Empirical-Qualitative

Optimal Theory's Contributions to Understanding and Surmounting Global Challenges to Humanity

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Abstract

In this article, we discuss challenges to and the triumphs of the production of psychological knowledge pertinent to human health and sustainable well-being, particularly as it relates to persons acknowledging African ancestry in hostile sociohistorical contexts. Primary attention will be paid to the advancement of the theory of optimal psychology, also known as optimal conceptual theory (OCT), a theory of human development culturally grounded in the wisdom tradition of African deep thought, identifiable from ancient civilization to contemporary times. The intention is to accomplish four aims: (a) present an overview based on one theoretical framework and practice of progress achieved in fulfillment of the Association of Black Psychologists mission, (b) provide an example of great successes employing OCT and belief systems analysis in a clinical practice for over 20 years, (c) share a small sampling of areas in the psychological and broader literature illustrating how OCT has been utilized, and (d) highlight areas of advancement

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in OCT and its expansion in the understanding of human functioning and development.

Keywords

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> What other race, and especially on the African continent, has lost 200 million of its people through forcible uprooting? Elementary curiosity justifies that we seek out those who survived of that number and inquire in what forms have they survived? What have they achieved? What have they contributed to their new environments? What lessons, if any, have their specific genius evolved for those who were left behind? The human (and African) habit of celebration, which is an act of recollection, assessment and rededication validates this impulse.
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> —Wole Soyinka (1976, p. 13).

The development of the field of Black/African/Africana psychology has provided important lessons about the hidden as well as obvious cultural and structural barriers to the mental health of and social justice for people acknowledging African ancestry, as well as in some instances all of humanity. Even a cursory examination of the foundations of mainstream Western psychology shows that the mental health professionals of the day considered African captives who tried to escape to freedom to be mentally ill, and prescribed extra physical abuse as the most effective treatment for those appearing not to work with enthusiasm (White, 2002). Subsequently, the cultural worldview that determined the healthy efficacious behaviors of nonimmigrant Africans in the Americas (NIAAs) to be insane and sanctioned the abuse by their captors/enslavers as legitimate and civilized had to be interrogated and appropriately considered (Wright, 1985). Mistrust of the culture of the captors and their progeny has been warranted. It has been essential to determine the characteristics and parameters of true mental health and illness, as well as to explore moral and spiritual development. Africana psychology has examined the influences of cultural and intellectual imperialism on the practice of psychology and on the production of psychological knowledge (Akbar, 1996). Optimal conceptual theory (OCT; Myers, 1981, 1984, 1987, 1988, 1993) is supported by an African cultural worldview, which shifts psychology from service to particular dominant groups to a psychology devoted

to the study of the soul. Psychology as a discipline is problematized when knowledge production appears to narrowly serve the cultural frame of reference and interest of the dominant group, rather than serving the collective good of humankind (Myers, 2003).

Overview: Pursuing an Alternative Cultural Paradigm

According to Nelson (2007), the discipline of Africology must give a prism through which people acknowledging African ancestry can correctly interpret the world around them, provide the capacity to ask the right questions, and the methods to test the truth of the answers received based on realities emanating uniquely from the African experience. African-centered psychological knowledge places people acknowledging African ancestry and their African cultural worldviews and teachings at the center of the human process as agents with sacred authority (Hilliard, 1998). From an Africological perspective, human beings and their sociocultural bearings are inseparable (Nelson, 2007). This aspect is true for all professionals engaged in psychological knowledge production focused on the human psyche and its development. Theorists and researchers who have identified their work as African-centered have been forthright and deliberate in identifying their cultural underpinnings. Such open acknowledgement, though uncharacteristic of mainstream Western psychology, increases the capacity for objectivity and the opportunity for deeper insight into the subject examined. On the other hand, avoidance of such acknowledgement on the part of mainstream psychology has not only lead to complicity, but also has contributed directly to the perpetuation of social injustice, particularly when it comes to people acknowledging African ancestry (Myers, 1991).

The experience of NIAAs is unique in human history; therefore, developing a psychological analysis inclusive of their cultural and sociohistorical realities is required for a comprehensive, cohesive, and coherent understanding of humankind. Never before or since have millions of people been kidnapped and trafficked to distant lands as property without any human rights in order to build the wealth of their enslavers. These horrific practices of socially sanctioned and normalized materialistic greed were perpetuated for over 250 years. After which, over 90 years of Jim Crow and Black Codes legally perpetuated unjust policies and left NIAAs without civil rights. Now with almost 55 years of "equal rights" under the law and the impending 400-year anniversary of the first Africans on American soil in 2019, disenfranchising social policies and practices remain in the areas of economics, education, housing, politics, health care, legal systems, and poverty (Glaude,

2016). What can be learned from the people who for centuries withstood socially sanctioned and legal terrorism, trafficking, and attempts at dehumanization, while for the past 50 years of "equal rights" under the law still endure constant economic and educational disenfranchisement, mass incarceration and the repeated killings of Black men and women at the hands of the people they pay to serve and protect them. In spite of this history, Black people have survived, becoming the moral and spiritual leaders of this nation fighting for civil rights for all people. OCT provides a psychological framework for understanding this fortitude, resilience, and moral acumen. OCT informs how health, endurance, and well-being were and can continue to be achieved.

As a consequence, the charge and challenge to psychological knowledge producers interested in health, healing, and wholeness is to understand the consciousness, mind-set, and behaviors of the perpetrators of these systems of trafficking and terrorism, and the consciousness, mind-set, and behaviors of people able to survive these vicious onslaughts generation after generation. While this charge and challenge is complex and far-reaching, Linda James Myers (1981, 1984, 1987, 1988, 1993) took this task on almost 40 years ago in the form of OCT. The outcome of this pursuit of knowledge has been analyses, understanding, and explanation of the cultural worldview, consciousness, and undergirding conceptual systems or mind-sets of both the enslavers/colonizers and their progeny, as well as those captives kidnapped and trafficked to the Americas, colonized, and their progeny, with the aim of expanding and creating a more comprehensive appreciation of humanity beyond the limitations of the era of the Western world.

How did NIAAs manage to survive, not just physically, but psychologically, for centuries and multiple generations of the terrorism of chattel? What has been the source of their strength and resilience? The premise of OCT is that the cultural heritage of NIAAs, rooted in the wisdom tradition of African deep thought traceable from classical African civilization to present day, is responsible. Myers (1991) holds the NIAAs' capacity to conceive of themselves and the world beyond the horrific five sense reality is due to the long, rich, strong cultural tradition of wisdom and deep thought, which put them in touch with the Creative Life Force, the Divine, Supreme Being, common to and traceable across the continent. This conceptual system or mind-set allowed them to know that despite what was happening, they were "living suns," spirit beings, Ubuntu (life force beings; Myers, 1991).

