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Toward a Psychological Framework of Radical Healing in Communities of Color

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Abstract

Advancing beyond individual-level approaches to coping with racial trauma, we introduce a new psychological framework of radical healing for People of Color and Indigenous individuals (POCI) in the United States. We begin by providing a context of race and racism in the United States and its consequences for the overall well-being of POCI. We build on existing frameworks rooted in social justice education and activism and describe a form of healing and transformation that integrates elements of liberation psychology, Black psychology, ethnopolitical psychology, and intersectionality theory. We briefly review these conceptual foundations as a prelude to introducing a psychological framework of radical healing and its components grounded in five anchors including: (a) collectivism, (b) critical consciousness, (c) radical hope, (d) strength and resistance, and (e) cultural authenticity and self-knowledge. We conclude with a discussion of the applications of radical healing to clinical practice, research, training, and social justice advocacy.

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Significance of the Scholarship to the Public
Advancing beyond individual-level approaches to coping with racial trauma, we call for a new multisystemic psychological framework of radical healing for People of Color and Indigenous individuals. Radical healing involves critical consciousness, radical hope, strength and resistance, cultural authenticity and self-knowledge, and collectivism. We provide suggestions for how to apply this model of radical healing to clinical practice, research, training, and social justice advocacy.

Keywords
liberation psychology, intersectionality, social justice, oppression, race and ethnicity

The United States is one of the most multiracial, multicultural, and multilingual nations in the world with a rich history of diverse individuals contributing to the country's success. Although racial and ethnic diversity is an important part of this country's fabric, racially marginalized communities in the United States have often been subjected to practices that challenge their humanity and right to exist. Hence, despite its diversity, the United States has also been shaped by a long and entrenched history of oppression, including the colonization of Indigenous people, enslavement of African populations, and labor-based exploitation of people from Mexico and China (Zinn, 1980). In the field of counseling psychology, the topic of racism, race-based stress, and mental health has received increased attention in the last few decades with several foundational articles (e.g., Carter, 2007; Helms, 2008; Thompson & Neville, 1999), which have provided a basis for facilitating professional discourse on the topic. However, less research has focused on the significant resilience of People of Color and Indigenous individuals (POCI)[1] in the United States and their mechanisms of healing from racial trauma. Although no term is without fault, we chose to use the term *People of Color* to denote the social construction of racial groups within the United States that are in the minority in terms of political and economic power. Using Cokley's (2007) definition, race is a social construct that "refers to a characterization of a group of people believed to share physical characteristics such as skin color, facial features, and other hereditary traits" (p. 225). The act of *racialization* is defined as the process through which oppressive societal systems categorize individuals into racial groups based on phenotype (Adames & Chavez-Duenas, 2017). We also use People of Color as a political term that highlights

the interrelationships among racialized people in the United States and replaces terms such as *racial and ethnic minorities* that could be construed as pathologizing (Vidal-Ortiz, 2008). The purpose of this paper is to expand on the literature by introducing a new psychological framework of radical healing. Rooted in social justice education activism (Ginwright, 2010), radical healing is grounded in health-promoting practices and transformation that integrates elements of liberation psychology, Black psychology, and intersectionality while drawing on Comas-Díaz's (2007) concept of ethnopolitical psychology. Although we begin our discussion by providing a context for the racial realities of many POCI, it is important to recognize POCI are not confined to, or defined by, the oppressions they experience. POCI also have a rich history of cultural traditions and a legacy of resilience that promotes well-being and contributes to the strength of the United States. Before introducing the proposed psychological framework of radical healing, we describe the context of racism in the United States and ways POCI have navigated this context, after which we describe the foundational theories informing our conceptualization of radical healing.

The Context of Racism in the United States

The United States is in the midst of one of the most significant demographic shifts in its history. According to the U.S. Census Bureau, by the year 2040, the United States will become a majority "minority" country where POCI will become the numeric majority (2016). This reality, coupled with the 2008 election of the nation's first Black president, Barack H. Obama, led many to believe that racism was beginning to dissipate. An ideology of a "post-racial America," one where race no longer mattered, gained momentum in the popular culture (Bonilla-Silva, 2010; Helms, 2015; Neville, Awad, Brooks, Flores, & Bluemel, 2013). Despite the popular belief among many White individuals in the United States that Obama's election heralds a "post-racial" era (Struyk, 2017), evidence indicates the contrary (Ledwidge, Verney, & Parmar, 2014). Several scholars have posited that racism did not disappear during Obama's presidency; instead, it increased during this historic time period (Agiesta & Ross, 2012), and contributed to the election of Donald J. Trump. Some scholars and political news pundits described the election of Trump as a "Whitelash against a changing country" (Ryan, 2016, para. 1). Helms (2016) argued that the system of racism and White supremacy is protected by individuals and institutions that adhere to the policies and rhetoric personified by Trump, which deny equity, justice, and access to resources for POCI. For instance, during the first 18 months of Trump's presidency, his administration implemented a "Muslim Ban" preventing

entry from predominantly Muslim countries into the United States that was upheld by the Supreme Court (Liptak & Shear, 2018). The Trump administration has targeted immigrants in other ways as well. For instance, the administration has deported more asylum-seeking, undocumented immigrants without a criminal record than before (Sacchetti, 2017). Additionally, the Trump administration has separated thousands of asylum-seeking children from their parents by holding them in detention centers and also failed to reunite them despite court orders. The Trump administration's view of race relations reflects deep-seated racist beliefs. For instance, Donald Trump failed to condemn acts of White supremacy and instead referred to organizers of a deadly "Alt Right" rally in Charlottesville as "very fine people" (Politico, 2017).

The racism POCI experience is not a new phenomenon that began with Trump's election. Mass incarceration of POCI has increased 500% in the last 40 years, largely due to the 1980s "War on Drugs" with more than 60% of the prison population being POCI (Alexander, 2010). The state-sanctioned police killings of Black boys and men sparked the Black Lives Matter movement in 2013. Ethnic and racial studies programs are being threatened, and in some states, legislation has been drafted to ban them (Navarette, 2012), while college affirmative action admissions guidelines are facing revocation (Hackman, 2018). The political climate in the United States has contributed to increases in stress, particularly among Black and Latinx individuals, according to the American Psychological Association (APA) Stress in America Report (APA, 2017).

