and a persistent sense of ‘otherness.’

Crucially, the misrecognition of African-descended individuals is intrinsically linked to the perpetuation of the racist colonial gaze. This gaze serves to enforce racial hierarchies while emphasizing notions of ‘difference’ and ‘otherness’ (see Du Bois 1903). It operates as a potent instrument for upholding the status quo of racial inequality and subjugation. The societal endorsement of this gaze perpetuates the cycle of misrecognition and reinforces the oppressive structures that persistently marginalise individuals of African descent.

In the discourse surrounding anti-Black/African rhetoric and its profound impact on individuals of African descent, Wilson (1998) eloquently exposes the fallacy that conflates all individuals of African descent as inherently 'bad' in order to uphold the racial status quo. In his posthumous examination of this rhetoric, Wilson (1998) contended:

> Mythology…functions to maintain European power, domination, and control. [Therefore], it is our attack against it as a mythology that we must be concerned with. Because the mythology becomes a part of [people of African descent’s] mental structure. It is used as a tool of intellection, a tool of comprehension, a tool of dealing with the world and relating to the world. A mythology organises the world, organises behaviour; it organises interpersonal and intergroup relations. Whatever mythology we believe, is one that organises our approach to people, our perception of ourselves and other people…mythology often takes control of the domain of discourse (pp. 30 – 31; see also Chapter 2.3).

Wilson's (1998) thesis further posited that the perpetuation of a white supremacist culture in the Western world can be attributed to the role played by European historiography in constructing a particular version of reality. This deliberate exclusion of historical narratives that challenge established myths, according to Wilson, has solidified the perception of the alleged inferiority of African-descended people as an unquestionable truth, permeating the collective consciousness (see also Burrell 2009; Donnor and Ladson-Billings 2017 and Goings and Walker 2018).

As this chapter demonstrates, one significant consequence of this historical oversight is the failure within mental health care to address the deep-rooted historical foundations of anti-Black/African racism. This structural and institutional embedding of racism within policies and practices has a profound impact on the treatment of individuals of African descent. In the twenty-first century, mental health institutions continue to perpetuate a racially biased culture, leading to disparate outcomes for Black people in the UK that have not only persisted but have, in fact, exacerbated over time (see The Black Manifesto 2010 and Hussain et al. 2022).

5.3. Racial Battle Fatigue': Navigating 'White' Institutions as a Racialised Practitioner

Within the discourse of critical race scholars, a consensus emerges regarding the refusal of the vast majority of white individuals to acknowledge the legitimacy of structural racism and its associated symptoms (see Delgado and Stefancic 2000; Eddo-Lodge 2020 and Ladson-Billings 2021). Eddo-Lodge (2020) discerns this stance through the emotional disconnect exhibited by white individuals when racialised individuals articulate their experiences of racial inequalities. This emotional disconnect, argues Eddo-Lodge (2020), can render engaging in conversations with defiant white individuals a psychologically perilous endeavour for individuals of African descent, as their encounters with racial oppression often go invalidated (see also section 5.2). Consequently, African-descended individuals may internalise their experiences of race-related oppression, leading them to perceive and interpret the world through the lens of anti-Blackness (see Du Bois 1903; Fanon 1952; Wilson 1993 and Sharpe 2016).

In an illustrative anecdote, Chevy (2022) recounted a particular encounter in which a white consultant posed the question, 'where are you from?' inquiring about her origins. In response, Chevy humorously remarked, 'I started in Africa, ended up in Grenada, and got dropped off in England. Basically, I was born in England' (Chevy 2022). She emphasised that the

ability to respond to such queries with sarcasm is a process that evolves over time and is shaped by one's personal journey (Chevy 2022). However, despite her apparent adaptability to encounters that perpetuate the act of 'othering,' these interactions continue to evoke a heightened sense of identity consciousness within her. Chevy (2022) elaborated on this sentiment, asserting that her identity cannot be rigidly confined to categorical labels such as 'totally Black' or 'totally African Caribbean,' recognising the nuanced complexity of her identity and mixed heritage. She firmly stated, ‘I am who I am.’

Nevertheless, Chevy observed that mental health practitioners of African descent often ‘encounter problems in supporting patients or clients or service users’ within therapeutic contexts (Chevy 2022). She attributed these challenges to being ‘an issue about empowerment’ and the intricate dynamics that characterise the interactions of mental health practitioners of African descent within ‘clinical multi-disciplinary team meetings’ (Chevy 2022). Expanding on this observation, Chevy (2022) underscored that African-descended practitioners frequently find themselves in situations where they discern the necessity for ‘certain therap[ies], or when there is discrimination or inequalities’ that need to be addressed. Regrettably, they may experience a sense of ‘powerlessness’ in asserting their perspectives, ‘even though [they] operate within [the framework of established] policies [and protocols]’ (Chevy 2022).

In the context of disempowerment and the challenges faced by racialised mental health practitioners, Anise (2022) candidly revealed her experiences as a social worker and cognitive behavioural therapist, stating:

> I haven't always had the support of my line manager because they have often been white, so they haven't really understood what racial trauma is. So, then I have had to carry a lot of the pressure on my own. And I think as a clinician sitting with, you know, hearing the client's experience of racial trauma can sometimes also be triggering for yourself if there's nowhere else for you to outlet to.

Anise (2022) further expressed her adaptive approach to working with African-descended clients, highlighting the need for psychoeducation and her own resourcefulness. She explained:

> I’ve had to be creative in working with [African-descended clients] and make lots of adaptations through the psychoeducation that I’ve brought in. I’ve had to find my own resources [because there are no resources] within the organisation that I am working in. I have had to

> find additional things that really help the client understand what racial trauma is and how it is affecting them (Anise 2022).

Leyes (2022), empathizing with the challenges faced by her colleagues within the public mental health sector, added that:

> These conversations are very difficult with the institutional managers and supervisors because they don't understand what racial trauma is. I really get the sense that it is so isolating when you are working in institutions trying to adapt these models and not having the managerial and supervisory support.

These revelations underscore the significant obstacles and isolation experienced by mental health practitioners in navigating the complexities of racial trauma within their professional contexts, emphasizing the critical need for institutional awareness, support, and resources to address these challenges.

Reflecting on her experience as an integrative counsellor, Persah noted that working within an educational institution and private practice has provided limited opportunities to engage in meaningful dialogue with other professionals about mental health work with Black clients. She expressed that ‘it's quite rare to find a space where [she] can’ openly discuss ideas and connect with fellow professionals in the field of mental health (Persha 2022).

Similarly, Jevor (2022) shared the sentiment of isolation, emphasizing that the work aimed at addressing racial inequalities in mental health care can often make one ‘feel alone’ in their efforts. Leyes (2022) echoed this feeling of isolation, acknowledging that her work, focused on fostering ‘intercultural [understanding] and openness to difference’, sometimes leaves her with a sense of solitude.

Anise (2022) emphasised the need for unity among anti-racist practitioners, highlighting the importance of ‘strength in numbers’ in advocating for anti-racist practices. She viewed participation and mutual support as key motivators for contributing to spaces that address issues of anti-Black/African racism and mental health.

Building upon Anise's perspective, Chevy (2022) expressed her interest in the subject matter and her commitment to a ‘long journey of [witnessing] some improvements and areas that [still require enhancement]’ within the mental health sector. She emphasised the importance of studies like the one under discussion, advocating for their prominence to drive positive changes in mental health services.

These statements collectively underscore the significance of creating spaces for dialogue, collaboration, and support among mental health practitioners dedicated to addressing racial disparities and advancing anti-racist practices in the field.

In contrast to the motivations of Anise, Chevy, Jevor, Leyes, and Persah, Afisa (2022) revealed that her participation in the focus group stemmed from being ‘exhausted of doing this work within the [mental health system’ and the systemic challenges she faced while advocating for change. Similarly, Toenne (2022) expressed her prolonged efforts to create change within ‘socially embedded mental health teams’, ultimately reaching a point where she became ‘exhausted.’ Toenne (2022) argued that mental health practitioners should have the opportunity to ‘inform thinking in a space that sits outside of the typical structures,’ as there is a need for innovative approaches to address existing challenges. Reflecting on the discussions, Jevor (2022) proposed the importance of mental health organisations and services ‘creating safe spaces where people [can experience] a sense of belonging [and unity].’

Gilroy (1993a) asserts that feelings of connectedness and belonging can foster cohesion among African-descended people in response to the effects of white supremacy, which have been marked by enslavement and colonialism. This sense of unity is viewed as a direct response to various forms of racism that have historically denied the validity of ‘Black’ experiences and cultures. Gilroy suggests that this psychological process, if unsuccessful, can lead to psychopathological outcomes, as defined within the context of psychiatry.

Hickling and Hutchinson (1999) stress the importance of distinguishing references to psychopathology resulting from experiences of identity consciousness from nosological definitions based on universal Eurocentric frameworks. Instead, this psychology should be understood as a manifestation of the internalisation of pseudoscientific notions of racial hierarchy and the persistence of outdated white supremacist ideologies. These ideologies perpetuate a racial hierarchy that places 'whites at the top, "intermediate races" in the middle, and Blacks at the bottom' (Hart, 2017, p. 563; see also Du Bois, 1903; Fanon, 1952).

The systemic biases observed across various domains, including governmental policies, infiltrate institutional structures and serve to reinforce these racial hierarchies (see Chapter 3). These biases contribute to a normalisation of anti-Black/African racism within institutions, creating a culture that avoids discussing this issue and dismisses it as a potential contributor to the mental health experiences of people of African descent.

This normalisation reflects and reinforces broader racial hierarchies present in society, where African-descended individuals continue to be marginalised and discriminated against (see Pease 2021).