The insights and utility of OCT are rooted in the historical realities of transcendence and resilience of those who refused to have their humanity denied, and emerged as the moral and spiritual leaders of this nation sacrificing themselves to open the door for equal rights for all U.S. citizens. The necessity for detecting and articulating this cultural mind-set of moral and

spiritual grounding, transcendence, and resilience is required today more than ever, as acculturation into the oppressive, exploitive, dehumanizing cultural mind-set driven by greed and materialism has become increasingly pervasive (Glaude, 2016). The premise of OCT is that all who adopt this latter mind-set will exemplify the same malicious ways, irrespective of race or ethnicity (Myers, 1988, 1993, 2008).

The Role and Function of OCT

Almost 40 years ago, long before the emergence of positive psychology, OCT or the theory of optimal psychology (Myers, 1984, 1989) was introduced to identify the basis for maximally positive and sustainable well-being. Myers (1988, 1993) analyzes cultural worldview as it enfolds and informs the construction of social reality and its foundational role in creation of the human condition. Myers proposes that the nature of the philosophical assumptions and principles comprising one's conceptual system determines perceptions, thoughts, feelings, behaviors, and thus, experience. In OCT, two competing sets of assumptions are presented, each yielding very different conceptual systems or mind-sets along with their respective outcomes, one destructive or suboptimal, the other healing or optimal. The theory makes evident why racism, the direct and inherent consequence of the suboptimal mind-set now prevailing and common to Western socialization, remains intractable. More importantly, Myers articulates how an optimal mind-set, often disregarded in the West, yet foundational to the wisdom tradition of African deep thought, provides a much-needed solution to this and other global challenges to humanity.

OCT provides insights and direction capable of elevating human consciousness intellectually, morally, and spiritually toward self-healing and the creation of a just, sacred, sustainable world. As a liberation psychology, emphasis is placed in OCT on recognizing and overcoming the conceptual incarceration, mental bondage, and metaphysical alienation created by the epistemic violence of intellectual and cultural imperialism and the resultant mentacidal oppression preventing the achievement of true mental health and sustainable well-being among all people, the oppressed and oppressors (Myers, 2003).

As a liberation psychology, a premise of OCT is that the health of oppressed individuals and communities and those who inflict oppression are inextricably tied. Building upon the ancient wisdom tradition of African deep thought, whose sustainable and creative ways of life provide roots that have thrived across the ages, OCT provides the psychological insights, processes, and practices that were the impetus for and can sustain social movement for peace, environmental sustainability, and social justice. The outcome has been to provide psychological knowledge capable of not only enhancing capacities

for critical thinking, moral reasoning, and spiritual enlightenment but also the transformation of human beings, individually and collectively (Myers, 1988, 1993, 2003).

Given the long history of chattel enslavement of Africans in the Americas, as well as colonization, neo-colonization, and the continued global exploitation and injustice pervading, OCT has sought to identify the forces of psychological, cultural, and social praxis that have been demonstrated to withstand these forces of unimagined cruelty, oppression, and disenfranchisement over the centuries. As a cultural psychology OCT describes how cultures shape and reflect the psychological processes of their members through its examination of the deep structures of culture. By targeting the conceptual system, that is the philosophical assumptions and principles informing perceptions, thoughts, feelings, behavior, and experience, OCT takes to a new depth of understanding the main tenet of cultural psychology, which is that mind and culture are inseparable and mutually constituted (Myers, 1987). Tracing a wisdom tradition of African deep thought found to be universal (Bynum, 1999) from classical African civilization to present day, OCT provides the foundation for the transformation of the human psyche in a manner yielding psychic unity for humankind, allowing for each in their own way to be valued and to grow through the practice of optimization (Myers, 2003), which will be discussed later.

The goals and practices of mainstream psychology, given its historical roots in Western culture steeped in the fragmented, disintegrative worldview underpinning racism, sexism, classism, and other societal isms, are reconceptualized in OCT. Having moved far beyond the old Western paradigm and its deconstruction and critique, OCT is based on new capacities for articulating the illumination of the spirit, elevation of consciousness, moral praxis, and the local as global. OCT uses cultural patterns of interpreting reality and designs for living based on an ancient, yet fresh for contemporary times, epistemology, which recognizes multidimensional self-knowledge and knowing through symbolic imagery, rhythm, or patterns (Myers, 1988, 1993, 2003).

Africana psychologists have examined the influences of cultural and intellectual imperialism within the field of psychology and the production of psychological knowledge. OCT advances the necessity of the expansion of psychology to be inclusive of various cultural paradigms capable of the study of the soul, rather than a psychology primarily in service to particular dominant groups in societies. Psychology is problematized as a discipline, in that knowledge production is restricted culturally, as a result of ontological, epistemological, and axiological premises that have historically served the interest of the dominant group rather than the collective good. Within United States and global society, this psychological knowledge production only narrowly

conforms to the findings of scientific knowledge in quantum physics and neuroscience (Myers, 2003). OCT provides a psychological analysis congruent with ancient to modern historical cultural realities and experiences, as well as the reality now confirmed by the new biology and other discoveries recently being made by Western science. This positions OCT to provide a comprehensive, coherent, cohesive, useful, and relevant understanding of humanity, heretofore, unmet, giving birth to a resilience worldview that reacquaints people of African ancestry with themselves through the cultural worldview of their ancestors. Consistent with the definition of African-centered psychology put forward online by the Association of Black Psychologists, OCT is used to examine the processes that allow for the illumination and liberation of the spirit. It is also concerned with the meaning of being human, the features of human functioning, and the restoration of the normal/natural order of human development, relying on the principles of harmony within the universe as a natural order of existence (Myers, 1988, 1993, 2004; Myers et al., 2005).

OCT in Psychotherapeutic and Psychoeducational Practice

Belief Systems Analysis

In order to facilitate movement from a suboptimal worldview to a more optimal one, Linda James Myers (1988) developed belief systems analysis (BSA), a psychotherapeutic approach derived from optimal theory. BSA is an African-centered-based therapy, in which the client's particular worldview or belief system is explored and contrasted with an African-centered belief system. BSA is a holistic approach that does not separate cognitive, affective, behavioral, spiritual, unconscious, and metaphysical spheres. The goal of BSA is to move away from a suboptimal worldview to a more optimal one with greater emphasis placed on increased knowledge, wisdom, and understanding of self and others (Myers, 1999). BSA therapy is used to facilitate an increase in self-knowledge through monitoring thoughts, feelings, and behaviors. According to Myers, therapy is working when (a) client's self-esteem is based on intrinsic self-worth; (b) when clients are empowered to define reality for themselves (self-knowledge); and (c) clients develop a spiritual base manifested by faith, harmony, and patience. Minority Behavioral Health Group (MBHG), a community mental health center in Akron, Ohio, has used OCT and BSA as the basis of this clinical practice for over 20 years. The agency typically maintains a waiting list for people seeking psychological services, and also children and families complete the course of treatment and refer others. In addition, several substance abuse treatment programs report

similar positive outcomes and the model has been used in a range of programs designed to address community issues, and concerns from improving infant mortality to general improvement of global life chances.