A substantial amount of empirical evidence shows that racism and discrimination harms the health and well-being of POCI communities (see Alvarez, Liang, & Neville, 2016). The cost of racism to POCI communities also demonstrates an embodied inequality (Krieger, 1999) that increases the risk for poorer physical health including the common cold (Kwate, Valdimarsdottir, Guevarra, & Bovbjerg, 2003), hypertension (Williams & Neighbors, 2001), cardiovascular disease (Lewis et al., 2006), breast cancer (Taylor et al., 2007), and higher mortality rates (Barnes et al., 2008). Racism also has devastating effects on the mental health of racialized individuals, raising the risk for depression (Noh & Kaspar, 2003) and anxiety (Graham, West, Martinez, & Roemer, 2016). Scholars have also conceptualized racism as a chronic stressor that has the potential to produce trauma and post-traumatic stress disorder (PTSD; Carter, 2007; Carter et al., 2017). Racism manifests in our built environment and results in disparities with exposure to environmental toxins and pollution; this type of environmental racism, in turn, impacts the health and well-being of POCI communities (Taylor, 2014).

Racial and Historical Trauma

Since the turn of the century, multidisciplinary researchers have considered the traumatic effects of racism and colonization on POCI. For instance, Brave Heart (2000) conceptualized historical trauma and documented how the trauma of racism and colonization showed "cumulative wounding across generations" (p. 246). She considered the ways in which the Lakota people carried ancestral trauma and historical unresolved grief resulting from massive loss, genocide, and the U.S. government's prohibition of Indigenous spiritual mourning practices. Neurobiologists have provided data on the intergenerational transmission of trauma through epigenetics, identifying biological risks for PTSD and greater lifetime depressive disorders among descendants of Holocaust survivors (Yehuda, Halligan, & Bierer, 2001) and survivors of 9/11 (Yehuda et al., 2005). The ability to survive historical trauma, however, can also be associated with biological, environmental, and cultural factors of resilience (Kirmayer, Gone, & Moses, 2014; Southwick, Bonanno, Masten, Panter-Birk, & Yehuda, 2014). As such, not only might experiences of trauma be inherited genetically, POCI's capacity for resilience may be inherited as well.

Carter, Forsyth, Mazzula, and Williams (2005) were some of the first scholars to conceptualize the notion of race-based traumatic stress. Similarly, Bryant-Davis and Ocampo (2005) argued that many racist incidents are experienced as traumatic, emotionally abusive, or threats to livelihood and can increase the risk for post-traumatic symptoms. Moreover, Bryant-Davis and Ocampo highlighted ways in which racism can operate as daily mini-traumas that expends psychic energy and results in psychological effects, which parallel those of sexual assault and intimate partner violence. Carter (2007) furthered this argument by providing a thorough analysis for why the emotional injury of racism should be conceptualized as racial trauma. He asserted that the systematic effects of intentional or unintentional racism across individual, institutional, and cultural levels can have significant psychological impacts similar to other forms of trauma.

Healing Versus Coping

In Indigenous cultures, healing involves learning how one fits "within the overall cosmology" (Duran, Firehammer, & Gonzalez, 2008, p. 293). This notion prioritizes collective approaches to improving self and society (Heilbron & Guttman, 2000). We advance the concept of healing over that of coping for two main reasons. First, Watts (2004) suggested that to radically move counseling psychology forward, scholarship and practice related to coping should

be shifted in focus to consider topics centered on resisting oppression and other barriers to wellness. From this perspective, healing is a concept that scales up coping by moving beyond the goal of merely surviving within an oppressive society to thriving (Watts, 2004). Healing occurs when POCI gain critical consciousness about their oppression and seek to resist the associated racial trauma. Centering healing allows for an intentional, proactive consideration of the relationship between justice and wellness. With regard to healing, rather than a reactionary response to racial trauma, POCI can utilize critical consciousness and active resistance as a proactive approach to resisting racism. This is a core value of the field of counseling psychology and consistent with our role as social justice change agents (Vera & Speight, 2003).

Second, healing moves away from the individualistic focus that coping relies upon and recognizes that POCI thrive within collectivism, as a direct result of their connection to their community (Heilbron & Guttman, 2000). This differential focus on community is key since it allows POCI to understand their experience as part of a "common collective struggle" (Ginwright, 2010, p. 63) versus one that emanates from, and therefore should be solved by, individuals. It is important that POCI are able to cope with symptoms tied to racial trauma; however, healing involves identifying the source of the trauma, engaging in collective resistance against that source, and fostering hope as POCI actively work to prevent recurring trauma for not only themselves but also their communities.

Throughout history, POCI communities have shown collective resistance to colonization and racism—resistance that required radicalism. We believe that we are currently in critical and radical times, which necessitate a radical response to injustice—one that moves beyond individual Eurocentric symptom reduction and toward collective multisystemic resistance and new realities. To this end, we offer a framework of radical healing from racial trauma as an approach for POCI to move toward healing and liberation. To contextualize a psychological framework of radical healing, in the next section we briefly describe conceptual foundations rooted in epistemologies of power, privilege, and oppression. We draw on the psychology of liberation, Black psychology, ethnopolitical psychology, and intersectionality to inform our conceptualization of radical healing.

Conceptual Foundations for Radical Healing

The concept of radical healing is rooted in the work of scholars, activists, and faith communities (e.g., Ginwright, 2010). *Radical*, used most commonly in political terms, is a critical attitude or ideology that promotes the idea that complete change is necessary to reduce social problems (Dictionary of Politics and

Government, 2004). Critical ideologies that challenge the status quo and seek social justice have been evident in radical psychology as well (Teo, 2011). Given these definitions, healing from racial trauma is a radical act that requires POCI communities to actively resist the insidious confines of racism and colonization that have been systematized within the United States. Drawing on the work of Ginwright (2010) and others, Neville (2017) operationalized the concept of racial healing for psychology in describing that social and racial justice is a necessary condition for healing. She defined racial healing as "the policies, actions, and practices, which aid individuals and their groups to live out their full potential in societies with a history of racial oppression" (p. 7). Collective resistance to the dehumanization of POCI communities aims to restore dignity and engages the process of healing. In this section, we briefly review theories that form the foundation of our psychological framework of radical healing, including psychology of liberation, Black psychology, ethnopolitical psychology, and intersectionality.