Within predominantly white institutions, individuals of African descent confront ongoing racism and targeted hostility based on their racial identity (see Quaye et al. 2019). The absence of effective coping mechanisms magnifies the toll of daily exposure to anti-Black/African racism on the mental and physical wellbeing of these individuals. Furthermore, individuals of African descent often bear the emotional labour of conforming to anti-Black/African racism to avoid being stereotyped with pejorative labels such as 'angry,' 'volatile,' or 'aggressive'—stereotypes perpetuated by the white supremacist gaze (see Di Angelo 2011 and Smith et al. 2016).

The concepts of 'misogynoir' and 'misandry' carry significant weight in comprehending how intersecting identities of race and gender contribute to the experiences of individuals of African descent, especially within the context of ‘racial battle fatigue.’

Coined by Moya Bailey, 'misogynoir' characterises the unique manifestation of misogyny that African-descended women and femmes encounter as a result of the intersection of racism and sexism (see Bailey 2021). It highlights the particular discrimination, objectification, and dehumanisation experienced by African-descended women and femmes, amplifying the psychological burden of ‘racial battle fatigue.’ This intersectionality recognises that African-descended women and femmes face both racial and gender-based biases and oppressions, resulting in a distinct set of challenges that compound their experiences of ‘racial battle fatigue’ (see Quaye et al. 2019).

On the other hand, 'misandry' pertains to the specific discrimination, stereotyping, and marginalisation directed at men of African descent and those perceived as such. This term acknowledges the intertwined dynamics of racism and gender bias affecting African-descended men, leading to their unique encounters with ‘racial battle fatigue.’ Analogous to African-descended women and femmes, the interplay of race and gender shapes the distinct challenges faced by men of African descent and contributes to the intricate phenomenon of ‘racial battle fatigue’ (Beauboeuf-Lafontant 2008; Smith et al. 2016; Corbin, Smith and Garcia 2018).

‘Misogynoir’ and 'misandry' illustrate how gendered forms of discrimination, rooted in both racism and gender bias, intersect and

compound the experiences of racial battle fatigue among individuals of African descent. These terms emphasise the complex ways in which race and gender intersect to mould the unique challenges and stressors encountered by Black individuals, underscoring the multifaceted nature of their experiences of ‘racial battle fatigue’ (see Beauboeuf-Lafontant 2008; Smith et al. 2016; Corbin, Smith and Garcia 2018 and Quaye et al. 2019).

However, as explored in Chapter 3, gender is not the sole identity characteristic shaping one's experience of anti-Black racism. Consequently, the subsequent section delves into how racialisation impacts the mental health of individuals of African descent, examining this dynamic through the lens of intersectionality.

5.4. Du Boisian Consciousness Through the Frame of Intersectionality

Drawing upon her personal experience of racialisation within the workplace, Anise (2022) expressed that she has noticed that ‘the closer proximity to whiteness, the less aggressive a person is perceived.’ This phenomenon has compelled her to navigate her professional life with a heightened awareness of concealing ‘lots of parts of [her] identity’ (Anise 2022). She has found herself ‘having to code-switch,’ a practice where she conscientiously alters her presentation to avoid conforming to stereotypes such as the 'angry Black woman' (Anise 2022). Regardless of the specific setting or context, Anise (2022) feels compelled to ‘adapt [her] to fit in with a white Westernised world’. This adaptation process, as Anise describes, brings forth numerous challenges for people of African descent in professional environments.

Expanding upon this line of reasoning, Leyes (2022) contended that when one is perceived as ‘Black, regardless of what your social status or positions is,’ there exists a uniformity in how they are perceived. In Leyes' perspective, the label of being ‘Black’ supersedes all other factors in determining how an individual is perceived. She illustrated this argument with a practical example involving a lawyer, who, ‘based on her income and professional status, could identify with a higher [social] class’ (Leyes).

However, when this lawyer experienced a ‘severe stress-related breakdown and required therapy through her company's insurance,’ her racial identity emerged as the predominant factor influencing her ‘psychiatric diagnosis, [interventions], and the label that was applied to her’ (Leyes 2022). According to Leyes, even with her high income, upper-class status, and professional achievements, the lawyer's racial identity took

precedence once her mental health deteriorated. As Leyes (2022) succinctly stated:

> In terms of these problems, I think that the problems are bigger, if you are of colour. Period! And the help is less effective if you are of colour, regardless of what your social status or position is.

Expanding upon the arguments of Anise and Leyes, Afisa underscored the persistent differentiation and treatment individuals of African descent receive from the world, irrespective of their shifts in class or circumstances. She grounded her argument in her own lived experiences, elucidating how her racial identity consistently shapes the way she is perceived and positioned in professional settings. Afisa (2022) recounted instances where, despite having scheduled meetings as a facilitator or expert, people assumed:

> I'm the receptionist and ask me for a cup of coffee, even though they're coming to meet me. On the piece of paper, it says they are coming to meet Doctor [surname omitted], so they don't expect that it is going to be a Black person.

She emphasised that such assumptions are often tied to the preconceived notions associated with her racial identity, stating:

> …Or when I'm facilitating a workshop and people come to me and ask me “where do I put my jacket?” you know, all that. I love to make cups of tea for people, I love to put stuff away, it's not about that. It's about how I'm instantly positioned as someone or as something to the people (Afisa 2022).

Furthermore, Afisa delved into the impact of racialisation on her professional identity and practice. She declared:

> All the work that I do is through the lens of being a Black queer femme like I know that. And I think it's what kind of navigates what I pay attention to, what sticks out to me, what I find is important, what is triggering to me, what I feel unsafe about as a therapist in the room, and how I feel about my identity as a psychologist (Afisa 2022).

Afisa (2022) divulged that she refrains from asserting herself as a psychologist, opting instead to say she works ‘in psychology or as a psychologist.’ She justified this choice as a means of survival, as her ‘clinical training was awful’ marked by racism and trauma (Afisa 2022). By positioning herself as a Black queer femme, Afisa (2022) aims to align her professional identity with her true self, ‘otherwise [she will be in] conflict

with who [she is] in order to assimilate and survive.' Thus, maintaining her integrity rather than compromising her identity to conform to oppressive expectations.

Afisa also shared her role in her workplace, where she strives to infuse the clinical psychology doctoral course with anti-racist principles and values, including the enrolment of more African-descended clinical trainees. Despite her best efforts, Afisa (2022) expressed disillusionment, asserting that her attempts to effect genuine change and foster an environment free from anti-Black/African racism are 'sabotaged every step of the way' due to being persistently undermined by the institution that has assigned her this responsibility. This constant struggle has led Afisa to question the worth of her position within the system, weighing the power and influence she has gained against the relentless resistance she faces. She stated:

> I am constantly in conflict between wanting to have the power and positioning because now I sit at tables that other people don't sit at. I get to make people pay attention to stuff they don't want to pay attention to. With, was it worth it? And is it worth being in the system?

Afisa's narrative underscores the enduring challenges faced by individuals of African descent in professional spaces, where their racial identity continues to shape their experiences and perceptions. Her account also highlights the profound impact of this racialisation on her professional identity and the conflicts that arise as she endeavours to navigate and reform the system from within.

In considering the experiences of mental health practitioners who, despite their racialisation as 'Black,' have achieved higher education and professional qualifications, it is reasonable to recognise that each participant possesses elements of privilege. Their access to higher education and specialised training has conferred upon them a degree of social mobility, influencing their capacity to access spaces, resources, and opportunities that might remain elusive for other individuals of African descent (see Bourdieu and Passeron 1977 and Prieur & Savage 2011). Philosopher and economist Karl Marx's perspective, which conceives individuals as an 'ensemble of social relations' shaped by hierarchical intersections of identity, aligns with this notion (Marx 1994, p.100). From a Marxist standpoint, individuals should cultivate a conscious awareness of how their class positioning within the broader social system affects the structuring of the economic order.

In contrast to Marx's viewpoint, Gimenez (2001) contends that for people of African descent, their class or socioeconomic status does not merely

mirror their structural locations but rather results from the combined influence of numerous factors, including the enduring legacy of slavery. Consequently, while class and ethnicity/race constitute distinct social structures, they simultaneously function as ‘interlocking structures of oppression’ (Collins 1993, p.26). Therefore, when an individual of African descent, such as Leyes's client, advances in terms of their social capital, a tendency emerges among these individuals to ‘privatise’ racial discrimination, effectively situating it beyond the purview of government regulation (Higginbotham 1993). The privatisation of racial discrimination can lead to an inability or reluctance to resist or challenge anti-Black/African racism, ultimately resulting in a lack of acknowledgment regarding the ways in which structural and systemic manifestations of anti-Black/African racism perpetrate violence against individuals racialised as 'Black.'

Consequently, when these individuals interact with institutions, including public mental health services, they grapple not only with the challenges associated with their mental distress but also with the harsh realities of the inequalities faced by people of African descent seeking mental health support. In the words of Du Bois, these 'privileged' individuals find themselves ‘stepping within the veil,’ departing from the realm of white individuals. In doing so, they raise the veil, albeit faintly, to gain a glimpse into its deeper recesses, including the profound significance of their racial identity, the complexities of their religious experiences, the depths of human sorrow, and the enduring struggle of remarkable souls (Du Bois 1903).

This nuanced exploration of privilege, class, race, and socioeconomic status illuminates the intricate web of social forces and structural inequalities that individuals of African descent navigate while pursuing higher education and professional success. It underscores the importance of recognising the multifaceted nature of privilege and its complex intersections within the broader context of systemic racism and discrimination.