In BSA, the first phase of therapy is focused on the therapist's examination of the client's current belief system and level of psychological distress. The therapist will consider how the client views herself or himself and others, the client's connection with others, the client's sense of spirituality, and the client's personal values, identity, and sense of purpose. This assessment phase allows the therapist to determine how much the client adheres to an optimal or suboptimal worldview. The second phase of therapy is where the therapist begins to introduce the idea of an optimal worldview. Clients often do not connect their current level of psychological distress to their worldview or experiences of living within a system of oppression. In the third phase of therapy, clients become more aware of their identity as a unique manifestation of Divine Spirit with intrinsic self-worth and a connection to others and their community (Myers, 1988).

The aim of optimal theory/BSA is to aid people in the process of self-development and in achieving greater sensitivity, awareness, and understanding (Myers, 1988). Not only does optimal theory/BSA promote the self-development of clients but also both are intentionally designed to address the functioning of the clinicians. Thus, in order to understand and effectively practice this approach, it is important to experience and live by the optimal conceptual system. Myers (1988) identifies the following prerequisites for therapists before doing this type of work: (a) belief in the conceptual system one is promoting, (b) ability to engage in the belief system of the client and ability to point out the benefits of altering systems, (c) ability to continue to evolve with the client, (d) an understanding that the client and therapist share a common context, and (e) awareness of the difficulties and challenges inherent in making the transition from one conceptual system to another. Due to the developmental nature of BSA, Myers refers to the therapist and client relationship as involving a participant connecting with another participant. BSA simultaneously addresses and promotes growth and development of the therapist and client, which facilitate and enhance a cultural process (Myers, 1988).

Cultural Processes

In BSA psychotherapy, the process occurring between the therapist and client is a spiritual and symbiotic process facilitating a reciprocal connection. BSA involves an intimate process of increasing knowledge of self, culturally. BSA is an indefinite process of increasing self-knowledge. While the therapists work to help clients gain a deeper understanding of self, the therapists

simultaneously gain a deeper understanding of themselves as well. The goal of BSA is to improve the quality of life of the client and that of those around him/her by raising his or her level of consciousness to the optimal (Myers, 1988).

Interventions used are derived from the BSA principles to facilitate the development of an optimal worldview. The BSA principles of spiritual development, self-knowledge, intrinsic self-worth, extended self-identity, diunital logic (both/and reasoning), and holistic worldview are used to examine and shift the deep structure of culture or the client and therapist. After understanding a client's worldview and how oppression and suboptimal thinking leads to psychological distress, the therapist aims to increase the client's insight and instill BSA principles. "The working through or resolution of transferred thoughts and feeling is a goal of treatment in BSA, and the therapy is structured to continually work through debilitating thoughts and feelings as they are expressed" (Myers, 1988, p. 76) The use of bibliotherapy and psychoeducation about the impact of historical injuries, transgenerational behavioral patterns that stems from the period of enslavement, systematic oppression, internalized oppression, cognitive restructuring, emotional processing, and mindfulness strategies, might be utilized. Optimal theory and BSA specifically addresses oppression and cultural values of both the client and therapist. In particular, OCT/BSA speaks to the experience of oppressed groups and attempts to provide a culturally congruent context to support emotional healing, growth, and development (Myers, 1988).

Areas of Advancement in OCT

Not to know is bad; not to wish to know is worse. (African Proverb)

Ideally, a sustainable way of life or culture would be devoted to creating the kinds of environments, both social and physical, that would maximize the likelihood of good health (Myers, 2003). While that ideal may have totally escaped most societies, support for its realization comes through careful examination of the forces and factors predicted by OCT and now known to influence health outcomes. Since the 1920s, researchers across health and social sciences converged on the strong association between racism and poor health outcomes (Krieger, Kosheleva, Waterman, Chen, & Koenen, 2011; Paradies et al., 2015; Williams, Yu, Jackson, & Anderson, 1997). In summary, NIAAs do not live as long as their White counterparts (National Center for Health Statistics, 2015), have higher rates of infant deaths prior to the age of one (Centers for Disease Control and Prevention, 2016), and experience higher rates of chronic illness (Russell, 2010). These health disparities can be explained, in part, by the experiences of racism, that system of assigning

value and allocating opportunity based on skin color, which unfairly privileges Whites or light skin color, and unjustly disenfranchises Black or dark skin color (Jones, 2000). The point of OCT is that at the roots of racism is a suboptimal conceptual system or cultural worldview, which leaves people insecure, fearful, stressed, anxious, depressed, predisposed to an external materialistic focus, morally and spiritually underdeveloped, metaphysically alienated, and prone to addictions, violence, and negative health outcomes has been repeatedly supported by various data sets and history (Myers, 2003).

For example, OCT has been used to predict that acculturation into the suboptimal worldview will yield similar results for everyone adopting its faulty and flawed assumptions, and true to course the deteriorating health of immigrants has been well documented. David Williams (2012) reported that racism was the defining factor for poor Black infant mortality rates across income and educational levels. Williams et al. (1997) also demonstrated that when women of color migrated to the United States from other countries with better birth outcomes than the United States, their birth outcomes after 2 years became as poor as Black women in the United States. As OCT predicts, acculturation into the dominant cultural worldview in this society appears to be toxic. OCT has been used to effectively address and improve Black infant mortality in at least two projects in Ohio, a state that has one of the worst birth outcomes in the nation (Ohio Commission on Minority Health, 2015). Emphasis in each project was placed on addressing acculturation into the dominant culture's worldview and internalized racism. As racism exists on at least three levels, the systemic or structural, personal, and internalized, the focus of OCT is to place more attention on internalized racism, the least studied of the three levels, although current trends suggest greater attempts are being made to measure and examine this facet (Banks & Stephens, 2018).

Application of OCT to Reduce Mental Health Disparities

Mental health disparities for African Americans include underutilization of services, premature termination, biases in diagnosis, and biases in treatment (Sue & Sue, 2016). In spite of African Americans being at risk for mental health issues due to racism and being disproportionally affected by poverty, African Americans are less likely to use "traditional" mental health services (Substance Abuse and Mental Health Services Administration, 2015). Even when African Americans decide to attend counseling, they are more likely to prematurely terminate counseling than their White counterparts (Substance Abuse and Mental Health Services Administration, 2015). These findings suggest that African Americans are less likely to form a working alliance with

their service provider compared with White clients. When African Americans continue in counseling, they receive a less preferred diagnosis, which can lead to a less preferred treatment. For example, African American adults are more likely to receive a diagnosis of schizophrenia than their White counterparts, who may receive a diagnosis of bipolar, even though both racial groups may present with similar symptoms (Schwartz & Blankenship, 2014). One way to reduce the mental health disparities, such as the one described above, for African Americans is to provide them with African-centered psychological services. To this end, MBHG was developed to provide culturally relevant mental health services for Africans Americans. Central to the development of MBHG was the adoption of OCT and BSA.