Psychology of Liberation, Black Psychology, Ethnopolitical Psychology, and Intersectionality

Psychology of Liberation

Liberation psychology centers the struggle of oppressed individuals in society. Identifying the ways people thrive and become whole in the face of multiple oppressions and inhumanity is central to radical healing. Martinique-born psychiatrist, Frantz Fanon, along with South American liberation theologist and social psychologist, Ignacio Martín-Baró, introduced concepts consistent with liberation psychology into the literature (Adams, Dobles, Gómez, Kurtis, & Molina, 2015). Drawing on interdisciplinary research and clinical observations, Fanon (1963, 1967) offered a radical interpretation of mental and physical liberation from colonialism and racism. He articulated the psychopathology of colonization and the importance of decolonization for the liberation of oppressed people, particularly throughout the African Diaspora. Martín-Baró (1994), partly influenced by Fanon's writings, argued that the field of psychology needed to refocus on the mental health of the poor and the sociopolitical forms of oppression that negatively affect oppressed groups. The central aspect of liberation psychology is the development of *concientizacion* or critical consciousness. Rooted in Paulo Freire's (1970) *Pedagogy of the Oppressed*, concientizacion recognizes the importance of helping oppressed people develop a critical awareness of oppression as a way to psychologically liberate themselves from oppressive forces. Prilleltensky (2003) modeled

his theory of liberation psychology from liberation theology to describe ways that people strive for psychological well-being while experiencing internal and external oppression. He asserted that psychological dynamics are inseparable from political dynamics, and that liberation for the individual is necessarily tied to the collective liberation of social groups, communities, and societies. Seeking liberation from oppression is necessary for radical healing.

Black Psychology

Liberation psychology has also been influenced by Black psychology. The field of Black psychology is rooted in the understanding that in order to fully liberate individuals of African descent, self-determination is needed to develop a psychology that adequately addresses the unique needs of the community (Thompson & Alfred, 2009). Joseph L. White's foundational article "Toward a Black Psychology" (1970) articulated the ways in which Eurocentric psychology had little application to Black lives and called for the creation of a psychology grounded in the cultural and ethnic authenticity of Black people. A psychology for Black liberation includes an analysis of identity as a critical component of mental liberation.

The works of W.E.B. DuBois (1903) and later Fanon (1967) greatly informed what we now consider racial identity theory. DuBois articulated the concept of *double consciousness* or the way individuals negotiate their African and American identities in the U.S. society. Building on these early conceptualizations, Cross (1971) introduced the nigrescence model, a psychological framework of racial identity, which provided language for scholars and activists to theorize about mental liberation. Racial identity theory postulates that Black individuals develop a healthy Black identity that moves from idealizing Whiteness and White culture to developing a critical awareness of one's own racial group and psychological liberation from oppression (Cross, 1971, 1995; Cross & Vandiver, 2001). Black psychological theories directly apply to radical healing in resisting Eurocentric assumptions and promoting empowered self-definitions.

Ethnopolitical Psychology

The proposed framework of radical healing is also closely aligned with the ethnopolitical psychology, a specific articulation of liberation psychology. Ethnopolitical psychology "encourages healing and transformation through the development of critical consciousness and sociopolitical action. . . . [and] aims to decolonize people of color, reformulate their ethnic identity, and

promote racial reconciliation, personal transformation, and societal change" (Comas-Díaz, 2007, p. 92). Hence, ethnopolitical psychology can be conceptualized as a framework for psychological healing from the trauma that may result from racism, oppression, colonization, and cultural imperialism. It integrates individual and collective identities, increases dignity and mastery, and reconnects people with their roots (Comas-Díaz, 2007). Healing through this model provides a culturally relevant framework that incorporates Eastern and Western traditions with Indigenous healing. It requires that practitioners accompany POCI and bear witness to their pain, working with them to recognize systemic racial oppression and colonization thereby embracing resistance over maintaining the status quo.

Intersectionality

Although the majority of early liberation and Black psychology theorists focused on race and class oppression without consideration of gender, there have been Women of Color scholars, writers, and activists throughout the 20th century who theorized about the unique marginalization of Women of Color at the intersection of race, gender, sexuality, and class oppression (Hancock, 2016; May, 2015). Intersectionality is grounded in the *herstory* of Black feminism (Cole, 2009; Collins, 2000; Lewis, Williams, Moody, Peppers, & Gadson, 2018). For example, in 1977, the Combahee River Collective, a group of Black feminists, highlighted the influence of interlocking forms of racism, sexism, and classism on the lives of Black women (Combahee River Collective, 1995). Thus, Black feminism paved the way for intersectionality theory (Cole, 2009; Collins, 2000).

Intersectionality is focused on developing a structural analysis of oppression that moves beyond a single-axis framework of one marginalized identity (e.g., race) to a more nuanced understanding of the ways in which interlocking systems of oppression intersect to marginalize individuals in society (Crenshaw, 1989). These intersecting systems of oppression create a matrix of domination, which represents the ways that various forms of oppression are structured to produce and sustain inequality (Collins, 2000). Intersectionality in psychology is focused on exploring the ways that systemic, institutional, and structural oppression and privilege impact individuals and communities (Cole, 2009; Lewis & Grzanka, 2016). In addition, there is a focus on transforming individuals and communities through social action. Thus, intersectionality theory serves as an important component to radical healing by acknowledging the role of intersectional oppression on people's lives based on race, social class, gender, sexual identity, ability, religion, national origin, and immigrant status, to name a few.

