

Cultural Adaption Interventions: Appraising a Mainstay of not a Challenge to the Whitenizing Homogenization of Mental Health Establishmentarianism: From the Pigeonhole to the Reconstructionist Horizon

by

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Abstract

This article places cultural adaption interventions in a historical perspective of reconstruction as defined in centered African psychology that straightforwardly links the cultural adaption enterprise (thought to be ameliorative) with anti-African oppression occurring in mental health. Thus, this article also points to a potential ignobility in this class of endeavors (cultural adaption interventions) which may be avoidable when explained to professionals. Finally, this essay suggests that it is best to exit from the conundrum of cultural competence and multiculturalism concerns versus the evidence-based practice movement currently within the mental health professions by foregrounding the “reconstruction” approach from centered African psychology.

Keywords: cultural adaptations, empirically supported practices, empirically supported treatments, evidence-based practice, reconstructionist approach

The process of mental liberation [for African descent persons (ADP)] must proceed with care The desire for change [in mental health], I believe, is there, but the willingness to move toward change is stifled by the insidiousness of our Western indoctrination
Cheryl Grills (2004b, 243)
[About] the quest from social acceptance to social power

First, it became clear to [ADP] that integration or assimilation does not necessarily signify equality because integration or assimilation also accompanies enslavement, subordination, colonialism, oppression, and caste. Hence, liberation from caste, subordination, oppression, and colonialism can be achieved through independence (or nationalism) from assimilating or integrating forces, groups, nations and agendas
Ahati Toure (2010, 28)

Backdrop

Multiculturalism is such a force in contemporary Eurasian-dominated psychology that the APA mandates teaching it for cultural competence purposes (American Psychological, 2011). It would be quite paradoxical if this sort of development actually represents a new racism emanating within the profession's Eurasian orthodoxy (Pon, 2009). Nevertheless, there would seem to be a conflict, perhaps even a war, within clinical psychology between the movements for cultural competence and multiculturalism on one hand versus evidence-based and empirically supported practices on the other (Gone, 2015). It has been ongoing (Elliot, 1998) and it reaches all the psych-professions. The latter movements (used interchangeably herein) are today dug in and dominating mental health establishmentarianism (MHE). This entrenchment is unfortunate as clinical practice based in empirical evidence that predominates MHE seems to be substantially, if not overall, harmful and regressive for non-Eurasians. Although this assertion is counterintuitive, the fact of the contestation referred to suggests in and of itself this is the case. When undressed below as elsewhere (Azibo, 2016a) it shows how empirically supported practices as conducted in Eurasian-based psychology inherently eradicate and preclude most elements of culture-focusing. Truly, this is colonial and narrow.

As might be expected, with vigor, many psychopathologists have resisted the narrowing of practice wrought by the emerged dominance of MHE's evidence-based movements (D. Goodman, 2016). Bohart, O'Hara and Leitner (1998), for example, decried the disenfranchisement of humanistic and other treatments that have resulted.

Henry (1998) is prophetic suggesting that the evidence-based movement runs the risk of reducing the quality of training and narrowing clinical treatment options, and gives even greater power to third-party payers as de facto untrained supervisors. Furthermore, Henry concludes that [this] ... paradigm may disseminate findings that lead to little advance in knowledge, and may actually discourage empirical research in some areas. (126).

Quintana and Atkinson (2002) pointed to the areas of (a) problem etiology and (b) the impact of minority status and cultural variables as these affect counselor, client, and relationship characteristics as likely to suffer from the evidence-based movement's focusing on intervention research. All this has come to pass despite that "there are science-based forms of practice outside of the EST [empirically supported treatments] paradigm" (Bohart, 2000, 488).

Interestingly enough, dissatisfaction—some empirically based—with the EST paradigm's dominance vis-à-vis concerns of culture appears to be surfacing more and more in recent literature (Hayes, et al., 2016; Imel, et al., 2011; Owen, et al., 2012). However, MHE appears to proceed apace with its EST paradigm firmly entrenched barely acknowledging opposing or cautioning developments beyond lip service. Ironically, this sort of ignoring (or politely waiting out the complainers) belies MHE's EST paradigm as rooted in an evidentiary base as it begets a substantial amount of dubious results. For example, the literature review by Harder, et al (2012), regarding Aboriginals in Canada, points out not one study that utilized "indigenous methodologies" or treatment approaches, but only typical Western ones. The fundamental problem here should not be lost sight of: so much consuetudinary psychological work is being done on non-Whites/non-Eurasians ignoring their voices, the voices of the indigenous or racially and culturally other-than-Eurasian, that the empirical evidence catalogued may be meaningless category errors and transubstantiation thereby rendering said "evidence" akin to a paradigm without a phenomenon. Whether this obtains a great deal or a little bit, to that extent Emperor EST is peeped as having no clothes (or only tattered and eyehole clothing at best). Edward Sampson (1993) must cease being ignored or paid lip service by MHE as it is serious that[t]o have voice when one is required to speak in the forms allowed by the dominant discourse [or to be interpreted therefrom] is still not to have voice, that is, not to have self-determining self-representation. It is merely to speak [or be interpreted] as the dominant discourse permits, which means either to speak [or be interpreted] as one has been constructed by that discourse or to speak [be interpreted] through its gaze, perspective, and standpoint. (1227)