In their efforts to address the inequalities faced by individuals of African descent, some, like Afisa, assume the role of advocates using their unique positionality. This notion aligns with Du Bois's (1903a) assertion that ‘the Negro race, like all races, is going to be saved by its exceptional [individuals]’ (p.33). Du Bois implored a group of African-descended intellectuals to take responsibility for dismantling the social inequities endured by people of African descent. In *The Talented Tenth,* Du Bois (1903a) outlined how this group of intellectuals, endowed with visibility due to their social status, could showcase the distinct creativity and proficiency

that African-descended individuals possess in domains such as arts, business and education. He believed that this demonstration would help the Western world recognise the value that Africa and its descendants bring to the global sphere.

However, it is worth considering that ‘poor and working-class Black people are made invisible by the state and local elites’ (Henson 2020, p.243). This invisibility is manifest in the erection of barriers that restrict people of African descent's access to places and material resources (see Chapter 3). Consequently, one could argue that these so-called exceptional individuals may inadvertently exacerbate the ‘invisibility of the Black underclass,’ effectively relegating them to symbolic erasure (Henson 2020, p.243).

Economist and author Thomas Sowell offers another critique of the idea that African-descended intellectuals should serve as ‘saviours’ for others of African descent. Sowell (2004) argues that there is no systematic evidence to support the notion that so-called role models of African descent are indispensable for achieving equitable outcomes among other African-descended individuals. Sowell (2004) emphasises the importance of acknowledging that some racialised individuals have been raised in environments that hindered their development. Consequently, while anti-Black/African racism unquestionably remains a salient and pervasive factor contributing to inequitable outcomes, Sowell's (2004) contention emphasises the necessity of acknowledging that not all racialised individuals will feasibly attain the same outcomes as their more privileged peers. In alignment with this nuanced argument, this thesis underscores the imperative of adopting an intersectional perspective when delving into the socially oppressive experiences of individuals racialised as 'Black.' This perspective is vital because the African-descended identity is not monolithic, but rather a rich tapestry of diverse experiences shaped by the complex interplay of an array of situational and relational factors.

The concept of social mobility, as explored in this study, is inherently context-specific, and the privilege associated with it varies significantly across diverse social spaces marked by struggles for legitimation and power (see Carter 2003). Consequently, while the study's participants may possess a level of intelligence and economic status that affords them certain privileges in comparison to other individuals of African descent, they remain far from exempt from the racially aggravated inequalities and discriminatory treatment that persist. This enduring condition can be attributed to the multifaceted nature of anti-Black practices, the deeply entrenched political-economic disparities along racial lines, and the pervasive white supremacist ideologies and attitudes that are

systematically engineered to perpetuate and rationalise white privilege and power, as argued by Feagin (2000).

On the surface, educated African-descended individuals holding professional qualifications may appear to wield considerable cultural currency due to their ability to ‘walk the walk and talk the talk’ of the dominant white cultural power brokers within society (Carter 2003, p.138). However, irrespective of the facets of their identity that bestow upon them certain privileges, such as education and class, the study's participants still find themselves confronted with profound powerlessness in the face of a hostile white power structure (see Fanon 1952 and Wilson 1998).

Yet, echoing Du Bois's (1903) concept of ‘second sight,’ it is posited that individuals of African descent should view their racialised identity as a gift. In Du Boisian terms, rather than constantly perceiving oneself through the eyes of others (see Du Bois 1903), ‘second sight’ should be harnessed by African-descended individuals to fuse their racialised self into a truer and more authentic self, one liberated from the oppressive labels imposed upon them (see Du Bois 1903). It is important to note, however, that one critique of the Du Boisian notion of ‘second sight’ is that it merely provides a vantage point for observing injustice and does not guarantee that people of colour will attain the critical consciousness necessary to initiate action and drive transformative change (see Cammarato 2016).

In the context of colonialism, as previously discussed, Western society has been deeply entrenched in a hegemonic narrative that characterises the African-descended identity with derogatory stereotypes such as 'abnormal,' 'inferior,' 'irrational' and ‘primitive’ (see Chapter 2). Additionally, in the Western world, the psyche of African-descended individuals has been profoundly shaped by the fracturing and contestation of their collective identity as ‘Africana’ subjects (see Henry 2005). Consequently, even when individuals attain critical consciousness, they face a myriad of complex obstacles that hinder their capacity to effect change. These barriers are compounded by intersecting forms of oppression stemming from factors such as class, ethnicity, gender and sexuality (see Follins, Garrett-Walker and Lewis 2014 and Mosley et al. 2021).

This complexity arises from the Western construct of civilisation, which has been largely defined in terms of whiteness. This construct propagates the belief that being 'phenotypically closer to whiteness' signifies a 'marked sign of advancement' (Andrews 2018, p. 44). As such, one's proximity to whiteness in terms of ideology, culture, ancestry, and physical appearance grants greater access to social and economic privileges and opportunities

(see Hunter 2007; Kleider-Offutt, Bond and Hegerty 2017; Dixon and Telles 2017 and Reece 2021).

As previously elucidated by Anise, individuals of African descent often grapple with an internal conflict arising from their desire to be treated as equals to their white counterparts. This conflict can evoke a profound longing to shed their African identity and be perceived as white, as Fanon (1952) poignantly articulates, where individuals wish 'out of the Blackest part of [their] soul…to be recognised not as *Black* but as *white*' (p.45, emphasis in original). This yearning to transcend 'Blackness' in favour of whiteness, as posited by Tafira (2017), is rooted in the belief that:

> By being white one can become a full being [thus, an African-descended person's] self-abnegation is cultivated by a racist society and the conditions and factors [that associate] all things good with white (p.47).

This ideology, revolving around the desirability of whiteness, can be conceptualised as 'pigmentocracy.' Coined by Chilean anthropologist Alejandro Lipschutz in 1944, the term is frequently applied to people of African descent and centres on notions of 'ethnic and colour-based hierarchies,' wherein lighter skin tones are accorded higher value than darker ones (Mallard 2022, p.13). While skin tone serves as a central determinant in this hierarchy, other characteristics, including hair texture and colour, lip fullness, nose structure, facial width, eye colour, and body build, are also scrutinised to further accentuate the divide between individuals of European and African ancestry (see Gabriel 2007). However, for the purpose of this discussion, the focus will remain primarily on prejudice based on skin shade, a concept now commonly referred to as 'colourism.'

On a global scale, individuals of African descent with lighter skin complexions are often phenotypically categorised as ‘superior’ to their darker-skinned counterparts, reflecting deep-seated anti-Black/African sentiments rooted in imperialism and colonialism (see Dixon and Telles 2017). Political activist Marcus Mosiah Garvey observed that this 'hatred' toward African ancestry was not confined to European individuals but permeated the African diaspora as well. He argued that some African-descended people 'in America, the West Indies, [Britain], and Africa believe that the nearer we approach the white man in colour, the greater our social standing and privilege' (Garvey 1923, cited in Gabriel 2007, p.5). Nonetheless, this belief remains illusory, as the stark reality is that, irrespective of an African-descended individual's skin tone, accomplishments, or socioeconomic status, within a white supremacist

society, they will invariably be unjustly perceived through a lens of derogatory stereotypes and colonialism.

This argument underscores the profound impact of pseudoscientific ideologies that dictate identity hierarchies. These ideologies have led to the recontextualization of ‘Blackness,’ implicating spaces, culture, and skin tone, and effectively erasing the legacy of Africa, replacing it with European ideals and the notion of white ‘superiority’ (Arroyo 2010).

Scholars have extensively discussed how colourism operates as a gendered construct, highlighting that women of African descent often bear a greater burden of disadvantages compared to their male counterparts (see Hill 2002; Dixon and Telles 2017 and Lemi and Brown 2020). For women of African descent, this is particularly concerning, as Western society is deeply rooted in a specific sexual economy, a particular conception of masculinity, and distinct class structures (see Hall 1993). In simpler terms, it is a society that fosters 'cultures of denial' regarding colourism and where individuals 'internalise and enact the norms of a patriarchal and/or racist social environment that supports and rewards such behaviour' (Noble and Palmer 2022, p.234). Moreover, this societal landscape is marked by a hegemonic culture of 'sexist racism,' characterised by:

> Processes of displacement, othering, and the continuing dehumanisation of Black women, whether in plain sight or out of sight [and] are mediated and regulated through ideological protections of and investments in white normativity and white hegemony underpinned by notions of white racial purity (Palmer 2019, p.509).

When considering this in the context of the gendered politics of sexism, which entails a 'common belief that a patriarchal social order is the only viable foundation for society,' it further complicates matters of identity for African-descended women (hooks 1982, p.99; see also Noble & Palmer 2022). To Gilroy (1993a), this 'appeal of phenotypical symmetry and the comfort of cultural sameness' represents a form of 'racial narcissism' (p.1). Gilroy (1993a) further contends that the most significant drawback of colourism is the intra-racial political tensions it foments, creating divisions between those who embrace the 'pluralisation of Black identities and those who oppose it' (p.2). Additionally, Gilroy (1993a) posits that 'homogeneity can signify unity, but unity need not require homogeneity' (p.2), suggesting that people of African descent can rally around the goal of combating racial oppression and societal injustice without requiring uniformity.

This argument aligns with the central premise of this doctoral inquiry, which asserts that the African-descended identity is inherently diverse and adaptable. Consequently, while anti-Black/anti-African racism targets all individuals of African descent, the experience may vary based on other identity characteristics, environmental factors, upbringing, and more. Therefore, the focus on identity politics related to how 'African/Black' a person is ultimately detracts from the more critical issue of addressing the psychological repercussions of anti-Black/African racism on a person of African descent's sense of self.