In sum, the psychology of liberation, Black psychology, ethnopolitical psychology, and intersectionality form the foundation for the psychological framework of radical healing. Liberation psychology articulates the impact of oppression and the importance of striving for justice to liberate from oppression. Black psychology names the explicit Eurocentric assumptions of the field and their detriment to Black communities, calling for an African-centered and strengths-based framework of mental health. The rejection of Eurocentric assumptions and centering racial and cultural experiences has occurred within other POCI psychology communities as well, as evidenced with the foundation and sustainment of Ethnic Minority Psychological Associations (Lau, Forrest, Delgado-Romero, 2012). Ethnopolitical psychology provides a specific liberatory framework for healing from racial trauma. Finally, intersectionality identifies ways that racism, sexism, heterosexism, transnegativity, classism, and other forms of oppression intersect and produce interlocking forms of inequality (Crenshaw, 1989). Each of these theories offers important scholarship to build a framework for radical healing rooted in POCI's psychology. Thus, the integration of these existing theories provides a foundation to expand and develop a psychological framework that centers POCI's scholarship, and promotes a multisystemic approach to wellness. In the next section, we highlight the genesis of radical healing and how we are conceptualizing it as a psychological framework.

A Psychology of Radical Healing

Genesis of Radical Healing

The term radical healing can be traced back to 1851 when Augusto Vidal utilized it as the title of his book to describe a medical treatment for varicocele (vein enlargement). The concept of radical healing was further developed by Rudolph Ballentine in the 20th century in which he integrated the wisdom of several traditional healing practices to help transform the field of medicine by also including psychotherapy (Ballentine, 1999). More recently, Ginwright (2010) wrote about radical healing in his book *Black Youth Rising*, which highlights his work with Black youth in Oakland, California. He described radical healing as building the capacity to act upon one's environment in ways that contribute to the common good. As Ginwright asserted, healing from the trauma of oppression caused by poverty, racism, sexism, heterosexism, and class exploitation is an important political act that requires reconciliation and testimony. It moves from ascribing individual blame to identifying systemic oppression as holding those systems responsible for

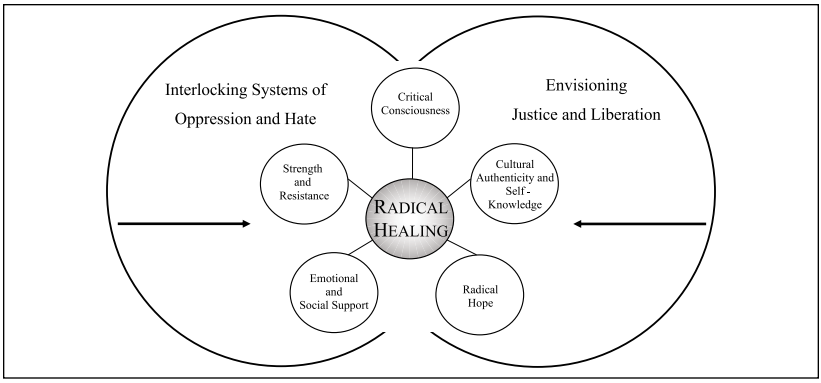

Figure 1. A psychological framework of radical healing.

conditions in which Black youth live. Hence, radical healing requires a shift away from a deficit-based perspective and fosters a sense of agency to challenge and change oppressive conditions. Ginwright's sociological and educational model of radical healing offers an opportunity for psychologists to think critically about the ways POCI strive for wellness. In his conceptualization, Ginwright suggested that wellness is achieved through social, community, and individual mechanisms. Fostering a sense of agency and solidarity, engaging in resistance, and transforming systems of oppression are processes that help to achieve wellness on multiple levels that are congruent with the call for social action among counseling psychologists (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

A Psychological Framework of Radical Healing

We merge Ginwright's (2010) articulation of radical healing with the psychology of liberation, Black psychology, ethnopolitical psychology, and intersectionality. We define *radical healing* as being able to sit in a dialectic and exist in both spaces of resisting oppression and moving toward freedom (Figure 1). Staying in either extreme—the despair of oppression or the imagination of possibilities—could be detrimental. On one end of the spectrum, one could get lost in an overwhelming sense of disempowerment. On the other end, only focusing on dreaming for a better future removes oneself from current reality. We believe it is essential that radical healing includes both acknowledgment of and active resistance from oppression, as well as a vision of possibilities for freedom and wellness. Moreover, the act of being in that dialectic is, in and of itself, a process of healing.

For POCI in the United States, psychological healing must move beyond traditional notions of psychotherapy, which have historically focused on individual behaviors, cognitions, and emotions. As multicultural (Sue & Sue, 2015) and feminist (Worrell & Remer, 2003) therapies have articulated, for liberation to occur, psychological healing must focus on systemic conditions contributing to the trauma of racism and colonization. Thus, we envision a radical healing process that acknowledges the pain of oppression while fostering hope for justice and psychopolitical freedom. The proposed framework of radical healing builds on existing theories by arguing that social action is a critical component of radical healing and demands a multisystemic, ecological approach beyond the individual level. A psychological framework of radical healing also centers the rich and varied voices and strengths of POCI communities, building on each community's traditional cultural healing methods and ancestral wisdom. In doing so, we agree with Gorski and Goodman's (2015) critique of existing status-quo multicultural psychology practices and call for a decolonized approach that challenges the systems of oppression within the field of psychology as well as beyond. The framework also explicitly acknowledges that POCI's lived experiences are intersectional in nature and demands an intersectional lens to understand the healing process.

We assert a psychological process of radical healing, embraced by relationships that begin with critical consciousness as the first step in raising awareness of oppressive systems. Through that consciousness, POCI can envision a better possibility leading to our second process of fostering hope. How does one maintain a sense of hope in the face of oppression? It requires strength, resistance, and cultural authenticity. The spirit of collectivism foregrounds our framework and is woven throughout each process, with the recognition that our individual and ethnic-specific liberation as POCI is tied between and within each other.

Critical consciousness. Critical consciousness is seen as a prerequisite for liberation from oppression (Prilleltensky, 2003). It is a key component of our framework of radical healing, as it is only by learning to be critically conscious that liberation can be achieved (Freire, 1970; Moane, 2003; Prilleltensky, 2003; Watts, William, & Jagers, 2003). *Critical consciousness* has been defined as "an individual's capacity to critically reflect and act upon their sociopolitical environment" (Diemer, Kauffman, Koenig, Trahan, & Hsieh, 2006, p. 445). Specifically, one must reflect on sociopolitical realities, deeply questioning and discerning for oneself (although often with others) how and why power relations are structured and maintained, in order to begin the process of radical healing.