MBHG was developed as an African-centered organization that utilized OCT because we believed that it is vital to use a theory and therapeutic interventions that are consistent with the culture of African Americans, which is grounded in the culture of ancient African philosophy. In contrast, we believe that Western psychological theories are incongruent with African American culture and ancient African philosophy. Across various disciplines, scholars have noted that African American culture embraces the centrality of spirituality to health and well-being (Levin, Chatters, & Taylor, 2005; Newlin, Knafl, & Melkus, 2003). Many Western theories do not acknowledge the importance of spirituality in human development or pathologize spiritual beliefs (Cartwright, 2001; Cupit, 2007). We contend that this and other differences between Western psychology's belief system and the African belief system are the primary reasons for the mental health disparities for African Americans. Thus, MBHG's mission is to develop a mental health delivery system that utilizes OCT and BSA to provide a system that would facilitate the healing and liberation of people of African descent. To this end, MBHG consists of African American licensed therapists, case managers, and prevention specialists. All of these service providers were trained in OCT and BSA. The trainings emphasize six principles of OCT: (a) Integration of the spiritual and material, (b) Intrinsic self-worth, (c) Self-knowledge, (d) Extended self-identity, (e) Diunital logic, and (f) Holistic analyses. In addition to being trained in the principles, direct service providers receive training on implementing OCT using the three phases of BSA that were mentioned previously. The final phase of training includes deconstructing Western psychology. Unfortunately, many of our direct service providers have been socialized through their educational process that Western psychology theories and techniques are the gold standard for providing mental health services to people who need healing. Therefore, it has been imperative to provide ongoing training to reverse the Western socialization process that has been internalized by "educated" mental health providers of African descent (Myers, 1988).

The training of mental health providers of African descent who are trained in OCT, BSA, and deconstruction of Western psychology has led to the delivery of Africana centered mental services in the form of individual, group, and couple's therapy, psychoeducational services, prevention workshops, and school based therapy that disrupt the school to prison pipeline. Several collaborations with health delivery systems and higher educational systems have also been developed. These collaborations include strategies to disrupt the infant mortality rate for Black mothers by providing parenting groups that utilize OCT and other strategies based on Black psychology, and centering groups. Another collaboration with doctors, nurses, nutritionists, and exercise physiologists has led to a diabetes prevention program that emphasizes a change in worldview that is consistent with OCT versus Western programs that focus on segmenting the physical from the mind, and the spirit. Finally, Ford and Queener (2018) have developed a peer mentoring program for African American men in college, who would mentor African American boys in high school using six modules based in part on OCT.

In sum, an African-centered mental health delivery system has been developed based on Myers' (1988) OCT and BSA. This mental health delivery system was created to reduce disparities in service to African Americans and to provide psychological liberation and healing for people of African descent. To date, the result has been culturally relevant therapy, case management, and prevention services, designed specifically for African Americans. Additionally, several collaborations have been developed with other institutions to reduce infant mortality, diabetes Type II, and to focus on the educational needs of African American boys in a holistic manner.

OCT and Africological Methodology

Science as interpreted in OCT is reason illuminated by careful observation (Myers, 1988). This definition privileges real-life, real-world observations over contrived experiments that may or may not correspond with how people might behave in a real-life situation. History becomes one of the best sources of data for this methodology. Positivist scientific orientation, grounded in the myth of objectivity, has been used to establish norms for behavior and emotions, and has focused on individuals deviating from those norms. The scientific orientation of OCT examines individuals in a larger context incorporating lived traditions, histories, and environments that attend to the multiple dimensions of consciousness, including the unconscious (Myers, 1988).

OCT has predicted worsening health outcomes with increased acculturation into the dominant cultural worldview, and that is what the data have shown (Castro, 2007; Palinkas & Pickwell, 1995; Sánchez, Rice, Stein,

Milburn, & Rotheram-Borus, 2010). Thus, it would also stand to reason based on OCT that resisting suboptimal social practices and policies, and asserting personal and collective agency would improve health outcomes. This pattern is what Byrd and Clayton (2001), in a seminal study, has confirmed on the history of African American health. Black health outcomes were the best when Black people were fighting for their rights during the Black power movement and civil rights era. Consistent with OCT, these findings clearly point toward the direction to be taken for improving the health of Black people based on past experience.

The ontological, epistemological, and axiological premises of an optimal worldview require confronting the myth of objectivity, five sense reality, and movement beyond their limitations to embrace the new scientific findings that are coming full circle to confirm what African ancestors already knew. Greater respect and appreciation need to be given to competing cultural paradigms, particularly in light of the fact that the one currently prevailing is responsible for savage economic inequity and human suffering, pollution of the air, water, and soil, depletion of natural resources, global warming, carcinogenic food and water supplies, and continued terrorism and violence (Myers, 2003).

Not recognizing the interdependence and interrelatedness of all, crippled by the myth of objectivity, knowing by counting and measuring outside of lived experience, and drawing conclusions based on statistical probabilities, and dichotomous logic, the prevailing mainstream Western scientific orientation has solved few social problems, most of which appear to have worsened despite the billions of research dollars that have been spent with few positive outcomes to show for it (Myers, 2003). There is a growing post positivist movement, which is beginning to acknowledge the role the individual plays in the construction of reality, but OCT extends that awareness to engage and embrace the convergence of knowledge occurring across cultural groups. Having examined both the unique and the universal among human beings, OCT provides instruction on how to unthink and reorient fragmented, disintegrative consciousness; heal the psychic wounds of chattel enslavement, colonization, and now globalization; and facilitate the restoration of constructive relationships and sustainable well-being (Myers, 2011, 2013a, 2013b, 2013c).

OCT in Psychological and Broader Literature

In some venues, appreciation for scholarship and research from theoretical positions and frameworks responsive to the sociocultural realities of the non-immigrant African Americans has undergone a process not unlike that of developing appreciation for this population in general. In the field of

mainstream Western psychology, there has been a lack of understanding, denial, marginalization, defensiveness, skepticism, and all of the things, one might expect in a social context of cultural and intellectual imperialism.

As OCT steps out of the Western paradigm to utilize ontological, epistemological, and axiological principles that are in sharp contrast to mainstream Western assumptions, yet emerges within the Western academy, the expectation that it should and will abide by the same normative and evaluative models adhered to by the mainstream remains. For example, Western psychology, until recently, has gone to great lengths to separate areas of basic psychological research (e.g., cognition and perception) from applied psychology (e.g., community, counseling, clinical); therefore, OCT's provision for their unification through its holistic and integrative approach may not be readily understood.