It is worth noting that the voices of men of African descent are notably absent from the findings of this research. This underrepresentation mirrors the broader gender disparities observed in the health and social care sector, where approximately seventy-seven percent of jobs are held by women (House of Commons Library 2022). These gender imbalances in the mental health workforce might appear surprising, given the male-dominated nature of intellectual fields such as psychology and psychiatry. However, similar to wider society, the mental health sector is not immune to patriarchal influences. Consequently, 'gender socialisation... continues to associate caring, nurturing, and empathic attributes more with the feminine spectrum, while men are still socialised to embody controlling, managing, stoic, and logical characteristics' (Reeves 2017, cited in Brown 2017, n.p).

Furthermore, historical ideologies originating in the late nineteenth century have perpetuated the belief that engagement in professional work aligns with the characteristics of middle-class white men who were considered 'distinguished, rational, unemotional, authoritative, physically robust, committed to their jobs, highly educated, and broad-minded.' In contrast, women were often characterised as frail, emotional, dependent, less committed to employment, and somewhat narrow-minded (Adams 2010).

These entrenched ideologies have become deeply rooted within the health and social care system. This structural bias is reflected in global statistics from the World Health Organization (2019), which indicate that while women make up seventy percent of the global health workforce, only twenty-five percent of women hold senior or management roles. This gender discrimination poses significant challenges as it restricts women's leadership and seniority within the healthcare system, limiting their influence on decision-making and the implementation of transformative changes.

In the context of men of African descent, there exists a misguided assumption that the gender privileges experienced by white men are

equally extended to men of African descent. Johnson (2018a) notes that this misconception arises from viewing patriarchy' as a static institution that oppresses women while empowering men across race, class, and sexuality. However, as this chapter will elucidate, this is far from the reality. The ensuing discussion will reveal a legacy of distrust among African-descended men, potentially influencing their willingness to participate in research studies.

The enduring concept of the racialised 'Black' identity within the framework of Western Eurocentric thought has long been associated with negative connotations. Fanon (1952) aptly describes this misrecognition, wherein 'the colour Black symbolises evil, sin, wretchedness, death, war, famine' (p.190). This prejudiced white supremacist perception has led to pervasive stereotypes, particularly aimed at African-descended men, rooted in pseudoscientific assertions that individuals of African descent are inherently 'abnormal,' 'irrational' and 'uncivilised,' requiring institutional control and order (see Chapter 2).

In the 2017 report on the independent review of deaths in police custody, Dame Elish Angiolini highlights how this stereotype of African-descended men as 'dangerous, violent, and volatile' is compounded when they also experience mental health issues, leading to the additional label of being 'mad, bad, and dangerous' (p. 88). Angiolini (2017) further notes that such perceptions by law enforcement can lead to the dangerous dehumanisation of African-descended individuals, exacerbating the likelihood of excessive force and restraint being used against someone in distress.

The report's findings resonate with a series of tragic incidents in which the unfounded fear and prejudice directed towards men of African descent, compounded by pseudoscientific stereotypes and the pervasive influence of white supremacy, resulted in the excessive use of force and, tragically, their untimely deaths. The following are illustrative examples:

April 1, 1998 - Christopher Alder (age 37): Christopher was arrested while at a hospital after staff reported that he had been aggressive. Upon arrival at the police station, he was found motionless in the police van. Unfortunately, due to officers' speculation that he was feigning illness, he received no medical attention. Instead, he was forcibly placed face down on the floor within the police station custody suite. An inquest into his death revealed that Christopher Alder's demise resulted from 'positional asphyxia' (see INQUEST 2000).

August 15, 2016 - Dalian Atkinson (age 48): Dalian was approached by two police officers during a mental health crisis. Upon their approach, one officer unlawfully struck Dalian with her baton, causing him to fall to the ground. While on the ground, Dalian was subjected to repeated kicks to the head by the second police officer. An inquest into his death revealed that Dalian Atkinson's demise was the result of excessive force, including the prolonged use of a taser, multiple strikes from a baton, and repeated kicks to the head (see INQUEST 2022a).

June 21, 2017 – Edir Da Costa (age 25): During a 'stop and search' operation conducted by law enforcement officers, Edir was forcefully restrained on the ground by four officers, placed face down, and handcuffed with his arms secured behind his back. While in this vulnerable position, officers deployed CS spray at dangerously close proximity to Edir's face, surpassing recommended guidelines for its use. Furthermore, Edir suffered blows, both open-handed and closed-fisted, during this restraint. While under this excessive force Edir became unresponsive. Tragically, the Metropolitan Police Service's call handler provided inaccurate information to the ambulance service, leading to a delayed response by paramedics. Several days later, Edir Da Costa succumbed to his injuries in the hospital. A subsequent inquest into his death determined that Edir Da Costa died as a result of cardiorespiratory arrest. However, the jury's conclusion was 'misadventure' rather than attributing his death to his encounter with the police. Edir's family has since been advocating tirelessly for justice (see INQUEST 2019).

March 9, 2018 – Kevin Clarke (age 35): Kevin had been diagnosed with 'paranoid schizophrenia,' a condition characterised by relapses and remissions. On that fateful day, Kevin was experiencing an acute episode of behavioural disturbance related to his condition, leading him to jump over back garden fences. Subsequently, he was found lying on the ground in a field. Despite posing no apparent risk of harm to himself or others during his arrest, police officers surrounded Kevin while he remained on the ground and subjected him to restraint. The officers employed two sets of handcuffs to immobilise Kevin's arms, citing his size as justification for this excessive use of restraints. In addition to the handcuffs, leg restraints were also applied to Kevin. During this protracted period of restraint, Kevin repeatedly conveyed to the officers that he could not breathe and feared for his life. Tragically, his pleas for help were disregarded, and he endured this restraint for a staggering thirty-three minutes. Later that day, Kevin Clarke succumbed to cardiac arrest while still in police custody. A subsequent inquest into his death determined that the restraint imposed by the police officers significantly contributed to Kevin Clarke's tragic

passing (see INQUEST 2022b and Independent Office for Police Conduct 2023).

The awareness among most men of African descent that prejudice, and the fear of violence significantly influence risk assessments and treatment decisions is a critical aspect of their lived experience (see Keating and Robertson 2004). This fear often becomes internalised, leading to behaviours that are frequently misinterpreted as ‘threatening’ or ‘dangerous’ (see Spector 2001 and Payne-Gill, Whitfield and Beck 2021). Whaley (2001) proposes a reconceptualization of this so-called paranoia and hypervigilance as ‘cultural mistrust,’ emphasizing that these behaviours can be attributed to the genuine concern of African-descended individuals about their increased vulnerability to anti-Black/African racism, discrimination, and coercion, rather than unjustified mistrust of institutions (see also Keating 2009).

The negative portrayals and stereotypes associated with the behaviour of African-descended men create significant challenges, as they raise the likelihood of dehumanisation rather than compassionate and dignified treatment, as evidenced in the illustrative examples presented earlier (see also Angiolini 2017). The generalisation of this construction of African-descended men is problematic as it can result in excessive use of force when individuals who have the authority to restrain perceive a vulnerable or mentally ill man as a threat (see Walker 2020). Moreover, the pervasive racist social environment has profound implications for the mental health and wellbeing of African-descended men and their families. Until anti-Black/African racism is recognised as a contributing factor to the psychological health of African-descended men, its far-reaching effects will persist, leading to disproportionate experiences of coercive practices, dehumanisation, and even fatalities (see De Maynard 2007 and Walker 2020).

While this discussion has primarily centred on African-descended men, it is essential to emphasise that anti-Black/African racism constitutes a consistent social stressor and threat for all individuals of African descent, both on systemic and individual levels. The exclusionary and discriminatory nature of anti-Black/African racism has a detrimental impact on an African-descended person's sense of identity and their experiences in the world (see Fanon 1952; Brown 2003 and Hobson et al. 2022). Threatening environments trigger neural activity that elicits defensive responses (see Muscatell et al. 2021). Consequently, some African-descended individuals may perceive the act of erasing their Blackness from their self-identification strategies or using socio-economic status and

language proficiency as a means of ‘whitening,’ as the most viable survival strategy in a society that values them based on their skin tone.

5.5. Asymmetries of Access: The Institutional Stymying of Equality in Treatment and Outcomes

The pervasive influence of anti-Black/African racism is evident within the societal framework, constituting a multifaceted system with economic, cultural, and political dimensions that perpetuate and legitimise structural, psychological, and relational disparities experienced by individuals of African descent (see Wilson 1998; Brown 2003; Mignolo 2007 and Ndlovu-Gatsheni 2018). This deeply ingrained racism also extends its reach into the ‘psy’ disciplines, characterised by its predominantly ‘white, middle-class, and Western’ orientation (Toenne 2022) and serving as a prime example of how white supremacy has infiltrated therapeutic models and interventions, often reflecting the values and norms of the ‘white middle class’ and ‘upper class’ (Anise 2022).

One of the most prevalent therapeutic approaches, within the ‘psy’ disciplines, is Cognitive Behavioural Therapy (CBT). In essence, CBT serves as a psychotherapeutic model designed to assist individuals in managing the demands imposed by their socio-cultural context. This model boasts a robust empirical foundation, positioning CBT as a ‘powerful intervention for mental health problems in adults’ (Dobson and Dobson 2018, p.1). Consequently, CBT is widely employed throughout mental healthcare institutions and stands as the central therapeutic modality within the National Health Service's (NHS) ‘talking therapies’ program (see Omylinska-Thurston et al. 2019).

Afisa's (2022) statement further illustrates this issue:

> In the service that I work in, we only get paid to provide CBT for psychosis. So, anything else we do is not considered. [For instance], I could do [a different intervention] with someone, [but] I would still have to put it in the system as CBT for psychosis, because it’s the only [treatment] our service gets funding for.