Scholars have since outlined three components of critical consciousness including (a) critical reflection, (b) political efficacy, and (c) critical action (Watts, Diemer, & Voight, 2011). *Critical reflection* involves engaging in an analysis of the social situation, including historical and structural factors, and morally rejecting oppression and inequity. Critical reflection is essential if one is to achieve a sense of *political efficacy*, which is confidence in one's ability to facilitate individual or collective sociopolitical change (Diemer & Blustein, 2006; Watts et al., 2011). *Critical action* involves moving from commitment to action, undertaken alone or with others, to reduce oppression (Watts et al., 2011). Research has shown that engaging in social action and activism can increase psychological well-being (Klar & Kasser, 2009) and a sense of empowerment (see Thomas & Louis, 2013, for a review). In the process of radical healing, it is important for an individual's actions to be authentic, reflect their truth, and align with their identities and contexts.

Radical hope and envisioning possibilities. Hope is a necessary condition of working to improve human existence—there must be some sense that the struggle is not in vain (Ginwright, 2016). Thus, radical healing requires radical hope. Hope allows for a sense of agency to change things for the greater good—a belief that one can fight for justice and that the fight will not be futile. Freire (1992) attested that hopelessness is paralyzing and immobilizing; in hopelessness, we lack the strength to recreate the world. Lear (2008) proposed radical hope for people who face oppression by the dominant culture. He argued that radical hope is an act of courage, when you face devastation and head toward an unimaginable future with the belief that something good will emerge. It is radical because it transcends one's ability to envision and understand what the future holds. Neville (2017) asserted that hope fosters visions of what is possible for a more egalitarian future, and people of all class backgrounds must define this vision. To illustrate an example, the rise of the term Latinx, and related movements, is an example of envisioning new possibilities, as it aims to challenge heteronormative gender binaries and promote solidarity with genderqueer communities within Latin America (Santos, 2017). Aligning with tenets of Afrofuturism and visionary fiction (Brown & Imarisha, 2015), radical healing recognizes that the imagination must be decolonized if liberation is to be achieved. Hope is able to grow when resilience exists within individuals and communities. Positive psychology researchers have consistently documented the psychological benefits of hope (Sin & Lyubomirsky, 2009; Snyder, Rand, & Sigmon, 2002) in college students (Chang & Banks, 2007) and adolescents (Roesch, Duangado, Vaughn, Aldridge, & Villodas, 2010), including for POCI. Ultimately, individuals can use hope as fuel to imagine possibilities for the present and future of the collective.

Strength and resistance. In order to foster a sense of radical hope, strength to resist oppression is necessary. Resilience is typically described in the psychological literature as an individual's ability to use available resources to adapt to or overcome adversities (Earnshaw, Bogart, Dovidio, & Williams, 2015; Richaud, 2013). However, this conceptualization is often used to describe individual-level processes and thus does not promote transformative collective healing. Instead, we use the language of strength and resistance as a part of radical healing to reflect POCI's commitment to living joy-filled lives despite a critical awareness of racial trauma and oppression. A call for resistance acknowledges the strength of oppressed peoples, evidenced by their sacrifice for the common good and a faith in the human capacity for change. Ginwright (2010) argued that "transformative resistance . . . is a healthy psychosocial response to oppression" (p. 124). *INCITE!* is an example of an organization that exemplifies intersectional strength and resistance as women, gender nonconforming, and trans radical feminists advance a movement to end violence against Women of Color. We consider participation in resistance through social justice akin to radical healing. It is the bridge between antioppression action and envisioning new possibilities. A sense of psychological strength occurs when POCI have a healthy sense of self and cultural authenticity, while coming together to work toward reducing barriers to their wellness and healing from their hardships.

Cultural authenticity and self-knowledge. Radical healing consists of returning to ancestral roots. It requires resisting colonized knowledge and practices as the only way of knowing, and instead honoring ancestral wisdom and cultural teachings (Moodley & West, 2005). POCI scholars have contested Western notions of healing as being incongruent and often incompatible with the wisdom of communities of color. For instance, Guthrie (1988) documented the racist history of psychology and the systematic ways science was used to assert cultural, intellectual, and emotional inferiority of POCI. Relying on Western psychology's theories of health and wellness is, at best, incomplete, and at worst, oppressive. Parham (2009) summarized an African-centered psychology that prioritizes self-definition, harmonious relationships, communal order, spirituality, the Divine, and metaphysical interconnectedness. Within Indigenous practices, spirituality and harmony are at the center of wellness where the body, mind, and spirit are interconnected (Hodge, Limb, & Cross, 2009).

Radical healing requires this sense of self-definition and cultural authenticity in which POCI are not defined by their oppressors. With radical healing, living authentically is an act of resistance, which offers POCI hope for truth and acceptance. As Ginwright (2010) asserted, "In a society where

African identity is devalued and demeaned, the radical healing process must consider the ways to rebuild and reclaim racial identity among African American youth" (p. 122). Research on racial and ethnic identity suggests that healthier identities are those that exhibit pride in one's ethnic and racial heritage, reject notions of White supremacy and internalized racism, and show respect and advocate for multiple identities other than one's own (Quintana, Chew, & Schell, 2012).