Fundamentally, precluding that state of affairs is what the culture-focusing, cultural competence, multiculturalism versus EST contestation in Eurasian-based psychology is supposed to be about when conducted at its best.

Still, each side of the contestation is inadequately informed by African-centered epistemological and historical perspective. This adds a layering for attention particularly regarding (a) pedagogical ramifications for treatment and training and (b) practical implications for intervention. Contributing to the rectification of this is the intended purpose of this article. Essential to this may be some background in nascent centered African psychology (meaning theory, research and practice using traditional African culture-based conceptualization of mental phenomena).

Indeed, there has been foresight about “signs ... that psychology cannot continue to ignore these issues The message of African-[centered] theorists ... is vital to the future of psychology as a whole” (Schultz, 2003, 60). In short, centered African psychological theorization began/begins with the construction approach (Azibo, 1996a).

The Constructive/Constructionist Approach to Psychological Inquiry for Backdrop

The epigraphs help with revealing that ahistorical participation in MHE’s agenda for psychopathology by psychological workers who are ADP—which may be likened to their professional assimilation or integration into Eurasian-based psychology—is a limiting activity. This revelation may help broaden the gestalt of established practitioners. It may especially help faculty trainers and supervisors in better orienting students of African descent to their special location in the profession and the special truths the profession holds for them. One special truth is that MHE’s role may actually be harmfully anti-ADP in that it conflicts with [c]entered African psychology [which] unabashedly by definition situates itself in the motivation or nia (purpose) to transform and maintain ADP culturally *as Africans in perpetuity* Therapy is directed to this end In so doing, the long ago call to “set afoot a new man [sic]” (Fanon, 1963, p. 316) is being answered at last. (Azibo, 2015e, 8).

MHE’s agenda seems not geared to set afoot anew and aright ADP, leastways not in accordance with centered African personality theory (Azibo, 2015a, 2018). To bring about that noble task requires first amelioration of holistic (meaning both general and race-related) mental dysfunction in ADP and an undergirding of their psychological liberation away from assimilating or integrating forces, groups, nations and agendas. The adumbration here is part and parcel of the American lodestar of pluralism—which itself is militated against by MHE (Azibo, 2011). Psychological liberation for purposes pertaining to the re-birth of an empowered (Wilson, 1998) African civilization à la Williams (1993) has been asserted as the primary desideratum of contemporary African-centered psychology and personality (Azibo, 2014, 2015a, 2018; Azibo, Robinson-Kyles & Johnson, 2013; Grills, 2004a; Jamison, 2014). It would follow that an important way to contribute to ADP’s psychological liberation requires that we seek out, respect, and learn from [African ancestral] knowledge. [Centered] African psychology holds promise in this regard. Azibo (1992) instructs us to orient (recognize and employ the African’s own authentic experience as the base for psychological inquiry) and locate what we do in ... the African cultural deep structure to provide patterns for interpreting the reality of authentic African experience). To properly orient and locate we must [a] more assertively consult ... [ancestral African] wisdom from an African perspective and [b] develop appropriate applications to contemporary, contextually-based African ... realities. (Grills, 2004b, 243)

It may need pointing out that these thoughts of Grills are relevant for psychological workers who are non-African descent in their relationship with ADP even though ethnocentrism and domination accompanying current Eurasian civilization may blind many to anti-oppression practice. Grills points to a two-step process—which may be added to existing Eurasian-based anti-oppression liberatory orientations like Larson (2008) and Morley (2003)—of consulting African deep thought about the nature of African human nature and then applying it in “a system of knowledge (philosophy, definitions, concepts, models, procedures and practice) concerning the nature of the social universe from the perspective of African Cosmology.” This quotation is actually an excellent definition of centered African psychology (cited in Azibo, 1996a, 5). Employing this system of knowledge is what the constructionist or constructive approach to psychological inquiry entails. Its origination is traceable to the Nilotic civilization of ADP circa 3200 B.C.E. By definition and date, then, this African-centered psychology is psychology before Wundt and Greek contributions (though the Greek origination of most so-called Greek contributions has been shattered: James, 1976; Onyewuenyi, 2005). It is the original way in which psychological knowledge was approached, inquired into, literally constructed in human civilization. It was archived too (Azibo, 1996a). It still holds much promise today as the quote of Grills indicates. Whenever employed by ADP who are mental health workers, by definition the constructionist approach entails a proactive stance in ancestral African knowledge. This truly represents freedom fundamentally for ADP when defined as the ability to conceptualize the world in ways contiguous with one’s authentic African ancestral thought (Harris, 1992), said thought having been outlined in Azibo (1992) and a host of writers like Abraham (1962), Khoapa (1980), Osei (1970, 1981), Erny (1973), and Eagle (2004). Inferring from Schiele (1994), centering in the centered African paradigm or the African way (Thompson, 1997) or frame of reference (Kunjufu, 1972) can go far towards transforming the psy-professions from primarily concerned with direct practice to a social movement of equality and justice.