In addition, noted Africana studies scholar Maulana Karenga (1993), in his seminal work *Introduction to Black Studies*, places Myers' OCT in what he categorizes as the radical school in Black psychology, characterized as directing attention to Black people in term of analysis, treatment, and transformation. This position is in contrast to the traditional school in Black psychology, which Karenga defines as defensive and/or reactive in posture with continued support for the Eurocentric model, or the reformist school, which combines the traditional focus with an appeal for change. Thus, by no means mainstream, the impact of OCT might best be seen in the space it has occupied both, nationally and internationally, not only in the scholarship of researchers identifying the theory as a primary theoretical underpinning of their work but also in the sampling of Myers and OCT on the spoken word compact disc of Sista Flame *Consciousness* (Flame & Raynor, 2000, Track 4).

To be fully determined within the alternative Africana paradigm are the most appropriate measures of OCT's affect. OCT is known and established across the boundaries of various disciplines. From the work by legal scholar Derrick Bell (1992), known as the father of critical race theory, to a foundational framework for transformative aesthetic curriculum design/architecture (Ambush, 2016) and to a master's thesis on visual culture in the Black Arts Movement (Bowen, 2008), OCT has made its mark. Furthermore, OCT has been foundational to the work by the Research Institute on the Trauma of Chattel Enslavement, Colonization, and Africana Psychology in its presentation at the Second International Conference, From Historical Trauma to Creativity and Innovation, involving scholars from and locations in the United States, Haiti, Senegal, France, and Canada (Myers, 2018). OCT is both a conceptual framework and call to action to emerge from the "violence" wrought upon a group of people denied access to their own "inquiry" and left to be treated as subjects versus true participants in their decision-making processes (Freire, 2002). Though embracing an alternative cultural paradigm, the impact of OCT can still be seen in the space it has commanded in the

scholarship of psychology researchers identifying the theory as a primary theoretical underpinning of their work.

Three readings on OCT, in addition to the original conceptual text (Myers 1988, 1993), were selected to be a part of our literature search to examine the various ways in which OCT has been used. Myers' original text was selected as foundational, and three other publications were selected for the literature search for particular reasons. Myers' (2013b) article, titled "Restoration of Spirit: An African-Centered Communal Health Model" was selected as representative of a more recent single author journal article. Myers et al.'s (2005) article titled "Building Multicultural Competence around Indigenous Healing Practices was selected as representative of a multiauthored chapter in an edited volume. And Myers' (2003) single-author training guide titled, *Our Health Matters: Guide to an African (Indigenous) American Psychology and Cultural Model for Creating a Climate and Culture of Optimal Health*, was selected as the outcome of a community participatory research project. Based on a cursory examination of how OCT in the publications mentioned have been used in the literature the following themes emerge: prevention, intervention, and empowerment; cultural training; and, illumination of the soul.

Prevention, Intervention, and Empowerment

OCT represents a lived, experiential tradition, as well teachings for a system of change. Some scholars have used OCT to ground an African-centered approach in prevention, intervention, and empowerment strategies. Five studies are briefly summarized to highlight the application of OCT. Two studies exemplify the use of an Africentric approach in two prevention programs to increase resilience. Bourdeau (2015) created a resilience prevention program for African American soldiers using an Africentric approach. Henderson, DeCuir-Gunby, and Gill (2016) also used an Africentric socioecological approach in creating a prevention program for increasing resilience in economically disadvantaged ethnic minority youth. OCT has been a foundation for conceptualizing coping in African American family members of homicide victims (Sharpe, 2013) and in addressing mental health concerns in African American clients (Ojelade, McCray, Ashby, & Meyers (2011). Resistance as a form of positive mental health has been examined as well via scale development (The Resistance Modality Inventory; Robinson-Wood, 2014) and as a correlate with appearance, social anxiety, and social networks with Black women (Boadi, 2017).

Cultural Training

OCT explicitly describes the inculcation and socialization of NIAAs into a worldview that denies and robs individuals of a truly integrated humanity, one

in which choosing to dichotomize reality and emphasize the external world is paramount (Myers, 1988, 1993). To achieve a more holistic worldview means some type of self-knowledge and change process, which could only be facilitated by individuals with both acumen and training in identifying the designs for living and patterns of interpreting reality that reflect both the integrated and a fragmented worldview. The works below in psychology, law, social work, and education are highlighted to depict the ways in which African-centered cultural elements are useful to pedagogy, and cultural competency, with great interest in integrating spirituality and religion into training models. Bartoli (2007) offers concrete ways to assist in training psychotherapists to address religious and spiritual issues with clients. Based on interviews with professors teaching multicultural courses, Grissom (2011) examined the inclusion of religious and spiritual diversity in multicultural training for counseling psychology and proposed a model for instructors to incorporate such training in the course. Such focus in these works is aligned with Myers' (1988, 1993) emphasis on exploring divinity as essential to recognizing one's humanity. Three other works outside of psychology focused on educational aspects of training. Miller (2013) incorporated multiple ways of knowing on how to teach law. Hollingsworth and Phillips (2017) introduced Afrocentric concepts to advanced graduate social work students to train them in the use with social work cases. Beasley, Chapman-Hilliard, and McClain (2016) linked emancipatory pedagogical content and teaching practices of Africana/Black studies to the academic outcomes in Black college students. They also provided strategies to increase recruitment, retention, and satisfaction, and engagement of Black students. Whether explicit or implicit, the basis of OCT is often explored in the context of cultural competency training and improving practitioner skills. These writings appear to focus on the work that service providers would do with clients/patients, and not so much on the development of the service providers' own self-knowledge along the same dimensions.

Illumination of the Soul

OCT engages the inherent life force and explains the way it manifests through health and consciousness, representing the optimal "deep structure" and true essence of morality and humanity (Myers, 1988, 1993). The convergence of modern knowledge in social sciences, physics, chemistry, and biomedical science support the concept that energy in the universe sustains and replicates life as is known. This understanding of the essence of the universe is encapsulated in an optimal "deep structure" of culture in the wisdom tradition of African deep thought that Myers (2003) describes as having a history

traceable to the universal beginnings of human culture and civilization in Africa. Through this deep structure we learn that all human beings are unique expressions of an omnipotent, omnipresent, omniscient Creative Life Force, and, so being, invaluable. (p. 27)

Scholars continue to focus on the deep structure and true essence of humanity by promoting knowledge and use of the African wisdom tradition as explicated in OCT about states of consciousness as well as the connection between mind, body and spirit. To make OCT more accessible for use in empirical research Menke (2005) developed a scale to quantitatively measure spirituality and aspects of OCT via the self-report BSA scale. Other scholars have continued to examine the foundational aspects of OCT in the transpersonal psychology of consciousness (Combs & Krippner, 2003) and the essence of holism in psychology (Edwards, 2013). These writings also situate OCT into the broader literature of transpersonal psychology, which deals exclusively in spiritual and transcendent aspects of the human experience (Hartelius, Caplan, & Rardin, 2007). Humanistic psychology also emphasizes the importance of spirituality in the fabric of human existence. Sabir (2015) examines the essence of spirituality across the lifespan. Similar to the scholarship noted above on spirituality/religion in cultural training, Deterville (2016), even more so, examines the transpersonal self in the diaspora and spiritual wellness through the African-centered lens of Sankofa. Like OCT, the emphasis is on divinity and the essence of being human.