Collectivism. In the proposed psychological framework of radical healing, collectivism connects personal liberation with the broader POCI community. The process of psychological liberation from oppression, and engagement in radical healing requires the power of connection and belonging to one's ethnic group. African, Asian, Latinx, and Indigenous communities each have shared histories rooted in philosophies of interconnectedness and collectivism (Sue & Sue, 2015). By extension, the cultural worldviews of these racialized communities emphasize the importance of connection as aspects of psychological liberation from oppression. For example, Asian cultural worldviews emphasize group harmony within the family and environment and a collectivistic orientation (Sue & Sue, 2015). Latinx cultural values include *familismo* (i.e., a strong sense of family cohesion), *personalismo* (i.e., a preference for warm yet formal relationships), *respeto* (i.e., respect), *confianza* (i.e., trust), and a strong work ethic (Sue & Sue, 2015). American Indian and Alaska Native cultural values include interconnectedness, balance, spirituality, and relationships (Hodge et al., 2009). The process of radical healing includes using these racial and ethnic cultural values as a means to gain greater connection to one's community as a source of social support. Thus, an important component of radical healing is seeking and cultivating support within one's community. Collectivist communities allow POCI to create a counter-space for radical healing where authenticity and comradery can flourish and offer refuge in the context of ongoing racism. Radical healing through collectivism also includes sharing one's story as a way of testifying and building solidarity with others.

Through this conceptual integration, we envision a framework of radical healing that can extend our practices with POCI to encompass cultural ways of being, ancestral knowledge, and social justice as key elements of healing. Building on Ginwright's (2010) concept, we integrate psychological literature to create a framework of radical healing that includes critical consciousness, hope, authenticity, strengths, and collectivism. In the next section, we provide recommendations on how to apply the concept of radical healing to our work in clinical practice, research, training, and advocacy.

Recommendations for Applying Radical Healing in Psychology

Clinical Practice

Testimony. When clinicians create empathic spaces in psychotherapy, the potential for healing and transformation can emerge through testimony—personal narratives that give voice to experiences of oppression, provide opportunity to create meaning of their individual and collective experiences of oppression, and empower individuals to envision future possibilities (Ainslie, 2013; Comas-Díaz, 2007). Although clinicians are trained to provide empathy and are taught that cultural competence involves acknowledging the cultural background of their clients, they can sometimes question the validity of a POCI's experience of discrimination in ways that serve to invalidate their experiences (Sue, 2015). Often, the racist experiences of POCI are met with doubt and alternative explanations by clinicians (Hook, Farrell, Davis, DeBlaere, & Van Tongeren, 2016). The mere questioning of the client's experience can be harmful. Thus, clinicians are challenged to sit through their own discomfort as they listen and bear witness to the pain experienced by their clients who are POCI. Clinicians are encouraged to engage in specialized training and critical reflection of their own racialized experience and consider how they can integrate social justice as a critical part of the healing process necessary for clients who are POCI (Sue et al., 2007). A case study of an AfroLatinx queer immigrant client provides an example of psychotherapy practices that move beyond merely integrating multiple social identities in working with marginalized clients to considering systems of oppression and privilege that shape their lives (Adames, Chavez-Dueñas, Sharma, & La Roche, 2018). The emancipation circles developed and facilitated by the Association of Black Psychologists is another applied example where psychologists can create healing spaces to center the voices of community members as they name and validate their racialized experiences and identify culturally informed healing practices to heal the wounds of intersecting forms of discrimination (Grills, Aird, & Rowe, 2016).

Community-based radical healing. The development of psychological radical healing requires that clinicians expand their conceptualization of what "healing" is and where it can take place. In other words, clinicians are encouraged to move beyond traditional spaces and modalities of treatment and consider how healing can also be experienced within community settings. Community psychologists have historically been leaders in this area, focusing on people within holistic, ecological contexts rather than the individual, intrapsychic

factors of traditional psychology (Nelson & Prilleltensky, 2010). In addition, counseling psychologists have also been leaders on social justice issues in the field (e.g., Toporek et al., 2006). POCI may benefit from the integration of traditional Indigenous healing practices to process their experiences of oppression and dehumanization (Comas-Díaz, 2007; Gone, Kenkel, & Garcia-Shelton, 2004; Hodge et al., 2009). An example of an intersectional, culturally authentic healing approach is *Harriet's Apothecary* (2018), developed by a group of Black cisgender and queer women healers based out of Brooklyn, New York, and founded with Harriet Tubman's spirit in mind. This group cocreates accessible and affirming healing villages, freedom schools, and leadership development for racial and LGBTQ justice. From this perspective, mental health providers are encouraged to collaborate with respected Indigenous healers to provide alternative therapeutic spaces.

It is important to note that mental health stigma among POCI may be exacerbated by the current sociopolitical climate. For instance, the fear and anxiety that currently exists among immigrant communities may create additional barriers to seeking mental health services as they may worry about the implications of discussing their immigration status with mental health providers. Hence, being aware of how the current climate may be unsafe to oppressed communities may assist clinicians in thinking of alternative possibilities for treatment. It is also important for clinicians to be aware of the cultural mistrust that exists in POCI communities given the medical abuses perpetuated against marginalized individuals in U.S. history (Terrell, Taylor, Menzie, & Barrett, 2009). Thus, community-based healing and religious and/or spiritual leaders are often more trusted than traditional mental health providers, more widely accessible, and generally have leadership roles in communities of POCI. From this perspective, mental health providers are encouraged to collaborate with respected Indigenous and spiritual healers to provide alternative therapeutic spaces.

Radical healing ethics. Clinicians seeking to engage in radical healing may benefit from having an ethical framework to guide their actions (see Garcia & Tehee, 2014). Similar to Hoagland's (1988) approach to lesbian ethics, we provide ethical considerations to encourage providers to consider the ways in which they perceive clients who are POCI, how they approach their relationship with them, and how that interaction is facilitative of growth, healing, and justice for all parties (Vasquez, 2013). We offer a set of ethical principles of radical healing for clinicians and mental health professionals: (a) Providers are aware of and seek to assess power dynamics in their relationships with clients who are POCI and proactively work to reduce them (Bryant-Davis & Comas-Díaz, 2016); (b) providers approach clients who are POCI in a

manner that is collaborative and recognizes the bidirectional benefits of the relationship (Bryant-Davis & Comas-Díaz, 2016); and (c) providers value accompanying, being with, or otherwise bearing witness to clients (Bryant-Davis & Comas-Díaz, 2016). Additionally, they honor the testimonies offered and convey trust in their clients; (d) providers respond with urgency and engage in spontaneous, wellness-promoting actions with clients who are POCI, whether individually or collectively, when racial terrorism has been noted locally and/or nationally (Hargons et al., 2017); and (e) providers engage in creative problem solving, co-constructing solutions with clients. In doing so, they encourage externalization by locating the source of suffering and/or oppression (Adames & Chavez-Dueñas, 2017); (f) providers aspire to have intelligibility within their relationships with clients. That is, they do not seek to be accountable to their clients nor hold their clients as accountable, but seek to make their choices understandable to their clients and to have their clients' choices become intelligible to them (Hoagland, 1988); (g) psychologists seek to expand their understanding of client(s) to consider larger communities (Garcia & Tehee, 2014).