Though it seems of great significance, alas it is elided and outright ignored that major shortcomings debated these last 57 or so years of the comparatively young at 138 years Eurasian psychology can be traced to its derogatory views of ADP and their civilizations along with the denial and distortion of centered African psychology formulations that they produced (Nobles, 1986, chaps. 1 and 2) and placed in their “system of knowledge concerning the nature of the social universe.” As Western psychology participated in scientific colonialism (Nobles, 1976) pursuant to imperialistic world domination by its parent civilization, it uncritically and ethnocentrically applied its formulations to ADP as if said formulations were etics and ADP were tabula rasas awaiting Eurasian bricolage. Because both notions are false, yet stunningly the imposition of Western personology and psychopathology concepts and techniques with ADP (and other non-Eurasians) proceeds apace, the crisis of multiculturalism and cultural competence versus the evidence-based and empirically supported practices zeitgeist is in full swing (Azibo, 2016b; Gone, 2015). Though some mental health scholars are critical of the narrowing or limiting effects of this zeitgeist (Bohart et al., 1998; D. Goodman, 2016; Henry, 1998), MHE has enplaced evidence-based and empirically supported practices as standards (APA, 2006; Baker, McFall, & Shoham, 2009; Millon, Krueger, & Simonsen, 2010).

In the process, what MHE considered the bugaboo of culture has finally been relegated to nonentity status—outright “shattered” as gleefully reported by Good and Hannah (2015). As a result, psychopathologists concerned about the role of culture find themselves steamrolled and playing catch-up with culturally adaptive efforts mainly.

The Reconstructive/Reconstructionist Approach to Psychological Inquiry: Reaction to Hegemony

For longtime promoters of centered African-based formulations, measures and approaches in psychopathology like Azibo (2006, 2014, 2015b, 2016b, 2016c, 2018; Curry, 2014; Jamison, 2014), reading from Ward and Brown’s (2015) abstract that “a culturally adapted depression intervention (Oh Happy Day Class, OHDC) designed for African American adults experiencing major depressive disorder ... [had yielded] statistically significant decline in depression symptoms from pre- to postintervention, and [substantial] effect size[s]” (11) is likely received enthusiastically. It runs counter to the negative status quo for ADP in counseling and psychotherapy that in general they “continue to underutilize, prematurely discontinue, and report unsuccessful outcomes [because] ... therapeutic approaches that do not reflect sensitivity to gender, race, and ethnicity continue to be used” (Marbley, Shen, Bonner, et al. 2007, 212). Regarding depression specifically, Ward and Brown pointed out the paradoxical reality that among African Americans there is a high prevalence of chronic depression and disability associated with depression. However, they evidence low levels of seeking mental health care service. At the same time, when they do seek mental health care service, they receive poor quality care suggest[ing] significant unmet mental health needs. (12)

They perfectly located the entering of their OHDC intervention as a likely amelioration. As it “Blackenizes” the Eurasian cognitive behavior therapy formulation, which is to say it makes cognitive behavior therapy more relevant or viable for ADP by adjusting its cultural bases, the OHDC intervention is an example of the reconstructionist approach to psychological inquiry with ADP. Technically defined as “revis[ing] Eurocentric psychological theory and practice vis-à-vis Africans [ADP] and it views of Africans to better fit or jibe with the African cultural reality [of ADP]” (Azibo, 1996a, 20), the reconstructionist and deconstruction (defined as invalidation of the scientific or cultural edifice of a Eurasian formulation in its application to ADP) approaches of centered African psychology will likely remain necessary as long as ADP are subject to Eurasian psychology formulations. Because of this, these approaches, which are reactions to Eurasian psychological hegemony, continue to have an honorable place in the psychological worker’s armamentarium—albeit limited more and more when juxtaposed with the constructionist approach. After all, Goodman (1976) reminded that to be completely reactive is to be non-productive. His is a point for underscoring.