When reflecting on her experience delivering CBT to individuals of African descent, Afisa (2022) shared insights into the unique challenges posed by this population:

> Often when I work with people from [marginalised communities, the term] 'paranoia' is not an accurate reflection of [their] hypervigilance. [Many of the individuals I work with] have been persecuted or treated differently,[leading to deeply ingrained] core beliefs that the world isn’t

> safe for someone of their background. CBT [typically involves] a lot of work around [challenging these] core beliefs, which [form] the foundation of [a person's self-perception and worldview, often deeming them] maladaptive or dysfunctional. [However, I have come to recognise] that if [someone has] an accurate reflection that the world is unsafe for [them, they will naturally employ] ways to keep [themself] safe. [Therefore, I constantly contemplate] how [I can] change the methods and language used within an intervention [to be] more validating and accepting of someone's [lived] experiences. Oppression and discrimination, particularly in terms of racism, [are] always a predisposition and precipitating factor of any intervention that I am doing with people [of African descent] because they have likely experienced and will likely continue experiencing [anti-Black/African racism].

Afisa (2022) further argued that CBT employs a 'disproving [approach] for providing evidence [to validate individuals' unique] experiences [that may challenge their existing] thought [patterns].' She elaborated, saying, 'for example, [it involves] providing evidence with alternative [explanations as to] why they might not be persecuted, or why their feelings of 'paranoia' may not be accurate or realistic' (Afisa 2022).

Similarly, Anise (2022) echoed these sentiments:

> I have really struggled to use CBT with clients of Black Caribbean heritage because it is very protocol-led. So, you do [steps] A [and] B, [leading] to C, [often leaving little room to consider the broader] social context. For example, I was working with a client who [had been] racially abused by her peers and university staff [during her time at university]. [This traumatic experience resulted in symptoms resembling] post-traumatic stress disorder (PTSD). However, her symptoms did not fit exactly with [the standard CBT] protocol. [I attempted] to deliver CBT interventions, [but they] just really wasn't [resonating with her experiences]. With CBT, [I often find myself needing] to do a lot of adapting in order to really understand the social context and intersectionality, elements [that are often overlooked].

Within the context of psychotherapeutic practice, Anise provided a specific case example that yet again raised questions about the suitability of the CBT model for individuals of African descent:

> I was working with a client [of African descent who struggled with] social anxiety, [and I] was using the CBT model again. This client was really anxious when engaging in social situations, [often driven by]

> negative [self-]perceptions [rooted in the belief that others] think negatively about [them] or how they] act or behave. [However], this client was also racially abused at [their] work[place]. [Typically, in cases of] social anxiety, I can support clients to disprove some of their [negative] thoughts or beliefs. But [in this instance, due to the] client actually experiencing racial trauma, [employing the] CBT model[for this purpose proved] really difficult. Their experiences were very much real.

Expanding on Afisa's (2022) earlier discussion regarding so-called maladaptive behaviours of people of African descent, Jevor (2022) highlighted the role of hypervigilance as a first response to perceived and real threats in environments that were not designed with people of African descent in mind:

> As Afisa [discussed] hypervigilance, [it is important to recognise that it's often] the first response to [both] perceived and [genuine] threats in environments that were not shaped or built for people [of African descent].

In the context of African-descended men, Jevor emphasised that mental health institutions tend to ‘pathologize Black behaviours [and] cultures [without having] spent the time to gain a better understanding of where this comes from or why these behaviours exist.’ He noted that amongst men of African descent, ‘expressing emotions [is often viewed as] a sign of weakness, [leading individuals] to suppress [their emotions] to [be able to] function [in an anti-Black/African environment]’ (Jevor 2022). Moreover, Jevor (2022) highlighted disparities ‘in the treatment [of people of African descent compared to their white counterparts, particularly] in terms of racial profiling,’ including the use of coercive methods and disparate detention rates, physical restraint, and medication practices for African-descended individuals accessing mental health services.

Toenne (2022) echoed these observations, noting that within clinical settings, African-descended individuals ‘are misunderstood and are not awarded the same [level of treatment] as their white counterparts.’ Persah (2022) added that the racism experienced within professional environments tends to be ‘very subtle’, making it challenging to address. Leyes (2022) argued that this subtle discrimination is ‘often dismissed,’ perpetuating the normalisation of people of African descent being subjected to ‘discriminatory attitude[s].’

Moreover, the denial of the existence of anti-Black/African racism within the mental health landscape obstructs efforts by practitioners to initiate

changes and challenge the inequalities faced by people of African descent. Afisa (2022) highlighted the challenges faced by those attempting to conduct research on anti-Black racism and mental health care inequalities, emphasising the barriers that discourage trainees and researchers from pursuing such critical work.

> Lots of people who I supervise were doing pieces of research [on anti-Black racism and mental health care inequalities]. But the hoops that they have to jump through [are] … unreal, the things that they have to do. So, then what happens, is that the trainees or other researchers that I supervise say “we're not going to do this anymore. We'll just look at something easier.” Something where they don't have to have a barrier, every step that they take (Afisa 2022).

Toenne, on the other hand, emphasised the importance of adopting evidence-based practices and systematically exploring alternative approaches. Clinical psychologists, she noted, operate as ‘scientist-practitioners, [relying on critical evaluation of the] evidence-base and what research tells us’ (Toenne 2022). While she acknowledged the need for flexibility and innovation, especially in the private sector, Toenne stressed the importance of subjecting alternative methods and approaches to the same rigorous scrutiny applied to established interventions.

> Working in public services, you are forced to work in that Western [Eurocentric] way, but in the private sector, there is much more flexibility regarding what you want to do and when you want to do it. I believe in [working from an] evidence base [but] can [also] see issues with it. [Therefore], I get a conflict that occurs quite often, because children, young people, and adults deserve [interventions] that we [as practitioners], can stand behind and say that [the intervention] works. So, let’s [be innovative], but [we must first consider] how to start looking at those [alternative methods/approaches] with the same rigor as we would anything else. Not that we just that we needed to find something else because the [intervention] we have been told works, isn’t working [for people of African descent] and I think there’s not much thought or consideration around the importance of [having an evidence base for these alternative methods/interventions] (Toenne 2022).

Afisa (2022) pointed out a systemic issue within their profession, where research and theories are often ‘gate-kept’ within academic circles. Consequently, the academy's reluctance to embrace alternative approaches outside traditional Eurocentric psychotherapeutic interventions impedes the development of an evidence base for these

alternative methods, as highlighted by Toenne. This lack of an evidence base further complicates efforts to integrate alternative knowledge into mental health support for people of African descent.

Reflecting on the ongoing discussion, Leyes (2022) acknowledged her unique position as 'the only professional in this group that is free of working in an institutional sector'. She went on to highlight her concerns regarding the public sector's resistance to an 'openness to difference' and embracing diversity when addressing issues related to African-descended identity 'and mental health or wellbeing' (Leyes 2022). Leyes (2022) recognised that alternative practices, despite their potential benefits, are 'not in[corporated] into the NICE[3] guidelines.' This omission, as argued earlier, hinders the development of an empirical evidence base that is essential for the integration of alternative methods into mainstream mental health practice. Consequently, as Toenne pointed out earlier, these alternative methods lack the empirical evidence base necessary for their adoption within mainstream mental health practice.

Anise (2022), however, expressed a different perspective, emphasizing her commitment to 'really trying to reshape and reform therapeutic models, not only for [her own interventions] but [also] for the interventions [delivered by] other [practitioners].' Nevertheless, Chevy (2022) observed that racialised 'employees or practitioners find these barriers still [exist]' despite their best efforts. Toenne (2022) suggested that the persistence of these barriers experienced by African-descended mental health practitioners can be attributed to the undeniable role that 'race plays', irrespective of one's professional position or background.

History provides ample evidence that the world has not been safe for people of African descent. This reality is consistently reflected in various data, including those related to the criminal justice system, deportations, homicide rates, housing disparities, life expectancy, poverty, and wrongful arrests (see Commission on Race and Ethnic Disparities 2021; see also Chapter 3). Given the discussions presented thus far, it is reasonable to assert that anti-Black/African racism has become deeply entrenched in Western society, often overlooked when addressing the inequalities experienced by people of African descent in accessing mental health care. A major theoretical concern is that the knowledge base informing treatment

[3] NICE (National Institute for Health and Care Excellence) guidelines are evidenced-based recommendations developed by independent committees of professionals, lay persons, and stakeholders. These guidelines set out the care and services that are suitable for people experiencing a wide range of conditions. The guidance is not mandatory to follow but it is strongly recommended that health and social care professionals and services use the guidance to be able to plan and deliver services that provide the best possible care. See NICE guidelines | NICE guidance | Our programmes | What we do | About | NICE

methods is rooted in racist and white supremacist ideologies that propagate stereotypes of ‘abnormality,’ 'danger' and 'irrationality' when it comes to African-descended individuals, contrasting them with their white counterparts who are perceived as inherently 'rational,’ 'civilised' and normal (see Chapter 2.4).

This epistemological violence is profoundly detrimental, leading to 'epistemicide' (see Santos 2014 and Buchanan et al. 2021). Consequently, the 'intellectual imperialism' entrenched in academic knowledge perpetuates limited understanding regarding the mind and behaviour of people racialised as ‘Black’ (see Oppong 2019 and Settles et al .2021). Moreover, the hegemonic interpretations of human psychology and behaviour legitimise pseudoscientific racism and white supremacist ideologies. Without change, people of African descent will continue to be psychologically assessed through a ‘deficit-based’ approach, which pathologizes them based on perceived 'problematic' behaviours. These stereotypes perpetuate the notion of African-descended people as ‘primitive’ and their unconscious minds as ‘underdeveloped,’ leading to the pathology of so-called ‘impulsive’ behaviour, and an alleged inability to express emotions in a 'civilised' manner, particularly in regard to men of African descent (see Ashley 2014; Walker 2020; see also Chapter 2).