Research

Given that the framework of radical healing presented here is in its infancy, there are several fruitful directions for future research. The concept of radical healing requires psychology researchers to shift their focus away from Western, individualistic, person-level notions of healing to a multisystemic focus of healing rooted in POCI communities. It is important for psychology researchers to consider centering the voices and strengths of POCI communities in future research on radical healing. To do this, researchers should utilize multiple research methodologies, including qualitative, quantitative, mixed methods, and participatory action research, and various epistemologies such as Indigenous ways of knowing and story-telling (Smith, 2012) to provide richer accounts of the multitude of ways that POCI communities heal from racism. Psychology researchers are encouraged to resist the urge to design traditional research studies that do very little to elucidate the complexity of radical healing. We call for a paradigm shift in the types of research conducted on POCI communities and the methods of inquiry (Neville, 2018).

We argue that researchers consider grounding their work in a radical healing framework throughout the research process, which would involve centering POCI from the formation of the research questions to the study design, data collection, data analysis, and interpretation of findings. Drawing on the work of intersectionality scholars, we argue that applying a radical healing framework to counseling psychology research requires attention to the

institutional and social–structural context (Bowleg & Bauer, 2016; Cole, 2009; Lewis & Grzanka, 2016). Within the framework of radical healing, it is important for researchers to move beyond individual-level variables and to measure structural variables when studying racism and oppression (Bowleg & Bauer, 2016). For example, if a researcher wants to design a quantitative study to explore the impact of racism on health outcomes for POCI, the researcher could also measure neighborhood-level variables, such as the segregation of the neighborhood, environmental racism, or other variables that may also impact the health of POCI communities. Relatedly, if a researcher wants to explore the ways in which Latinx individuals in a community are engaging in radical healing practices, it might be important to explore the discrimination experienced at the local level as well as the role of institutional policies, such as the ruling on Deferred Action for Childhood Arrivals or other recent restrictive immigration policies, and how these institutional-level issues may exacerbate health or hinder the ability to engage in radical healing practices.

Another unique direction for future research is to utilize the concept of psychopolitical validity. Prillentensky, Prilleltensky, and Voorhees (2008) argued that true change cannot occur unless we consider the intersection of political and psychological factors when analyzing constructs such as power, wellness, and oppression. The role of psychopolitical validity is both epistemological and transformational. Epistemic psychopolitical validity is focused on developing an understanding of "the role of power in the psychology and politics of wellness, oppression, and liberation, at the personal, relational, and collective domains" (p. 130). Transformational psychopolitical validity is "the potential of our actions to promote personal, relational, and collective wellness by reducing power inequalities and increasing political action" (p. 130). Thus, Prillentesky et al. (2008) argued that it is important for research to have an explicit focus on power, inequality, and political change.

Prillentensky et al. (2008) encouraged research focused on personal liberation, which could include conducting a study that explores strength, resilience, and development of activism and leadership. As an example of a study exploring personal liberation, Szymanski and Lewis (2015) explored the role of racial identity and race-related stress in predicting involvement in African American activism for Black college students. Using the psychological framework of radical healing, there are a number of areas in which to explore and provide data to support assertions. Some questions include: What is an operational definition of radical hope and is it related to specific healing or mental health outcomes? Is self-knowledge related to healing or mental health outcomes? What are specific Indigenous healing activities that

are proven to restore justice and wellness? What role does storytelling play in the healing process from racial wounds?

Research focused on relational liberation could include exploring acts of solidarity and compassion with others who suffer from oppression. Research on relational radical healing could include developing an intervention-based study that explores the psychological benefits of a consciousness-raising group for Indigenous individuals. Watts, Abdul-Adil, and Pratt's (2002) study on the Roderick Watts' Young Warriors Program—a program helping Black adolescent boys develop critical consciousness through the use of rap music and film—exemplifies relational radical healing. Research focused on collective liberation could include deconstructing ideological norms in the field, such as the theory of radical healing itself. It is important for psychology researchers to push the boundaries of the discipline in innovative ways by developing creative methodologies that inform and inspire new possibilities. As counseling psychologists, we have a responsibility to engage in social justice research that can inform policy and lead to systems-level change.

Training

To move beyond teaching multiculturalism and toward social justice, we encourage counseling psychology and other mental health educators to integrate topics such as liberation psychology and radical healing into their curricula. Such an approach would compel trainees to consider their healing role beyond an individual-level intervention. A more effective healing process would necessitate consideration of psychopolitical well-being (Prilleltensky, Prilleltensky, & Voorhees, 2008). For instance, counseling psychology programs could determine that developing critical consciousness is an essential component of demonstrating cultural competency. Training programs could, for example, assign readings on the history of POCI communities beyond mainstream psychological literature so students can develop a more in-depth knowledge about sociopolitical and historical context. Additionally, training programs can emphasize social justice advocacy and activism for research, teaching, and practice. This involves training psychologists to envision how their skills could be used to heal outside of the therapy room (e.g., through advocacy and engagement in public policy). Some counseling psychologists are leaders in social justice training. For example, *The Counseling Psychologist* published a two-part special issue on nontraditional teaching methods for social justice in 2014. Goodman et al. (2015) described several ways to decolonize counseling psychology pedagogy ranging from faculty hires to student admissions to class assignments and activities. Motulsky, Gere, Saleem, and Trantham (2014) offered multiple ways to integrate social justice across various counseling psychology courses. For example,

the Counseling Psychology Program at the University of Tennessee has adopted a scientist–practitioner–advocate training model, which includes social justice advocacy as a core component of the traditional scientist–practitioner training model (Mallinckrodt, Miles, & Levy, 2014). Doctoral students enroll in a two-semester Social Justice Practicum course that includes partnership with a community-based organization to work on systems-level change. Students develop social justice advocacy competencies and skills through reading interdisciplinary scholarship on critical race theory, feminist theory, queer theory, and intersectionality theory coupled with experiential and hands-on learning to develop critical consciousness and systems-level intervention skills.