To be underscored as well is the bogus nature of the evidence-based and empirically supported practices juggernaut currently reigning in psychopathology. Said juggernaut is psychopathology's equivalent of a Eurasian-only country club as MHE has in practice delimited it to select, favored Western theory and practices only (Azibo, 2016a). This slick, but also wholly transparent, trick serves to build up by artifact a research support base for the particular favored intervention technique(s). When input later in a meta-analysis, the bulk of the research results will be found confirming of said Eurasian-based technique as an empirically supported practice/a best practice. It will have earned this label as the researches will demonstrate enough efficaciousness, effectiveness, cost-effectiveness, and scientific plausibility—the criteria driving the health and mental health care industries today (Baker, McFall & Shoham). However, that all this takes place without any comparison with other treatments (Jacobs & Cohen, 2012) might be surprising. The so-called “best practice,” “psychological science” status achieved in this manner for all selected favored interventions, in turn, may be used to justify denying non-Eurasian-based intervention efforts membership in or provisional entrance into the evidence-based and empirically supported practices category/club. Incredulously, this is how “evidence-based practice in psychology (EBPP) ...[how] integration of science and practice [in psychology and the psy-disciplines]” (APA, 271) rolls. This would seem reprehensible and contrary to apolitical psychological science, if that exists.

Accordingly, successes of theory, research, and practice efforts that reconcile, infuse or make viable notions of cultural competence and multiculturalism pertaining to ADP with today's evidence-based and empirically supported practices juggernaut—so-called cultural adaptations or adaptations—are desirable. La Roche, Batista, and D'Angelo (2011) provide a promising method for deciding when a given intervention should be culturally adapted. Though some hold cultural adaptations in disfavor (Lopez-Ibor, 2003), it seems without cultural adaptations a complete “Whitening” cultural homogenization of psychopathology under MHE for ADP and populations making up the “others” would obtain. This may be in the offing anyhow (Mills, 2014). The irony that the end game of MHE's effort to shatter culture serves to emplace Western Eurasian *culture* supreme in psychopathology would be wryly humorous but for the genocidal implications for ADP subjected to such a Eurasian bricolage (Azibo, 2014) which is compounding of intergenerationally injured, yet devastating psycho-cultural assault (Azibo, 2011, 2012, in press b; Olomenji, 1996; Jennings, 2003).

Cultural adaptations have been successful going back decades like the family systems work by Boyd-Franklin (2003), Parks's (2003) incorporation of African-U.S. folk beliefs in psychotherapy, and Harris's (1980) work with transactional analysis. More recently, Neal-Barnett, et al.'s (2011) use of “sister circles” with anxious African-U.S. women and Ward and Brown's work with depression join this trend. At present, Morales and Norcross (2010) go so far as to say *Evidence-based practices with ethnic minorities [are] strange bedfellows no more*. At any rate, all such cultural adaptations are inherently limited incapable of going any farther than “Blackening” or indigenizing Eurasian formulations.

That is, they start with a Eurasian theory, research, or practice treatment formulation that is ensconced in what Eurasian MHE might qualify as “evidence-based practice” then modify it with “changes in the approach to service delivery; in the nature of the therapeutic relationship; or in components of the treatment itself to accommodate the cultural beliefs, attitudes, and behaviors of the target population” (Whaley & Davis, 2007, cited in Ward & Brown, 12). Therefore all such efforts applied to ADP by definition are encompassed by the reconstructionist approach to psychological inquiry (Azibo, 1996a, 20-22).

Nonetheless, such efforts carried out within the parameters Whaley and Davis specify for cultural adaption intervention appear less a challenge to the Whitenizing homogenization of psychopathology under MHE than a pigeonholing within it. Helms’s (2015) specification of culture-based concerns regarding intervention methodology is dittoed. Also, in this light the following statement by Burlew, et al. (2013) must be fathomed: “The changing ethnic composition of the nation and increasing *requirements* to use evidence-based treatments ... challenge mental health professionals to adapt treatments and interventions to be appropriate for their clients” (440, emphasis added). That the accuracy is unquestionable is why their statement captures the importance, nay indispensableness of the pigeonholing to MHE along with belying the capitulation and conceptual incarceration to Eurasian intervention formulations attendant to said pigeonholing. In practice, if Whaley and Davis, Helms, and Burlew, et al., are followed, then formulations from the Eurasian culture would pretty much be the only ones reacted to or adapted. What a kick in the head in that other-centered formulations—Aboriginal Australian, Aboriginal Hawaiian, Africentric, First Nations Indian-centric, Maori-centric, and so forth—are a priori relegated to a status outside the thresholds of efficaciousness, effectiveness, cost-effectiveness, and scientific plausibility. They are simply left behind. Some, not this author, would say these formulations are not “mainstream” or “real psychology.” Ipso facto, then, Eurasian-based formulations and efforts become the standards, intentionally or not. Therein lies the indispensability of so-called cultural adaption to maintaining MHE—all such adaption is a MHE mainstay solidifying the boxing out of non-Eurasian-based cultural efforts while simultaneously the pigeonholing as just described goes for a broadening attributed to “culture.” Though nothing could be further from the truth, in this way is the bugaboo of culture perpetually handled by MHE. Huzza.