Examining emotional expression from an intersectional perspective reveals that gendered emotions are a prevalent phenomenon for most men, regardless of their ethnicity. Previous research, and as argued by Jevor (2022), suggests that during childhood, males often internalise the belief that expressing emotions like sadness diminishes their masculine status, while expressing anger, often through violent acts, can enhance it (see Shields 2013; De Boise and Hearn 2017 and River and Flood 2020). This heteronormative socialisation results in men and women being emotionally differentiated in stereotypical gendered ways (see Schrock and Knop 2014).

However, the gendering of emotions intersects with race, leading to a lack of empathy and understanding of the emotional socialisation of African-descended men. These men are frequently stigmatised with stereotypes like 'volatile' and 'dangerous,' irrespective of the psychological and oppressive factors influencing their actions (see Lipsedge 1994; Walker 2020; see also section 5.4).

Moreover, people of African descent often face the reduction of their complex identity to simply 'being Black' (Leyes 2022). Jevor (2022) argues that ‘to understand different cultures,’ and embrace their diversity should be considered a strength in clinical practice.

However, in Western societies, the identity of people of African descent is often oversimplified, preventing a comprehensive examination of its complexity. The trafficking and forced migration of captive Africans, coupled with European colonialism, global capitalism, and anti-African/Black racism, have led to the homogenisation of the African-descended identity through racialisation. This homogenisation overlooks the nuanced and diverse experiences of people of African descent. Consequently, anti-African/Black hegemonic narratives take precedence, casting African-descended people as ‘abnormal,’ and ‘inferior’ to their white European counterparts. However, as this thesis has demonstrated, these methodologies are deeply flawed and inadequate for a comprehensive understanding of the interplay between anti-Black/African racism, identity, and mental health.

5.6. Conclusion

This chapter has conducted a rigorous examination of the psychological implications of a racialised identity for individuals of African descent. It draws upon the insights provided by seven mental health practitioners working within the British mental health sector. These insights are framed within the theoretical constructs of cultural studies, critical race theory (CRT) and decolonial theory.

The imperative nature of contextual acknowledgment in mental health interventions for individuals of African descent within Britain aligns with the influence of imperialism and colonialism on contemporary anti-Black/African racism. The prevalent use of terms like 'BAME/BME' and 'POC' in mental health care contributes to the alienation of these individuals, perpetuating established ‘norms’ within societal and institutional structures. This observation resonates with identity consciousness concepts from scholars like Du Bois, Hall, and Fanon, prompting a profound exploration of belonging. The consequences of this alienation manifest in internalised feelings of inferiority and futile attempts to conform to the white European 'norm,' showcasing the enduring grip of anti-Black/African racism on society.

The normalisation of anti-Black/African racism's presence results in inadequate attention within mental health solutions, impacting the wellbeing of individuals of African descent. This phenomenon, noted by scholars such as Du Bois (1903), Fanon (1952), and Wilson (1993), emphasises the need for tailored interventions.

Practitioners, in this study, emphasise the importance of cultural awareness, considering their and their clients' ethnic backgrounds when

delivering psychotherapeutic interventions. Scholars like Bhabha and Hall stress the significance of acknowledging the diversity inherent in identity, and this is especially important when providing mental health care to individuals of African descent.

CRT emerges as a profound lens to understand the origin and perpetuation of contemporary anti-Black/African racist ideologies in mental health interventions. Integrated with studies on human psychology and behaviour, CRT elucidates the complex dynamics of race politics and the intricacies of the identity of African-descended individuals. However, CRT's presentist bias necessitates fusion with decolonial thought and historical analyses to comprehensively grasp the enduring impact of imperialism and colonialism on the experiences of people of African descent.

The fusion of CRT with decolonial thought, complemented by historical analyses, enriches the understanding of how power structures rooted in imperialism and colonialism continue to influence the experiences of people of African descent. Cultural studies contribute further by recognising and addressing the intricate diversity and interconnectedness of power hierarchies.

Chapter 6: Concluding Comments

This thesis contends that within Britain, numerous institutions strategically employ the detrimental psychological consequences of racism to impede people of African descent from achieving mental health care equity. Healthcare institutions, a focal point of this argument, perpetuate biases in diagnosis and treatment, where implicit biases among healthcare providers influence diagnostic decisions and treatment recommendations. Extensive studies reveal racial disparities in mental health conditions' diagnosis and treatment, often resulting in people of African descent receiving substandard care. Additionally, an underrepresentation of cultural competence in mental health professionals leads to the misinterpretation of symptoms, miscommunication, and inadequate support for individuals from diverse backgrounds.

In educational institutions, a notable issue is the lack of a diverse curriculum in mental health professional programs, which may inadequately cover cultural competence, diversity, and the impact of racism on mental health. This deficiency perpetuates stereotypes and reinforces biased perspectives. The criminal justice system, detailed in Chapter 5.4, engages in over-policing and racial profiling, contributing to

higher rates of incarceration for people of African descent. The system's failure to address underlying mental health issues further exacerbates disparities in accessing mental health care.

Workplace institutions, exemplified in narratives shared by research participants in Chapter 5.3, serve as sources of racial microaggressions and discrimination. This contributes to chronic stress and mental health challenges for individuals of African descent, creating hostile work environments that discourage seeking mental health support due to fear of repercussions.

Media portrayal and public discourse, explored in Chapter 5.2, perpetuate racial stereotypes and stigmatise mental health issues within African-descended communities. This contributes to individuals' reluctance to seek help due to fear of judgment and misunderstanding. The thesis argues that inadequate government policies fail to effectively address systemic racism in mental health care, characterised by insufficient funding, a lack of targeted initiatives, and a failure to address social determinants of mental health, all of which contribute to disparities.

Addressing the multifaceted challenges associated with mental health care for people of African descent requires a comprehensive approach, incorporating targeted policy interventions, cultural competence training, community engagement, and advocacy. Recognising the tangible manifestations of racism within these institutions is crucial for dismantling barriers and promoting equitable mental health care. However, in light of the findings presented in the 'Sewell Report' which denies the existence of institutional racism, the prospects for positive outcomes from governmental interventions to improve access, experience, and outcomes for individuals of African descent accessing mental health services appear bleak. It therefore becomes evident that without addressing the root cause of the issue, such interventions are unlikely to materialise into meaningful improvements.

The novel transdisciplinary research approach adopted in this thesis offers a unique and valuable contribution to future research and policy initiatives aimed at improving access, experience, and outcomes for people of African descent. By integrating perspectives from multiple disciplines, including critical race and decolonial theories, cultural studies, history, cultural studies and psychology, this approach transcends traditional boundaries, providing a more comprehensive understanding of the complexities involved in mental health care for this population.

The transdisciplinary nature of the research signifies an innovative and comprehensive approach to studying mental health experiences among people of African descent. By transcending disciplinary boundaries, this methodology engages historical, cultural, and psychological dimensions concurrently, providing a more holistic understanding of the complexities involved. This approach is particularly crucial in the context of mental health disparities, as it allows for a nuanced examination of factors contributing to these disparities and, subsequently, informs the development of targeted policies.

In terms of historical analysis, the research delves into pivotal periods such as the 'Enlightenment' era and Victorian era. These historical epochs are chosen deliberately as they mark critical junctures in the formation and reinforcement of systemic racism. The 'Enlightenment' era, characterised by intellectual developments and the age of reason, coincided with the entrenchment of racist ideologies that sought to justify colonialism and slavery. Similarly, the Victorian era perpetuated racial hierarchies, and its influence on psychiatric practices further exacerbated the systemic biases within mental health care.

By exploring these historical periods, the research sheds light on the deep-seated roots of systemic racism. It goes beyond surface-level analyses to uncover the historical underpinnings that have shaped mental health narratives for people of African descent. This historical context is indispensable for understanding the origins of disparities and dismantling deeply ingrained structures that perpetuate unequal outcomes in mental health.

The insights gained from this historical analysis play a pivotal role in informing future policy frameworks. Policies that aim to rectify mental health disparities must be rooted in a profound understanding of historical injustices and their contemporary implications. The transdisciplinary approach, by encompassing historical, cultural, and psychological dimensions, ensures that policy recommendations are not only informed by statistical data but are also embedded in a broader understanding of the sociohistorical contexts that have shaped mental health experiences.

The transdisciplinary approach employed in this research also holds significant implications for future research and discourse within the 'psy' disciplines. Firstly, the inclusion of practitioners' voices, often overlooked in traditional research approaches, injects a practical dimension into the discourse. This practicality not only identifies gaps in current mental health practices but also offers valuable insights for developing more inclusive and effective interventions. The research becomes a catalyst for future

endeavours by providing a platform for those on the frontline of mental health care to contribute nuanced perspectives and practical recommendations.

Amplifying practitioners' voices has direct implications for policymaking, as their experiences and recommendations can inform evidence-based strategies for equitable mental health care. This research, by acknowledging and addressing the concerns raised by practitioners, contributes to a more comprehensive understanding of the challenges within mental health care systems. Consequently, future research can build upon these insights to refine interventions, ensuring they align with the practical realities faced by those delivering mental health services.