Psychology, as a discipline whose mission is to heal people, including our most vulnerable populations, would be expected to commit to training more individuals of diverse backgrounds to join the profession. In 2015, 86% of psychologists were White and only 14% POCI, vastly underrepresenting the U.S. population (Lin, Stamm & Christidis, 2018). In order to diversify the field of psychology, systematic support for recruitment and retention is needed to improve the pipeline from undergraduate education to professional psychological practice and research. Training programs need to consider the unique needs of student POCI due to historical and current experiences of oppression. The systematic support needs to come from multiple sources, such as graduate programs (e.g., creating safe and/or brave spaces, delivering updated curriculum, mentoring) as well as university institutions (e.g., providing grants and fellowships, resourcing academic support services, and integrating social justice into the institution's values and policies). In addition, the APA could provide greater support for radical healing of POCI by developing guidelines and recommendations inclusive of alternative healing practices, expanding cultural competency definitions to be more social justice-oriented, and offering more fellowships and training institutes to underrepresented students and/or early career professionals. Some examples can include removing the requirement of the GRE for admissions, which some counseling psychology programs have adopted (Goodman et al., 2015), as well as reconsidering ways in which student remediation is handled. For instance, performance can be evaluated based on professional standards while also being judged on the student's willingness to critique unintentional organizational oppression that may unfairly disadvantage POCI students and nonwestern worldviews (e.g., orientation towards time, nontraditional healing practices).

Psychologists can also radically rethink their approach to conferences, institutes, and other gatherings related to scientific training. Leaders and organizations can prioritize proposals that facilitate radical healing of POCI. In addition to this content focus, the framework undergirding our psychological meetings might reflect a commitment to radical healing, such that we

facilitate more workshops led by POCI that are focused on POCI's healing (note this is preferred to problem-focused or coping-focused POCI research) and accessible to POCI from the communities where the conferences are being held. Re-imagining possibilities for our psychological gatherings through a lens of radical healing would also mean recognizing the historical context of the geographic locations where we hold our meetings. Participants' critical consciousness could be increased through print and/or verbal education as a part of the conference experience (e.g., recognizing the Indigenous people whose lands the meeting is held on, acknowledging the significant events that shaped the current distribution of resources in the area). For example, the Biennial APA National Multicultural Conference and Summit includes a ceremony to honor the Indigenous people of the conference site. Searching for "lost history" (Martín-Baró, 1994) and historicizing in such a manner embodies radical healing in that it simultaneously requires a reflection on both the loss of life and land, as well as the resilience of people from those communities who survive and resist despite their oppression.

Advocacy

In the early 2000s, counseling psychologists were called to social justice action (Vera & Speight, 2003). This call is more important now than ever and is a key component of radical healing. The field of counseling psychology has developed useful models for direct service including social justice counseling as the "fifth force" of counseling paradigms (Ratts, 2009) and Toporek, Lewis, and Crethar's (2009) model of advocacy competencies. The Society of Counseling Psychology has demonstrated leadership in public policy to advocate for justice in political practices, including recent statements in support of Black Lives Matter and signing a joint statement recently crafted by various APA Divisions on the inhumane U.S. immigration policies and practices ("Joint Public Statement," 2018). Counseling psychologists have also held key positions in federal advocacy, such as the APA Congressional Fellowship and the Substance Abuse and Mental Health Services Administration summer internship, where counseling psychologists have influenced public policy related to health disparities and criminal justice, among others. Participating in state and city level involvement arenas is also essential for local level change, as psychologists are being called to regularly step outside of their traditional roles. In addition to working within existing structures, counseling psychologists are encouraged to embed themselves within the communities they serve, working with members to listen deeply, respond ethically, collectively explore the wounds they experience, and develop holistic approaches to healing from the root causes of the injuries (Vera & Speight, 2007). There are ample examples to follow—Black psychologists have offered healing spaces for communities

experiencing racial trauma (e.g., National Public Radio, 2014); Ginwright and his organization have worked for years in schools and with youth to promote radical healing in urban communities. In essence, radical healing requires that we, as counseling psychologists, engage in direct actions of social advocacy and political resistance to disrupt the oppressive systems that plague our society and prevent POCI's liberation (Vera & Speight, 2007).

Conclusion

In this paper, we outline a psychological framework of radical healing. Building on the theoretical tenets of the psychology of liberation, ethnopolitical psychology, Black, Latinx, Asian, Indigenous psychology, and intersectionality, we identify the importance of developing a framework grounded in helping POCI communities strive for justice and psychological liberation from oppression. Radical healing is a framework focused on the ways that POCI heal from racial trauma. The concept of radical healing pushes us to think about how psychological healing needs to move beyond traditional notions of psychotherapy that focus on helping the individual cope with racism and toward dismantling systems that contribute to race-based trauma. Thus, radical healing acknowledges the pain of oppression while fostering hope for justice and freedom. The process of radical healing is grounded in collectivism and evolves through the process of critical consciousness, hope, resilience, resistance, and authenticity. We hope our framework and the accompanying recommendations for practitioners, researchers, educators, and social justice advocates is used to push the boundaries of our field to foreground social justice in our various roles. We call on counseling psychologists to move beyond viewing multiculturalism and social justice as values, to placing social justice at the center of our research, training, clinical practice, and advocacy.

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1. We name Indigenous people explicitly to acknowledge their citizenships of sovereign nations with over 500 federally recognized nations and tribal governments

(Reese, 2011). This follows guidelines from the American Indian Sovereignty Movement, which argues that referring to Indigenous people as racial minorities erases the history of tribal conquering and loss of national status that came as a consequence of U.S. settler colonialism (Steinman, 2012).

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