The Horizon

This appraisal into the historic role of cultural adaption in MHE can delve deeper drawing out the horizon in the process. The pigeonholing masquerading as expansiveness in Eurasian psychology via attention to culture in psychopathology is an instantiation of what Azibo analyzed as the role of “external alertness” in protecting Eurasian psychology’s doctrine and dogma otherwise identified as its definitional essence which is called “internal alertness:”

[there are] dual aspects of the response of [Eurasian psychology] to social change distinguished as internal versus external alertness Internal alertness ‘addresses itself to the quality of the expression of [Eurasian psychology]’ and external alertness ‘functions in a groundskeeper’s role ... to stave off intrusion and violation of the premises’ [thus] internal alertness pertains to foundational matters of [Eurasian psychology’s defining essence] [e]xternal alertness ... to functional matters of [Eurasian psychology’s] practice, rhetoric, machination, policy and technique for day-to-day operation permit[ting Eurasian psychology] ‘to address itself to what is new and evocative [matters of external alertness like cultural competence and multiculturalism] while retaining ... what is settled and traditional [matters of internal alertness] appearing at once to change ... and [yet] to persist through change unaffected’ [thereby] ‘reflect[ing] social change while remaining essentially unchanged itself.’ (Azibo, 1994, 336-337)

Understanding cultural adaption à la Whaley and Davis as instantiations of external alertness explains why it is a mainstay of MHE more than a challenge to MHE. This adds to cultural adaption efforts as a class an air of disrepute, to wit: “we either practice Black liberation psychology through internal alertness ... or we acknowledge that we will just dress up the domination psychology by using external alertness (in the form of some nonthreatening superficial aspects of Black psychology) [i.e., cultural adaption]” (Abdullah, 1994, 377).

The situation is further problematized by the fact that the prevailing definitions and notions of culture typically used within psychopathology emphasize the totality of a people’s thought and practice or a people’s total way of life. While accurate, conceptions of culture like these lend themselves to incomplete and inadequate interpretation and application as they tend to restrict focus to observable cultural surface structure. Arguably, a more complete definition of culture is patterns for interpreting reality that derive from a people’s statements about cosmology → ontology → axiology → worldview → ethos → ideology (the deep structure of culture) that give rise to that people’s general design for living (the surface structure of culture that is observed: behavior, norms, values, language, folkways, aesthetics, ad infinitum) where → stands for “and then” (Azibo, 1992, 68-71). When African people’s cultural surface structure is understood as deriving from the deep structure of culture as developed by *their* ancestors, and it is acknowledged as pivotal that the imposition by an imperialist, colonizing, conquering civilization of its own deep structure on victim civilizations and populations of ADP does not beget assimilation, acculturation, diversity, or bi- or multi-culturalism among them or any other normalcy indicator, but instead causes among them an intergenerational de-Africanizing, African personality necrosis causing, culture-focused mental pathology identified as psychological misorientation disorder (Azibo, 2011, 2012, 2014, 2015a, 2015b, 2016a; Kambon, 1996) in which ADP manifest Eurasian cultural surface structure—albeit frequently overlaid or otherwise delivered with African energy, form and substance—including its anti-African aspects, then the supreme irony emerges that the cultural adaption efforts adhering to parameters set in MHE as Whaley and Davis and Helms, for examples, articulate them and Burlew, et al. obsequiously acquiesce to, do not address the culture of ADP whatsoever.

That, to use a Sonja Sanchez phrase, just cracks the skull (while cogitating, makes the head snap back as if involuntarily). In effect, cultural adaptation efforts so parameterized preclude the culture of ADP from entering. Therein lies the rub.