Beyond a Superficial Multicultural Psychology

Movement toward a truly multicultural approach to psychological knowledge has heretofore rested on the surface structures of culture, that is the language, music, diet, dress, characteristics, which are observable. However, in order to achieve true multiculturalism, culture must be engaged at the level of its deep structure, or the level of the philosophical underpinnings of its patterns of interpreting reality and designs for living. Otherwise, the experience of a multicultural psychology is based on a mainstream Western cultural lens used to survey surface structure differences across cultural groups, thereby failing to move psychological knowledge in the American academy to become truly culturally diverse. There has been resistance to such an in-depth examination of culture; thus, what has been exported throughout the world as multicultural psychology is limited, utilizing the dominant approaches within mainstream psychology in superficial attempts at inclusion. More work and true diversity training must be undertaken to address this shortcoming, which can be addressed most effectively with the pursuit of moral and spiritual development.

Foundational Moral and Spiritual Development

> If we are to go forward, we must go back and rediscover those precious values—that all reality hinges on moral foundations and that all reality has spiritual control. (Martin Luther King, Jr., 1968 speech)

OCT promotes the reemergence of certain foundational principles in African thought, which can assist all of humanity in rediscovering and reawakening its true nature and purpose. Foremost among these foundational principles are those in the concept of Ma'at, understood in ancient Kmt (Egypt) to be the embodiment of truth, justice, and righteousness (Myers, 2003). OCT offers a methodology, the Heart Feather strategy (a trademarked curriculum on moral decision making), and a process, the Optimization Process (a self-correcting, self-perpetuating system for increasing self-knowledge, and self-awareness), for cultivation of what have come to be known as the seven principles of Ma'at (Myers, 2003). According to Myers (2003), OCT begins with awareness of a grounding in love, peace emerges, peace requires justice, justice mandates truth, truth demands reciprocity, reciprocity brings order, order produces balance, and balance generates harmony. Based on the principles of Ma'at, individuals have an obligation to the Divine Creator, imagined to be omnipotent, omniscient, omnipresent, and the source of all good, whose nature is love, to work to create a just, sacred, sustainable world where all are valued and respected (Myers, 2003). Given the multidimensional nature of one's true self, all seek to protect and to preserve the natural environment both for themselves and for future generations, as it is a part of them and vice versa (Myers, 2003).

The Association of Black Psychologists is working to adopt an ethical code based on the principles of Ma'at, suggesting that members will not only be agents of their own moral development but also that of the larger community. Such an undertaking is quite aspirational, requiring an understanding of a developmental process for moral and spiritual development, which OCT's Heart Feather strategy and Optimization process could readily expedite. In OCT, moral and spiritual development is essential to the promotion of the health and psychological well-being of people of African ancestry, which all are if one goes back to the beginnings of human culture and civilization.

(Re)Thinking Identity, Intersectionality, Wholeness, and Healing

From the vantage point of OCT, human beings come packaged with various human diversity markers. People represent Divine Spirit and each diversity

marker people inhere is exactly the one that is needed to fulfill their particular purpose in life and master the particular lessons needed to achieve conscious union with the true Divine Spirit identity (Myers, 2011). Critical examination of the multiple layers and dimensions associated with the current state of affairs regarding human diversity markers (be they race, gender, class, sexual orientation, or others) are required to understand the nature of their psycho-social constructions, functioning, and one's true identity. An examination of all aspects is requisite for healing and a truly holistic and integrative identity and sense of self.

Moving beyond a binary analysis of the oppressed as either caught in what some believe is fully achieved independence or a closed inescapable system, OCT is a system of reason that acknowledges the proactive role of consciousness in human experience and its subjective nature, creating a third more comprehensive, cohesive, coherent understanding. OCT offers a critical, African-centered, feminine principled method allowing for the historicization of one's own life and experiences, individually and collectively, and providing the self with the grounding necessary for critical interrogation (Myers, 2013a). All human beings are afforded the opportunity to address, with the whole self-intact, questions of identity, freedom, oppression, resistance, responsibility, and liberation. A wide array of issues regarding social justice and equity, as well as health, human agency, sustainability, and efficacy can then be examined in relative terms.

When emphasis is placed on the role of culture and worldview in shaping constructions of identity and reality, the intersections of race, gender, class and other human diversity markers, can be more readily understood. In so doing, the core influences behind the prominence of each diversity marker in the lives of people acknowledging African ancestry in postmodern social contexts will add deeper meaning to the whole person. This kind of analysis is needed for illuminating the transformations necessary to develop the kind of moral and spiritual leadership required to forge equality and equity, given a long history of mass colonization, exploitation, and oppression. For example, the election of the first African American president of the United States in no way improved race relations/racism/racial equity, as all remain most problematic (Myers, 2003). Without proper analysis individuals risk failing in the quest to understand the development of the consciousness needed to support a just, sacred, sustainable world in the face of globalization and its history of mass colonization, exploitation, and oppression. Acknowledgement and reconciliation of each of one's roles is needed, including the function of the global economic elite.

The use of OCT to psychological theory, research, and practice offers a description of what people suffer from psychologically, an analysis of the

causes of this suffering, and a proposal for practice of healing informed by values clearly stated to facilitate human growth and development. In order to understand and address health and human suffering, human beings must acknowledge the assumptions and principles shaping and informing their perceptions, thoughts, feelings, behaviors and experience. In so doing, there is no need to fear the subconscious, the unconscious, or less known parts of one's energy field; for all aspects are parts of the consciousness. Global challenges to humanity can be faced and overcome when humans are girded with the unarmed truth of the most powerful force in the universe, which according to OCT would be love.

Declaration of Conflicting Interests

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References

Akbar, N. (1996). *Breaking the chains of psychological slavery*. Tallahassee, FL: Mind Productions.

Ambush, D. (2016, April). *The circuitous root: Kenneth Beittel's art and consciousness as foundational framework for transformative aesthetic curriculum design/ architecture*. Paper presented at George Washington University, Washington, DC.