In the context of 'psy' disciplines, the transdisciplinary approach goes beyond traditional boundaries, challenging and expanding conventional narratives within psychology. The critique of the 'Sewell Report' and its denial of institutional racism exemplifies the research's confrontational stance against prevailing discourses that perpetuate disparities in mental health care. By incorporating critical perspectives from cultural studies and historical analyses, the research exposes the limitations of existing frameworks within the 'psy' disciplines.

This exposure of limitations fosters a more nuanced understanding of the intersectionality of race, identity, and mental health. It challenges the 'psy' disciplines to move beyond simplistic models and encourages a broader consideration of historical and cultural factors. As a result, future research within the 'psy' disciplines can benefit from this expanded perspective, paving the way for more inclusive, culturally sensitive, and socially aware approaches to mental health.

In summary, the transdisciplinary nature of this research not only adds a practical dimension through the inclusion of practitioners' voices but also contributes to illuminating discourses within the 'psy' disciplines. It challenges existing narratives, critiques institutional reports denying racism, and opens avenues for future research to build upon these insights for a more comprehensive and equitable understanding of mental health.

In a deeply personal reflection, this doctoral inquiry has engendered profound revelations, prompting a fundamental shift in my perspective. It has ignited a personal journey of decolonization that will reverberate throughout my scholarly and clinical pursuits, carrying forward this newfound understanding into all facets of my professional and personal life.

As I embark on the trajectory of my forthcoming endeavours, the central focus is on instigating substantive dialogues concerning race and mental health, particularly for individuals of African descent. A primary emphasis resides in acknowledging and upholding the significance of 'Black' personhood within the intricate milieu of mental health care in the UK.

The pivotal shift in my perspective, alluded to herein, emerges as a foundational juncture for my prospective initiatives. It signifies a heightened cognisance of the imperative for decolonization, underscoring the urgency to interrogate and disassemble deeply entrenched colonial structures and ideologies permeating the landscape of mental health care. This newfound awareness positions me as a knowledgeable and committed advocate for transformative change, charting a course toward mental health practices that are not only inclusive but also culturally attuned and respectful.

In outlining my current and future work, several pivotal domains emerge as key:

Advocacy for Recognition and Respect: Through targeted initiatives and collaborative efforts with lived-experience experts, community organisations, mental health institutions, and policymakers, my goal is to foster environments that champion cultural competence and anti-racist practices within the mental health care arena.

Community Engagement and Empowerment: Active engagement with the 'Black'/African-descended community is imperative for understanding their unique experiences, needs, and perspectives within mental health care. Therefore, my commitment extends to empowerment initiatives, embracing knowledge-sharing platforms, mental health literacy programs, and advocacy efforts that bolster self-advocacy among individuals of African descent.

Critical Reflection on Institutional Practices: As a scholar-practitioner, a critical lens is applied to existing institutional practices within mental health care. Rigorous research and analytical endeavours aim to identify areas where 'Black' personhood may be marginalised or overlooked. My role extends to providing insightful recommendations for reforms that prioritise inclusivity, cultural competence, and an unwavering respect for diverse identities.

Educational Outreach and Training: My commitment extends to the development of educational programs tailored for mental health professionals, institutions, and the broader community. These initiatives

are designed to foster a nuanced understanding and heightened sensitivity toward 'Black' personhood. Training sessions are envisioned as pivotal tools for dismantling racial biases and advocating for equitable mental health care practices.

Through the amalgamation of these multifaceted elements into my current and future work, I emerge as a catalytic force for positive transformation. Actively contributing to the ongoing discourse on race and mental health activism, my journey of personal decolonization stands as a robust foundation. This alignment of scholarly and clinical pursuits manifests as a resolute commitment to dismantling systemic barriers and cultivating an environment where 'Black' personhood not only finds recognition but is profoundly respected within the intricate landscape of mental health care in Britain.

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Appendices

Appendix 1. Faculty of Arts - Ethics Approval Form

Please submit this form to Faculty Ethics email address (SS-ce-ethics@nottingham.ac.uk) **at least 2 months** before you plan to begin your research, along with:

- Consent form
- Written information sheet for participants
- Signed declaration of ethical awareness
- Questionnaire or focus group plan (if possible).

Please read the **Guidelines for Completing the Arts Ethics Form** (available on Workspace) before submitting the form.

(1) General Information

(a) Please complete the following:

Researcher name: Niquita Pilgrim

School / Department: Black Studies - CLAS

Project Title: A Critical Examination on the Effect of a Racialised Identity on the Mental Health of People of African Descent in 21st Century Britain

Date: 20/09/2020

Email address: Niquita.pilgrim@nottingham.ac.uk

(b) Please tick as appropriate:

☐**Member of staff**

☐**Undergraduate**

Module: Click here to enter text.

Supervisor: Click here to enter text.

☐This application has been discussed with the above supervisor

×Postgraduate Research

☐ **Postgraduate Taught**

Module:Black Studies

Supervisor: Dr Daniel Mutibwa and Dr Onyeka Nubia

☒This application has been discussed with the above supervisor

☐**Member of staff obtaining approval for a module**

Module code: Click here to enter text.

Module name: Click here to enter text.

(c) Is the research funded by an external body or part of an external funding bid?

XNo

☐**Yes** Funding body: Click here to enter text.

Does the above funding body require proof of ethics approval?

☐**Yes**

XNo

(2) Research aims/questions

Provide a brief summary of the research aims/questions [max 100 words]

This research project aims to gather a collection of best practice examples from mental health care practitioners, who have experience of delivering psychosocial therapeutic interventions to people of African descent. The aim is to capture perspectives, insights and/or reflections on their practice experience with individuals of African descent. The overarching research question is: 'what is the effect of a racialised identity on the mental health of people of African descent in 21st century Britain?' A secondary analysis of data will also be undertaken to answer this research question.

(3) Methods

(a) Please indicate which methods you will be using:

☐**Questionnaire**

XFocus groups

☐**Interviews**

☐**Observation**

☐**Psychophysiological measures (e.g. response time, eyetracking, ERP etc.)**

XData found online

☐**Data produced by students (e.g. their essays)**

☐**Other;**

b) Please give brief details of how you will be employing these methods [max 200 words]

In line with COVID-19 regulations, participation will be via an online focus group which will take place on Zoom, lasting no longer than 1.5 hours with no more than eight attendees. The content of the discussion will be centred on establishing the effect of a racialised identity on the mental health of people of African descent.

(4) Research Location

Please confirm where the research will take place:

☐**On Campus** **X** **Online**

☐**Elsewhere in the UK**

(5) Research topics

a) Please confirm if your research involves any of the following:

X **Yes**	**No**	Procedures likely to cause participants distress
☐ **Yes**	**X** **No**	Misleading participants about your research or withholding information

X **Yes**	☐ **No**	Investigation of sensitive issues (e.g. sexual, racial, religious or political attitudes, illegal activities etc.)
X **Yes**	☐ **No**	Investigation of personal topics (e.g. personal health, learning disabilities etc.)
☐ **Yes**	X **No**	Online data that requires a password to access

If you have ticked YES to any of the above, please provide more details below.

Indicate any potential risk to participants, justify this risk, and state what steps will be taken to minimise it. For online data, please provide details of the websites and how you will ensure consent is given.

It is possible that the exploration of belonging, identity and racialisation may involve mildly politically contentious topics, but I will ensure that I steer away from anything that would be more than minimal risk. I will also minimise risk by giving assurances such as informing participants that they can refuse to answer any question(s) they are uncomfortable with and can withdraw at any time. This will be an integral part of my ethical conduct. I will also offer an aftercare plan with contact details for appropriate mental health support networks and resources such as the Black, African and Asian Therapy Network and the Samaritans crisis line.

(6) Participants, access, and inducements

a) Please confirm if your sample will involve any of the following:

☐ **Yes**	☒ **No**	Participants under the age of 16
☐ **Yes**	☒ **No**	Adults of limited mental capacity
☐ **Yes**	☒ **No**	Participants recruited from special sources (e.g. educational institutions, prisons, hospitals, etc.)

If you have ticked YES to any of the above, please provide more detailed information and justification:

Indicate why it is crucial to your research to involve these participants and outline additional measures to obtain informed consent from participants and their carers.

b) Please confirm if you will be offering inducements for taking part:

☐ **Yes;** please provide more detailed information and justification:

X No

c) Please confirm if there is a risk of participants being identified in any form of dissemination

☐ **Yes;** please provide more detailed information and justification:

X No; please confirm how you will protect participants' identities:

Participants' identities will be anonymised on all research material as I will be assigning a pseudonym in place of their name. They will also be informed that they are welcome to keep their camera turned off throughout the conversation and that they can also choose their own pseudonym to use as a screen name on the Zoom call. However, if they do choose a pseudonym as their screen name, they will be asked to notify me in advance.

(7) Data Storage & Dissemination

a) Please confirm that you will be storing your data in password-protected files

☒ **Yes** ☐ **No**

b) Please confirm if you will be destroying the data seven years after publication

☒ **Yes**

☐ **No;** please provide justification and give details of where the data will be deposited:

c) Please provide an indication of any intended dissemination or impact activities.

(If such activities are planned after the project is approved, please inform your School Ethics Officer of these changes and update consent procedures appropriately.)

The findings will be shared with the individuals who participated in the study, my supervisory team, and the rest of the cohort in working progress seminars. The findings may also be published in academic journals and disseminated within public forums to share learning and inform best practice.

d) Please confirm that this information has been accurately conveyed in the Privacy Notice for Participants

☒ **Yes** ☐ **No**

(8) Declaration

Signed: NIQUITA PILGRIM

(type your name, and submit this form using your University email account)

Date: 21/09/2020

Office use only:

Light touch review

Approved by: Rui Miranda Date: 21 October 2020

(School Ethics Officer)

Confirmed by: Michael Hannon Date: 24 October 2020

(Second School Ethics Officer)

Full committee review

Send for full committee approval: ☐

Approved by: Click here to enter text. Date: Click here to enter text.