Can the reader imagine that—the voluminous amount of work in Western-based MHE devoted to or invoking culture pertaining to ADP completely missing the mark? It is inferable from this that Eurasian psychology today remains colonial and intent on Whitenizing ADP as if they were naturally de-Africanized tabula rasas and/or better off domesticated and homogenized this way. This orientation is in keeping with Eurasian supremacist origins as effecting Eurasian psychology and remains profoundly harmful to ADP (Azibo, 1993, 2011; Guthrie, 1999; Owusu-Bempah & Howitt, 1995). In point of fact, philosopher and critical race specialist Tommy Curry (2011) argues an inherent, strident colonialism ethos that imbues today's Americana deriving from the “dear-bought wisdom” of “*the white man's burden*” (Curry, 2009, 29) as expressed in the general philosophy of Britain's and America's “disposition toward Blacks ... firmly rooted in a colonial and assimilationist logic that ultimately sought the *cultural destruction of African-descended people* an insidious racial dynamic” (Curry, 2009, 11, emphases added). Is this because “[w]hiteness by its very nature cannot exist amongst cultural diversity in a nation [s]ince the purpose of whiteness ... is the subordination of nonwhiteness” (Curry, 2009, 29, 31)? How else to explain the evermore adhering to a White-over-ADP dynamic (Azibo, 2017) playing out presently in the “re-racialisation of whiteness as the intensification of anti-blackness” (Martinot & Sexton, 2003, 176)? Abraham Lincoln, apparently, knew very well the profound anathema under Eurasianism/Whiteness of Africinity/Blackness—like Washington, Jefferson, and Madison before him—as he steadfastly and life-long legislated and maneuvered *against* emancipation of ADP held in the United States until forced into that glory by forces beyond his control (Bennett, 1999).

Perhaps, it is corollary to the political machinations referred to but, regardless, it is clearly open to all that MHE's “system of reasoning and classification is intended to replace indigenous conceptions of disorder ... [and] ways of understanding and responding to distress” (Mills, 2014, 122). This replacement being a fait accompli via the DSMs and ICDs effectively holds off the reentering into discourse on psychopathology literacy of pre-existing non-Eurasian cultural formulations—like *Mental health defined Africentrically* (Azibo, 1996b) for one and other indigenous conceptualizations (Nikora, et al. 2016). If one thinks about this holding off, the irony is astonishing and contemptible. There appear to be three interrelated explanations: as (a) MHE colludes with implementation of the therapeutic state thereby (b) reaping associated economic and societal benefits for participant psychological workers serving state interests and (c) Eurasian ethnocentrism continues to run amuck still in 2017, there is no room for worldviews of liberation and resulting discourses though existing (Azibo, 2015e; Burstow, 2015; Citizen's Commission, 1995; Szasz, n.d.-b, 1984).

A way out of this conundrum of psychopathology's precluding non-Eurasian indigenous cultural conceptions of disorder is to explicitly incorporate into or alongside standard MHE intervention efforts that which it has precluded with diligence.

For ADP, that would be those nosological constructions deriving from African-centered African personality theory as best exemplified in the Azibo Nosology II (Azibo, 2014, 2015b, 2016b). Constructions are derivable from the Zulu Ubuntu concept (Hanks, 2008), NTU psychotherapy (Phillips, 1996) and likely many other "pro-Native" efforts as these provide "the opportunity to capture learnings from the many indigenous peoples" (Nikora, et al. 2016, 2)—African, Diaspora African and non-African. Gone (2011), for example, has noted the value in "provisional exploration of culturally local alternatives for managing debilitating distress" and an "aspir[ation] to actually evaluate specific indigenous cultural practices in terms of their therapeutic benefits for [First Nations] people" (239). The *International Journal of Psychology* (2006) also recognized a role for indigenous psychologies as they potentially "may provide important alternatives to Western-based psychological knowledge which, in turn, may yield 'variations and communalities that could provide the basic material to create a more truly pan-human psychology [a] more representative psychology'" (International, 2006, cited in Azibo, 2015a, 147). The grip of MHE on practitioners is like a vice so much so that many will acknowledge the need for culture-based broadening while in the same breath cling unhealthily tight to Western indoctrination rejecting pursuit and offerings of DSM alternatives (Raskin & Gayle, 2016). Even if an alternative is too much for those invested in MHE, at the very least practitioners and trainers should "now recognize that early in the counseling process ... issues, including our racial and cultural differences, the clients' perceptions of African American culture, and the African American experience in the United States should be discussed even when clients do not present with racial issues" (Marbley, et al. 225). The preceding statement is to be generalized to all ADP and other non-African indigenous people.

In any case, it seems the cultural adaption approach is just not enough. This last statement is offered palatably. My actual appraisal is that cultural adaption as parameterized in Whaley and Davis, Helms, and Burlew, et al. is fundamentally useless in resurrecting necrotized African personality, instilling in ADP senses of Africana peoplehood and sovereignty, and re-birthing African civilization—each of these being part and parcel to mental health conceptualized from the African center (Azibo, 1996b; 2015a, 2015b) and thereby psychotherapeutic imperatives (Azibo, 2015e, in press b). Also, not to be glossed over is the ignobility inherent in cultural adaption efforts of this sort whensoever they are conducted in a manner lending itself to perpetrating continued domestication of ADP.