Banks, K. H., & Stephens, J. (2018). Reframing internalized racial oppression and charting a way forward. *Social Issues and Policy Review*, *12*, 91-111. doi:10.1111/ sipr.12041

Bartoli, E. (2007). Religious and spiritual issues in psychotherapy practice: Training the trainer. *Psychotherapy: Theory, Research, Practice, Training*, *44*, 54-65. doi:10.1037/0033-3204.44.1.54

Beasley, S. T., Chapman-Hilliard, C., & McClain, S. (2016). Linking the emancipatory pedagogy of Africana/Black studies with academic identity outcomes among Black students attending PWIs. *Journal of Pan-African Studies*, *9*, 9-25.

Bell, D. (1992). *Faces at the bottom of the well: The permanence of racism*. New York, NY: Basic Books.

Bent-Goodley, T. B. (2005). An African-centered approach to domestic violence. *Families in Society*, *86*, 197-206. doi:10.1606/1044-3894.2455

Boadi, N. K. (2017). *Relationships among skin color and hair satisfaction, psychological resistance, social appearance anxiety, and social networks among Black women: A mixed methods analysis* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (1875031124)

Bourdeau, M. (2015). *Africentric resilience training: A prevention program for African American soldiers* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (1735810861)

Bowen, S. A. (2008). *Recovering and reclaiming the art and visual culture of the Black arts movement* (Unpublished master's thesis). The Ohio State University, Columbus, OH.

Bynum, E. B. (1999). *The African unconscious: Roots of ancient mysticism and modern psychology*. New York, NY: Teachers College Press.

Byrd, W. M., & Clayton, L. A. (2001). Race, medicine and healthcare in the United States: A historical survey. *Journal of the National Medical Association, 93*(3 Suppl.), 11S-34S.

Carroll, K. K. (2010). A genealogical analysis of the worldview framework in African-centered psychology. *Journal of Pan-African Studies*, *3*(8), 109-133.

Cartwright, K. B. (2001). Cognitive developmental theory and spiritual development. *Journal of Adult Development*, *8*, 213-220.

Castro, F. G. (2007). Editor's choice: Is acculturation really detrimental to health? *American Journal of Public Health*, *97*, 1162. doi:10.2105/AJPH.2007.116145

Centers for Disease Control and Prevention. (2016). *User guide to the 2016 period linked birth/infant death public use file*. Retrieved from ftp://ftp.cdc.gov /pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/periodlinked /LinkPE16Guide.pdf

Combs, A., & Krippner, S. (2003). Process, structure and form: An evolutionary transpersonal psychology of consciousness. *International Journal of Transpersonal Psychology*, *22*, 47-60. doi:10.24972/ijts.2003.22.1.47

Cupit, C. G. (2007). The marriage of science and spirit: Dynamic systems theory and the development of spirituality. *International Journal of Children's Spirituality*, *12*, 105-116. doi:10.1080/13644360701467402

Deterville, A. D. (2016). African-centered transpersonal self in diaspora and psycho-spiritual wellness: A Sankofa perspective. *International Journal of Transpersonal Studies*, *35*, 118-128. doi:10.24972/ijts.2016.35.1.118

Edwards, S. D. (2013). Holistic psychology: A brief primer. *Journal of Psychology in Africa*, *3*, 531-537. doi:10.1080/14330237.2013.10820664

Flame, S., & Raynor, S. (2000). Litecode lockdown. *On consciousness* [CD]. New York, NY: Jewelz of the Nilez Production.

Ford, B. A., & Queener, J. E. (2018). Culturally responsive mentoring programs: Impacting retention/graduation rates of African American males attending predominately White institutions. In J. Butcher, J. R. O'Connor, & F. Titus (Eds.), *Overcoming challenges and creating opportunity for African American male student* (pp. 120-132). Hershey, PA: Information Science Reference.

Freire, P. (2002). *Pedagogy of the oppressed: 30th Anniversary edition*. New York, NY: Continuum International.

Glaude, E. S. (2016). *Democracy in Black: How race still enslaves the American soul*. New York, NY: Penguin Random House.

Grissom, S. M. (2011). *Inclusion of religious and spiritual diversity in multicultural training for counseling psychologists* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (1024301514)

Hartelius, G., Caplan, M., & Rardin, A. (2007). Transpersonal psychology: Defining the past, divining the future. *The Humanistic Psychologist*, *35*, 135-160. doi:10.1080/08873260701274017

Henderson, D. X., DeCuir-Gunby, J., & Gill, V. (2016). "It really takes a village:" A socio-ecological model of resilience for prevention among economically disadvantaged ethnic minority youth. *Journal of Primary Prevention*, *37*, 469-485. doi:10.1007/s10935-016-0446-3

Hilliard, A. G., III. (1998). *SBA: The reawakening of the African mind*. Gainesville, FL: Makare.

Hollingsworth, L. D., & Phillips, F. B. (2017). Afrocentricity and social work education. *Journal of Human Behavior in the Social Environment*, *27*, 48-60. doi:10.1080/10911359.2016.1259928

Jones, C. P. (2000). Levels of racism: A theoretical framework and a gardener's tale. *American Journal of Public Health*, *90*, 1212-1215.

Karenga, M. (1993). *Introduction to Black studies* (3rd ed.). Long Beach, CA: University of Sankore Press.

Krieger, N., Kosheleva, A., Waterman, P. D., Chen, J. T., & Koenen, K. (2011). Racial discrimination, psychological distress, and self-rated health among US-born and foreign-born Black Americans. *American Journal of Public Health*, *101*, 1704-1713. doi:10.2105/AJPH.2011.300168

Levin, J., Chatters, L. M., & Taylor, R. J. (2005). Religion, health and medicine in African Americans: Implications for physicians. *Journal of the National Medical Association*, *97*, 237-249.

Menke, C. S. C. (2005). *Synthesizing a comprehensive definition of spirituality and spiritual development and the construct validity of the optimism subscale of the belief system analysis scale* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (305425127)

Miller, N. P. (2013). *Teaching law: A framework for instructional mastery* (An excerpt from the 2010 book published by Bridge Publishing Group). Retrieved from http://ssrn.com/abstract=2340999

Myers, L. J. (1981). The nature of pluralism and the African American case. *Theory into Practice*, *20*, 2-6. doi:10.1080/00405848109542919

Myers, L. J. (1984). The psychology of knowledge: The importance of world view. *New England Journal of Black Studies*, *4*, 1-12.

Myers, L. J. (1987). The deep structure of culture: Relevance of traditional African culture in contemporary life. *Journal of Black Studies*, *18*, 72-85. doi:10.1177/002193478701800105

Myers, L. J. (1988). *Understanding an Afrocentric worldview: Introduction to an optimal psychology* (1st ed.). Dubuque, IA: Kendall Hunt.

Myers, L. J. (1989). Research methodology for an optimal psychology: A case study applying an Afrocentric treatment model to prison population. In J. McAdoo

(Ed.), *Empirical Black psychology conference XII* (pp. 45-58). Washington, DC: National Institute of Mental Health.