(Faculty Ethics Officer)

Appendix 2. Recruitment Poster

Appendix 3. Participant Information Sheet, Consent Form and Demographic Questionnaire

Participant Information Sheet

Project Title:

Black Brit(ish): An Exploration of Identity and Mental Ill Health

About this project

The 2018 independent review of the Mental Health Act led the government to acknowledge that racial inequalities, in mental health care, must be tackled through changing the racially biased structure of existing mental health systems. There is also a wide range of research pertaining to structural oppression experienced by people of African/African-Caribbean heritage who encounter mental health services. However, less attention has been given to potential limitations of racially bias psychosocial methods that dominate mental health care.

This research project aims to gather a collection of best practice examples from mental health care practitioners, who have experience of delivering psychosocial therapeutic interventions to people of African/African-Caribbean heritage. As part of this focus group, I am hoping to capture some thoughts, experiences, insights and/or reflections on your practice experience with service users of African/African-Caribbean heritage.

The reflections/insight shared, by those who participate in this research, will assist in the development of a best practice guidance. The guidance will form part of my PhD thesis which offers a conceptually integrated framework that can be used as an alternative, or supplement, to the existing and limited psychosocial approach which may overlook 'Black' identity and its complex relationship with mental ill health.

Who can take part?

I would like to gain contributions from mental health professionals who regularly deliver psychosocial interventions to people of African/African-Caribbean heritage and have a minimum of two years of supervised practice within a clinical setting.

What will happen to the findings of the research study?

On completion of the project, the research findings will be included as part of my PhD thesis and if requested, will be shared with the mental health professionals and organisations that contributed data to the study.

What will you be required to do as a participant?

Participate in an online focus group which will take place on Zoom, lasting no longer than 1.5 hours with no more than eight attendees. The content of the discussion will be centred on the questions that you will be sent prior to the online focus group. The focus group will be on Tuesday 19th April 2022 at 20:00 – 21:15 and you will be sent the Zoom link ahead of the discussion.

After care

I will do my best to ensure that the conversation is handled in a caring and sensitive manner. However, due to the nature of the topic being explored, it is possible that issues such as racism and racial trauma may form part of the discussion. Therefore, you will be provided with a list of organisations that you can access if support is needed following engagement with the group discussion.

Will your information be confidential?

To help me keep an accurate record of what you have shared, the online focus group will be recorded, and a copy of the recording will be stored on a password protected USB stick. The session will be transcribed (typed into written format) and you will be sent a copy of the transcribed document for your records. Any information that could identify you will be removed (i.e. place of work, name etc) and then the recording will be destroyed. If you read through the transcribed document and notice any information that you would like further anonymised, then you can send this request to me within five days of receiving the document.

Your identity will be anonymised on all research material as I will be assigning a pseudonym in place of your name. You are welcome to keep your camera turned off throughout the conversation and you can also choose your own pseudonym to use as a screen name on the Zoom call. However, if you do choose to use a pseudonym as your screen name, **please inform me in advance.**

The anonymised transcript will be kept securely for 7 years in line with the University of Nottingham's data storage procedures. I may use quotations in published material. If direct quotations are used, then I will ensure that you cannot be identified.

What are the advantages and disadvantages of taking part?

Your contribution to this project will be extremely valuable because you have first-hand experience of delivering psychosocial therapeutic interventions to service users

of African/African-Caribbean heritage. Through sharing reflections on best practice, it will offer knowledge and insight into improving the effectiveness of mental health services for people of an ethnically diverse background. In addition to assisting with your continuing professional development. Whilst I do not anticipate there being any significant disadvantages to taking part in this project, please be aware that the group discussion will require approximately 1.5 hours of your time.

Do I have to take part?

No. Your participation is entirely voluntary, and you may withdraw at any time without needing to give a reason for withdrawing.

If you have any further questions about any aspect of this research, please do contact me: **Niquita.pilgrim@nottingham.ac.uk** or call **07765507601.**

CONSENT FORM

I have read and understood the information sheet. I have had the opportunity to consider the information, ask questions and I am satisfied with the answers.	Yes / No
I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving a reason.	Yes/ No
I understand that the information collected about me may be kept for up to 7 years.	Yes / No
I give permission for the online focus group to be recorded and transcribed.	Yes / No
I agree to the use of direct quotations from the questionnaire and online focus group in publications, reports and/or presentations provided that anonymity is preserved.	Yes / No
I agree to take part in the online focus group and to complete the questionnaire.	Yes / No
I agree not to share information I have heard in the online focus group with anyone else.	Yes / No
I understand that data will be stored on a password-protected computer and password-protected USB. Raw data (including transcripts and video/audio recordings) will only be made available to the research team.	Yes / No
Following participation in the focus group, I agree to be contacted to discuss my shared reflections further if required.	Yes / No

I understand that I may contact the researcher if I require further information about the research, and that I may contact the Ethics Committee at the University of Nottingham, if I wish to make a complaint relating to my involvement in the research. Contact details: email: SS-ce-ethics@nottingham.ac.uk or rui.miranda@nottingham.ac.uk	Yes / No

Full Name …….

E-Signature …….

Date …….

DEMOGRAPHIC QUESTIONNAIRE

1. **What is your professional title?** …….

2. **What is the geographical location of your clinical practice?** ……..

3. **How many years of your clinical practice has involved working with service users of African/African-Caribbean heritage?**.....

4. **What age group are you? (Please highlight the appropriate selection)**

18 – 30

31 – 40

41 – 50

51 – 60

60 +

5. **How would you describe your ethnicity?** ……

6. **How would you describe your gender?** ……

Thank you for completing the forms, I will be in touch soon with the Zoom link! - Niquita

Appendix 4. Pre-screening Questionnaire

Online Focus Group Expression of Interest

This PhD research project aims to gather a collection of best practice examples from mental health care professionals, who have experience of delivering psychosocial interventions to people of African/African-Caribbean heritage. As part of this focus group, I am hoping to capture some thoughts, experiences, insights and/or reflections on your practice experience with service users of African descent.

Your contribution to this online focus group will be extremely valuable because you have first-hand experience of delivering psychosocial interventions to service users of African/African-Caribbean heritage. Through sharing reflections on best practice, it will offer knowledge and insight into improving the effectiveness of mental health services for people of an ethnically diverse background.

The information provided in this form will be kept strictly confidential and will not be shared with any third parties or anyone outside of the research team. If you choose to participate, your identity will be anonymised on all research material.

Please complete this form if you are interested in taking part in this online focus group which will last no longer than 1.5 hours.

If you have any queries about the online focus group please contact: Niquita Alexander-Pilgrim (Doctoral Researcher - University of Nottingham) via email: niquita.pilgrim@nottingham.ac.uk or call or WhatsApp 07765507601.

1. Please choose the date and time that you would like to attend the online focus group

- Tuesday 19th April 2022 20:00 - 21:15
- Tuesday 19th April 2022 18:30 - 19:45
- Tuesday 19th April 2022 16:30 - 17:15

2. What is your professional title?

- Clinical Psychologist
- Nurse
- Social Worker

- Other _____

3. How long have you been delivering psychosocial interventions in your practice?

- Less than 2 years
- 2- 5 years
- 5 – 10 years
- More than 10 years

4. How many years of your clinical practice has involved working with service users of African/African-Caribbean heritage?

- Less than 2 years
- 2 – 5 years
- 5 – 10 years
- More than 10 years

5. Are you currently working within an NHS mental health foundation trust?

- Yes
- No

6. If you answered ‘No’ to question 5, please can you share the current setting of your clinical practice i.e., private, third sector etc.

7. What is your email address? (I would like to send you an information sheet about the focus group).

8. Please enter your email address again.

9. Please provide a contact telephone number or social media handle.

Appendix 5. Focus Group Questions

1. Can you describe the range of psychosocial interventions that you use in your practice in general i.e. specific model(s) / approach(es)?

2. Please detail if you have modified these psychosocial interventions when working with service users of African/African-Caribbean heritage?

3. Please share your observations of working with service users of African/African-Caribbean heritage?

4. To what extent does your clinical practice identify and examine ethnic and inter-ethnic differences amongst people of African/African-Caribbean heritage?

5. How would you describe your own nationality and/or cultural background?

6. Does your sense of who you are inform your practice?

7. How do you think that your own background or cultural identity impacts your clinical practice?

8. Is there anything else that you would like to share that hasn't come up in our conversation so far?

Appendix 6. Participant Sample Information

Participant Pseudonym (Combination of letters from first and last name)	Professional Role (Self-Identified)	Geographic Location	Years of clinical practice experience with people of African descent	Age range	Gender Description (Self-Identified)	Ethnicity Description (Self-Identified)
Afisa	Clinical Psychologist (NHS)	Yorkshire	7.5	31 – 40	Woman	Black African
Anise	Social Worker and CBT Therapist - NHS and Private Practice	Southeast London	11	31 – 40	Female	Black British Caribbean
Chevy	Senior Clinical Mental Health Nurse Practitioner - NHS	Birmingham	37	50 +	Female	Black Caribbean British
Jevor	Clinical Nurse Specialist - NHS	London-Islington	20	41 -50	Heterosexual Male	Black African/British
Leyes	Intercultural Psychotherapist - Private Practice	Southeast London	7	41 – 50	Female	African-Caribbean
Persah	Integrative Counsellor-Educational Institution and Private Practice	Maidstone and London	8	31 – 40	Female	Black British
Toenne	Clinical Psychologist – NHS ad Private Practice	London	10	31 – 40	Female	Black British African