There is more the psychopathologist can and perhaps ought to do outside the pigeonhole of cultural adaption (Azibo, 1990, 2016a, 2018). What Azibo has consistently advocated is reflected in the following quotation, part (b):

the deconstructive and reconstructive approaches serve two major functions: (a) ...they correct the faults in Eurocentric psychology, and (b) they [should] bridge to the constructive approach as modern African [descent] psychologists liberate themselves from Eurocentric shackles. (Azibo, 1996a, 22)

Part (b) is explored elsewhere (Azibo, 2014, 2015b, 2016a, 2018) and, as Gone's (2011) aspiration just cited reveals, may be generalized to non-ADP. Minimally, an empirically supported and evidence-based practice base can be, nay should be, built up around African-centered and other non-Eurasian "native" constructions. This is the horizon, the limit of what is possible now. The pursuit of constructions should be supported with research funding and training made explicitly available and designated, particularly those found in the Azibo Nosology II (Azibo, 2015b) for ADP. As the constructionist approach is organically linked with the reconstructionist, pursuing the former can bring forth consideration of the latter as a consequence resulting potentially in broadening the input psychopathologists take into MHE cultural adaptations. Why not, it must be asked, if a truly world psychology that (a) is not Eurocentric-based and (b) helps people is the ultimate desideratum?

But, as MHE's war on and shattering of culture shows no sign of abatement, neither should reconstruction efforts bearing in mind the already noted caveat about the ultimate non-productiveness of unceasing reaction.

Reconstructionist Cultural Adaption: Proffered Terminology and an Instructive Example

As the present focus is reconstructionist cultural adaption, this terminology in all its variants is preferable to and proffered to displace all variants of "culturally adapted" as the "reconstructionist" term, in the sense of an approach to psychological inquiry, historically entered before MHE saw fit to introduce the "culturally adapted" terminology. Plus, the reconstructionist cultural adaption terminology appears more inclusive and reflective of an adumbrated world psychology loosed from the vice of pseudo-etic Eurasian-based psychopathology. (Triandis, 1972, contrasts the etic and the pseudo-etic.)

When psychopathologists who themselves are ADP acquiesce to hegemonic Eurasian MHE by self-restriction to so-called cultural adaption efforts, it is tantamount to capitulation to the imperialist march of Eurasian civilization completely in line with Eurasian psychology's particularly nastier aspects found in psychological domination of, nay the perpetration of psychological warfare against, ADP (Azibo, 1993, 2011, 2014, in press b; Azibo, Robinson-Kyles, & Johnson, 2013; Bulhan, 1981; Citizen's Commission, 1995; Guthrie, 1999; Hasian, 2013; Mathangani, 2011; Owusu-Bempah & Howitt, 1995; Pilgrim, 2008; Prince, 1996; Thomas & Sillen, 1972).

This poses a somewhat intractable dilemma for these African descent psychopathologists as what they do—offering Blackening or indigenizing cultural adaption to Eurasian psychology/MHE so-called best empirically supported practices formulations (shown as a class to be bogus false concepts in Azibo, 2016b)—has a built in anti-ADP/anti-African civilization underside as discussed. As these psychopathologists run the risk of ignobility in undertaking their efforts, perhaps such work should be approached with more caution born of respect for this probability.

What can make the situation worse are non-arguable fallibilities in conducting the reconstruction-adaption. While potentially death-dealing to any formulation, presenting reconstruction cultural adaptations with non-arguable fallibilities could be especially harmful given Eurasian psychopathology establishmentarianism's recent wicked elimination and shattering of culture (Good & Hannah, 2015) as a relevant concept for psychopathology (Azibo, 2016a). Psychopathologists fully behind the zeitgeist delimiting “best practice” to designated Eurasian-based empirically supported and evidence-based practices could seize on methodological flaws in efforts linked to the ideas of cultural competence and multiculturalism. Returning to Ward and Brown on this score, they offered conclusions like [t]he findings provide evidence that the OHDC benefits African American adults with MDD [major depressive disorder] ... because there were high rates of retention and satisfaction with treatment the clinicians were able to successfully treat research participants we surmise the tolerability and appropriateness of the OHDC from participants' perspective were satisfactory the most significant finding in our studies was reduction in symptoms of depression participants showed statistically significant reduction in symptoms of depression [O]ur findings ... can guide future research on ... depression interventions (Ward & Brown, 19, 20) all on the strength of repeated measures studies that “used a one-group pretest-posttest design” (Ward & Brown, 15). With this design usually there is scarcely a causal inference that can be made (Campbell & Stanley, 1966; Trochim, 2006). It is known that when writing up any single group design the wording must be crafted with caution as it is easy to go beyond the data. Ward and Brown's conclusion that “the pilot studies suggest the OHDC is feasible” (20) where feasible reads as doable, implementable appears safe. Even though Ward and Brown, the editors, and the reviewers, evidently, were approving, the bulk of the other inferences might be held in abeyance until more evidence including randomized clinical trials is available.