Myers, L. J. (1991). Understanding family violence: An Afrocentric analysis based on optimal theory. In D. Smith-Riuz (Ed.), *Handbook of mental health and mental disorder among Black Americans: Social structural and cultural perspectives* (pp. 183-191). Westport, CT: Greenwood Press.

Myers, L. J. (1993). *Understanding an Afrocentric worldview: Introduction to an optimal psychology* (2nd ed.). Dubuque, IA: Kendall Hunt.

Myers, L. J. (1999). Therapeutic processes for health and wholeness in the 21st century: Belief systems analysis and the paradigm shift. In R. L. Jones (Ed.), *Advances in African American psychology* (pp. 313-358). Hampton, VA: Cobb & Henry.

Myers, L. J. (2003). *Our health matters: Guide to an African (Indigenous) American psychology and cultural model for creating a climate and culture of optimal health*. Columbus: Ohio Commission on Minority Health.

Myers, L. J. (2004). *Blessed assurance: Deep thought and meditations in the tradition of wisdom from our ancestors*. Gahanna, OH: The Institute for Optimal Transformation and Leadership.

Myers, L. J. (2008). A therapeutic model for transcending oppression: A Black feminist perspective. *Women & Therapy*, *5*, 39-49. doi:10.1300/J015V05N04_06

Myers, L. J. (2011). The metaphysics of optimal psycho-social functioning in eliminating abuse. In L. Rodgers-Rose & Z. Zai'mah (Eds.) *Healing Black women from violence: Reclamation and peace* (pp. 91-107). Norfolk, VA: Traces.

Myers, L. J. (2013a). Healing, coping, and transcending the legacy of racism, sexism, and classism. In H. Lowman-Jackson (Ed.), *Afrikan American women: Living at the crossroads of race, gender, class, and culture* (pp. 387-396). San Diego, CA: Cognella.

Myers, L. J. (2013b). Restoration of spirit: An African-centered communal health model. *Journal of Black Psychology*, *39*, 257-260. doi:10.1177/0095798413478080

Myers, L. J. (2018, June). *Healing, wholeness and trauma inoculation: Practicing optimal conceptualization, second international conference, from historical trauma to creativity and innovation*. Presented at African American and African Studies Community Extension Center, The Ohio State University, Columbus, OH.

Myers, L. J., & Anderson, M. (2013). Mental health assessment and treatment of African Americans in cultural context. In F. A. Paniagua & A. Yamada (Eds.), *Handbook of multicultural mental health* (2nd ed., pp. 256-281). Chennai, India: Elsevier.

Myers, L. J., Obasi, E. M., Jefferson, M., Anderson, M., Godfrey, T., & Purnell, J. (2005). Building multicultural competence around indigenous healing practices. In M. Constantine & D. W. Sue (Eds.), *Strategies for building multicultural competence in mental health and educational settings* (pp. 109-125). New York, NY: Wiley.

National Center for Health Statistics. (2015). *Health, United States, 2015: With special feature on racial and ethnic health disparities* (DHHS Publication No. 2016-1232). Retrieved from https://www.cdc.gov/nchs/data/hus/hus15.pdf

Nelson, W. E. (2007). Africology: Building an academic discipline. In N. Norment, Jr. (Ed.), *The African American studies reader* (2nd ed., pp. 68-73). Durham, NC: Carolina Academic Press.

Newlin, K., Knafl, K., & Melkus, G. D. (2003). African-American spirituality: A concept analysis. *Advances in Nursing Science*, *25*, 57-70.

Ohio Commission on Minority Health. (2015, September). *White paper: Achieving equity and eliminating infant mortality disparities within racial and ethnic populations: From data to action*. Retrieved from https://mih.ohio.gov/Portals/0/Medical%20Expert%20Panel/IM%20White%20paper%20as%20of%20September%2021%208.26%20am%20sw.pdf

Ojelade, I. I., McCray, K., Ashby, J. S., & Meyers, J. (2011). Use of Ifá as a means of addressing mental health concerns among African American clients. *Journal of Counseling & Development*, *89*, 406-412. doi:10.1002/j.1556-6676.2011.tb02837.x

Palinkas, L. A., & Pickwell, S. M. (1995). Acculturation as a risk factor for chronic disease among Cambodian refugees in the United States. *Social Science Medicine*, *40*, 1643-1653.

Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*, *35*, 888-901. doi:10.1093/ije/dyl056

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., . . . Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS ONE*, *10*, 1-48. doi:10.1371/journal.pone.0138511

Robinson-Wood, T. (2014). Measuring resistance in Black women: The Resistance Modality Inventory. *Journal of Systemic Therapies*, *33*, 62-77. doi:10.1521/jsyt.2014.33.2.62

Russell, L. (2010). *Using health care reform to address racial and ethnic disparities in health care for the chronically ill*. Retrieved from https://cdn.americanprogress.org/wp-content/uploads/issues/2010/12/pdf/chronic_disparities.pdf

Sabir, M. G. (2015). The family sanctum: The promise of love's continuing enlargement across the lifespan. *Journal of Religion, Spirituality & Aging*, *27*, 241-251. doi:10.1080/15528030.2015.1014127

Schwartz, R. C., & Blankenship, D. M. (2014). Racial disparities in psychotic disorder diagnosis: A review of empirical literature. *World Journal of Psychiatry*, *4*, 133-140. doi:10.5498/wjp.v4.i4.133

Sánchez, M., Rice, E., Stein, J., Milburn, N. G., & Rotheram-Borus, M. J. (2010). Acculturation, coping styles, and health risk behaviors among HIV positive, Latinas. *Aids and Behavior*, *14*(2), 401-409. doi:10.1007/s10461-009-9618-y

Sharpe, T. L. (2013). Understanding the sociocultural context of coping for African American family members of homicide victims: A conceptual model. *Trauma, Violence, & Abuse*, *16*, 48-59. doi:10.1177/1524838013515760

Soyinka, W. (1976). *The African World in the Ethno-Cultural Debate*. Dakar: Senegal Publications.

Substance Abuse and Mental Health Services Administration. (2015). *Racial/ethnic differences in mental health service use among adults*. Rockville, MD: Author.

Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice* (7th ed.). Hoboken, NJ: Wiley.

White, K. (2002). *An introduction to the sociology of health and illness*. Thousand Oaks, CA: Sage.

Williams, D. R. (2012). Miles to go before we sleep: Racial inequities in health. *Journal of Health Social Behavior*, *53*, 279-295. doi:10.1177/0022146512455804

Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in mental and physical health: Socio-economic status, stress and discrimination. *Journal of Health Psychology*, *2*, 335-351. doi:10.1177/135910539700200305

Wright, B. E. (1985). *The psychopathic racial personality and other essays*. New York City, NY: Third World Press.