The all too real all important difference between “cultural adaption” and “reconstruction”—and why the terminology reconstructionist cultural adaption is herein proffered—is discernible in Ward and Brown. For the sake of argument, let the reader presume at this juncture all their conclusions are appropriate. Their listed keywords are “culturally adapted treatment; depression; African Americans” (20). Thus the matter would seem well covered and the implication would be strong that an intervention modified with aspects of African-U.S. culture has proven successful for treating depression in U.S. ADP. Huzza. But, as the intervention is developed and implemented in accord with MHE cultural adaption dictates found in Whaley and Davis it is ipso facto (a) Eurasian-based in culture, and moreover, (b) precluding of centered African cultural constructions entering as constructions on their own merit on their own terms.

Consequently, nowhere mentioned in Ward and Brown is an Africentric depression construct such as materialistic depression or African-centered culture-focused concerns about (a) the masking of depression among African-U.S. (Azibo, 2013, 2014; Azibo & Dixon, 1998), (b) “fail[ure] to conceptualize depression among African-U.S. persons as distally or structurally imposed” (Azibo, 2016c, 8) or (c) instrumentation (Azibo, 2015d). Constructs and concerns like these Africentric ones simply do not enter most efforts based in MHE interventions that purportedly address “culture”—not without a pass from Eurasian-based psychopathology anyway.

This is an important point as undeniably so-called cultural adaption work seems to proceed as if conceptualizations like these are precluded. The preclusion leads to neglect which leads to more preclusion and a vicious cycle that undermines “constructions” deriving from African-centered African personality theory is in motion as normal work, all to the detriment of ADP and centered African psychology. That culture-focused conceptualizations might be largely unknown may be the likely case, despite the pointing out of their potential role in “the mainstream of the diagnostic process” (Hughes, 1998, 420) of which Azibo’s (2014, 2016b) work is a vivification of Hughes’s general point. Also, culture-focused conceptualizations, where they are known, might be evaluated as poor or unworthy or, worse, seen as not real psychology by any psychological worker. That is the nature of the scholarship business. In any case, the question arises: Does/should concern with Eurasian-based nosology and personology obviate, swallow up or render all things depression when considered Africentrically minutiae or nonentities (other psychopathology conditions too)? The ignobleness alluded to above referring to efforts that are limited to the pigeonhole by psychopathologists who themselves are ADP, at best, would seem poised to enter here—invited or not, consciously or not. It is a sociology of knowledge question of moment for confronting, not pooh poohing, denying, rationalizing or otherwise defensive maneuvering—about which there appears a penchant among ADP (Azibo, 2015c)—the role of miseducation and/or slave mentality (Azibo, 2015b) operating today among psychopathologists who themselves are ADP of the outside-insider category: “hail[ing] from outside the traditional psychopathology community socio-historically [i.e., non-Eurasians] but whose complaints and ameliorations are launched from inside the prevailing Western mental health paradigm on a plane of improving the establishmentarianism multiculturally” (Azibo, 2016a). Perhaps if scholars clued in to “reconstructionist cultural adaption” rather than MHE’s “culturally adapted treatments” mainstay, the latter being subsumed and enlarged worldview-wise by the former, then the inherent linkage with centered African cultural construction can be acknowledged, raised in the consciousness of and implemented by the interested. This would be multiculturalism manifest in potentially a “world” psychological science that lays to rest hegemonic, pseudo-etic Eurasian-based psychological science.

Conclusion

The foregoing analysis seems supportive of the instruction from Jacob Carruthers (2010) to ADP—seeable as especially appropriate for those who are psychological workers pigeonholed into MHE cultural adaption—to “veto Booker T. Washington’s command to cast down your bucket where you are; rather ... [l]ower your bucket in the African Deepwell. Renew the teachings of your ancestors! Come back to the Black Land [conceptually]! It’s the place where you [and your psychology] came into existence” (59). Therefore, seek the horizon is the entreatment to all psychopathologists. It appears a potential way out of the conundrum of cultural competence and multiculturalism versus EBPP (evidence-based practice in psychology). That is where Gone (2011) admits aspiration to go regarding First Nations Indian People, where for decades Azibo (1996b, 2014, 2016a, 2018; Jamison, 2014) has tread regarding ADP, where superior psychological relief for Aboriginal Hawaiians might be found (Aluli-Meyer, 2003, 2008; Azibo, 2012; Mokuau, 2011), and on and on and on. That is why it is the horizon.

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